

**Addis Ababa University**

**College of Education and Behavioral Studies**

**School of Psychology**

**Attitudes of Counselors towards Religion and Spirituality in Counseling  
Services and their Practices: The Case of Counseling Centers in Addis Ababa**

**By**

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**Addis Ababa, Ethiopia**

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**Attitudes of Counselors towards Religion and Spirituality in Counseling Services and their Practices: The Case of Counseling Centers in Addis Ababa**

**A Thesis Submitted to the School of Psychology, Addis Ababa University, in Partial Fulfillment of the Requirements for the Degree of Master of Arts in Counseling Psychology**

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## **List of Acronyms and Abbreviations**

ACA – American Counseling Association

ASERVIC – Association for Spiritual, Ethical and Religious Values in Counseling.

APA – American Psychological Association

AIDS – Acquired Immune Deficiency Syndrome

BA – Bachelor of Arts

DSM – Diagnostic and Statistical Manual of Mental Disorder

EPA – Ethiopian Psychologists Association

HIV – Human Immunodeficiency Virus

HSC – Higher School Certificate

M – Mean

MA – Masters of Arts

NGO's – Non-Governmental Organization's

RRSP - The Role of Religion and Spirituality in Practice Scale

SPSS – Statistical Package for Social Science Research

TAFE – Technical and Further Education

## **Abstract**

*The purpose of this study was to examine the attitude of counselors towards the role of religion and spirituality for counseling services and their practice in different counseling centers of Addis Ababa. Mixed methods research design was used to address the objectives of the study. The data were collected from 117 counselors of different counseling institutions using an adopted scale of Duke Religion Index and, the role of religion and spirituality in practice scale (RRSP). In addition, a semi-structured interview was used with five counselors. To analyze the data frequency, percentage, means scores, Mann-Whitney U test and Spearman rho statistic were computed. The findings of the study revealed that majority of counselors had positive attitude towards the role of religion and spirituality for counseling services. It also showed that most of counselors practice religion and spiritual issues in their counseling services. Though, the qualitative result presented that counselors didn't practice religion and spirituality in counseling services. The findings from Mann-Whitney U test indicated that there is no significant difference in attitude towards the role of religion and spirituality in counseling services among counselors of different gender and age. However, significant difference was found in attitude towards the role of religion and spirituality in counseling services among counselors of educational status. Furthermore, a Mann-Whitney U showed that there is no significant difference in practicing religion and spirituality in counseling services among counselors of different gender, age and educational status. Results from Spearman rho Statistic analysis also indicated that counselor's religiosity was significantly and positively correlated with counselor's attitude towards the role of religion and spirituality in counseling services and with counselor's practice of religion and spirituality in counseling services. However, weak positive correlation was found between counselor's attitude towards the role of religion and spirituality in counseling services and counselor's practice of religion and spirituality in counseling services. Based on the study findings, the researcher thus recommended for counselors to update themselves with short and long term religious and spiritual related trainings.*

## CHAPTER ONE

### INTRODUCTION

#### 1.1. Background of the Study

The concept of religion and spirituality relate to one another and overlap. Some people use the terms religion and spirituality interchangeably and others do not consider them as equivalent concepts (Post and Wade, 2009). For the purposes of this study, religion is defined as “an organized, structured set of beliefs and practices shared by the counselors and clients related to spirituality.” Spirituality on the other hand is defined as the search for meaning, purpose and connection with self, others, the universe, and ultimate reality. This search may or may not be expressed through religious forms or institutions (Sheridan, 2000). There is a wide overlap between the concepts of religion and spirituality even if they are defined separately in order to facilitate the understanding of spirituality and religiosity (Summermatter & Kaya, 2017).

The religious and spiritual life is recognized as the essential part of human nature. Human beings have been dealing with transcendental issues since the very beginnings. In the human race, religious and spiritual experience evolved into magnificent religious systems in different cultural traditions confirming thus the universality of human religiosity and spirituality (Musek, 2006).

Religion and spirituality are as old as humanity and are inseparable from early culture (Lines, 2006). It has been empirically linked to a number of psychological health and well-being outcomes, and there is evidence that clients would prefer to have their spirituality and religion addressed in psychotherapy. However, most often, religious and spiritual issues are not discussed in psychotherapy, nor are they included in assessment or treatment planning (Vieten et al., 2013).

The field of psychology has already included religion and spirituality in most definitions of multiculturalism and requires training in multicultural competence, but most psychotherapists receive little or no training in religious and spiritual issues, in part because no agreed-on set of spiritual competencies or training guidelines exist (Vieten et al., 2013).

Although mental health counseling has been around since the early 1900s, it has only become a professional field since the mid-1970s. This means counseling as a profession is very young compared to religion and spirituality, which have been around for thousands of years, or since the rise of civilization. Religions had been the frame of "human civilization, culture, law, morality, and spirituality" for the people throughout the world. Nearly all world religions offer some form of what it means to live a good life and encourage people to mature towards certain principles and values. May be counseling can learn something from religion and spirituality, since one of its goals is toward helping people get healthier strategies to live better, which is similar to what religion and spirituality do to help people. These fields share a concern with the quality of human life and from this description, counseling, religion and spirituality offer guidance to people who are looking to "find meaningful, fulfilled, and even happy lives" (Gladding et al as cited in Khalif, 2012, p. 41).

Altmaier and Hansen (as cited in Khalif,2012) suggest, "since religious and spiritual traditions have long offered wise council on these issues for thousands of years, perhaps the counseling community could learn a few things from the collective wisdom of these faith traditions" (p.601). In addition to that, as long as counselors are "open-minded, well-trained, have access to appropriate consultation, and closely monitor ethical issues with competence, respect, integrity, and responsibility in mind, they can learn a great deal from spiritual and religious wisdom traditions" (p. 607).

According to Robin (2005) to understand the changes in the relationship between spirituality and counseling over the past 50 years or so, it is necessary to look at several major strands in the history of psychology and counseling: humanistic/ transpersonal psychology, the evolution of organizations that led to the current Division of the American Counseling Association now known as the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) and multicultural awareness. Although many events probably had an impact on the growing relationship between counseling and spirituality, the evolution of what is now known as ASERVIC has certainly had a major impact. Multicultural awareness and sensitivity are also central to the preparation of therapists and inform the practice of counseling on a daily basis. As counselors' awareness of sensitivity to religious differences grew, they began looking at issues of spirituality as part of the multicultural mix (Robin, 2005).

The relationship between religion and psychology, particularly psychotherapy, did not get off to a good start. Most of the early important figures, such as Freud and Skinner, took a predominantly negative view of religion. This has continued in the writing of more contemporary influential thinkers such as Albert Ellis and Irvin Yalom. There were, however, some individuals who took a more open perspective about religion. Carl Jung and William James were much more open to the positive function of religiosity. With the early dominant view of psychologists portraying religion as negative, it is little wonder that many religious individuals and leaders became skeptical of psychology and therapy (Hoffman, 2008).

Historically, Elkins (as cited in Musek,2006) articulated that differing theoretical orientations in psychology have espoused dramatically diverging views regarding the meaning and importance of clients' religiosity and spirituality, views that may well have contributed to the field's current uncertainty about how to address such topics in therapy. On one side of the spectrum, theorists and

practitioners (e.g., Freud, Watson, Ellis) believed that religious expression and experience should be regarded as pathological, a sign of neurosis. Others, such as Jung, Frankl, and Rogers, believed that spiritual connection was a necessary component for inner healing (Benjamin & Looby, as cited in Musek, 2006).

Some evidence suggests that spiritual and religious diversity is not considered as important as other kinds of diversity, such as race and ethnicity or gender (Schulte et al., cited in Hage, 2006) but according to Peck (as cited in Kevin, n. d) traditional neglect of the issue of spirituality has led to five broad areas of failure: occasional devastating misdiagnosis, frequent mistreatment, an increasingly poor reputation, inadequate research and theory and a limitation of psychiatrists own personal development. Correspondingly, not incorporating issues of spirituality and religion into counseling is to ignore an essential aspect of a client's life (Morrison et al., 2009).

On the other hand, Allmon (2011) allude to that religion and spirituality has evolved in the Diagnostic and Statistical Manual of mental disorders (DSM) from pathology to a cultural consideration. While this supports psychology's growth in its commitment to cultural sensitivity, opportunities for improvement remain. Psychologists should incorporate assessment of client religious and spiritual beliefs and practices not as pathology, but a cultural factor. Furthermore, the Ethical Code of the American Psychological Association (2002) states that mental health professionals should consider religious and spiritual issues as they do any other kind of diversity-based issue such as race, ethnicity, gender and sexual orientation.

According to Gallup & Castelli (as cited in Morrison et al., 2009) while the significance of religion may vary over time and place, it is clear that religion is salient for people across cultures. For example, in the United States, as many as 95% of adults express a belief in God, 84% believe God can be reached through prayer, and 86% state religion is important or very important to them. In a

sociological survey conducted in 1991, Borowik and Pawluczuk (as cited in Morrison et al.,2009) reported that a larger percentage of Poles (more than 80%) of individuals from Byelorussia, Russia, and Ukraine said that they were either deep believers or believers of their faith. Using data from the “Role of Religion” surveys administered to several countries of Eastern and Western Europe by the International Social Survey Program in 1991, Gautier as cited in Morrison et al., (2009) found that respondents from Poland and Hungary reported the highest rates of religious affiliation (95.2% and 93.9%). Affiliation rates in Western and Eastern Germany were reported to be 86.7% and about 36%, respectively. Poles reported the highest rate of church attendance, followed by Hungarians and Western Germans, and finally, Eastern Germans. In Africa, almost all the people surveyed professed adherence to a religious group, the same survey described about 80% of Asians as belonging to a certain religious faith (Tarakeshwar et al., 2003).

Bujo (as cited in Mpofu, 2011) stated that African spirituality consists of an intimate relationship of people with their ancestors, a relationship initiates and governs their activity in life in such a way that they relate to all other beings in a manner that guarantees harmony and peace and it places emphasis on communal procedures that incorporate the community, the extended family, as well as an understanding of God as related to life and daily events. Similarly, according to Long (as cited in Mpofu, 2011) for most African peoples, God is present in everyday life because He is just and He punishes sin. Therefore, people are dependent on God and need to keep good relations with God. African spirituality is connected to an integral and holistic understanding of life (Kretzschmar as cited in Mpofu, 2011).

According to Amare (2004) the history of counseling had its origins, first in religion, later in other disciplines. In Ethiopia counseling service with its literal and informal meaning /giving advice/ has an old history. It’s clear that counseling service is a corner stone for early access to prevention

as well as to care and support services. On the other hand, Firehiyowt & Ahmed (as cited in Sisay, 2015) mentioned that the concept and tradition of modern counseling service is fairly young, and offering of counseling service in Ethiopia is limited mainly to the following setting, higher religious institute, secondary schools, youth centers of HIV/AIDS and other settings such as hospitals, rehabilitation center and orphanages besides this limitation the data from the Pew Research Center showed that 98% of Ethiopian people consider religion very important (Pew Research, 2017).

Together, these findings underscore the influence of religion over the lives of a vast majority in different parts of the world and to my knowledge, it seems that most of the studies were either conducted in America or Europe, but very few studies have been done on religion and mental health in Africa and Ethiopia.

Thus, this study is aimed to investigate the attitudes and practices of religion and spirituality in counseling services by the providers in Addis Ababa.

## **1.2. Statement of the Problem**

According to Vieten et al., (2013) psychologists are lagging behind in other health care fields in establishing basic spiritual and religious competencies and in most description of multicultural competence the discipline of psychology has incorporated religion and spirituality and requires training in multicultural competence but most counselors receive little or no training in religious and spiritual issues, in portion since there's no concurred upon set of spiritual competencies or training guidelines.

While it is generally recognized that it is important to address religion and spirituality, those are often avoided in the counseling field. Many training programs for psychologists and counselors

provide only superficial training in this area, if the topic is raised. This is due to the fact that counseling is based on psychology, a scientific field that has traditionally ignored issues of a spiritual nature (Rose et al., Cited in Dweep, 2017).

Findings regarding the relationship of religion and spirituality to mental health are not straightforward, as Bergin and Palaucian acknowledge (cited in Knox et al., 2005). However, religiosity and spirituality have been empirically associated with more positive than negative psychological functioning, and the effectiveness of therapy can be improved by respectfully including the client's religious or spiritual beliefs in the counselor's treatment (Plante and Sharma, 2001). However, there is still much to be learned about attitudes and practices of religion and spirituality in the counseling process.

Knox et al., (2005) in their research concluded that clients actually want to discuss religious and spiritual topics in therapy, that such discussions are often integrated to overcome their psychological problems, but on the contrary with the problems of religion and spirituality when they are raised by a therapist is only associated with unhelpful events. Similarly, according to Bilgrave and Deluty (as cited in Post and Wade, 2009) seventy-two percent of psychologists said that their religious beliefs influenced their psychotherapy practice to a moderate degree or higher, and sixty-six percent had claimed that their psychotherapy practice influenced their religious beliefs. Therefore, it is important for them to be willing to identify their own attitudes and prejudices about religion in order to avoid imposing their values on clients.

The inclusion of religious and spiritual issues in counseling has sometimes been met with resistance, especially from those who hold stereotyped views of religion and religious people Bergin et al., (as cited in Passmore, 2003). However, to deny that religious issues have a legitimate place in the counseling context is to deny an important aspect of the worldviews of both the client

and counselor that could facilitate the therapeutic process. Indeed, Burke et al., (as cited in Passmore, 2003) argue that ignoring a client's religion "may jeopardize the forming of an effective therapeutic relationship and close the door to potentially pertinent intervention techniques" (p. 251).

In saying this, it is not suggestive that the counselors should extensively initiate discussion of religious material without due respect to the specific client and his/her presenting problem, the subtleties of the setting of the medicine. Though, religious issues are considered to be more relevant to the context of counseling than many psychologists would acknowledge. To "drag the chain" is "to hinder others by doing something slowly" (Delbridge as cited in Passmore, 2003, p.541). In this study, the reasons for considering religious and spirituality issues in counseling and then considering the relevant issues as they relate to the task and role of the counselor and suggest ways in which religious issues could be addressed in a meaningful way and effective in the counseling context. As Hoffman (2008) pointed out when associated with psychological health benefits or responsibilities, religion is an important topic to consider.

Although there is little evidence that counselors focus on religious and spiritual issues in counseling, the 2015 global attitudes survey looked at how people around the world feel about religion. The survey found that 98% of Ethiopians consider religion a very important part of who they are which hold a distinguished place in Ethiopia. The Ethiopian population is highly intertwined with religious beliefs, in view of the fact that a substantial number of individuals identify themselves with one religion or another. The latest population census conducted by the Central Statistical Agency of Ethiopia in 2007 indicates that, out of the entire Ethiopian population, 43.5% are Orthodox Christians, 33.9% are Muslim, 18.6% are Protestant Christians, 0.7% are Catholic, 2.6% are followers of traditional religions, while 0.7% fall under the 'other'

religion category. Despite the above survey which describe the importance of religion in Ethiopia, research conducted on this issue in the specific context of Addis Ababa, are minimal.

In Ethiopia, Zena (2006) stated that, in most cases, people need to compromise spiritual practices with medical knowledge through counseling or other models, which are not available, let alone access and utilize. Unfortunately, in the Ethiopia context, there is inadequate literature that establishes the attitudes and practice of counseling service providers on religion and spirituality and to extent to which they use it in practice. Hence, an understanding of these concepts will help counselors identify ways of utilizing religion and spirituality. In addition, there is currently no known research that studies their willingness to address these areas with clients, so it can highlight efforts and approaches used as well as to inform therapeutic approaches for the clients.

### **1.3. Research Questions**

This study aimed at answering the following research questions:

- What type of attitude do counselors have towards the role of religion and spirituality in counseling services?
- What is the level of counselor's religious and spiritual oriented practices in counseling services?
- Is there a significant difference in attitude towards the role of religion and spirituality in counseling services among counselors of different gender, age, and educational status?
- Is there a significant difference in the practice of religion and spirituality in counseling services among counselors of different gender, age, and educational status?

- Is there a significant relationship among counselor's religiosity, their attitude towards the role of religion and spirituality in counseling services and their practice of religious and spiritual issues in counseling services?

## **1.4. Objective of Study**

### **1.4.1 General Objective**

The general objective of this study is to examine the attitudes of counselors towards the role of religion and spirituality in counseling services and their practices in different counseling service institutions of Addis Ababa.

### **1.4.2 Specific Objectives**

The research, specifically attempted

- To identify whether counselors have a positive or negative attitude towards the role of religion and spirituality in counseling services.
- To examine the level of counselor's religion and spirituality oriented practice in counseling services.
- To examine whether there is a significant difference in attitude towards the role of religion and spirituality among counselors of different gender, age, and educational status.
- To examine whether there is a significant difference in practicing religion and spirituality in counseling services among counselors of different gender, age, and educational status.
- To see whether there is an association among counselor's religiosity, their attitude towards the role of religion and spirituality in counseling services and their practice of religious and spiritual issues in counseling services.

## **1.5. Significance of the Study**

Appropriately integrating religiosity and spirituality into the counseling setting may be effective in instilling insight, hope, and change, each of which is an essential element of the counseling process. Counseling psychologists are expected to consider their clients from a holistic point of view. For this holistic perspective, attention needs to be given to matters of body, mind, and spirit (Dweep, 2017).

Hence, this research would support for the development of multicultural dimensions in counseling and for more deeply understanding of client's cultural background relation to religion and spirituality. It would also help to increase awareness and willingness to explore spiritual and religious matters in the practice of counseling.

The study would help counseling service providers to deliver a complete package of service to their clients which can make the therapy effective and would benefit clients during counseling service visit since the therapy would cover the important part of their life, which happen to be religion and spirituality. Moreover, an awareness of counseling service providers perspective possibly will foster a better understanding of why practice in religion and spirituality seems to be lacking in counseling services and may ultimately inform efforts to improve the practice.

According to Pew Research Center Surveys (2017) the largest Orthodox Christian population outside of Eastern Europe is in Ethiopia. The centuries-old Ethiopian Orthodox Tewahedo Church has an estimated 36 million adherents, nearly 14% of the world's total Orthodox population. Nearly all (98%) Ethiopian Orthodox Christians say religion is very important to them, while roughly three-quarters report attending church weekly or more often (78%) and about two-thirds say they pray daily (65%). The growth in Ethiopia's Orthodox population over the last century, as

well as in neighboring Eritrea, owes largely to natural population growth in the countries (Pew Research Center Surveys ,2017).

As stated, earlier religion and spirituality are very important in Ethiopia and counselors need to be able to respond to the needs of their clients. By looking at how counselors view religion and spirituality, we can see whether clients are going to be able to receive what they need spiritually, which is part of a bio-psycho-social self.

This study would also help researchers to be aware of the usage of religion and spirituality in counseling services. It would also help them as a reference for future researches. This study would also benefit counseling services institution to understand the gap in including of religion and spirituality in their counseling practice. This may lead them to expand the coverage of the service of including or paying more attention to consider spirituality and religion. This may result in enhanced productivity of the counseling service institution on delivering effective and successful therapy for clients.

Generally, given the arguments that religion and spirituality should be a part of counseling and the lack of data regarding counselors' attitudes and practices in this area, this study would be valuable to examine the views of counselors regarding spiritual and religious issues and the use of spiritual and religious practices in counseling.

## **1.6. Delimitation of the Study**

Taking the financial and time constraint in to consideration as well as for the sake of convenience, the study is delimited to Addis Ababa and enclosed to examine the attitudes of counselors towards the role of religion and spirituality in counseling services and their practices in different counseling service institutions of Addis Ababa. Moreover, both counselor and psychologist are included in

the study. In addition to this, unlicensed professionals are comprised in the study since they interact with clients, who came for counseling service.

## **1.7. Operational Definitions of Terms**

The meanings of terms and phrases with specific meanings used in this research are given as under:

**Counseling:** is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals.

**Counselors' Religiosity:** is an involvement and approach of life for counselors in different religious and spiritual activities such as prayer and Bible study.

**Counseling Service:** is an assessment, diagnosis, treatment or counseling in a professional relationship to assist an individual or group in alleviating psychological or emotional illness, symptoms, conditions or disorders.

**Counseling Service Provider:** In this study, they are professionals, licensed or unlicensed, who perform or purport to perform counseling services, including psychologists offering psychological services.

**Religion:** is defined as an organized, structured set of beliefs and practices shared by the counselors and clients related to spirituality.

**Religious and Spiritual Issues:** are books or writings, concepts, rituals, values and discussions that are related to religion and spirituality in counseling.

**Spirituality:** is defined as the search for meaning, purpose and connection with self, others, the universe, and ultimate reality however one understands it. This search may or may not be expressed through religious forms or institutions.

## **1.8 Limitations**

The present study had the following limitations.

Firstly, this research stands facing difficulties of lack of information on the number of counselors in general in Ethiopia and in specific in Addis Ababa. Therefore, the study had employed non probability sampling type of availability sampling technique so that it is impossible to generalize the result of the study to the total population. The very fact that there are no established groups of counseling service providers posed a challenge as to where to get a good enough sample to draw acceptable participants.

Secondly, the study relied on online survey platform because of Corona Virus so the use of online survey, employed to gather data may have impaired detail understanding of the questions posed. Hence this way of data collection process also has its own effect on the reliability of the present finding.

Finally, it was really challenging to access local literature's or studies which are related to the current study. Although such limitations and challenge were available in the present study, the researcher had exerted her supreme effort to make the study reliable, meaningful and successful.

## CHAPTER TWO

### LITERATURE REVIEW

This chapter reviews associated literatures on the key subjects: nature of religion and spirituality, counselors' attitudes of religion and spirituality, importance and practices of religion and spirituality, in addition, theories on religion and spirituality are also reviewed.

#### 2.1 Nature of Religion and Spirituality

Before proceeding to religiously and spiritually oriented practices in counseling, it may be more useful to examine the concepts of religion and spirituality. From an examination of the literature, however, it is not so easy to define the concepts of religion and spirituality though these are part of our everyday life because some consider them as the same thing while others considered them as different entities. In addition, researchers have not agreed upon a definition of these constructs (Richards & Bergin cited in Post and Wade, 2009). According to Sperry & Shafranske (2005) the term religious, as it is most commonly understood, implies an affiliation with an institutionalized religion and affirmation of theological doctrine or dogma. The term spiritual most often refers to a connection to the transcendent which for some is disconnected from organized religion.

Although the difference between religion and spirituality is often vague for many people, Delaney (as cited in Chou & Bermender, 2011) defined religion as a communal practice of shared sacred beliefs, whereas spirituality is defined as a personal experience of seeking meaning and purpose in the sacred domain. Sheridan (2000) also defines spirituality as "the search for meaning, purpose and connection with self, others, the universe, and ultimate reality however one understands it. This search may or may not be expressed through religious forms or institutions" (Sheridan, 2000, p.20). According to Sheridan, religion is identified as a controlled, prearranged set of beliefs and

rituals shared by a group of people associated with spirituality. In similar ways, Chou & Bermender (2011) in their study defined spirituality as an individual's personal encounter with God, or a higher transcendent being and religion is defined more specifically as an individual's participation within an organized group to encounter God, or a higher transcendent being.

Kevin (n. d) emphasizes that religion is the expression of spiritual or religious belief/experience in a set of symbols, beliefs or doctrines, and practices by which groups and individuals relate to themselves and the world. Religion, for many people, is the concrete, culturally oriented definition and expression of their spirituality. Another fundamental characteristic of religion is that it creates a social union among those who share the same belief and is born out in people who adopt the same forms of behavior. A religious person is a member of both the religious community and the society in which he lives so that he has to comply with the requirements of faith on the one hand and the rules of the community on the other (Polanski, 2003).

Wilkinson (2012) identifies seven elements, or religious themes based on the works of British Philosopher and theologian, Ninian Smart, which are similar to the religions of the world. These seven elements are: Doctrine (basic principles and teachings), Mythology (the religions history and stories), Religious Experience (how followers encounter the Divine), Religious Institution (an organized body of followers), Ethical Content (instructions as to how followers should live life), Ritual (practices, celebration, and festivals), and Sacred Objects and Places.

According to Everett et al., (2010) while the terms religion and spirituality have historically been closely linked, current conceptualizations make important distinctions between religion and spirituality. Religion can be defined as adherence to a belief system and practices associated with a tradition in which there is agreement about what is believed and practiced (Hill et al., 2000). Conversely, on the other hand, Spirituality can be defined as a more general feeling of closeness

and connectedness to the sacred. What is considered sacred is often a socially influenced perception of either (a) a divine being or object or (b) a sense of ultimate reality or truth (Hill et al., 2000). Many people are experiencing spirituality in religious context, but not all of them. They showed various positive feelings when it comes to religious beliefs. These feelings, often referred to as spirituality, elevate religion above the systems humans build for living together such as government, law, and economy. Spirituality is a phenomenon that is typical of human beings. The phenomenon is incorporated within religion for some individuals but not for others, either directly or through their application (Polanski, 2003). In this case, it is useful to look separately at definitions of spirituality. Spirituality is the desire to connect with and be close to the sacred. Spirituality leads to the experience of a natural intimacy containing curiosity and admiration.

Morrison et al., (2009) mentioned that the Association for Spiritual, Ethical and Religious Values in Counseling (1998) presents spirituality as “the drawing out and infusion of spirit in one’s life” (p.3), which involves an innate “capacity for creativity, growth, and development of a value system” (p.4). Furthermore, Miller (cited in Chou & Bermender, 2011) identified that “spirituality deserves neither more nor less attention than other important aspects of human nature... To overlook or ignore spirituality is to miss an important aspect of human motivation that influences personality, development, relationships, and mental health” (p. 261).

According to Muldoon and King (as cited in Culey, 2014), spirituality is how people understand and live their lives, as well as how they view their meaning and value. Vaughn (as cited in Culey, 2014) argues that spirituality is more of an experience than a sacred thing. Vaughn also describe spirituality as “a quality that goes beyond religious affiliation, that strives for inspirations, reverence, awe, meaning and purpose, even in those who do not believe in any good” (p. 105). Poulin et al., (as cited in Culey, 2014) define spirituality as the individual and experiential

commitment to a religious or spiritual belief system and defined religiosity as a participation in social structures associated with religion. Haught (as cited in Wilkinson, 2012), states that, “no matter how carefully scholars define religion, other experts will eagerly indicate what the definition has left out” (p. 2) and argues that religion is a modern concept asserting that religion was so intertwined with daily life for the ancestors so that there is no word to describe it.

In a study done by Koenig et al., (as cited in Culey, 2014) they identified three dimensions of religiosity which were organizational, non-organizational, and intrinsic. The religious organization aspect focuses on the frequency of participation in religious services. Non-organizational religiosity was categorized by the amount of time spent in private religious activities (prayer, meditation, worship etc.). Finally, intrinsic religiosity is how people use religion on a daily basis. They went on to say that religiosity is best described as an “organized set of doctrines and rituals”.

Religion and spirituality share a variety of common characteristics, such as the pursuit of what is holy or sacred in life, as well as some transcendent (beyond ourselves) relationship with God or a higher power or universal energy. Religion and spirituality, even if both sides of the coin fair, show an important difference in the way portrayed among those who believe, and followers of the two concepts mentioned. As expressed by Kevin (n. d) they vary by important factors such as religious factors being focused more on prescribed beliefs, rituals, and practices as well as social institutional features; were as, spiritual factors are concerned with individual subjective experiences, sometimes shared with others. Religion is defined by its boundaries; spirituality by a difficulty in defining its boundaries.

The common denominator of all these definitions is that religion contains rules that govern human life, regulate social life and transform individuals into communities based on their beliefs. For the purpose of this study, religion will be defined as an organized, structured set of beliefs and

practices shared by the counselors and clients related to spirituality and Spirituality on the other hand is defined as the search for meaning, purpose and connection with self, others, the universe, and ultimate reality however one understands it. This search may or may not be expressed through religious forms or institutions (Sheridan, 2000).

## **2.2 The Roles and Importance of Religion and Spirituality in Counseling**

There are several reasons why it is important for therapists learn to address religious and spiritual issues, at least to some extent. First of all, it is important for many clients. Second, allow for a more holistic and complete theory. Third, it can help therapists gain a better understanding of their clients and their values. Therapists and counselors combine religious and spiritual work into a therapeutic process. The benefits are clear: the client receives more holistic treatment, the client will not feel the need to leave an important part outside of the therapy room, and religious / spiritual wounds can be healed (Hoffman, 2008).

Hoffman (2008) also mentioned religious and spiritual resources also can be highly effective in promoting better psychological and physical health. This is true of religion across different religions and subgroups; there are no significant findings demonstrating that any one religion is superior to others on the basis of psychological or physical health. Kevin (n. d) stated a recent review of more than 1,200 studies of religion and health reported that at least two thirds of the studies evaluated had shown significant associations between religious activity and better mental health, better physical health or lower use of health services.

Although recent research has found that most psychotherapists recognize the client's spiritual or religious function as an important domain of adaptation, most therapists report that they do not

routinely evaluate the client's spiritual or religious function nor address the problem in treatment plans (Hathaway et al., as cited in Hage,2006).

Kevin (n. d) described some of the possible therapeutic factors of spirituality such as Relief, acceptance, peace, gratitude; Optimism and hope; Belonging: both as being-in-the-world and social connectedness; Meaningful world-view: "the purpose of it all; sense of direction; of how all events are related; Decreased fear, anxiety, depression, frustration, anger, etc.; Redefinition of self: usually more positive and accepting of self; new, more enhanced identity; Improved relationships; Surrender of infantile-like control; increased trust in processes of world and self; Increased motivation and energy; Feelings of more courage and strength in face of hardships, threats, death; Deeper involvement with and connectedness to life and Humility in face of accepted limits and awe of meaning of life and universe.

The American Psychological Association and American Counseling Associations have included religion and spirituality as a diversity issue, thus requiring mental health professionals to attend to the importance of religious and spiritual concerns in understanding and treating clients (Cheston et al., as cited in Morrison et al., 2009).

Religious orientation and spirituality not only provide the ultimate goal in life, but also the possible path to achieve that goal. For example, to attempt to support themselves and spirituality in stressful situations, those with stronger religious frameworks may have greater access to a wide array of religious coping methods (such as support spiritual, meditation, religious appraisals, religious rites of passage). These methods are associated with improved mental and physical health (Hill & Pargament, 2003).

To the devout, religion and spirituality are not a set of beliefs and practices divorced from everyday life, to be applied only at special times and on special occasions. Instead, religion and spirituality are ways of life to be sought, experienced, fostered, and sustained consistently (Hill & Pargament, 2003). Religion and spirituality frameworks can provide people with a sense of their ultimate destinations in life. More than goals, these destinations become spiritual strivings often by virtue of their associations with a larger religious framework. Similarly, according to Pargament (cited by Khalif, 2012) several things make religion and spirituality necessary for the majority of people. For many people, religion and spirituality provide psychological and physical comfort in times of difficulty and anxiety. Since religious and spiritual beliefs and practices are helpful to the same clients that counseling is striving to assist, it is important for counselors to be sensitive to and accepting of such beliefs and practices. Learning these practices from religion and spirituality will give the field of counseling a strong source of support. Consequently, counselors are required to understand their clients' religious and spiritual beliefs, values and how they perceive the world in order to be able to help clients better (Khalif, 2012).

Shafranske and Malony (as cited in Bilgrave et al., 1998) found that 74% of their psychologists felt religious issues were relevant to their clinical work a figure very close to the 72% found in this study and they reported that 57% used religious language or concepts with their clients. Young et al., (2007) later investigated a national sampling of ACA members regarding their level of support and preparedness for integrating the spiritual competencies from the Summit on Spirituality when counseling clients. Study results indicate 68% of respondents agreed with the importance of addressing the spiritual and religious domains in counseling, and the same percentage of respondents felt prepared to address these domains in counseling (Chou & Bermender, 2011).

Tarakeshwar et al., (2003) provided four main reasons why religion needs to be included in research because religion is important in the life of society in cultures, religion is found to be a significant predictor of real variables (e.g., physical and mental well-being) among cultures, religion has to do with critical cultural and cross-cultural dimensions as well as religious beliefs and practices.

### **2.3 Expectations and Needs of Clients for Religion and Spirituality**

Clients often have spiritual needs. Many mental health counselors argue that spirituality should be included in counseling, whereas others contend that religious issues may be beyond the bounds of counselor competence (Harris et al., 2016). Therefore, Harris et al. (2016) conducted a literature review of research in mental health counseling to examine client expectations and preferences for addressing religion and spirituality in counseling. This review summarizes one of the largest samples of literature on this topic, spanning 64 peer-reviewed journal articles by 148 different authors in 32 different journals, surveying over 64,000 participants, including 4,697 actual counseling clients. They review client-focused research with 4 themes: expectations about spirituality in counseling, preferences for addressing spirituality in counseling, preferences against addressing spirituality in counseling and the process of spirituality in counseling. The study showed that some clients want counseling to address their spiritual issues extensively and expect this to occur, while others prefer these issues to be addressed in the context of other, more primary issues. Still others prefer spiritual issues not to be addressed at all. Harris et al. (2016) also signposted that client magnitude of spiritual beliefs, client gender, the match between the client and counselor's beliefs and values, type of therapy, and counselor's openness to spiritual issues may be key factors that influence what clients want to talk about in counseling.

In the same way, Rose et al., (2001) explored clients' preferences for discussion of spiritual issues as well as clients' beliefs about the appropriateness of spiritual discussion in psychotherapy. The results of their study indicate that many clients believe that spiritual issues are acceptable and preferable for discussion in therapy and are important therapeutic factors. Potential clients may have concerns about how therapists respond to their spiritual beliefs, and these concerns may have an impact on clients' willingness to discuss spiritual issues. Quackenbos et al. (as cited in Morrison et al., 2009) reported that prospective clients are concerned that counselors might seek to modify a client's religious beliefs either by undermining those beliefs or by attempting to convert the client to the therapist's own religion. Yet, Rose et al. (2001) found only a minority of clients who reported that their willingness to discuss religious or spiritual issues depended on how the counselor might respond to them.

Everett et al., (2010) mentioned the incorporation of religion and spirituality into psychotherapy should follow the desires and needs of the client. Psychotherapists are encouraged to ask about religion and spirituality beliefs and commitment as part of intake and to incorporate religion and spirituality into psychotherapy as they feel comfortable and in line with the client's preferences.

Post and Wade (2009) stated that religious and spiritual concerns may be a significant source of distress for some clients as well. In addition, many clients expect their therapists to be open to their religious views and to respect their values and beliefs. One of the most direct and comprehensive ways that therapists can address these issues early in counseling is to include a religious and spiritual assessment. Such assessments can be formal (using standardized interview protocols and normed scales) or informal (using open-ended questions). Assessment of this sort might occur in the very beginning of therapy, as a part of the structured clinical intake interview, or it might emerge as a result of something a client says.

Applying basic psychological practices (and concepts) in a way that is consistent with a client's religious or spiritual perspective is likely to increase the effectiveness of the intervention and further contribute to the client's trust and comfort in the therapy process (Post and Wade,2009). While incompetent application of spiritual or religious integration can be harmful to clients (Chou & Bermender,2011). Hage (2006) also identifies that avoidance and disregard of the client's spiritual or religious resources is also potentially harmful to the therapeutic outcome. Therefore, therapists should carefully assess the opinions and needs of their clients regarding religious interventions and in most cases should seek informed consent and approaching religious/spiritual clients with an openness and willingness to engage the religious/ spiritual conversation will help clients to feel comfortable expressing their needs (Post and Wade,2009).

The study conducted by Morrison et al. (2009) on the degree clients report spirituality being incorporated into their counseling sessions. The result indicated that the client was most often responsible for introducing spirituality in counseling and on the clients wanting spirituality to be incorporated in counseling sessions. Among the 50 clients who received counseling with a spirituality component 16.7%, 72.9% and 4.2% reported that they would like spirituality to be included in their counseling sessions more often, at the same level and less often respectively and 6.3% of these clients reported that they did not have a preference. In addition to that on clients perceiving spirituality on their progress in counseling 73.5%, 16.3% and 10.2% reported it had been very helpful, moderately helpful and neither helpful nor unhelpful respectively in making progress toward their counseling goals. None of the clients indicated a spirituality component in their counseling session had been unhelpful. The tentative implications of this study also include the need for a thorough assessment of each individual client and his or her spiritual mindedness needs prior to introducing a spiritual component in the counseling context. Presenting clients with

the opportunity to have spirituality incorporated in counseling enables the client to make an informed decision regarding whether spiritual matters should be included.

## **2.4 Theories of Religion and Spirituality in the Counseling Context**

### **2.4.1. Humanistic Theories**

Humanistic psychology operates from the premise that the whole is greater than the parts and that "the central core of personality consists in its unity and uniqueness." Maslow (as cited in Joseph, 1980) summarized this viewpoint as many psychologists are content to work with but a portion of the human being, indeed making a virtue out of such limitation. They forget that their task ultimately is to give us a unified, empirically based concept of the whole human being.

This same presupposition about humanity has engaged humanists in the struggle to preserve individuality against the dehumanizing tendencies so apparent in most institutions, not exempting those of organized religion. The biblical understanding of human beings is strikingly similar. From religious perspective, Curran (as cited in Joseph, 1980) points out that humans were not sliced into sections that functioned independently of one another. Personality was a whole unit, in which body, mind, and spirit were seen as a composite.

Humanistic epistemology is based upon two principles: 1) experience is the only trustworthy basis for the individual's knowledge of self and 2) the only way one can know reality is to be involved experientially as a participant. May (as cited in Joseph, 1980) expressed these tenets: "There is no such thing as truth or reality for a living human being except as he participates in it, is conscious of it, and has some relationship to it." (p.14). Some of religion literatures are clear in their assertion that religious knowledge must be experienced.

Characteristically, humanistic psychologists unite in their understanding of the self as subject, a "core system" that serves as the matrix of individual goal setting. Buhler et al., (as cited in Joseph,1980) and other humanists are unequivocal in their linkage of this "core self to the concept of intentionality. Intentionality is demonstrated in the choices one makes. It is "the basis on which he builds his identity." (p.12). Thus, self, or identity, and intentionality are incorporated at the beginning in the name for God. The biblical idea that humans are created in the image of God advances this logic one step further (Joseph, 1980).

Humanistic psychology is concerned about the individual's end goal, which emerges from the free, responsible, intentional self. Some humanists view the end goal as "self-realization" or "self-actualization." Frankl (as cited in Joseph, 1980) proposed "self-transcendence" as the end goal, "a constitutive characteristic of being human that always points and is directed to something other than itself." (p.113). The altruistic themes that are prominent in religious literature run parallel to the goals of psychology: namely, the deepening of interpersonal relationships, the creative involvement of people with each other. A key to creativity is "expanded consciousness." The relationship between this imaginative expansion of the mind and experiential religion is obvious. Maslow (as cited in Joseph, 1980) associated this aspect of creativity and peak experiences with religious values. It is the fully functioning, creative person who is capable of having genuine religious experiences that commensurate with an equally authentic understanding of self and reality.

Erich Fromm and Abraham Maslow are two important names of psychologists who regard religion as a significant variable in the development of human personality (Haque as cited in Chiedu et al., 2015). Another humanistic psychologist, Rollo May, points out that, "religion is the belief that something matters-the presupposition that life has meaning. What he is essentially saying is that

the religious person has found meaning in life, while an atheist has not or cannot, and this discovery of meaning has great relevance on one's personality and mental health. Similarly, Allport believed that a religious orientation often makes a healthy adult personality. He wrote, "A man's religion is the audacious bid he makes to bind himself to creation and to the creator. It is his ultimate attempt to enlarge and to complete his own personality by finding the supreme context in which he rightly belongs (Hergenhann & Matthew as cited in Chiedu et al., 2015). For these psychologists, the client's religious issues are important avenues for finding out those special personal feelings, which are far more important than searching for "signs" of abnormalities in the client (Haque as cited in Chiedu et al., 2015).

#### **2.4.2. Existential Theories**

The two most important early figures in existential philosophy, Kierkegaard and Nietzsche, cemented the central place of religious dialogue in existential thought. Both of these existential thinkers were writing before the label "existential" was applied to their thought. Existential psychology is deeply concerned with religious issues (Hoffman, 2014). Too long has psychology tried to deny centuries of man's devoted, intelligent effort to know the meaning of his being through the avenues of religion. There needs to be an end to the artificial separation of the scientific and the religious that reduces our perspective on such important questions (Bugental, as cited in Hoffman, 2014).

Although there are theories that posit about religion and spirituality, this study could be seen primarily through existential lens. Existentialism emerged in the 19th century via Soren Kierkegaard, Friedrich Nietzsche and Fyodor Dostoyevsky. The founders asserted that individuals construct their own reality and that each of us strives to find meaning and order in life. Frankl also remarked that religion and spirituality are of value to a person's health because they may provide

an anchor to existence that facilitates courage to face the givens of existence. Harper-Dorton and Lantz (as cited in Wilkinson, 2012) state that "existential psychology brings attention to spiritual, personal, social, and cultural environments as important spheres of human existence" (p. 27).

Frankl treated it as the one of the most important components of the so-called noogenic motivation (sense of meaning as the ultimate human motive). Openness to religion and spirituality as a part of being has played a part in the historical development of existentialism. In existential writings, Frankl has provided an extensive commentary on the role of spirituality in existence. Frankl (1988) noted that the logos in his logotherapy is translated as spirit, but that it should emphasize the human spirit, that is, the creative power and freedom inherent in humanity.

Yalom (as cited in Fall et al.,2010) mentioned that just as existentialist conceptualize a positive and holistic conceptualization of spirituality, they also have comments on the inauthentic application of spiritual and religious concepts. Their criticisms largely coalesce around the tendency for people to use spirituality as a means to avoid the anxiety of life or in the absolution of responsibility for making poor choices or for attempting to make no choices at all. In this case, it's not one's spiritual beliefs that are inauthentic it's how the person interprets and uses the belief system. If a person uses beliefs to abdicate responsibility and hide from the anxiety that is a part of human condition, then the beliefs are contributing to an inauthentic way of being. If the beliefs help facilitate courage to address the anxiety of everyday existence and add a sense of meaning and humility to a person's life, the person is using them in a way that promotes authenticity. In summary, existentialism allows for spirituality as an essence of being but not as the essence of one's entire being.

Existential theory is no stranger to dealing with religious issues, as the bedrock of the theory concerns meaning making and death (May and Yalom as cited in Chiedu et al., 2015). Yalom

further observed four ultimate concerns that humans have: (a) death, (b) freedom, (c) isolation, and (d) meaninglessness. These concerns are addressed in most religions as well. Generally, due to its earlier beginnings, existentialism has an interesting relationship with religion. The existential-humanistic psychologists emphasize that the therapist must be "aligned" with the religious client and feel as if the client's words and statements are coming out from within the therapist. This would of course require the therapist to be free of his or her own personal attitudes toward religion whether positive or negative. Once the therapist and client have identified a certain special feeling toward religion, the therapist can then search for deeper meanings. This exercise can actually enable the client to discover himself and become a qualitatively new person and this is what a therapist should aim for (Chiedu et al., 2015).

### **2.4.3. Positive Psychology**

Religion and spirituality are a fertile ground for the experience of positive emotions. Through their involvement in religious and spiritual practices, believers may experience positive emotions on a weekly or even daily basis. This frequency may be crucial because the broaden effect of positive emotions accumulates and compounds over time to build consequential personal and social resources (Fredrickson, 2013).

Positive psychology studies found that religious or spiritual practices can increase positive emotional states such as joy, hope, optimism and compassion as well as foster positive virtues such as self-control. Religion and spirituality may be protective factors for well-being because they have a unique footing for creating these self-transcendent positive emotions. Thus, many characteristics of religion and spirituality are powerful elicitors of such positive emotions. The study of positive emotions is relatively recent and has been propelled by positive psychology, which is the science of human flourishing (Gable and Haidt as cited in Van Cappellen et al., 2014)

measures of religiosity and spirituality are positively associated with positive emotions. Positive emotions are also an important component of religious and spiritual practices (Smith et al as cited in Van Cappellen et al., 2014).

Psychology and Religion Research Program at Cambridge see positive psychology as a possibility to pursue the dialogue between religious traditions and human qualities like forgiveness, gratitude, and hope. Happiness and wellbeing are clearly associated with goal, purpose and meaning-making. One reason religious and spiritual traditions have been persistent in human history is that they provide meaning (Park & McNamara, 2006). Damon (as cited in Fredrickson, 2013), points that religion provides a path to purpose and individuals who identify their purpose of life in terms of calling are happier than others. Research works on mindfulness also bring together spirituality and wellbeing. Mindfulness is seen in positive psychology as a means to facilitate novelty, flow and optimal experiences. Its relation to spirituality is duly acknowledged. Many positive psychology interventions are grounded in ancient religious and spiritual teachings which are not typically included in treatment for psychopathology. There are empirically validated interventions for the following four virtues: hope, gratitude, forgiveness and self-compassion (Rye as cited in Fredrickson, 2013).

Lastly, according to Jennifer and Lisa (2014) the positive effects of religion is the sense of community, connectedness, and identity it provides participants, its ability to help individuals learn self-regulation and self-control and another positive aspect of religion is its function as a source of meaning. While meaning is certainly important in other fields, including psychology, religion is distinctively concerned with ultimate values and sacred matters. Finally, the transcendent function of religion and spirituality provides an additional potential source of positive physical and psychological outcomes.

#### **2.4.4 Namaste Theory**

In addition to the above theories, Oxhandler (2017) designated that in response to an emerging pattern between the practitioners' religion and spirituality (particularly their intrinsic religiosity) and their integration of clients' religion and spirituality, Namaste Theory was recently developed. Namaste is a Hindi term that means, "the sacred in me honors the sacred in you" (p. 1). In essence, Namaste Theory posits that "as practitioners experience, are engaged in, become aware of, and infuse their own Religion and Spirituality beliefs and practices into their daily lives 'deepening their (intrinsic religiosity) and becoming more attune to the sacred within' they tend to hold more positive views and engage in clients' Religion and Spirituality beliefs and practices as well. In other words, as helping professionals they recognize the sacred within themselves; they appear to be more open to recognizing the sacred within their client" (p. 6).

#### **2.4.5 Biopsychosocial Model of Counseling Perspective**

Counseling psychologists are expected to consider their clients from a holistic point of view. This essentially means that they need to distant themselves from taking the reductionistic orientation of most medical thinking. Instead, counselors ought to work on the assumption that starting from a particular initial condition different factors interact with each other thereby producing properties that are highly dependent on the individual person involved (Borrell-Carrió et al as cited in Chiedu et al., 2015). This perspective is referred to as the biopsychosocial model. Its founder, George Engel, described this approach to (mental) health as interactional and dynamic in nature (Engel as cited in Chiedu et al., 2015). Counseling based on a biopsychosocial formulation requires a complex assessment in which the psychologist needs to examine biological, psychological, and social factors influencing the client 's problem. When thinking about the biopsychosocial model and religion, there is no doubt that religion can be a vital aspect of the client 's social and

psychological identity that notably shapes his values, beliefs, and behaviors. Moreover, religion satisfies the instinctive human need for the meaning of experiences (that is, the experience of health or illness) and the general purpose of life (Cook et al as cited in Chiedu et al., 2015).

## **2.5 Attitudes of Counselors Towards Religion and Spirituality**

Hoffman (2008) described that one aspect of self-knowledge is that an individual should be aware of their attitude toward diversity and specific groups. Additionally, attitude should extend beyond simply tolerating differences. The therapist must be able to value their client and their religious and spiritual beliefs, even if they are different than the therapist. Therapists must also be aware of how their attitude may impact clients and be perceived by clients. Therapists will always have some difference of opinions with their client and often these will be about religious, spiritual, or ethical issues. However, not all disagreements are equal. When dealing with the therapist's attitude about religious and spiritual diversity, as well as other related forms of diversity, the therapists need to take into careful consideration the impact their attitudes or beliefs could have on their clients. In considering this, it is important for therapists to be aware that their beliefs, even when not verbally voiced, are often picked up on by clients.

Psychologists who do not have cultural awareness can also have stereotyped attitudes and biases against people of different religious and spiritual backgrounds than their own. These attitudes and biases influence interpretations and judgments about people's behavior and may lead to misunderstanding and miscommunication between counselors and clients (Kunda & Thagard as cited in Hage, 2006).

According to Kevin (n. d) an attentive openness to spiritual and religious issues in secular counseling settings depends on counselors' knowledgeable sensitivity to the potential pertinence

of the spiritual/religious dimension for clients, despite the inattention typically given to this dimension in secular settings. Steen et al., (cited in Morrison et al.,2009) mentioned counselors are ethically obligated to recognize the dimensions of client spirituality. Counselors who have rigid ideas about spirituality should include clear statements about their spiritual or atheistic beliefs in informed consent.

## **2.5.1 Factors Affecting the Attitudes of Counselors towards Religion and Spirituality**

### **2.5.1.1 Gender and Attitude**

Gender appears to be important variables mediating the attitude towards religion and spirituality among counselors. For instance, according to Argyle (1999) female counselors tend to have strong attitude towards the role of religion and spirituality in counseling services than male counselors. Furthermore, researchers suggest that women tend to be more comfortable in expressing spirituality and relying on it for strength in times of duress than men (Gallup & Lindsay as cited in Dominick, 2011). Likewise, one study found that men in the U.S actually report fewer spiritual or religious beliefs overall when compared to women. The stereotypical masculine perspective could encompass spiritual beliefs as a type of weakness for men, whereas it may be more often viewed as a strength for women, which may have influenced these gender differences (Dominick, 2011).

Serkalem (2015) examined the use, application and integration of religion and spirituality in clinical social service providers in Addis Ababa and asked a total of 67 respondents a series of questions addressing religion and spirituality in social service practice. The research indicated that there was no significant difference in attitude between male ( $M=47.04$ ,  $SD=6.936$ ) and female ( $M=45.44$ ,  $SD=9.335$ ) service providers. Her finding highlights that there is no strong correlation

between personal factors (gender, age, education, year of experience and type of religion) and service providers attitude and practice in including religion and spirituality in their interventions with clients.

### **2.5.1.2 Age and Attitude**

According to Serkalem (2015) age was not found to be statistically significant of attitude of service providers towards the application of religion and spirituality. The result obtained showed that 31% of change in attitude and practice is attributed to change in age and year of experience. For every year increase in age of the professional, there is a 0.60 increase in attitude and 0.282 increase in practice. This may be result of the inherent human nature to grow more religious or spiritual as one's age increases which is in turn reflected in their attitude. Research to date seems to support the common-sense observation that inclination to spiritual matter increases with advancing age (Moody as cited in Serkalem, 2015) and Older persons tend to show stronger relationship between religiousness and well-being (McFadden, 1995).

### **2.5.1.3 Education and Attitude**

It is important that therapists receive education and training in working with religious and spiritual issues in therapy. However, the reality is that many graduate programs in clinical and counseling psychology are not providing the necessary training components in order to graduate psychologists who are competent in this area (Post, 2013).

Fard et al., (2018) interviewed 43 professors about their attitudes toward considering spirituality and spiritual counseling and training during medical education. According to the majority of professors' point of view, the use of consultative techniques, after identification the spiritual problems of the clients would be important and tremendously helpful and they almost apply

spiritual concepts. However, there would be the need of adequate knowledge of spirituality or training on it. According to Serkalem's (2015) study, education and year of experience were not found to be statistically significant on attitude of a service provider towards the application of religion and spirituality.

#### **2.5.1.4 Counselor's Religiosity and Attitude**

Therapists' personal religiousness and spirituality have been identified as one of the strongest predictors for religious and spiritual interventions and the therapists' religiosity is significantly correlated with the attitude they have on its importance in counseling services (Shafranske & Malony, 1990).

As Shafranske and Gorsuch (1984) described, psychologists who perceive spirituality as relevant in their own lives are more likely (40%) to perceive' spirituality as relevant within clinical work. The perception of relevance of spirituality in clinical practice is related significantly to the psychologist's personal orientation. According to Serkalem (2015) majority of participants were found to address religious and spiritual issues in their personal lives, to respect the function religion serves in people's lives, to address religious and spiritual issues in professional practice, and to use interventions of a religious nature. In terms of religious affiliation and spiritual orientation, all of the respondents (100%) claimed to have been affiliated with one religion or another. Serkalem's finding about service providers attachment to religion than spirituality (p.46).

Few studies examined attitudes of counselors about addressing religion and spiritual matters in counseling. Of this few one study completed in America by Eve et al., (2000) asked 206 occupational therapists' participants a series of questions about their attitudes in addressing spirituality in practice. This research indicated that out of the 206 participants, 64% (n=132)

considered themselves to be religious, whereas 36% (n=74) did not. Both religious and non-religious participants had positive attitudes toward addressing spirituality in occupational therapy practice, with the religious group significantly more positive than the non-religious group indicated by a mean of 72.9.

In other study, Carri et al., (2002) examined the views of college counselors regarding the discussion of spiritual and religious issues and the use of spiritual and religious practices in counseling. Results suggested that on the view of counselors being open to discussing spiritual issues/topics in counseling. Over 70% of respondents indicated that, although they were open to discussing spiritual issues in counseling, doing so would largely depend on the client or the situation. 27% of the participants specified that discussing spiritual issues in counseling would be helpful in the counseling process and a small proportion of counselors were concerned that counselors should not impose their own values when discussing spiritual topics during counseling sessions.

A survey to examine the perceptions of counseling professionals and clients regarding the role of spirituality in the counseling context Morrison et al., (2009) revealed that counseling professionals have positive perceptions of the acceptability, effectiveness and importance of incorporating spirituality in counseling with the mean of 1.65, 1.74 and 2.06 respectively.

Joyce et al., (2000) also explored the attitudes of 147 licensed professional counselor concerning spirituality in the therapeutic process. The study's findings indicate that LPCs recognized the importance of being aware of their own spiritual beliefs in the counseling process. They further believed spirituality is a universal phenomenon that can act as a powerful psychological agent within their counseling practice and give support to the awareness of spirituality in the counseling process and to its influence in one's personal and professional counseling life.

Finally, Delaney et al., (2007) investigated the spiritual and religious attitudes of a national sampling of clinical and counseling psychologist members of the American Psychological Association (APA). The vast majority, however, regarded religion as beneficial (82%) rather than harmful (7%) to mental health. They positively viewed the relationship between religion and mental health.

## **2.6 Practice of Religion and Spirituality in Counseling**

Spiritual and religious issues are important to many psychotherapy clients and should be important to their therapists, too. Many different approaches to dealing with these issues have been developed. Although all therapists should have some basic training in dealing with religious and spiritual issues in therapy, only some will choose this as a specialty that they want to work with. Practice guidelines indicate that therapists should receive both training and supervision/consultation before working with religious and spiritual issues in therapy (Hoffman, 2008).

According to Canda & Furman (as cited in Wilkinson, 2012) there are also other pros and cons to incorporation of religion and spirituality into practice. Some contend religion can be "inherently conservative" and "oppressive". Some religious and spiritual practices can increase feelings of shame, guilt, blame, fear, and anger (Jacobs, 2010). Such practices can also cause the client to feel conflicted internally and wonder "why me?" or develop feelings of being punished (Newberg et al., as cited in Wilkinson, 2012). Increased feelings of shame, blame, fear, anger, and internal conflict has been linked to increased levels of depression and anxiety (Jacobs, 2010). Clients can also develop unhealthy coping mechanisms such as dependency, escape, doubt and/or delusions (Rosmarin et al., as cited in Wilkinson, 2012). While there are many cons, there are also many pros to incorporating religion and spirituality into practice.

In the same way, Canda and Furman (as cited in Wilkinson, 2012) maintain that "by considering the religious and spiritual facets of clients' lives, they may identify strengths and resources that are important for coping, resilience, and optimal development" (p. 5). Certain religious or spiritual practices have been shown to improve health such as: a decreased risk of stroke, lower blood pressure, engaging in healthier habits such as not drinking or smoking, lower depression and anxiety levels and increased feelings of hope, optimism, and positivity (Rosmarin et al., as cited in Wilkinson, 2012). Religious and spiritual practices have also been shown to increase a sense of community support and increase social supports for clients (Newberg et al., as cited in Wilkinson, 2012). These researchers contend that these benefits outweigh the risks.

Young and Koopsen (as cited in Wilkinson, 2012) identify: prayer, meditation, visualization, guided imagery, gratitude exercises, spending time in nature, art, dance, ritual, and storytelling as spiritual practices. Others identify sharing religious beliefs with clients, using a spiritual and /or religious intake assessment, yoga, tai chi, reiki, music, astrology, psychic readings, inspirational sayings, using religious scripture and readings, spiritual histories, spiritual life maps, spiritual genograms, spiritual ecograms, and praying with clients as possible religious and/or spiritual interventions (Jacobs, 2010).

## **2.6.1 Factors Affecting the Practices of Counselors towards Religion and Spirituality**

### **2.6.1.1 Gender and Practice**

According to Post (2013) being male was positively associated with therapist ratings of the appropriateness of religious interventions. This finding is counter to the expectation that being female would be positively linked to appropriateness ratings for both religious and spiritual interventions. This expectation was based on the study by Bryant (as cited in Post, 2013) that found

that women are often more religious and spiritual compared to men. Sex was not a significant predictor for therapist ratings of spiritual interventions (Post, 2013).

Serkalem's (2015) result indicated that there is no statistically mean difference in both the practice percentage of the use of religion and spirituality also both male ( $M=43.46$ ,  $SD=24.306$ ) and female ( $M=45.08$ ,  $SD=27.214$ ) service providers used religion and spirituality in their practice in less than 50% of the time.

### **2.6.1.2 Age and Practice**

Post (2013) studied the religious and spiritual issues in group counseling and the result indicated that age was negatively associated with therapist ratings of the appropriateness of both religious and spiritual interventions. Thus, the older the age of the therapist the more likely they use religious and spiritual interventions in group counseling. Thus, older therapists were more likely to be religious and to have an interest in addressing religion and spirituality in therapy; however, they were also more likely to perceive religious and spiritual interventions to be inappropriate for group counseling. One possible reason for this finding is that older therapists received their graduate training before therapists began to recognize the importance of addressing religion and spirituality in therapy. Thus, despite their interest in the topic, perhaps they view all direct religious and spiritual interventions to be inappropriate (Post, 2013). On the other hand, as stated earlier the study of Serkalem (2015) showed that age was not found to be statistically significant for practice of religion and spirituality in clinical social service.

### **2.6.1.3 Education and Practice**

Education and training in competent approaches to religious and spiritual issues in therapy is a second predictor that has been identified by researchers. Frazier & Hansen (as cited in Post, 2013)

identified hours of relevant continuing education as a predictor of religious and spiritual intervention usage. Overall, they found a significant correlation between level of training regarding religious and spiritual issues and general therapist self-efficacy in working with such issues. However, no significant differences in self-efficacy were found between those therapists who had the following types of education and training regarding religious and spiritual issues and those who had not: graduate course work, continuing education, and clinical supervision.

Shafranske and Gorsuch (1984) explored factors associated with the perception of spirituality in psychotherapy. The result on education and training experiences of psychologists related to spirituality indicate that little or no training and dialogue concerning spirituality or religious issues occurs within the education of a psychologist. There is little evidence that counselors are openly discussing spiritual and religious issues and practices in therapy.

According to Serkalem (2015) education and year of experience were not found to be statistically significant for practice of religion and spirituality in clinical social service. The finding of the study indicated that those who have taken part in formal training integrate religion and spirituality in practice more than professionals who have had non-formal training. This could be as a result of formal training being more potent since it is scientifically proven way of teaching about spirituality and religion. This could also be for the reason that non-formal training does not equip them to work adequately with spirituality.

From the research 's findings about the use, application and integration of religion and spirituality in clinical social service providers in Addis Ababa Serkalem (2015) on educational system implied that consolidated courses on religion and spirituality as an intervention method should be offered to clinical service providers during their academic stay. Alternative healing practices are more likely to address the patient's spiritual orientation and what is of ultimate importance to them.

Therefore, incorporating courses on religion and spirituality can lead to a more enhanced knowledge on how to keep a holistic perspective as a clinical service provider and function competently in the required range of clients' settings. Education provided to practitioners should also include aspects of culturally competent practice.

Similarly, Vanessa (2010) on the study of the integration of spirituality in the practice of Christian counseling conducted in Australia reported that there was some disparity between the responses of those with PhD/Masters/BA qualifications and those with Diploma/TAFE/HSC or no qualifications. A higher percentage of the PhD/Masters/BA group included spiritual techniques than did those of the Diploma group. This also was not significant statistically.

#### **2.6.1.4 Counselor's Religiosity and Practice**

According to Hage (2006) psychologists lacking competency in spiritual and religious issues may fail to inform their clients of the availability of spiritual interventions as one type of alternative treatment that may assist in their therapy. This means that counselor's religiosity is significantly correlated with the extent to which they utilize religious and spiritual issues in counseling service. For example, spiritually competent therapists are those who seek to understand a client's spirituality within the larger context of her or his worldview and life. To accomplish this task, a solid understanding of both psychopathology and the spiritual or religious beliefs and behavior that are considered normative and healthy within a client's religious or spiritual tradition is needed (Kelly cited in Hage,2006).

A research conducted by Eve et al., (2000) indicated that religious counselors (64%) engaged more often in religious practices than non-religious counselors (36%) during counseling service. In a similar way, Asselt & Senstock (as cited in Post, 2013) suggested that therapists' personal

experience with spirituality also predicts perceived competence in the usage of religious and spiritual interventions. Morrison et al., (2009) explored counseling professional level of use in implementing spirituality in counseling. The result of their study indicates that 50.0% of participants were implementing spirituality as a counseling intervention at three highest levels (refinement, integration and renewal) and 23.5% of participants were placed as non-use.

Gallichio (2009) also conducted research which entailed interviews with four focus groups including social workers, psychologists, and psychiatrists in three different geographical locations. The author found that the clinicians believed that including spirituality in practice benefits the client in both secular and sectarian ways. The application of spiritual practices by participants varied widely. The majority of participants in this study reported the use of mindfulness and meditation based clinical modalities in their practice. Only a minority of participants reported formal education and training on the use of religion and spirituality in clinical practice and thus builds the case for more training and education for clinicians in these domains.

In another study, Joyce et al., (2000) asked to describe their position on including spirituality in their own counseling practice. The result of this research suggested that for the majority of counselors (73%) using a spiritual component in a therapeutic relationship is either vitally important or important and 21% believed this to be somewhat important and only 6% described their position as not important.

Similarly, Carri et al., (2002) found on the inclusion of religious practices in counseling that 36% of them are being open to using religious practices in counseling, whereas 52% indicated that using such practice would depend mainly on the client or the situation. Of the remainder, 43% were against the use of religious practice in clinical work, and 9% indicated that they did not want to impose their values on clients by using religious practices in counseling. Generally, this study

indicated that therapists were most likely to favor discussion of spiritual and religious topics and least likely to favor using religious and spiritual practices in counseling.

Finally, Chou & Bermender (2011) also asked 187 respondents about the appropriateness of integrating spirituality and religion in counseling. 73% of respondents in the study viewed addressing religion during counseling as acceptable and approximately the same number of respondents stated opinions that spirituality and religion are important aspects to address as part of a holistic approach to counseling clients. The responses also indicated counselors should not force or impose these topics with clients, but should address these topics carefully and respectfully to avoid the potential for harm or abuse to clients.

## **2.7 Summary of the Review**

The review of literature highlights major concept of religion and spirituality. Religious factors being focused more on prescribed beliefs, rituals, and practices as well as social institutional features, whereas, spiritual factors are concerned with individual subjective experiences, sometimes shared with others. Correspondingly, research finding highlights that there is no strong correlation between personal factors (gender, age, education, year of experience and type of religion) and service providers attitude and practice in including religion and spirituality in their interventions with clients (Serkalem, 2015).

According to Dweep (2017) the two major reasons why religion and spirituality are so important for every psychotherapist are: First, the religious and spiritual issues may be relevant to the underlying issues that prompt clients to seek treatment. These can include conflicts over religious values, crises of faith, feelings of alienation from one's religion, and distortion of religious beliefs and practices, among others. Secondly, the client's religious and spiritual beliefs and faith may be

the sources of strength and support that may be accessed in the course of psychotherapy to assist clients to achieve their treatment goals. Thus, to overlook or to intentionally ignore or avoid addressing each client's religious and spiritual beliefs and practice may be doing them a great disservice (Dweep, 2017). In addition, some clients desire that their therapist use religious/spiritual interventions in therapy sessions. For many religious/spiritual clients this can be done effectively by both religious and secular therapists.

Finally, this review of literature also focused on analyzing views from the theories of religion and spirituality in the counseling fields namely humanistic theories, existential theories and positive psychology. Additionally, namaste theory and biopsychosocial model of counselling perspective was scrutinized. It has been shown that counseling psychologists are expected to consider their clients from a holistic point of view. All these theoretical backgrounds conceive the religiousness and spirituality as the core characteristic of the basic human potential. Humanistic psychologists (Maslow, Rogers) connected this potential to the self-actualization processes. Maslow developed the hierarchy of needs and self-actualization, which has a spiritual component and included within self-actualization -the meeting of needs from spiritual and religious means. Psychologists who belong to this perspective regard religion as an important factor in the growth of personality and self-actualization besides from positive psychology standpoint religiosity or spirituality led to greater well-being through positive emotions.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

This chapter comprised the research design, study setting, sampling methods, methods and tools of data collection, procedures of data collection, methods of data analysis and ethical considerations.

#### **3.1. Research Design**

The study aimed to examine the attitudes of counselors towards the role of religion and spirituality and their practices in counseling services of Addis Ababa. To this end, the study employed a mixed methods research design which literally includes both quantitative and qualitative category (Creswell, 2009) and descriptive cross-sectional study design. A considerable inclination has gone to the quantitative portion and the qualitative part was used to further explain the results. The rationale for using this approach is that the quantitative data and their subsequent analysis provide a general understanding of the research problem. The qualitative data and analysis then explain those statistical results by exploring participants views in more depth.

#### **3.2 Study Setting**

The study was conducted in Addis Ababa. The reason for choosing this setting is, following being the capital of Ethiopia most of the organization which is anticipated to have the participants are found in the city and there is also an increment of the opening of the services. The organizations were schools, hospitals, NGO's, justice agencies and private counseling centers of Addis Ababa.

### **3.3 Population and Participants of Study**

The population of this study were those counselors who work in different counseling centers of Addis Ababa. The participants were from schools, hospitals, NGO's, justice agencies and private counseling centers of Addis Ababa. A total of 117 counselor were selected through availability sampling technique besides that in order to undertake semi-structured interview five counselors were selected purposefully from different setting in Addis Ababa. In order to be included in the interview for the study, participants had to meet the following criteria: Counseling service providers (counselors and psychologists); currently working or has actively worked with clients in Addis Ababa.

### **3.4 Sampling Design**

There are a number of different institutions in Addis Ababa which provides counseling services to the community. Among the institutions few of them are schools, hospitals, NGO's, justice agencies and private counseling centers. The sampling for this research initially included psychologists and counselors who are willing to participate in the study. Thus, to select participant of the study the researcher used availability and purposive sampling technique of non-probability sampling type. To this end, out of 205 potentially available participants, only 117 participants filled the questionnaires having a response rate of 57.1%. Lastly, 117(69 males and 48 females) were obtained using availability sampling technique and 5(3 males and 2 females) were obtained using purposive sampling from different counseling service institutions of Addis Ababa.

## **3.5 Tools of Data Collection**

### **3.5.1 Demographic Questionnaire**

The Background questionnaire included questions about participants' background and was designed to obtain routine demographic data like sex, age, educational status, and work setting.

### **3.5.2 Duke Religion Index**

The Duke University Religion Index was used to more precisely evaluate participants' religiosity and it is a five-item measure of religious involvement assessing the three major dimensions of religiosity. Those three dimensions are organizational religious activity, non-organizational religious activity, and intrinsic religiosity (or subjective religiosity) (Koenig et al., 2010).

The overall scale has high test-retest reliability (intra-class correlation = 0.91), high internal consistence (Cronbach's alpha's = 0.78–0.91), high convergent validity with other measures of religiosity ( $r$ 's = 0.71–0.86) (Koenig et al., 2010). The prepared questionnaires were distributed for 30 counselors for pilot testing in order to check the reliability of the study and it is 0.7.

### **3.5.3 The Role of Religion and Spirituality in Practice Scale (RRSP)**

The RRSP is designed to measure professional practice and attitudes toward the role of religion and spirituality in social work practice (Sheridan, 2000). The first part of RRSP contains 12 Likert-type scaled items asking counselors attitudes towards the role of religion and spirituality in counseling services ranging from strongly agree to strongly disagree and the second part of RRSP contains 12 Likert-type scaled items asking counselors' the use and extent of religion and spirituality in professionals' practice containing frequency indicators such as never, rarely, sometimes, often and always for each item.

The RRSP Scale has been used in previous studies with relatively high reliability and demonstrates internal consistency, with alpha coefficients ranging from 0.81 to 0.91 (Heyman, et al., 2006). A second study (Quattlebaum, 2002) found similar results for the RRSP, with an internal consistency of 0.80. The scale "possesses good face and content validity" as reported in Sheridan study with practitioners. Results of Serkalem (2015) study conducted with a sample of 67 social worker respondents also indicated the RRSP has an internal consistency of 0.79 to 0.88. The prepared questionnaires were distributed for 30 counselors for pilot testing in order to check the reliability of the study and it is 0.89 and 0.91 for attitude and practice scale respectively.

### **3.5.4 Semi - Structured Interview**

A semi - structured interview guide was developed for five counselors to find out their attitude and practice regarding religion and spirituality in counseling services. The questions were prepared in the way to fit the objectives of the study.

### **3.6 Procedures of Data Collection**

As of Corona Virus respondents were able to complete the survey online at the same time reducing the costs, time limitations, and travel and scheduling issues of both the respondents and researcher. First of all, there is no information regarding the number of counselors in Ethiopia specifically in Addis Ababa even if the researcher went to different institutions in order to get the info. Regardless of that, there was a meeting conducted by Ethiopian Psychologists Association (EPA) about "the role of psychologists in Covid-19 pandemic in Ethiopia: success and future directions" by collaborating with Ministry of Health. Therefore, from the meeting a list of psychologists and counselors and their email addresses was procured from the association following the permission of the coordinator.

Then, data was collected using Google Forms, a web-based survey research tool, via Electronic mails and social media platforms like Telegram. Google Forms is an online survey software and insight platform that provides a process for building a database or online survey and has an intuitive interface for collecting data. Once logged on, the database did not collect any identifying data about the participants. From a list of 205 available participants, with the help of one of the EPA member and coordinator of the meeting a letter of invitation and a web link was sent via both email and telegram to potentially available participants requesting them to participate in the web survey. Out of the 205 potential participants, only 117 filled the online survey. The research participants were asked to fill out three separate instruments, including a background questionnaire. The overall estimated time for instrument completion was 20 minutes.

Following the above procedure, interview was conducted in phone with five participants. Thus, to obtain detail description of the study from the participants, the researcher used interview guide followed by probing questions. The overall estimated time for interview completion for each participant was 15 minutes.

### **3.7 Methods of Data Analysis**

The findings of the research were analyzed through the latest statistical package for social science (SPSS) version 24. The statistical models which were used to analyze the collected data were: Descriptive statistical measures (frequency, percentage, means scores and standard deviation) to describe the demographic characteristics of study participants and to determine counselors attitude towards the role of religion and spirituality in counseling and their practice of religion and spiritual issues in counseling services; a Mann-Whitney U test was used to see whether there is difference in attitude towards the role of religion and spirituality in counseling services and their practice of religion and spirituality in their counseling services among counselors of different gender, age,

and educational status; and Spearman rho statistic was used to see if there is an association among counselors' religiosity, their attitude towards the role of religion and spirituality for counseling services and their practice of religion and spirituality.

Moreover, the qualitative data analysis was done by transcribing the interview language (Amharic) and then translating to English as accurately as possible. The transcripts were about eight pages. The researcher read transcripts repeatedly to grasp the main issues simultaneously significant statements and phrases were emphasized from the transcripts which literally have a direct link with the interview questions. Then, identified statement and phrase were sorted into relevant categories by taking objectives of the study into consideration. The findings of the study, finally, were presented in a narrative explanation including the direct quotes of the participants.

### **3.8 Ethical Consideration**

Every research participant in this research work participated based on their full willingness and informed consent in the process of providing valuable information for the research. The dignity, privacy and right of the participants was ensured, in addition to that full respect was given for the participants and the confidentiality of the information what they provide for the research was kept.

## CHAPTER FOUR

### RESULTS

In this chapter, the data collected through the questionnaires are analyzed and presented in line with the objective of the study in five parts. The first part presents the demographic characteristics of study participants, the second part presents attitudes of counselors towards the role of religion and spirituality in counseling services, the third part shows the level of counselors' religion and spirituality practice in counseling services, the fourth part illustrates attitude difference towards the role of religion and spirituality in counseling services among counselors of different gender, age, and educational status and the difference in practicing religion and spirituality in counseling services among counselors of different gender, age, and educational status. The final part presents if there is an association among counselors' religiosity, their attitude towards the role of religion and spirituality for counseling services and their practice of religion and spirituality in counseling services.

#### 4.1. Demographic Characteristics of Respondents

In this section the demographic characteristics of the study participants are clearly described. The background information includes sex, age, religion, educational status, and work setting. Table 1 below shows the summery result of participant's demographic characteristics.

Table 1: *Summery of study participant's demographic characteristics (N=117)*

Characteristic	Total sample (N)	Frequency (%)
Counselors work setting		
Community Mental Health	17	14.53
Schools	33	28.21

Hospitals	21	17.95
Justice Agencies	9	7.69
Private Practices	18	15.38
NGO's	19	16.24
Total	117	100
<hr/>		
Sex		
Female	48	41.03
Male	69	58.97
Total	117	100
<hr/>		
Age		
23-30	78	66.67
31-42	39	33.33
Total		
<hr/>		
Educational Status		
BA	80	68.38
MA	37	31.62
Total	117	100
<hr/>		
Religion		
Orthodox	53	45.30
Protestant	30	25.64
Muslim	23	19.66
Catholic	11	9.40
Total	117	100

As it is shown in Table- 1 above, 117 counselors participated in the present study from different settings of Addis Ababa. Out of them, 28.21% were from schools, 17.95% were from hospitals, 16.24% were from NGO's, 15.38% were from private practices, 14.53% were from community

mental health centers and the remaining 7.69% were from justice agencies. Out of these total study participants the majorities (58.97%) were male counselors, and the remaining 41.03% were female counselors. With regard to the age range of study participants the majority (66.67%) of respondents were in the age range of 23-30 whereas the remaining 33.33% of the participants were in the age group of 31-42. Concerning the educational status of study participants, majority (68.38%) of them have attained a Bachelor degree and the rest 31.62 were MA holders. Finally, in terms of the religion of study participants, it was found that the majority of study participants were Orthodox (45.30%) and the remaining were Protestant (25.64%), Muslim (19.66%) and Catholic (9.40%) religion followers.

The socio-demographic characteristics of the interview participants are summarized in the table below.

Table 2: *Socio-demographic characteristics of the interview participants*

Participants	Age	Sex	Educational Level
1	27	M	BA
2	28	F	MA
3	37	M	BA
4	42	M	MA
5	27	F	BA

The above table indicated that the qualitative data were drawn from five participants consisting of two women and three men. The women and one of the three men age ranged from 23 to 30 and the two men from 31 to 42. Regarding educational status, one of the women participants and two

of the men participants had BA in Psychology and the remaining two participants had MA in Counseling Psychology.

#### **4.2. Attitudes of Counselors towards the Role of Religion and Spirituality in Counseling Services.**

This section briefly discussed the first objective of the study which was examining the attitudes of counselors towards the role of religion and spirituality in counseling services. In an attempt to answer this objective percentage value and frequency count was computed. Attitudes of counselors' as positive and negative to the role of religion and spirituality are determined by mean split. Since the religious and spirituality attitude scale is a five-point liker scale, the expected mean that participant to score is found by:  $0+1+2+3+4$  divided by  $5=2$ , this means that 2 times the number of items in the scale gives the expected mean in which an individual is expected to score in the scale. The expected mean of the scale is therefore 24. Those individuals scored above the expected mean are considered as they have positive attitude towards the role of religion and spirituality in to counseling services and those who scored below the expected mean are seen as they have negative attitude towards the role of religion and spirituality to counseling services. The result of this first objective is clearly shown in table 3 below.

Table 3: *Attitudes of counselors towards the role of religion and spirituality in counseling services (N=117)*

	<b>Counselors Attitudes towards the Role of Religion and Spirituality in Counseling</b>											
	<b>Positive Attitude</b>						<b>Negative Attitude</b>					
	<b>Male</b>		<b>Female</b>		<b>Total</b>		<b>Male</b>		<b>Female</b>		<b>Total</b>	
	N	%	N	%	N	%	N	%	N	%	N	%
Religious Attitude Scale	46	66.66	31	64.58	77	65.81	23	33.34	17	35.42	40	34.19

As it is indicated in table 3 above, majority (65.81%) of counselors had positive attitude towards the role of religious and spiritual issues in to counseling services whereas the remaining 34.19% counselors did not value the role of religious and spiritual issues in to counseling services. Furthermore, majority of both male (66.66%) and female (64.58%) counselors gave credit to the role of religion and spirituality issues in to counseling services.

In addition to the quantitative data, interviews have been conducted with five counselors from different counseling centers with the objective of examining their attitude towards the role of religion and spirituality in counseling services.

Participants were asked about their attitudes towards the role of religion and spirituality during counseling clients in terms of appropriateness of collecting religious information of clients, discussion and use of books related to religion and spirituality, referral to religious fathers or leaders and in developing religious and spiritual rituals. Most participant reported that, as long as the clients believe on being religious and spiritual could bring positive outcome it's appropriate to mention religion and spirituality during counseling services whatever the clients believe in and without reflecting their own religion. They were asked why they think it's appropriate or inappropriate to address religion and spirituality in counseling. Some excerpts taken directly from the responses of the participants are presented below.

With regard to collecting religious information from clients, one of the participants reported that, *“it is good to collect religious information from clients but I don't think it is appropriate to ask every client that visits the counseling service about their religion because clients may wonder why the counselor asked that question, and they may even think that the counselor is trying to change the client's religion.”* (Participant, 5). Similarly, another woman participant described her feeling like the following: *“From my experience most clients are not happy when you are starting to ask*

*about their religion and clients may perceive that you are taking the advantage to show your religion but I think that depends on counselor's intent when asking about religious and spiritual issues.*" (Participant, 2).

In relation to discussion and use of concepts in religion and spirituality in counseling, one of the participants stated that, *"it's appropriate to discuss religious and spiritual issues with the clients during counseling because clients may visit with the intention of getting spiritual support and it should be okay to discuss spiritual issues but if they came to just get non spiritual support, I would prefer not to discuss spiritual issues."* (Participant, 1). Another participant explained that, *"it's appropriate to help clients use their religious concepts and books in counseling which I think knowing their own religion for their self- connection is very helpful to them. It is a base for them and it helps create a view of the unseen world and I will tell or help the clients to pray, to read books and to connect with their religious fathers."* (Participant, 4).

About referring clients to their religious fathers in counseling, another participant described the situation like the following: *"It is appropriate to link clients to religious fathers because I believe our community is mostly connected to religion and spirituality, so it will have positive impact to connect with religious fathers and I also believe the probability of listening spiritual fathers is high and it would have effective result on the client's health."*(Participant, 1). In similar way, one of the participants reported that, *"I would say it all depends on the client's condition. I saw that some counselors redirect clients to spiritual services for better therapy, and I think it's right because it is all about guiding and recommending"*. (Participant, 3).

Regarding on developing religious and spiritual rituals in counseling, another participant revealed that, *"I think it is good to recommend clients to have spiritual rituals because I believe that it gives them a relief."* (Participant, 2). On the other hand, one of the participants stated that, *"it depends*

*on the client's spirituality. If the client inclined to spirituality and it helps them in a positive way, I will ask them about their religious rituals and will try to help them to keep their rituals or practices."* (Participant, 3).

The finding from all counselor participants indicated that it's appropriate to raise the issue of religion and spirituality in counseling services but at the same time the counselors prefer to discuss about religion and spirituality when it's raised by the clients themselves not by counselors because of different reason as mentioned above. In general, counselors have positive attitude towards the role of religion and spirituality in counseling services.

### **4.3. Level of Counselor's Religious and Spiritual Practice in Counseling Services.**

This part answers the second research objective of the study which was determining the religious and spiritual practice status of counseling service providers. In order to determine the status of religion and spiritual practice of counseling service providers both frequencies count and percentage value was computed. The status of counselor's religious and spiritual practice in counseling service is similarly determined by mean split. For the reason that, the religious and spiritual practice scale is a five-point Likert scale the expected mean is found by:  $0+1+2+3+4$  divided by  $5=2$ , hence the expected mean is 2. Therefore, counselors who scored above the expected mean are regarded as they highly utilize religion and spiritual issues in their counseling services and those who scored below the expected mean are regarded as they didn't use more religion and spiritual issues in to their counseling services. The result is clearly shown in table 4 below.

Table 4: *Religious and spiritual practice status of counseling service providers (N=117)*

	<b>High Practice</b>						<b>Low Practice</b>					
	<b>Male</b>		<b>Female</b>		<b>Total</b>		<b>Male</b>		<b>Female</b>		<b>Total</b>	
	N	%	N	%	N	%	N	%	N	%	N	%
Religious Practice Scale	51	73.91	31	64.58	82	70.09	18	26.09	17	35.42	35	29.91

As it is seen in table 4 above, out of the total participants 70.09% of them reported as they utilize more religious and spiritual issues in their counseling services and the rest 29.91% counselors did not employ more spiritual and religious issues in to their counseling services. Therefore, the statistical result implies that majority of counseling service providers employ religious and spiritual issues when they deliver counseling service programs.

In addition to the quantitative data, interviews have been conducted with five counselors from different counseling centers with the objective of examining their practice of religion and spirituality in counseling services.

Participants were asked about their practice of religion and spirituality during counseling clients. Most participant reported that, they didn't use religion and spirituality during counseling but some of the participants explained that they use concepts of religion and spirituality in counseling when the issue is initiated by clients. They were asked if they use religious and spirituals concepts, books, discussions and rituals during counseling. Some excerpts taken directly from the responses of the participants are presented below.

Participant stated that, *"It's based on observation of the client's behavior. Sometimes the client's found offensive discussions of religious and spiritual things and sometimes the client itself came*

*with the intention of against spirituality because of that reason I will not use religious issues in counseling if it's not introduced by clients.” (Participant, 5). Additionally, another participant described that, “It's based on the client's condition and willingness. I can observe situations before deciding whether to use and recommend books or not.” (Participant, 1).*

Similarly, concerning discussion of religious and spiritual issues with clients in counseling, one of the participants reported that, *“I believe that the therapy alone is not enough for effective therapy but I haven't deep dive to religion and use something else.” (Participant, 2).*

Furthermore, one of the participants mentioned that, *I didn't practice religion and spirituality in counseling but if I feel like the practice going to hurt them, I will help them by explaining the pros and cons of the spiritual activity the client going to do. For example, if one of the clients wanted to stop using HIV anti-viral drugs and go for Holy water, I will try to explain the disadvantage of dropping out the drug. After I help them to figure out the advantage and the disadvantage of their actions, I will let them to decide. (Participant, 3).*

With regards to using clients' religious and spiritual rituals in counseling, one of the participants described that, *“I will not initiate a conversation with clients regarding developing their religious and spiritual rituals, but whenever they bring up the topic, I will tell clients to do spiritual activities while balancing counseling service. I remember plenty of clients asking which one they should give a priority, spiritual one or for counseling services. I recommended them to find the right balance and maintain both valuable practices. The reason I haven't initiate spiritual ritual development conversation is that, I think for most of delayed therapy is due to spiritual activities and if I initiate about developing religious and spiritual rituals, clients may wrongly perceive I am encouraging them to give a priority for spiritual practices over counseling.” (Participant, 4).*

Overall, all participants shared the idea of not using religious and spiritual issues during counseling because of varied reasons as mentioned above.

#### **4.4. Difference in Attitude towards the Role of Religion and Spirituality in Counseling Services among Counselors of Different Gender, Age and Educational Status.**

The third research objective of this study was to explore whether there is difference in attitude towards the role of religion and spirituality in counseling among counselors of different gender, age, and educational status. To see whether there is gender, age and educational status difference in attitude towards religion and spirituality, a Mann-Whitney *U* test was computed. The result is clearly presented in table 5 below.

Table 5: *Mann-Whitney U test for difference in attitude towards the role of religion and spirituality in counseling services among counselors of different characteristics (N=117)*

Characteristic	N	Mean Rank	Mann-Whitney <i>U</i> test	ZAsymp. Sig. (2-tailed)	
<b>Sex</b>					
Male	69	59.75	1604.000	-.288	0.773
Female	48	57.92			
<b>Age</b>					
23-30	78	61.93	1292.500	-1.323	0.186
31-42	39	53.14			
<b>Educational Status</b>					
BA	80	54.56	1125.000	-2.083	0.037
MA	37	68.59			

Significant at  $p < 0.05$

As it is indicated in table 5 above, a Mann-Whitney *U* test was computed to see if there is difference in attitude towards the role of religion and spirituality in counseling service among counselors of different sex, age, and educational status.

With regard to sex, significant difference was not found in attitude towards the role of religion and spirituality in counseling between males ( $M_{rank}=59.75$ ) and females ( $M_{rank}=57.92$ ),  $U=1604.000$ ,  $Z=-.288$ ,  $p=0.773$ . Similarly, significant difference was not found in attitude towards the role of religion and spirituality in counseling between counselors whose age ranges 23-30( $M_{rank}=61.93$ ) and those 31-33( $M_{rank}=53.14$ ) aged,  $U=1292.500$ ,  $Z=-1.323$ ,  $p=0.186$ .

However, significant difference was found in attitude towards the role of religion and spirituality in counseling between counselors who had Bachelor of degree ( $M_{rank}=54.56$ ) and those of Masters holders ( $M_{rank}=68.59$ ),  $U=1125.000$ ,  $Z=-2.083$ ,  $p=0.037$ . Hence, those of counselors who had Masters have reported positive attitude towards the role of religion and spirituality in counseling services.

#### **4.5. Difference in the Practice of Religion and Spirituality Issues in Counseling Services among Counselors of Different Gender, Age, and Educational status.**

The fourth research objective of this study was to examine if there is difference in the practice of religion and spiritual issues in counseling services among counselors of different sex, age and educational status. In an attempt to respond this research objective a Mann-Whitney  $U$  test was employed. The result is clearly shown in table 6 below.

Table 6: *Difference in the practice of religion and spirituality in counseling services among counselors of different characteristics (N=117)*

Characteristic	N	Mean Rank	Mann-Whitney $U$ test	ZAsymp. Sig. (2-tailed)
<b>Sex</b>				
Male	69	60.49	1553.500	-.569 0.570
Female	48	56.86		
<b>Age</b>				
23-30	78	58.86	1510.000	-.064 0.949

31-42	39	59.28			
Educational Status					
BA	80	55.25	1180.000	-1.761	0.078
MA	37	67.11			

Significant at  $p < 0.05$

As it is indicated in table 6 above, a Mann-Whitney  $U$  test was computed to see if there is difference in the practice of religion and spiritual issues among counselors of different characteristics.

With regard to sex, significant difference was not found in the practice of religion and spirituality in counseling services between males ( $M_{rank}=60.49$ ) and females ( $M_{rank}=56.86$ ),  $U=1553.500$ ,  $Z=-.569$ ,  $p=0.570$ .

Regarding to age, significant difference was not found in the practice of religion and spirituality in counseling services between counselors whose age 23-30( $M_{rank}=58.86$ ) and 31-42( $M_{rank}=59.28$ ),  $U=1510.000$ ,  $Z=-.064$ ,  $p=0.949$ .

Concerning to educational status, correspondingly significant difference was not found in the practice of religion and spirituality in counseling services between counselors of Bachelor degree holders ( $M_{rank}=55.25$ ) and Masters holders ( $M_{rank}=67.11$ ),  $U=1180.000$ ,  $Z=-1.761$ ,  $p=0.078$ .

#### **4.6. The relationship among counselor's religiosity, their attitude towards the role of religion and spirituality in counseling services and their practice of religious and spiritual issues in counseling services.**

The final research objective of this study was to examine if there is significant relationship among counselor's religiosity, their attitude towards the role of religion and spirituality in counseling services and their practice of religious and spiritual issues in their counseling services. In order to see the relationship among these variables the Spearman rho statistic was calculated. The result is shown clearly in table 7.

Table 7: *The relationship among counselor's religiosity, their attitude towards the role of religion and spirituality in counseling services and their practice of religious and spiritual issues in counseling services*

Variables	Religiosity	Religious Attitude	Religious Practice
Religiosity	1	.296**	.449**
Religious Attitude	.296**	1	.030
Religious Practice	.449**	.030	1

\*\* Correlation is significant at the 0.05 (2-tailed).

**Note.** Religiosity: Is counselor's religiosity

Religious Attitude: is counselor's attitude towards the role of religion and spirituality in counseling services.

Religious Practice: is counselors' practice of religion and spirituality in counseling services. The above table 7 shows the correlation matrix of the study variables. The result of bivariate correlation revealed that there is a statistically significant positive correlation [ $r_s(115) = .296, p < .001$ ] between counselor's religiosity and the attitude they had towards the role of religion and spirituality to counseling services. Similarly, a statistically significant positive correlation [ $r_s(115) = .449, p < .001$ ] was found between counselor's religiosity and their practice of religious and spiritual issues in their counseling services. However, weak positive correlation [ $r_s(115) = 0.030, p = 0.752$ ] was found between counselor's attitude towards the role of religion and spirituality in counseling services and their practice of religious and spiritual issues in counseling services.

## CHAPTER FIVE

### DISCUSSION

The major objective of this study was to examine the attitudes of counselors towards the role of religion and spirituality in counseling services and their practices. In this particular study, five research objectives are addressed and the results of each research objectives are discussed in this section in relation to the findings of the previous study which was reviewed in chapter two of this study.

#### **5.1. Attitudes of Counselors towards the Role of Religion and Spirituality in Counseling Services.**

Examining counselor's attitude towards the role of religion and spirituality was the first objective of this study. With regard to this objective, the present study revealed that the majority (65.81%) of counselors had positive attitude towards the role of religion and spirituality in counseling services. This indicated that most of counselors who works in different institution of Addis Ababa gave an important credit to the role of religion and spirituality in counseling services. Similarly, the qualitative result indicated that counselors have positive attitude towards religion and spirituality in counseling services which is in line with the quantitative result. In support to this finding, Chou & Bermender, (2011) in their study reported that majority (68%) of the study respondents (counselors) have a positive attitude on the importance of spiritual and religious issues in counseling services. Similarly, a study by Weinsten et al. (2002) revealed that among the total therapists who participated in their study, the majority (53.48%) therapists had positive attitude towards the use of religion and spirituality issues to counseling service.

Despite the findings presented above, there are also some theories which support the importance of religion and spirituality in counseling services. For instance, positive psychology strongly supports the integration of religious and spiritual issues in to counseling and believes that religion and spirituality are fertile ground for clients to experience positive emotions such as joy, hope, optimism and compassion as well as foster positive virtues such as self-control (Fredrickson, 2013). Likewise, Existential theory has an important place to the inclusion of religion and spirituality in to counseling services and assumes that religion and spirituality are of value to a person's health because they may provide an anchor to existence that facilitates courage to face the givens of existence. Similarly, biopsychosocial model and humanistic theory gives a great credit to the involvement of religion and spirituality in counseling services both in assessment and intervention section.

## **5.2. Level of Counselor's Religious and Spiritual Practice in Counseling Services.**

With regard to the level of counselor's religious and spiritual practice, the present study found that the majority (70.09%) of counselors practice religious and spiritual issues in their counseling services. In line with this finding, Shafranske and Malony (as cited in Bilgrave et al., 1998) reported that, among the total study participants the majority (57%) counselors utilize religious language and issues in their counseling services. Correspondingly, Bilgrave et al., 1998 had reported that 72% of counselors practice religious issues in their clinical work. However, the finding of qualitative results contrast with the above results that counselors didn't practice religious and spiritual issues during counseling services because of varied reasons nevertheless no researchers have found which support the qualitative finding. As of the difference between the two results it

may be that the participants in questionnaires respond differently than in the interviews and the use of online survey may have impaired detail understanding of the questions posed.

### **5.3. Attitude of Counselors towards Religion and Spirituality with respect to some Demographic Variables.**

#### **5.3.1. Gender of Counselors and Attitude toward Religion and Spirituality in Counseling Services.**

The study had investigated whether there is gender difference in attitude towards religion and spirituality among counseling service providers. Hence, the result of the study indicated that there is no statistically gender difference in attitude towards the role of religion and spirituality in counseling services among counselors. This finding is consistent with the finding of Serkalem (2015) who found that no statistically significant difference among male and female counselors in attitude towards the role of religion and spirituality in counseling services. However, the present finding is inconsistent with finding of Dominick (2011) in which who reported that female counselors has positive attitude towards the role of religion and spirituality in counseling services than their counterparts. Likewise, this finding is not in line with the study conducted by Argyle (1999) in which who found that female counselors had strong attitude towards the role of religion and spirituality in counseling services than male counselors.

#### **5.3.2. Age of Counselors and Attitude towards the Role of Religion and Spirituality in Counseling Services.**

As regards to age difference of participants in attitude towards religion and spirituality, the present finding similarly found that no statistically difference between counselors of 23-30 years aged and 31-43 years aged. This result is supported by Serkalem (2015), in which she reported that there is no statistically difference in attitude towards religion and spirituality among counselors of different

age groups. However, the present finding is contradicted with the finding of Moody, cited in Serkalem (2015) in which, who revealed that 31% of change in attitude and practice is attributed to change in age and year of experience and further explained that because of inherent human nature counselors increases their attitude towards religion and spirituality as their age increases. Correspondingly, the present finding goes inconsistent with the finding of McFadden (199) in which who reported that older counselors show strong attitude towards religion and spirituality compared to the young ones.

### **5.3.3. Educational Status of Counselors and their Attitude towards the Role of Religion and Spirituality in Counseling Services.**

With regard to counselor's educational status and their attitude towards the role of religion and spirituality a Mann-Whitney U test was computed and the result of the study depicts that there is statistically significant difference in attitude towards religion and spirituality among counselors of BA holders and MA holders. Hence, those of counselors who achieved their Master's degree had positive attitude towards the role of religion and spirituality for counseling services than their counterparts. Although the study of Fard et al., (2018) were not comparative research, their finding on attitude towards the role of religion and spirituality for counseling services of 43 professors (academically above MA) is in line with the present finding. According to them, the majority of professors had high attitude towards the role of religion and spirituality in identification and treatment of client's problems. However, Serkalem (2015) in Ethiopia depicts a contradictory finding in which she found out that education and year of experience were not a factor for the difference in attitude towards the role of religion and spirituality for counseling services.

## **5.4. Counselors Religion and Spirituality Practice with respect to some Demographic Variables.**

### **5.4.1. Gender of Counselors and the Practice of Religion and Spirituality in Counseling Services.**

As one part of the objective of the study, the researcher had investigated whether there is gender difference in the practice of religion and spirituality issues in counseling services. Hence, the result of the present study indicated that there is no statistically significant difference in the practice of religion and spiritual issues in counseling between male and female counselors. The finding of the present study is consistent with the finding of Serkalem (2015), who reported that there is no difference between male and female counselors in the practice of religion and spiritual issues in the counseling services. Nevertheless, the present finding is not in line with the findings reported by Post (2013) in which it revealed that being male was positively associated with the extent to practice religious and spiritual interventions. Similarly, the present finding is contradicted with the findings of Bryant (as cited in Post, 2013) in which it reported that being female is positively associated with the extent to utilize religious and spiritual issues in counseling services.

### **5.4.2. Age of Counselors and the Practice of Religion and Spirituality in Counseling Services.**

Exploring whether there is age difference in the practice of religion and spirituality in counseling was also another part of the objective of this study. Thus, the finding of this study showed that there is no significant difference in the practice of religion and spirituality in counseling services between counselors whose age is 23 to 30 and those 31 to 43 year aged. In line with this finding, Serkalem (2015) presented that age is not found to be a factor for the difference in the practice of religion and spiritual issues in counseling services. However, Post (2013) reported a different result

in which he revealed that the older the age of the therapist the more likely he/she use religious and spiritual interventions in group counseling.

#### **5.4.3. Educational Status of Counselors and the Practice of Religion and Spirituality in Counseling Services.**

This study has also investigated whether there is educational status difference in the practice of religion and spirituality between counselors of BA holders and MA holders. Thence, the result of the study indicated that there is no significant difference in the practice of religion and spirituality in counseling services. In support of the present finding, Serkalem (2015) had reported that there is no statistically significant difference in employing religion and spirituality issues in clinical social service among counselors of different educational status. However, no study was found which contradicts the finding of the present study.

#### **5.5. The relationship among counselor's religiosity, their attitude towards the role of religion and spirituality in counseling services and their practice of religious and spiritual issues in counseling services.**

Spearman rho statistic was calculated to see if there is an association between the three variables and the result of the study found a significant positive correlation between counselor's religiosity and the attitude they have towards the role of religion and spirituality in counseling services. This means that when the extent counselors involved in religion and spirituality increased, the attitude they have towards the role of religion and spirituality in counseling service will similarly increase. Therefore, counselor's religiosity is positively correlated with their attitude they have towards the role of religion and spirituality in counseling. This finding is consistent with the finding of Shafranske & Malony (1990) in which they reflect that therapists' personal religiousness and spirituality have been identified as one of the strongest predictors for religious and spiritual

interventions and the therapists' religiosity is significantly correlated with the attitudes, they have on its importance in counseling services.

Similarly, a significant positive correlation was found between counselor's religiosity and the extent to which they practice religious and spiritual issues in counseling services. This means that when counselors are being more religious and spiritual, they have a high probability to practice religious and spiritual issues in their counseling services. Therefore, being religious is positively correlated with practicing religion and spiritual issues in counseling services. In support to this finding, Hage (2006) stated that psychologists or counselors lacking competency in spiritual and religious issues may fail to utilize religious and spiritual issues as interventions during counseling. This means that as counselors are more involved in religion and spirituality, similarly they would be nearer to practice religion and spiritual issues in counseling services. Correspondingly, a research conducted by Eve et al., (2000) indicated that religious counselors (64%) engaged more often in religious practices than non-religious counselors (36%) during counseling services. Hence, being religious is significantly correlated with practicing religious and spiritual issues in counseling services.

However, no significant correlation was found between counselor's attitude towards the role of religion and spirituality for counseling services and the extent to which they practice religious and spiritual issues in counseling. No study was found which support or contradict to this finding.

## CHAPTER SIX

### SUMMARY, CONCLUSIONS, and RECOMMENDATIONS

This chapter is devoted to present the summary, conclusions and recommendations forwarded based on the findings of the study.

#### 6.1. Summary

The general objective of this study was to examine the attitudes of counselors towards the role of religion and spirituality in counseling services and their practices in different counseling service institutions of Addis Ababa. Accordingly, five specific research objectives were addressed. The objectives were determining counselors attitudes towards the role of religion and spirituality for counseling, determining the level of counselors religion and spiritual practice in counseling services, exploring whether there is difference in attitude towards the role of religion and spirituality in counseling among counselors of different characteristics, exploring whether there is difference in the practice of religious and spiritual issues in counseling among counselors of different characteristics and finally, assessing whether there is an association among counselors religiosity, their attitude towards the role of religion and spirituality for counseling services and their practice of religion and spirituality in counseling services. To address the above objectives the study employed a mixed methods research design. The participant of this study was selected using availability sampling technique (N=117) and purposive sampling technique(N=5) of the non-probability sampling techniques type from different counseling service institutions of Addis Ababa.

Then, the selected participants from availability sampling were made to respond demographic information items and the two adopted scales. The scales were Duke religion index and the role of

religion and spirituality in practice scale (RRSP) which were used to measure counselor's religiosity, their attitude towards the role of religion and spirituality in counseling and the extent to which they practice religion and spiritual issues in counseling. Subsequently, purposefully selected participants were interviewed. The collected data from the questionnaires were analyzed by using SPSS -24 version software application.

To analyze the data gathered through questionnaire frequency count, mean split, percentage, Mann-Whitney U test, and Spearman rho statistic was computed. Using these statistical models, the following major findings were found.

Attitudes of counselors towards the role of religion and spirituality was determined using mean split and percentage. Hence similar to the qualitative result the study showed that the majority (68%) of the study participants had positive attitude towards its role in counseling. Likewise, the level of counselors' religion and spiritual practice in counseling was determined through mean split and percentage and the result of the study revealed that majority (70.09) of study participants practice religious and spiritual issues in their counseling. Though, the qualitative result presented that counselors didn't practice religion and spirituality in counseling services.

The result from Mann-Whitney U test suggested that there is no significant counselor's gender and age difference in attitude towards the role of religion and spirituality in counseling services. However, a significant difference in attitude towards the role of religion and spirituality was found between counselors of BA holders and MA holders in which MA holder counselors had positive attitude towards the role of religion and spirituality in counseling services.

A result from Mann-Whitney U test also suggested that there is no gender, age and educational status difference in the practice of religious and spiritual issues in counseling services.

Using Spearman rho statistic, it was also found out that there is a significant positive correlation between counselor's religiosity and the attitude they had towards the role of religion and spirituality to counseling services, and between counselor's religiosity and their practice of religious and spiritual issues in their counseling services. However, weak positive correlation was found between counselor's attitudes towards the role of religion and spirituality in counseling services and their practice of religious and spiritual issues in their counseling services.

## **6.2. Conclusions**

Examining the attitudes of counselors towards the role of religion and spirituality in counseling services and their practice was the major objective of this study. The data collected from the study participants were carefully analyzed, interpreted and discussed in the above sections of this study. Hence, based on the findings of this study the following conclusions are drawn.

- The majority of the study participants had positive attitudes towards the role of religion and spirituality in counseling services this implies that most of counselors who work in different counseling service institutions of Addis Ababa have positive attitude towards the role of religion and spirituality in counseling services.
- Although the qualitative result showed that counselors did not practice religion and spirituality in counseling services, the quantitative result showed that most counselors working in various counseling service institutions of Addis Ababa practice religion and spirituality in their counseling services.
- Gender and age were not a factor for the difference in attitude towards the role of religion and spirituality in counseling service among counselors. However, educational status is one of the factors for the difference in attitudes towards the role of religion and spirituality in counseling

services. Thus, counselors with a Master's degree have positive attitude than their counter parts.

- Gender, age and educational status were not a factor for the difference of counselor's religion and spirituality practice in counseling services. This means that, these variables have not any effect for counselors to practice religious and spiritual issues in their counseling services.
- There is a strong positive correlation between counselor's religiosity and their attitudes towards the role of religion and spirituality in counseling services. Likewise, counselor's religiosity and their practice of religion and spirituality in counseling services have also a strong positive correlation. However, there is weak positive correlation between counselor's attitudes towards the role of religion and spirituality in counseling services and their practice.

### **6.3. Recommendations**

On the bases of the present findings the researcher forwarded the following recommendations.

- While most counselors use the issue of religion and spirituality in their counseling services, the researcher further wants to recommend them to persist in that manner and to update themselves with religious and spiritual counseling techniques and there should be a continued emphasis on planning, interventions and outcomes in counseling service delivery as it would be difficult and ineffective for counselors to provide a comprehensive service without regard to the religious and spiritual principles of clients. It also provides a way to empower clients in the counseling process.
- As the finding of the present study showed, BA degree holder counselors had expressed unfavorable attitudes towards the role of religious and spiritual issues in counseling than MA

holder counselors. Therefore, the researcher recommended to BA holder counselors to update themselves with short or long term religious and spiritual related trainings.

In regards to the trainings, School of Psychology and Ethiopian Religious Council should consider in providing the trainings for those of counselors and psychologists about the issue of religion and spirituality with related to counseling service delivery.

- In the context of our country there is a paucity of researches related to counseling, religion and spiritual issues, therefore; I strongly encourage future researchers to conduct a research related to the current study, which aims to inquire clients expectation and needs regarding religion and spirituality also personal experiences of clients who have requested for religion and spiritually integrated interventions from counselors to answer decisive questions such as: Which counseling service requires the support of these interventions? How can ethical issues and boundaries be addressed in the process of helping clients using religion and spirituality? What are barriers and concerns of counseling service providers on using religion and spirituality with clients in counseling services? Counselors deployed in specific counseling settings and/or issues etc.

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## APPENDIX

### Addis Ababa University

#### College of Education and Behavioral Studies

#### School of Psychology

### Questionnaire to be filled by Counseling Service Providers

**Dear Counselor/Psychologist**, the aim of this questionnaire is to examine the attitudes and practices of religion and spirituality in counseling service by counseling service providers. I am doing this research as a requirement for the fulfillment of my MA in Counseling Psychology. Your genuine response will contribute to the quality of this study, so I strongly ask you to cooperate by giving genuine response. The researcher assures you that all the information you give will be kept confidential, and there is no harm on you because of your opinion related to the issue being investigated. The student researcher would like to thank you in advance for your genuine response.

**Thank you again!**

#### Are you willing to participate in this study?

1. Yes \_\_\_\_\_
2. No \_\_\_\_\_

#### PART I: Background Information

1. Sex: \_\_\_\_\_
2. Age: \_\_\_\_\_
3. Religion: \_\_\_\_\_
4. Educational Background: \_\_\_\_\_
5. Circle your Primary Work Settings from the following:
  - a. Community Mental Health Center
  - b. Education setting
  - c. Hospital
  - d. Justice Agency
  - e. Private Practice
  - f. NGO's

**PART II: Please answer the following questions about your religious beliefs and/or involvement by circling the appropriate letter.**

1. How often do you attend church or other religious meetings?

- |                          |                        |
|--------------------------|------------------------|
| 1. More than once a week | 4. A few times a year  |
| 2. Once a week           | 5. Once a year or less |
| 3. A few times a month   | 6. Never               |

2. How often do you spend time in private religious or spiritual activities, such as prayer, meditation, or Bible study?

- |                           |                        |
|---------------------------|------------------------|
| 1. More than once a day   | 4. Once a week         |
| 2. Daily                  | 5. A few times a month |
| 3. Two or more times/week | 6. Rarely or never     |

The following section contains 3 statements about religious belief or experience. Please mark the extent to which each statement is true or not true for you.

3. In my life, I experience the presence of the Divine (i.e. God, Allah, Jehovah, etc.)

- |                          |                         |
|--------------------------|-------------------------|
| 1. Definitely true of me | 4. Tends not to be true |
| 2. Tends to be true      | 5. Definitely not true  |
| 3. Unsure                |                         |

4. My religious or spiritual beliefs are what really lies behind my whole approach to life.

- |                           |                         |
|---------------------------|-------------------------|
| 1. Definitely true of me  | 4. Tends not to be true |
| 2. Tends to be true of me | 5. Definitely not true  |
| 3. Unsure                 |                         |

5. I try hard to carry my religion or spirituality over into all other dealings in life.

- |                           |                         |
|---------------------------|-------------------------|
| 1. Definitely true of me  | 4. Tends not to be true |
| 2. Tends to be true of me | 5. Definitely not true  |
| 3. Unsure                 |                         |

**PART III: The following items assess participants' attitude about religion and spirituality in counseling, so that respond by putting tick mark (√) in the box in one of your choice.**

No.	Item List	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1	Counselors should gather information on clients religious or spiritual background.					
2	Counselors should use or recommend religious or spiritual books or writings.					
3	Counselors should help clients to pray.					
4	Counselors need to pray or meditate with clients.					
5	Counselors should use religious or spiritual language or concepts with clients.					
6	Counselors should help clients to clarify their religious or spiritual values.					
7	Counselors should recommend clients to participate in a religion or spiritual programs.					
8	I believe that referring clients to a religious or spiritual counselor is important.					
9	Counselors should recommend religious or spiritual forgiveness, amends, or peace for clients.					
10	Counselors should help clients to develop a spiritual ritual as an intervention (house blessing, visiting graves of relatives).					
11	I think participating in client's rituals can be used as an intervention.					

12	Counselors should share their own religious or spiritual beliefs or views with clients.					
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**PART IV: The following items assess participants' use of religious and spiritual practice in counseling, so that respond by putting tick mark (√) in the box in one of your choice.**

No.	Item List	Never	Rarely	Sometimes	Often	Always
1	Do you gather religious or spiritual background information from clients?					
2	Do you use or recommend religious or spiritual books or writings for clients?					
3	Do you help clients to pray?					
4	Do you pray or meditate with clients?					
5	Do you use religious or spiritual language or concepts with clients?					
6	Do you help to clarify religious or spiritual values for clients?					
7	Do you recommend clients to participate in a religious or spiritual program?					
8	Do you refer clients to a religious or spiritual counselor?					
9	Do you recommend religious or spiritual forgiveness, amends, or peace for clients?					
10	Do you help clients to develop a spiritual ritual as an intervention (house blessing, visiting graves of relatives)?					

11	Do you participate in client's rituals as an intervention?					
12	Do you share your own religious or spiritual beliefs or views to clients?					

**Thank you!**

## **Appendix B**

### **Addis Ababa University**

### **College of Education and Behavioral Studies**

### **School of Psychology**

### **Interview Guide for Counselors**

#### **Part I: Background Information**

1. Age: \_\_\_\_\_
2. Sex: \_\_\_\_\_
3. Educational Level: \_\_\_\_\_
4. Religion: \_\_\_\_\_

#### **Part II: Interview Questions for Counselors**

(Participants attitude about religion and spirituality in counseling)

1. Do you think it's appropriate to ask clients their religious background information in counseling? Why?
2. Do you think it's appropriate to help clients use their religious concepts and books in counseling? Why?
3. Do you think it's appropriate to discuss religious and spiritual issues with the clients during counseling? Why?
4. Do you think it's appropriate to refer clients to their religious leaders? Why?
5. Do you think it's appropriate to help or recommend them in developing religious and spiritual rituals? Why?

(Participants religious and spiritual practice in counseling)

1. Do you gather religious and spiritual background information from clients?
2. During counseling, do you use or recommend religious and spiritual books and concepts for clients?
3. During counseling, do you want to discuss religious and spiritual issues with clients?
4. Do you refer clients to a religious and spiritual leader?
5. During counseling, do you help or recommend clients to develop religious and spiritual rituals?

**Thank you again for your cooperation!**