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**Determining the Role of Spirituality in the Personal and
Professional Fulfillment of Marriage and Family Counselors**

Scott R. Freeman

DETERMINING THE ROLE OF SPIRITUALITY IN THE
PERSONAL AND PROFESSIONAL FULFILLMENT OF MARRIAGE AND FAMILY
COUNSELORS

DISSERTATION

Presented in Partial Fulfillment of the Requirements for

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by

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ABSTRACT

DETERMINING THE ROLE OF SPIRITUALITY IN THE
PERSONAL AND PROFESSIONAL FULFILLMENT OF MARRIAGE AND FAMILY
COUNSELORS

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Barry University, 2011

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Purpose

In the mental health field, professionals contend with high levels of stress due to the nature of their direct dealings with clients in different stages of distress and disease (Acker, 1999). Spirituality has been determined to be a source of positive influence on physical and mental health (Thoresen, 1999), whether applied to clients or health care providers. Since good mental health is considered a vital part of a counselor's ability to adequately treat his or her clients (Reid et al., 1999), it is important to explore the link between spirituality in counselors and corresponding feelings of personal and professional fulfillment in their lives and work as well as burnout. Therefore, this study was designed to investigate the relationship between 1) spirituality and professional and personal fulfillment in marriage and family counselors; and 2) the relationship between counselor burnout and counselor personal and professional fulfillment.

Methodology

Sixty-two participants (6.2%) of the 1,000 from the Directory of the American Counseling Association who were mailed postcard invitations to participate in this study completed the Life Success Measures Scale, which measured six theoretically discrete

indicators of success: status/wealth, social contribution, family relationships, personal fulfillment, professional fulfillment, and security; the Spiritual Involvement and Belief (SIBS), measuring basic principles common to various spiritual viewpoints; the Maslach Burnout Inventory, Human Services Settings (MBI-HSS), which measured features of burnout with three subscales: Emotional Exhaustion, Depersonalization, and Personal Accomplishment; and a demographic data form.

Major Findings

Correlation analyses were used to analyze the data. Spirituality, as measured by the Spiritual Involvement and Beliefs Scale, was correlated with scores of the six indicators of success on the Life Success Measures Scale. The six correlations ranged from $r = -.08$ to $r = .21$. None of the correlations were statistically significant. Then, the three scales of the Maslach Burnout Inventory were correlated with the six subscales on the Life Success Measures Scale. The correlations ranged from $r = -.02$ to $r = .19$. None of the correlations were statistically significant. Limitations of this study, particularly the low response rate, implications for future research, training, and practice are discussed.

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I have learned that completing a dissertation is quite the arduous process, and I can honestly say it has been a labor of love. I have worked hard to get to where I am. However, without support, guidance and direction from others I could not and would not have been able to finish this demanding endeavor. There are certain people I need, and more importantly, want to thank for their help throughout this process.

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CHAPTER I

THE PROBLEM

Introduction

People choose careers for a multitude of reasons, including interest, fulfillment, or financial success. They frequently want to feel they are doing something “worthwhile,” e.g., saving people, the land, or the planet. Many think smaller, but in terms just as personally important, such as making a difference in peoples’ lives. Achieving the sought-after goals of one’s work is rewarding; it gives validation and encourages people to do more and better. Becoming frustrated by the limitations inherent in one’s work is aggravating and discouraging, but it is just as real. Finding ways to deal with the inherent shortcomings of one’s chosen work is not only helpful, it is necessary for an individual’s well-being. While true for anyone in any profession, it is of utmost importance for those who deal with other people’s lives and health (Reid et al., 1999). Recognizing and accepting the constraints of one’s work is imperative; finding the capacity to deal with them is essential. Everybody experiences stress. Most will seek ways to alleviate these stressors, including engaging in divergent activities, both personal and professional (Sperry, 2007). While all of these may help in the short term, what people frequently are looking for is an enduring method of preserving their own sense of inner contentment in their public and private lives.

Mental health professionals are no different in any of these aspects, and in fact are among those whose jobs are most stressful (Wykes, Stevens, & Everitt, 1997). They spend their careers attempting to help others, whether through private practice or public employment. Whether a counselor sees few or many clients in a day, he/she is

continually listening, assessing and determining methods to help those clients cope with their problems. Depending on the work environment, the counselor may have an informal support group of other counselors to confer with as well as simply share personal and professional concerns. Others may well be alone much or all of the time.

In either scenario, mental health professionals often need more than colleagues' support as validation for their work. The need of individuals to find a form of inner peace and satisfaction in their lives and in their work goes to the core of what counselors are attempting to do for their clients, but it is just as important for the professional him/herself (Moore & Cooper, 1996). The counselor who cannot find his/her own sense of inner calm may well find it more difficult to listen with the appropriate degree of concern to their clients' needs, to have conviction in the advice they are giving them (Reid et.al., 1999), and to avoid the increased potential of burnout (Acker, 1999). Inner harmony, of course, does not come from how much work one has or even how intense it is, but in how one deals with it (Reid et al., 1999). Many turn to personal value systems to achieve that sense of inner peace.

Through much of recorded time, mankind in general has come to believe in a higher power than itself, one who can both help with their problems and bring insight to how they deal with their concerns (Koenig, 1998). A strikingly large number of Americans, well into the 90 percentile, identify themselves as being religious and/or spiritual in nature (Weaver, Flannelly, Flannelly, Koenig, & Larson, 1998). For many, spiritual or religious belief brings with it a source of comfort in their personal lives and, especially for those in professions that engage them with other peoples' concerns, in their professional lives as well (Pollack, 2007). Pollack also noted that counselors throughout

history, including Rollo May and Carl Rogers, realized the need to acknowledge, if not intentionally incorporate, the spiritual world into their methodologies.

Among believers, there are differences not only in what they trust, but in how they do so. While many think in general terms of religion and spirituality as synonymous, they are nevertheless defined separately. Sperry (2007) defines religion as a shared system of beliefs where individuals may come together with others to seek understanding, often identifying with a specific faith, while spirituality is classified as a more personal and basic system of personal values, in which individuals may not even identify with a specific religion; both systems are thought to permeate through most, if not all, areas of their lives, rather than existing as a separate entity to be utilized sporadically. Such belief systems are also said to have a strong association with better health in general, including better mental health (Thoreson, 1999; Weaver et al., 1998). Rollo May and Carl Rogers, whose theories were foundational to many of today's mental health philosophies, studied religion as well as mental health treatment and incorporated the spiritual element in their work (Pollack, 2007). Modern studies have found that spiritually based treatment programs have consistently better client results than similar secular ones (Koenig, Booth & Martin, 1998).

If individuals generally rely on their belief systems to aid them in their daily lives, including dealing with stressors, it is reasonable to assume such belief systems can and do work similarly for mental health counselors (Sperry, 2007). Counselors do not leave their personal lives or beliefs at home any more than do other workers. Yet spirituality has traditionally not been included as part of a counselor's training (Pollack, 2007), let alone a major component of it. The fact that counselors have such stressful work makes

the need to find ways to alleviate those stressors and keep their faith in both themselves and their abilities all the more urgent (Reid et al., 1999).

Statement of the Problem

Mental health professionals work in a highly stressful field, often with clients who are experiencing severe breakdowns in their psyches. They frequently must put their clients' immediate needs above their own and those of their families. Even with this sense of urgency and sacrifice, there are acknowledged limits in how much a counselor may be able to help a client, a fact which in itself can undermine the counselor's own sense of confidence and self-esteem (Bingham, Valenstein, Blow, & Alexander, 2002). Counselors, like others in stressful situations, turn to both inner and outward methods of dealing with stress (Haug, 1998). This study attempted to evaluate counselors' own spirituality in terms of whether it helps them cope with the demands of their work, affects their levels of satisfaction and fulfillment in their personal and professional lives, and helps prevent burnout.

Background and Theoretical Framework

The theoretical framework for the study is the awareness that individuals experience varying degrees of personal and professional fulfillment in life, much of it in conjunction with their work lives. In this context, job satisfaction becomes a major part of both personal and professional gratification (Ramirez, Graham, Richards, Cull, & Gregory, 1996). In the mental health field, professionals contend with high levels of stress due to the nature of their direct dealings with clients in different stages of distress and disease (Acker, 1999). Those who deal with clients in severe stages of mental illness are likely to have even higher levels of stress and job dissatisfaction, or burnout, than the

general population of mental health providers (Acker, 1999). Aside from these specific considerations, health professionals in general, including mental health therapists, have been found to have high risk factors for illness and even suicide (Ramirez et al., 1996).

Conversely, Reid et al. (1999) maintained that many mental health professionals report high levels of job satisfaction, notwithstanding such stressors. Mental health professionals, as do other workers, use innate and developed coping mechanisms to deal with the demands of their profession (Reid et al., 1999). The ability of mental health professionals to successfully cope with their work environments is crucial to their capacity to provide high levels of care to their clients (Acker, 1999).

There are different theories as to how individuals develop coping abilities to help them achieve job and personal satisfaction. Humanistic Psychology and Social Learning Theory give us the basis for understanding how individuals develop and learn, from both internal and external forces; and therefore help frame the concept of fulfillment and spirituality in personal and professional lives (Buhler, 1974). Spirituality has been determined to be a source of positive influence on physical and mental health (Thoresen, 1999), whether applied to clients or health care providers. Maslow, known for identifying human needs such as feelings of safety, love and self-esteem as motivators for mental well-being, also encompassed the idea that spirituality is an integral part of mental health; Adler similarly promoted the inclusion of personal motivators in treatment, looking at how a person interacts within a family setting as well as his/her larger society, much of which is viewed by modern counselors as a spiritual dimension (Pollack, 2007).

Humanistic psychology looks at individuals as having internal values which guide them in life (Buhler, 1973). Developed as the antithesis to the Freudian mindset of

people being in a constant battle against outside forces, humanistic psychology helps individuals channel those innate values and beliefs to aid them in achieving their personal and professional fulfillment (Buhler, 1973) and advances the concepts of personal growth and satisfaction (Gavin, 1990).

Social learning theory developed from the concept that individuals are guided not just by their inner values, as in humanistic psychology, but are further influenced by their own experiences and personalities as well as outside stimuli (Rotter, 1990). Culture, therefore, plays a role in what we absorb and how we react to it (Evans et al., 2005). Collective societal values promote not only achievement but the perception of failure for lack of accomplishment (Raliapalli, Rao & Vitell, 1995).

Humanistic psychology has played a significant role in studying the influences that keep people grounded (Buhler, 1973). Rogers (1951) redefined psychotherapy to include the concept of individuals made of personal belief systems. While social learning theory, on the other hand, focuses on the idea of individual behavior being constantly reinforced from both outer, and cultural, forces and inner, inculcated ideals (Rotter, 1990). This concept of indoctrination into specific belief systems, including spirituality, gives individuals guides to use in life (Chusmir & Ruf, 1991).

Spirituality plays a large role in the lives of the vast majority of people (Sperry, 2007; Weaver et al., 1998). It is likened to a core belief system for values and behavior, utilized regularly in peoples' lives (Sperry, 2007). Counselors generally, and marriage and family counselors in particular, self-identify as spiritual in nature in numbers similar to the general public (Walker, Gorsuch, & Tan, 2004). Historically, however, there has been a lapse in including spiritual education in mental health professionals' training (Hill

& Pargament, 2008). This appears to be in spite of, rather than in relation to, the comparable number of counselors who share spiritual beliefs with the general public.

There exists documentation of the positive connection between spirituality and mental illness (Weaver et al., 1998). The question remains, however, of whether and how counselors define spirituality in treatment interventions (Thoresen, 1999) or in pursuit of their own sense of fulfillment (Foskett, Marriot, & Wilson-Rudd, 2004). Because of its inherent function as a basic system of values for individuals, counselors should be cognizant of its uses both personally and as mental health professionals (Sperry, 2007).

Purpose of the Study

The vast majority, as high as over 90 percent, of Americans define themselves as religious or spiritual (Weaver et al., 1998). Spirituality is seen to have an ameliorative, or even positive, effect on physical and mental health (Thoresen, 1999). Good mental health on the part of the counselor is considered a vital component in adequately treating his/her clients; it is important to explore the link between personal spirituality in counselors and corresponding feelings of personal and professional fulfillment, to determine whether such spirituality does in fact influence the counselor's own mental well-being and subsequent capacity to treat clients.

In an attempt to correlate those two spheres of inquiry, this study attempted to determine whether counselors as a whole self identified as any more or less spiritual than other Americans; if such knowledge can and should influence our curricula and training; and whether spirituality affects counselors' effectiveness in practice and perhaps even influences their decisions regarding remaining in the profession. It looked to determine if

there was a relationship between spirituality and counselors' sense of satisfaction in their lives and their work, specifically, to determine if those counselors who self-identify as having a spiritual base find their lives and work more satisfying and the stressors less destructive than those who do not (Sperry, 2007).

Although there is considerable literature examining the realms of religion and spirituality, in the general population, and a lesser amount exploring these elements in health professionals in general, including mental health professionals, there is far less on the interrelationship between those counselors who work with couples, marriage and families, specifically, and spiritual belief systems. This study focused on the place of spirituality, in particular, in the personal lives of counselors who have professional experience working with couples, marriage and families, seeking to determine whether possessing or not possessing such beliefs affects the counselors' own sense of fulfillment and happiness. Therefore, this study had two primary goals: first, to investigate the relationship between spirituality and professional and personal fulfillment in marriage and family counselors; and second, to examine the relationship between counselor burnout and counselor personal and professional fulfillment.

Research Design

To carry out the goals of the study, surveys were designed to gather information regarding marriage and family counselors' spiritual beliefs and their effects on counselors' views on status/wealth, family relationships, contributions to society, personal and professional fulfillment, and security. Further information was gathered regarding the correlation between burnout and each of these areas. A correlational design was used when examining the results of the surveys. The correlational method is

proposed to calculate statistics, such as Pearson's correlation coefficient, and to measure how to interpret the related variables. The nature of the correlational method facilitates the inspection of demographic information pertaining to respondents' answers, along with data results from the intended surveys. Voluntary participants were recruited by means of mailing postcards to members from a membership list obtained from the American Counseling Association (ACA). As part of their membership, ACA members agree to have their information available for research promoting the field of counseling.

Since the aim of the research was to study the relationship between counselors and the effects of spirituality on their personal and professional fulfillment, the research questions and resulting hypotheses directly attended to the relationship between the variables. Statistical Package for the Social Sciences (SPSS version 17.0) correlational analysis was used to determine the significance and extent of the relationship between variables.

The research questions and corresponding hypotheses were developed from the study of the available literature relating to spirituality among the general population as well as mental health professionals. Much of the literature indicates that spirituality may affect how individuals perceive and achieve fulfillment or suffer burnout. The goal of the study was to identify areas generally identified with success or fulfillment as well as burnout and determine if there is a direct correlation between them and levels of spirituality.

Research Questions and Hypotheses

1. In members of the American Counseling Association, what is the relationship between spirituality and personal and professional fulfillment as measured by the subscales of the Life Success Measures Scale?

Hypotheses:

1. Spirituality and status/wealth will be negatively correlated.
 2. Spirituality and family relationships will be positively correlated.
 3. Spirituality and contribution to society will be positively correlated.
 4. Spirituality and personal fulfillment will be positively correlated.
 5. Spirituality and professional fulfillment will be positively correlated.
 6. Spirituality and security will be positively correlated.
2. In members of the American Counseling Association, what is the relationship between burnout and personal and professional fulfillment as measured by the subscales of the Life Success Measures Scale?

Hypotheses:

1. Burnout and status/wealth will be positively correlated.
2. Burnout and family relationships will be negatively correlated.
3. Burnout and contribution to society will be negatively correlated.
4. Burnout and personal fulfillment will be negatively correlated.
5. Burnout and professional fulfillment will be negatively correlated.
6. Burnout and security will be negatively correlated.

Significance of the Study

Individuals with highly demanding careers, especially those who are directly responsible for the well-being of others, frequently find themselves caught up in the stressors of that work (Reid et al., 1999) and experience an increased prevalence of burnout (Acker, 1999). Without avenues to alleviate those strains, it is all too easy to find themselves doubting their abilities and/or not enjoying their work as they had hoped to. Finding methods of relief is key in alleviating personal and professional pressures and maintaining concern for and ability to help one's clients. This, in turn, allows the professional to sustain his/her confidence and satisfaction in his/her work.

Mental health professionals are among those who are clearly susceptible to the strains of attempting to help others on a constant, and oftentimes emergency, basis. It is important to understand how those in the profession attempt to maintain their own sense of confidence and equilibrium, to both serve their clients and enjoy a sense of satisfaction in their work. Spirituality is a widely held belief system in American life, and one to which millions turn for personal and professional guidance and sustenance (Weaver et al., 1998). This study's aim was to elicit information regarding the relationship between marriage and family counselors', spirituality and professional and personal fulfillment as well as the relationship between counselor burnout and their personal and professional fulfillment, with the purpose of determining the extent to which spirituality affects and influences counselors' lives and careers. To obtain this specific information, psychometric instruments were utilized, specifically, three surveys that measured marriage and family counselors' beliefs regarding: (a) spirituality, by using the Spiritual Involvement and Beliefs Scale; (b) fulfillment, by using the Life Success Measures Scale;

and (c) burnout, as measured by the Maslach Burnout Inventory. These instruments are explained in Chapter III.

For those in the profession, the information gained may serve as a tool to understand how others in their field use such beliefs, whether they find such beliefs to be helpful in their personal and professional lives, and whether those who may not have made use of such beliefs in the past may find it worthwhile to examine their own belief systems and/or find other, similarly helpful methods of dealing with the strains of their careers. For those in stressful careers, the benefit of understanding the advantages inherent in having some method of alleviating the significant stressors of their work will hopefully enable them to examine their own lives and determine the need for a means of relieving stress, reducing burnout, and increasing job satisfaction. Because counselors' own belief systems, including spirituality, unavoidably influence everything they do, including their work attitudes, such recognition may well allow them the ability to utilize, rather than avoid, these concepts in treatment plans (Huag, 1998). Given the vast majority of Americans who self-identify as spiritual, including families who incorporate such beliefs into their fundamental makeup, such a practice would likely be well-received by counseling clients (Young, Wiggins-Frame, & Cashwell, 2007), who similarly do not leave their core beliefs outside the counselor's door.

Definition of Terms and Usage

Religion: Religion is a shared belief system in which one seeks understanding and meaning within the system. A religious person would consider him/herself a member of that belief system (Sperry 2007).

Spirituality: Spirituality is often defined as a more basic belief system for individuals, related to their own values and conduct, even for those who do not necessarily associate with an organized religion (Sperry 2007), and may or may not include a belief in a specific deity.

Job Satisfaction: Relates to a positive emotional state regarding one's work, including feelings of respect and opportunities for advancement (Acker, 1999).

Burnout: At the opposite end of the spectrum from job satisfaction, burnout describes work-related unhappiness that includes emotional exhaustion, a feeling of depersonalization or being treated in an indifferent, impersonal way on the job, and a sense of low self-esteem or personal accomplishment (Ramirez, Richards, Cull & Gregory, 1996).

Fulfillment: This relates to a feeling of contentment or satisfaction in personal or professional endeavors (Acker, 1999).

Mental Health Professional: This term applies to those who are trained and work in any of the related mental health fields and who generally offer treatments to clients or patients on a one-to-one or small group basis (Moore & Cooper, 1996).

Organization of the Study

Chapter I presents an overview, background, theoretical framework, and purpose of the study. In Chapter II, related literature is reviewed to provide the reader with an expanded understanding of the subject area. The methodology, procedures, and data analysis techniques are described in Chapter III. The results of the study will be reported in Chapter IV, and Chapter V will contain conclusions, implications, and recommendations for further study.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

People often look to mental health professionals to guide them through difficult passages in life. Yet few likely think about how counselors remain focused on this task without falling prey to the difficulties of the work or concerns in their own lives. Mental health professionals are no more immune to the stressors of life than anyone else; in order to maintain the ability to help others, they, too, must have support systems in place (Acker, 1999). They also need to find ways to sustain both their enthusiasm for and the consistency of their work. Some of this support may come from personal and professional associations, including organizational memberships and conferences (Acker, 1999). But as with others, mental health professionals will likely derive much of their inner strength from other sources as well, such as their own long-held values, including religious beliefs and spirituality. This chapter will discuss some of the frameworks that define spirituality and can provide help in finding fulfillment in both the professional and personal lives of counselors.

Purpose of the Literature Review

The purpose of this chapter is to provide a review of the literature regarding both the theoretical frameworks that guide this research and the concerns facing mental health counselors. It will explore specifically the role of spirituality in the personal and professional lives of counselors, with a focus on marriage and family counselors, and in particular whether these factors contribute to their personal and professional fulfillment. Understanding how these forces impact mental health counselors may help provide a

framework for aiding counselors in avoiding pitfalls inherent in the profession and attaining personal and professional fulfillment in their lives.

The chapter begins with a review of the theoretical framework that will guide this research, including humanistic and social learning theories, and then discusses the ideals of fulfillment and spirituality in personal and professional lives, which provide the context for the study (Buhler, 1974). An in-depth review of relevant empirical research regarding the concepts of spirituality and personal and professional fulfillment will follow. Finally, the chapter will conclude with a focus on the concepts of spirituality and fulfillment in mental health counselors, and more specifically in marriage and family counselors.

Theoretical Framework

The theoretical frameworks for this study are the philosophies of Humanistic Psychology and Social Learning Theory. Humanistic Psychology looks at the intrinsic nature of our belief systems, while Social Learning Theory hypothesizes that these inherent skill sets are augmented by inculcation of the society around us; together these skill sets guide us in what invariably becomes almost involuntary decision making processes. Both of these theories have influenced the fields of counseling over the years; it is relevant to examine their relationships to current models of counseling to determine their effects on counselors today, including how spiritual belief systems are integrated into the personal and professional lives of counselors.

Humanistic Psychology

Humanistic psychology developed as a contrast to the Freudian school of thought that man needed strong outside influences to keep him in check and give him directions for life (Buhler, 1973). Instead, humanists felt the need to study the mentally healthy, to determine what forces of human nature kept people grounded. Early proponents of the field like Maslow defined humanness as the process of simply being, with a natural tendency towards growth (Buhler, 1973). Maslow saw the neuroses that Freud and others characterized as an intrinsic part of our psyche instead as defenses that arise as needed against attacks of our inner core (Buhler, 1973).

Buhler (1973) was concerned with the idea that counselors could unwittingly but easily transmit their own beliefs to the client). The humanistic psychology movement posited the idea that rather than Freud's view of humans as predestined beings always struggling against outside forces, they are instead individuals with inherent values and goals which act as a guide in life. Buhler pointed out, however, that people are not always consistent in their choices or feelings about these goals; individuals change lifestyles and careers, and they castigate themselves for the poor choices they perceive themselves to have made. Buhler saw humanistic psychology not as a one-dimensional study of man being molded by (and fighting against) outside forces, as did Freud, but as a continuum in a life's journey, where mentally healthy individuals deal with difficult issues as they arise and correspondingly develop new and deeper goals. (Buhler, 1973). This was the basis of self-fulfillment, facing new challenges and meeting new goals, much of which included relationships with others. (Buhler, 1973). Simultaneously, Carl Rogers was redefining psychotherapy to accommodate the idea that individuals are made

up of their own personal beliefs and goals. Clients therefore needed a personal relationship with their counselor, but not necessarily an authoritarian one, which had been the Freudian-based norm (Buhler, 1973; Rogers, 1951).

Humanistic Psychology and Counseling.

Freud had hostility toward religion that was believed to have influenced his views on how people developed and dealt with psychological problems (Aponte, 1996). The field of humanistic psychology developed as a contrasting approach to what motivated people and how to treat their troubles (Buhler, 1973). Charlotte Buhler's early works indicated that a number of her ideas in the area actually predated Maslow (Gavin, 1990). From a young age she ruminated on the existence of G-d and of life itself, and came to see psychology as a tool that could help resolve some of these foundational questions (Gavin, 1990). Eventually, she refined this as viewing development as a correlation of biology and culture, integrating the individual with the society he/she lived in (Ash, 1987). Buhler's work centered on the study of the whole person in his or her natural setting rather than clinical observations. She observed infants evidencing social interest and used diaries to study adolescents' questioning the purpose of their lives (Gavin, 1990).

Buhler's work used a definition of four basic tendencies and a core self: striving for personal satisfaction in sex, love, and ego recognition; a self-limiting adaptation of belonging and finding security; self-expression and creativity; and upholding order (Gavin, 1990). Gavin further defined Buhler's idea of a core self as that which integrates all of these tendencies through personal development and distinct personality. The

utilization of such concepts helps form the processes of applying humanistic psychology to human behavior.

Interventions.

Humanistic psychology, because it focuses on the individual's strengths and desires, is a core factor in helping people determine their personal goals and finding the means of achieving them (Kernes & Kinnier, 2005). How individuals determine those goals, however, depends in great part on their cultural viewpoints (also discussed as a relevant part of social learning theory) (Kernes & Kinnier, 2005). It is a uniquely Western (and American) view that focuses on internal goals of happiness and self-fulfillment, rather than the duty promoted by Emanuel Kant or the utilitarian utopia of John Stuart Mill (Kernes & Kinnier, 2005).

Modern theories of humanistic psychology include the concept of integrating theories, techniques and behavior based on traditional ideas in order to optimize personal growth and fulfillment. Weight (2004) noted that promoting personal satisfaction generally helps the business function of the individual, and hence the company as well. Weight used these integrated techniques to help individuals in their development and growth, overcoming blocks that had been keeping them from realizing their true potentials. She incorporated the concepts of humanistic theory as the cornerstone of personal growth and fulfillment, focusing on individual potential. Weight described humanistic theory as the development of a positive self-image as the key to personal success and happiness, which uses integrated techniques to help individuals achieve that goal. Although humanistic theories have been a part of the study of psychology for a

long while, changes in lifestyles have led to adaptations of the theory (Motschnig-Pitrik, 2008).

Humanistic Psychology and Counselors.

Karl Menninger promoted an understanding between traditional religious beliefs and the science of psychiatry (Aponte, 1996). He believed both incorporated a mission to help others, and that they therefore could co-exist peacefully (Aponte, 1996). Unfortunately, that has not come to pass as effortlessly as Menninger predicted; today there is still a discomfort in how, even whether, to incorporate spirituality into the counseling plan (Aponte, 1996). This question arises early in a counselor's career, when training programs may incorporate little, if any, use of spirituality and religion (Hall, Dixon & Mauzey, 2004). Yet in practice, individual counselors, intentionally or not, may influence their therapy with their own range of moral beliefs (Aponte, 1996). That may be a natural outcome not just of changing therapeutic trends, ranging today from the established Gestalt theories to the modern gay and feminist counselors, as well as religious-based Christian and New Age counselors (Aponte, 1996), but also of the fact that today's counselors are far removed in large part from the stereotypical idea of listening to and reflecting back the client's own words. Today the counselor is an activist in the treatment, proposing and advising the client (Aponte, 1996; Haug, 1998). This is a reflection of modern American life; years ago life was less socially complicated, while today there is far greater individualism to choose one's path (Aponte, 1996). Today's counseling client likely expects his/her counselor to be an active participant in therapy rather than a silent observer (Aponte, 1996; Haug, 1998).

Humanistic psychology and marriage and family counselors.

It is no wonder marriage and family therapists may incorporate the underpinnings of humanistic psychology in their philosophy. A study of thousands of counselors found that most believed spirituality and religion were personally important to them, with marriage and family counselors found to consider them important in greater numbers than counselors in other fields (Walker et al., 2004). Many, though not as numerous, believe that spirituality should be integrated into the treatment program (Erickson et. al., 2002).

Social Learning Theory

Another part of the theoretical framework of development lies in the concept of social learning theory. Much of this theory focuses on the ideas of reinforcement of behavior, whether from internal controls or external forces (Rotter, 1990). In this construct, individuals expect that their behaviors are dependent on a number of variables: their own experiences and personality characteristics; external forces, including luck, fate or chance; or control by others (Rotter, 1990). One school of thought holds that basic personality traits, including character and generalized underlying dispositions, influence individuals' behaviors in a fairly consistent manner; such traits are inferred from the consistency of the behaviors observed (Mischel, 1973).

In addition to one's own perceptions of how they inculcate specific or general behavior patterns, this theory proposes that culture has a major impact on our lives, influencing how we adapt and react, and that individuals, in essence, cannot be separated from their culture (Evans et al., 2005). Different cultures by their nature produce different expectations, which are expressed through the standards individuals perceive in

their societies (Singhapakdi et al., 1995). Although discussed in the context of ethics in marketing decisions, it is a truism that our surroundings will influence our thought processes and our actions that flow from them both as individuals and as professionals in any field (Rotter, 1990).

Hofstede studied over 50 countries to determine what culture is ultimately comprised of (Singhapakdi et al., 1995). He found that there are four basic characteristics of culture: individualism vs. collectivism; power distance; masculine vs. feminine; and uncertainty avoidance (Singhapakdi et al., 1995). For purposes of this study, individualism/collectivism played a significant role in assessing how culture or society affects our belief systems and behavior. An individualist culture, which the United States is considered to be, places high premiums on the concept of self, including striving for self-respect, personal success, and achievement (Singhapakdi et al., 1995). Such basic societal values promote not only the ideal of achieving these standards, but also the concerns accompanying the perceived failure to achieve them at the levels desired (Singhapakdi et al., 1995).

Social Learning and Counseling

Ormond (1999) cites Albert Bandura on the concepts of social learning theory, looking at observation, imitation, and modeling as examples of how people learn from each other. Social learning theorists, in contrast to pure behaviorists, contend that people learn through observation of others' behavior and seeing the results of that behavior, even though they may or may not display an observable difference in their own actions (Ormond, 1999). Bandura believed that social learning has cognitive factors involved, including expectations of reward or punishment, and saw it as a connection between

behaviorist and cognitive learning theories (Ormond, 1999). Bandura also noted advances in treatments that derived from these theories (Mischel, 1973). This combined social cognitive theory espouses that observing others' actions influences individuals' ideas of their own abilities to perform similar tasks, and provides actual methods for maximizing their own performances (Compaeau & Higgins, 1995). This construct of behavior modeling promoted by Compaeau & Higgins was later critiqued and expanded on by Johnson and Marakas (2000).

Interventions

More contemporary theories suggest that expectations and actual reward or punishment affect the degree to which a person will exhibit a learned behavior (Ormond, 1999). Individuals are indoctrinated into their own and collective value systems through their reactions to their social environment. These in turn lead them to behave in certain ways and form attitudes towards future behavior (Chusmir & Ruf, 1991). The things they determine to be of most significance to them become the guiding values in their lives (Chusmir & Ruf, 1991). In a study of job managers, questions revolved around what individuals identified as success, and how those concepts affected their attitudes toward job satisfaction, job involvement, and the propensity to remain in or leave their profession (Chusmir & Ruf, 1991). The study found that men and women frequently have different views and expectations of success, but both generally include personal satisfaction and family life among their top goals (Parker & Chusmir, 1992).

Social learning theory shows how culture, and the perception of our roles within that culture, plays an integral part in framing our attitudes and feelings about ourselves and others, including defining what we perceive as successes and failures. Similarly, the

current study will examine mental health professionals' ideals of success in their personal and professional lives, and will likewise attempt to determine how these perceptions affect their work, their interest in their careers, and their personal lives.

Social Learning and Counselors

More than just personal values, social learning behavior suggests that individuals in a profession conduct themselves according to perceived norms for the profession, acquired through professional socialization (Davis, 1988). This relates to the view of how we acquire general and specific understanding of things, by being part of the social, cultural, and historical systems we live in (Wenger, 2000). Because social learning is so joined to cultural identification, even where counselors practice can affect their job perceptions and enjoyment (Priebe, Fakhoury, Hoffman, & Powell, 2005). Mental health professionals in different geographic areas, doing virtually the same work with similar clients in comparable settings, perceived their roles and subsequent views of themselves in them differently (Priebe et al., 2005).

Social Learning and Marriage and Family Counselors

Just as we learn general knowledge through our expansive social and cultural systems, (Wenger, 2000), counselors perceive appropriate treatment plans for their clients through the specific educational aspect of their social systems, which overall have traditionally avoided the inclusion of religion and spirituality in their training (Erickson, Hecker, Kirkpatrick, Killmer & James, 2002). Counselors consequently frequently take what they perceive to be a "neutral" position on these issues (Erickson et al., 2002). Clients may have concerns about the absence of a religious or spiritual dimension in treatment, but marriage and family clients in particular may well rely on their religion

and spirituality to help them in the most important aspects of their lives and their marriages, especially in troubled times, and may see this as a rejection of their own deeply-held views (Erickson et al., 2002). This becomes an issue for the counselor him/herself as well; one study found that 96% of respondents agreed that “there is a relationship between spiritual health and mental health,” yet only 62% felt a spiritual dimension should be included in the treatment plan (Erickson et al., 2002). Marriage and family counselors have been found to be more spiritual than others in the field, and a large majority believe it is appropriate to ask a client about his/her religious beliefs (Carlson et al., 2002). Erickson et al., in the study *Clients’ Perception of Marriage and Family Therapists Addressing the Religious and Spiritual Aspects of Clients’ Lives: A Pilot Study*, stated that despite these findings, marriage and family clients may still feel that their personal feelings about religion and spirituality, even its use in dealing with family issues, are not welcome in therapy.

Spirituality

While theories of humanistic psychology and social learning help explain how individuals acquire their core values and goals and develop much of their personal and interactive dynamics, they are not the total story. Spirituality has at once remained both a constant and an enigma in people’s lives. An overwhelming majority of Americans have expressed a personal belief in G-d, with many in regular attendance at houses of worship (Weaver, Flannelly, Flannelly, Koenig & Larson, 1998). Studies measuring religious commitment, including Glock & Stark’s Dimensions of Religious Commitment (1966) and King & Hunt’s Basic Religious Scales (1969), have focused on peoples’ interactions within the traditional Judeo-Christian settings, rather than on individual beliefs

(Worthington et al., 2003). Spirituality, however, while seen as synonymous with organized religious beliefs by many, is actually a broader, less institutionally controlled general belief in a higher being and the values that derive from it (Weaver et al., 1998).

Religion has traditionally been thought of as a fixed system of ideas, while spirituality is seen as more personal and subjective (Hill & Pargament, 2008). In religion, one shares a belief system and seeks meaning and understanding within that system (Sperry, 2007). Spirituality, on the other hand, is often thought of as more of an individual belief system regarding values and conduct, even for those who do not necessarily identify with a specific religion (Sperry, 2007). As such, it is a basic part of most people's lives, rather than an ancillary issue and it therefore should be considered of great importance to the counselor both personally and professionally (Sperry, 2007). Those who perceive themselves as highly devoted to their spiritual beliefs, incorporating them into their daily lives, will assess their world through this diagram (Worthington et al., 2003), including mental health treatment.

Spirituality in the Mental Health Field

Perhaps because of the overall lack of training in the area as well as the subsequent confusion for counselors as to whether and how to assimilate spirituality and religion in treatment (Hall, Dixon, & Mauzey, 2004) there had traditionally been a dearth of research in relation to the influence of spirituality and religion on the mental health fields. The lack of such a dialog caused the editor of *The Journal of Marital and Family Therapy* to call specifically for research related to the issue in the early 1980s; even then there was surprisingly little response (Carlson, Kirkpatrick, Hecker, & Killmer, 2002). Worthington, et al. (2003) reported on six previous studies (Gorsuch, 1984; McCullough

& Worthington, 1995; McCullough, Worthington, Maxie, & Rachal, 1997; Morrow, Worthington, & McCullough, 1993; Richards & Bergin, 1997; Sandage, 1999) that they used to define the development of a 10-factor measurement of religious commitment, The Religious Commitment Inventory-10 (RCI-10, to be used as an evaluation tool in counseling.

Researchers have found a strong correlation between solid spiritual beliefs and better mental health among middle-aged and older individuals (Weaver et al. 1998). In the health care fields, however, spirituality is often studied as to the variables of health outcomes, focusing on the client's beliefs while attempting to separate the spiritual from the science (Thoresen, 1999). Few mental health training curriculums include spiritual issues (Hall, Dixon & Mauzey, 2004). There is a clear and continuing gap between the mental health and spiritual areas relating to training and treatment (Hill & Parmagent, 2008). Some of this exclusion may be based on the conflict between the scientific and objective study of mental health and the subjective views of spirituality (Young, Wiggins-Frame & Cashwell, 2007). One commentary noted that without proper training in spiritual beliefs, counselors do not even try to explore what role these might play in their client's therapy (Hall, Dixon, & Mauzey, 2004).

There is an even broader question to be asked concerning spirituality and the health fields: while spirituality is the subject of much philosophical debate over its place in lives in general, it takes on a totally different meaning when discussed in terms of its effects on the professionals, rather than the clients, in the health fields. People engaged in the science of healing, be it the physical or mental health fields, are focused both by necessity and choice on the man-made technological and scientific advances available to

them. How the concept of spirituality fits into this realm is a subject of debate for the professional who is both a scientist and a human being with his/her own long-seated belief system and values (Thoreson, 1999). While the vast majority of today's chairs of counseling education programs align themselves with the general population (Thoresen, 1999) in considering spirituality and/or organized religion a major influence in their own lives, fewer than one quarter said such issues were included in training programs (Pollack, 2007). The newer standards of the Council for Accreditation of Counseling and Related Educational Programs (CACREP) now require students to have experience and training in multicultural needs, including spirituality, which may signal a change in this statistic (Watkins, van Asselt & Senstock, 2009).

Spirituality and Counselors

There are two ways of looking at spirituality in health care professionals: one is whether the professional sees spirituality as a part of the healing process (Thoresen, 1999), and the other is whether the professional seeks and uses his/her own spirituality as a part of personal and professional fulfillment (Foskett, Marriott & Wilson-Rudd, 2004). While there is a demonstrated positive relationship between spirituality and health in general (Thoresen, 1999; Weaver et al., 1998), the study at the center of this paper focuses on spirituality as a facet of the *counselor's* personal life, seeking to determine whether spirituality provides for greater satisfaction both personally and professionally.

Today, mental health is looked at in terms of science and pharmacology rather than mystical forces in relation to causation (Foskett et al., 2004; Pollack, 2007), but that still leaves open the question of spirituality as a tool for healing. Many, perhaps most, counselors do not include the topic of spirituality in their questioning or diagnoses of

clients, but it may in fact be an important factor to consider (Pollack, 2007). A large percentage of people feel doctors should ask their patients about their spiritual beliefs (Thoresen, 1999). Weaver et al. (1998) noted that a vast majority of people describe themselves as religious or spiritual, yet there are questions by those such as Sperry (2007) who ask if counselors do take it into account, first, do they incorporate the client's spirituality into the treatment plan, and second--very importantly--how does the counselor's own view of spirituality, whether or not it agrees with the client, affect treatment? Along with this, it needs to be asked whether the counselor's own spirituality helps him/her to cope with the demands of the profession and brings a sense of comfort he or she would not otherwise have.

Conducting an assessment of the client's spiritual history can aid in determining whether and how spirituality can be utilized in the treatment program (Oakes & Raphael, 2008). Responding to the overwhelming majority of Americans who describe themselves as spiritual and who even expect that counselors will address their spiritual needs, many counselors are defining healing in terms of mind, body and spirit incorporated into the therapeutic process (Morrison, Clutter, Pritchett, & Demmit, 2009). Caregivers who consider themselves highly devout and incorporate an extensive use of prayer for their clients report appreciable benefits in relieving stress and depression for both the client and to themselves (Koenig, 1998). It may be a logical extension to expect similar results in counselors utilizing spirituality both in treatment and for their own well-being. Each of the major religions has its own view of mental health and how it interacts with the religion (Koenig, 1998; Thoresen, 1999); the counselor can make good use of a client's own long-held beliefs and traditions in helping the client to utilize the additional facet of

spirituality in treatment. Spirituality is a large and influential part of our and other cultures, and as such should not be discounted in its impact on the mental health fields. Pollack (2007) points out that years ago, Rollo May had become dissatisfied with his role as a preacher and studied clinical psychology. As a counselor he incorporated the spiritual in seeking to help his clients confront the ultimate questions about life, death and happiness (Pollack, 2007). Carl Rogers was likewise a seminarian before studying psychology. He too embodied both the scientific and the spiritual in his philosophies (Pollack, 2007). Rogers and May exemplified counselors who found that one discipline did not afford them the personal and professional fulfillment they sought, and so they combined both in an effort to accomplish this; the current study seeks to explore whether today's counselors may similarly benefit from such interactions.

Despite such integrated backgrounds, for many years there remained much distrust between the fields, with mental health and spirituality steadfastly ignoring each other (Foskett et al., 2004). It was only when professionals in both areas, as well as clients, began to question why one necessarily had to take precedence over the other that commentators in the fields began to look for links and uses of spirituality and mental health treatment together (Foskett et al, 2004). There are in fact communities who are so deeply ingrained in their spiritual beliefs that even when seeking counseling they will turn to those who adhere to and make use of those same beliefs, known as pastoral counselors (Pollack, 2007; Worthington, McCullough & Sandage, 1996).

Even in neutral settings, however, today spirituality, unlike in the early days of psychotherapy, is seen as a central part of an individual's good mental health (Pollack, 2007). Today there are a number of professional organizations that identify as both

religious and therapeutic, such as the American Association of Christian Counselors (Worthington et al., 1996). It must be noted that some such organizations may rely more on specific religious beliefs in treatment plans than on an acceptance and use of the client's individual sense of spirituality.

There are numerous questions concerning the interaction of spirituality and mental health. There can be benefits to the spiritual client of utilizing many of these beliefs. Spirituality may well be a natural and easy corollary to psychology for many clients, and therefore a help in their treatment (Pollack, 2007). Similarly, the ability of the counselor to retain hope through spirituality, in light of the stresses of the profession, would be helpful. While counselors overall may be less spiritual than the general population, many still undoubtedly chose to enter the field precisely because of the dual goals of counseling and spirituality: to find comfort, alleviate pain, and feel connected (Pollack, 2007). It is likely that many are undoubtedly missing opportunities as counselors to gain from the very sources that likely prodded them to enter the field in the first place, including the search for a higher meaning and direction (Thoresen, 1999).

Spirituality and Marriage and Family Counselors

There are contradictory statistics as to how marriage and family counselors specifically rate themselves in terms of religion and spirituality. One survey finds 95% identifying themselves as spiritual (Helmeke & Sori, 2006), while another puts the number around 80% (Onedera, 2008), well below the national norm in the general population who self-identify that way (Weaver et al., 1998). These numbers reflect belief systems more in line with a sense of personal spirituality rather than organized religion (Onedera, 2008). A significant number of marriage and family counselors describe

spirituality as having great significance in their personal lives, while far fewer say they engage in regular religious practices (Walker, Goresch & Tan, 2004).

Historically, family counseling relied more on training counselors in models and intervention techniques designed to bring about specific results than in awareness and use of “self” (Haug, 1998). It was only with the advent of the feminist critique and social constructionist views of the eighties that family counselors understood the necessity of exploring their own gender, racial and social biases in both their professional and personal lives, which only later led to the dimension of spirituality (Haug, 1998). It was the recognition that just as important as, or even more important than, the technical training given to counselors were the personal characteristics of the counselor and the ability to understand and empathize with the client (Haug, 1998).

Haug (1998) cited a “public soul searching” for intrinsic values and beliefs, including religion and spirituality, to aid in helping clients find both practical and meaningful solutions to life’s problems, yet acknowledged that practitioners, faculty and supervisors are generally unprepared or unwilling to address even their own spirituality issues. Haug suggested that it is important to help counselors understand and accept their own belief systems to aid them in dealing with both their own and their clients’ well-being.

These results appear to be relevant in the practice of marriage and family counseling. Marriage and family counselors describe their personal belief systems, including religion and/or spirituality, as influencing their work with clients, both in style and content (Haug, 1998). Yet counselors, even those who self-identify as religious and/or spiritual, frequently believe they need to take a neutral stance in the therapeutic

setting, which may or may not correspond to the client's actual expectations (Erickson et al., 2002). One survey reported that 96% of marriage and family counselors agreed or strongly agreed that there is a relationship between spiritual health and mental health, yet only 62% of the same respondents agreed or strongly agreed that the spiritual dimension should be included in clinical practice (Erickson et al., 2002).

In a nation in which large majorities self-identify as religious and/or spiritual, it is almost impossible for counselors not to work with at least some spiritual clients (Aten & Hernandez, 2004). One study that questioned clients' views (i.e., how they would have wanted their counselor to address the issues of spirituality and religion in their therapy) found fairly positive results, with most of the clients feeling their counselors both understood the need to include and address these issues and did so in appropriate ways. (Erickson et al., 2002). This may indicate that while counselors are reluctant to introduce the concept of spirituality themselves, they nonetheless are following the clients' leads in doing so.

Despite findings which show both counselors and clients would not only be comfortable with but would appreciate the inclusion of these elements into treatment, these elements are not brought into the training of marriage and family counselors. Spiritual topics are generally suppressed in professional studies for marriage and family counselors (Onedera, 2008). Other than programs offered by religious-affiliated schools, few programs include much, if anything, in the way of training in these areas (Helmeke & Sori, 2006). And despite the evidence of strong spiritual beliefs of both clients and counselors, the inclusion of spirituality in marriage and family counseling has long been

rejected, it having been said at one point that “the most underutilized resource in family therapy today is God” (Anderson & Worthen, 1997, p. 3).

Some of that attitude may be changing over recent years. More of the literature in the field has been devoted to the idea of spirituality and religion in the clinical marriage and family setting (Anderson & Worthen, 1997). There has also been thought given to the idea of how the counselor’s own spirituality may already, perhaps inadvertently, be helping the treatment process, including the idea that the counselor cannot help but share his/her own view of spirituality during counseling (Anderson & Worthen, 1997). This may well be a reaction (intentional or otherwise) to the desires of clients to include spiritual discussion in family therapy (Erickson et al., 2000).

Including spirituality in couples’ therapy may be as simple as the therapist, equipped with his/her own spiritual beliefs, simply allowing him/herself to listen for the signals relating to the issue, and permitting the couple to guide the therapy in this manner (Anderson & Worthen, 1997). Others take it farther, believing that marital counseling provides an occasion to foster spiritual understanding which can aid the family unit (Anderson & Worthen, 1997). This theory, however, may be a huge leap for counselors still unsure of whether and how much to include spirituality in the treatment process at all.

Spiritual Fulfillment

There is research supporting the generally positive relation between spirituality and mental health (e.g., Thoreson (1999) *Spirituality and Health: Is there a Relationship?*, Walker, Goresch, and Tan (2004), *Therapist’s Integration of Religion and Spirituality in Counseling: A Meta Analysis*; Worthington,

Kurusu, McCullough, and Sandage (1996), *Empirical Research on Religion and Psychotherapeutic Processes and Outcomes: A 10-year Review and Research Prospectus*, and *Psychological Bulletin*). Counseling clients may well expect their counselors to recognize and even include the client's spiritual ideals in treatment, and may resist or end relationships with counselors who resist doing so (Worthington et al., 2003). Those who readily include spiritual beliefs in their daily lives will expect and receive positive reinforcement from their inclusion in the therapeutic process as well (Worthington et al., 2003). Spirituality has a number of diverse areas which enable individuals to find fulfillment in their lives: a cognitive dimension, which allows reflection and helps us filter our experiences into a moral framework; an affective dimension, which aids in finding a sense of security, confidence and hope; and a behavioral/relationship dimension, which allows us to make lifestyle choices and behaviors that encourage our interactions with others in both narrow and broad senses (Haug, 1998).

There are individual counselors, cognizant of these issues, who describe themselves as offering "spiritual counseling," even outside of religious orders (Guilford, 2010). Others propose that spirituality comprises the elements of meaning, purpose and values in people's lives, and therefore should be an intricate part of the therapeutic process (Aponte, 1998). The belief is that if spirituality is an inherent force in most people's lives, it should be considered a practical part of the process and utilized in counseling for maximum results (Aponte, 1998).

Spiritual Fulfillment in Marriage and Family Counselors

Spirituality has been found to play a large role in the lives of as many as 95% of the American people, and large numbers suggest it also has a considerable place in many marriages (Mahoney et al., 1999). There are connections as well between individuals' spiritual beliefs and marital functioning (Mahoney et al., 1999). Large numbers have reported they would prefer to see a counselor with similar spiritual values and beliefs (Young, Wiggins-Frame, & Cashwell, 2007).

Looking at the results of studies(i.e., Erickson, Kirkpatrick, Kilmer, and James, (2000), *Clients' Perception of Marriage and Family Therapists Addressing the Religious and Spiritual Aspects of Clients' Lives: A Pilot Study*; Morrison, Clutter, Pritchett, and Demmitt (2009), *Perceptions of Clients and Counseling Professionals Regarding Spirituality in Counseling*; and Young, Wiggins-Frame, and Cashwell (2007), *Spirituality and Counselor Competence: A National Survey of American Counseling Association Members*), of both counselors' personal beliefs and clients' desires, excluding this dimension from the therapeutic relationship would appear to be a serious oversight in the training of marriage and family counselors, and one that limits the spiritual fulfillment of both client and counselor. If it is an intentional oversight, as the data suggests, it is probably shortsighted in an institutional view (Haug, 1998). While training emphasizes a student counselor deal with his/her issues in a way which will not taint the therapeutic environment, little attention has traditionally been paid to the student's needs concerning his/her own set of values, which cannot help but impact the clients with whom they interact (Haug, 1998). In a moving address to her husband's legacy, the wife of a psychologist described not his techniques but his beliefs as the

foundation of his ability to connect so directly and importantly with those with whom he came in contact (Alexander & Alexander, 2000). A follower of Erickson's life-span development, it was his own search for fulfillment that led to less personal anxiety and a therefore greater ability to be comfortable with, and subsequently help, others (Alexander & Alexander, 2000).

While the above is a description of a person's own deep beliefs, it also exemplifies what others refer to as a personal process, rather than the collective and specific content of spirituality (Haug, 1998). Yet this personal process has been relegated not to the back burner of therapy but to the freezer, one which clients may raid on their own but should never be acknowledged, let alone opened, in the counseling session. There has long been concern that spirituality is the most unmentionable subject in counseling, far more than even sex or death (Anderson & Worthen, 1997). Yet such views may well be limiting to counselors, perhaps especially those dealing with family issues. One of the elements of spirituality is the behavior/relationship dimension, which leads to specific lifestyle choices that in turn promote the types of relationships we have with others, including respect, caring, support and honesty (Haug, 1998). Specifically, one's own beliefs and experiences help us understand others, yet the traditional view of training is that counselors should recognize the perceived *limitations* of their personal beliefs and experiences so as not to influence the therapeutic relationship, rather than accept, and perhaps even use, them to enhance it (Haug, 1998). Notwithstanding evidence attesting to the high percentage of spirituality in both counselors and clients, studies have shown that as little as 29% of counselors believed these issues to be important in treatment (Yarhouse & VanOrman, 1999).

There is an assumption that many counselors may specifically avoid discussions of spiritual issues with clients due to omissions in their own training (Hall, Dixon, & Mauzey, 2004). Yet a study of 249 randomly selected college counselors (Weinstein, Parker, & Archer, 2002) found that more than 70% were open to such discussions, depending on the client and the circumstances (Hall, Dixon, & Mauzey, 2004). And while many believe the concept of such training is increasing in importance in the field, a 2002 survey of faculty liaisons to the Counseling and Related Educational Programs (CACREP) by Young et al., found that almost 80% represented schools that did not offer such topics in training (Hall, Dixon, & Mauzey, 2004). Similar results show that over 90% of American Association for Marriage and Family Therapy (AAMFT) members and marriage and family therapy students considered themselves spiritual; over 85% believed in a relationship between spirituality and mental health, yet over 70% reported no training in spirituality in their clinical education (Grams, Carlson, & McGeorge, 2007).

Karl Menninger believed there was a unique relationship and common purpose between spirituality and psychology, namely to help others (Aponte, 1996). While Menninger assumed a connection between psychiatry and spirituality, the field of mental health has nonetheless had a traditionally uneasy relationship between the two (Aponte, 1996). It is easy to understand, in this climate, why those studying and working in the field are not only loathe to inadvertently use their own beliefs in practice, but may accept the need to limit them in their own lives to achieve the goal of being an effective counselor (Haug, 1998). Yet there is a difference between having beliefs and how one chooses to utilize them. Counselors may have their own spiritual basis, which identifies and leads them on their own path, but they do not have to make use of their beliefs in

therapy with others, as some specifically promote (Aponte, 1996). But it is counterintuitive to suggest that having and relying personally on such beliefs may be a hindrance to one's therapeutic work, when in fact it may make for a more understanding and empathetic counselor (Haug, 1998). Perhaps because of this recognition of the potential therapeutic value of spirituality, a growing body of literature has emerged since the 1990s (Grams, Carlson, & McGeorge, 2007).

In a survey of life-style balance in marriage and family therapy educators, no questions were posed concerning religion or spirituality, yet almost half volunteered these as positive aspects of balance in their lives (Matheson, 2002). Most described these as grounding, stabilizing and illuminating forces in their lives, enabling them to focus on what was most important (Matheson, 2002). Similarly, a study of different psychotherapy disciplines found that marriage and family counselors were the most spiritual of the four and that their personal practices were most comparable to the general public (Carlson et al., 2002). The study very significantly identified that spirituality is an important element of the personal lives of family counselors (Carlson et al., 2002; Haug, 1998). Likewise, it was found that the personal views and experiences of marriage and family counselors in relation to spirituality shape their approach to working with clients (Frame, 2000), even if they do not specifically use it in the therapy setting. Some propose that the effectiveness of treatment itself can be significantly improved by the addition of spiritual resources to which the couple already professes belief (Richards & Bergin, 2005). Nevertheless, others maintain that it is too easy, especially in the family therapy setting, to overlook the need for inclusion of spirituality (Hoogestraat & Trammel, 2003).

Looking to the therapeutic model, and given the self-identification of the vast majority of people as religious and/or spiritual (Weaver et al., 1998), it is conceivable that using a counseling model that eliminates any references to spirituality likely leaves many clients feeling like they are floundering around without the support of their own value systems (Baker & Wang, 2004). Acknowledging that such beliefs are held by the general populace, it is unrealistic to expect counselors, perhaps especially those who deal with emotional family issues, to deny themselves the ability to follow their own spiritual dimension, believing they need to bury it as a precursor to being a counselor (Haug, 1998; Miller et al., 2004), when in fact the opposite might be more effective in treatment.

Burnout

Many counselors likely enter the mental health field precisely because it affords them the opportunity to work in an area with many of the same ideals they hold in their personal beliefs. Kuch (2008) described this as seeking the elements of altruism in different forms, the desire to enter into a profession geared to helping others. The idea of fulfillment spans many theories, including the humanistic approach to counseling and the social learning theory. Many doctoral candidates have described being singled out as children by friends, family and even parents for their listening skills, naturally “growing” into the professional counseling field (Kuch, 2008). Others described factors such as the “wounded healer” who entered the profession to find his/her own satisfaction, not found in their formative years, and still others the influence of people both in and out of the field (Kuch, 2008).

A large majority, no matter what they considered the overriding reason for entering the field, described the desire to help others (Thoresen, 1999), often from a

young age (Kuch, 2008). A survey of Community Mental Health Center Psychiatrists found that the most consistent reasons for wanting to work in such a setting included doing worthwhile work, helping the indigent, and performing a community service (Vaccaro & Clark, 1987), all consistent with the attributes described above. It stands to reason that if one enters the mental health profession out of an abundance of desire to help others, the very act of doing so should provide for extreme satisfaction. Yet studies dispel this result (e.g., Deary, Agius, and Sadler (1996), *Personality and Stress in Consultant Psychiatrists*; Fagin et al., (1996), *Stress, Coping and Burnout in Mental Health Nurses: Findings from Three Research Studies*; Happell, Martin, and Pinikahana, (2003), *Burnout and Job Satisfaction: A Comparative Study of Psychiatric Nurses from Forensic and Mainstream Mental Health Service*; and Tummers, Janssen, Landeweerd, and Houkes, (2001), *A Comparative Study of Work Characteristics and Reactions Between General and Mental Health Nurses*).

Health care workers in all fields, in general, are considered to be a high-risk group in terms of occupational stress (Tummers, Janssen, Landeweerd & Houkes, 2001). Psychiatric nurses are said to suffer from “burnout,” described as a combination of emotional exhaustion, depersonalization, and diminished personal accomplishment, in numbers generating concern in the profession (Happell et al., 2003). One of the most likely reasons for burnout is the stress of dealing with psychiatric clients (Happell et al., 2003). A compilation of results from three separate studies found that mental health nurses have higher stress and burnout, greater dependence on alcohol, and higher sick time use than their non-mental health counterparts (Fagin et al., 1996). Psychiatrists, psychologists and counselors are found to have comparatively high incidences of burnout

and even adverse mental health problems (Thompson, 1998). Studies in England and the U.S. show that practicing psychiatrists chose to retire at younger ages and had a significantly higher rate of emotional disorders and suicide than their colleagues in other areas of medical care; researchers attributed these findings to the specialized area of work, compared to other medical specialties (Deary, Agius, & Sadler, 1996).

A study designed to identify overall stressors in mental health professionals identified specific factors which contribute to burnout, job dissatisfaction and personal illness as including the responsibility associated with the kinds of decisions counselors are required to make related to their treatment of the mentally ill, as well as a sense of personal isolation in their work environments (Fothergill, Edwards & Burnard, 2004). Even for those mental health professionals who enter the public health field, in great part for altruistic reasons such as serving those in need, including the indigent, there are nevertheless high levels of burnout over time (Reid et al., 1999; Vaccaro & Clark, 1987). A study of stressors in clinical psychologists found low job satisfaction and poor coping mechanisms, and, very importantly, that these factors produced a threat to other relationships (Cushway & Tyler, 1996). Social workers have similarly high levels of job dissatisfaction and burnout, in large part from the emotional drain of demanding interpersonal relationships with clients (Acker, 1999).

The overwhelming evidence shows that burnout, stress and job dissatisfaction are recognized and consistent problems affecting virtually all mental health professionals (Bingham et al., 2002). Further, these factors affect not only the providers' own mental and physical health but their job performance as well (Carson & Fagin, 1996). The question then becomes how to address these serious concerns and provide for a healthier

level of personal and professional fulfillment for mental health professionals, including counselors. The following section provides guidance in viewing how counselors see specific issues in their lives and practice.

Marriage and family counselors have reported higher rates of burnout and overall dissatisfaction than have other counselors (Rosenberg & Pace, 2006). Studies have looked at self-identification of negative issues in counselors (Deutsch, 1985), social support as a treatment factor (Ross & Altmaier, 1989), and the promotion of effective management of case loads as a solution to such issues (Figley, 2002). Spirituality has been described as an ability to find personal meaning, often through religion, and the facility to make sense of a situation and even rise above it when necessary (Baker, 2002). Yet one of the few studies that includes the idea of counselor spirituality is the Satir model, which promotes the idea of the counselor exploring his/her own spiritual dimension to better understand the client's; few have joined the call to view this as a generally accepted, even necessary, process for counselors (Lum, 2002).

Personal Fulfillment

Intrinsic/Extrinsic Values

Ethical codes for mental health professionals require that the counselor maintain professional competence to administer treatment, basically by protecting and caring for their own physical and mental health. Studies have looked at the need for and ability of counselors to maintain their own mental health (i.e., Watkins, van Asselt & Senstock, 2009; Wykes, Stevens, & Everitt, 1997 and Young, Wiggins-Frame & Cashwell, 2007). Knapp & VandeCreek (2006) espoused that it is more than just good sense for the counselor to care for him/herself; it is a moral requirement for good practice. Experts

recommend that counseling students be taught the same tools they will recommend to their future clients to promote their own well-being and career satisfaction (Knapp & VandeCreek, 2006). Considering that counselors share views on spirituality in numbers similar to the general public (Anderson & Worthen, 1997), and that many find those views already shape their approach to counseling (Frame, 2000), it stands to reason that giving themselves permission to utilize them more in practice would positively affect both client and counselor (Richards & Bergin, 2005).

Family Relationships/Personal Fulfillment

Activities like meditation, yoga, and exercise, as well as other relaxation techniques, have been promoted to help counselors maintain balance and perspective (Sperry, 2007). But it is the very important social support network, especially personal relationships, that has been found to help people cope with stress in an optimum way (Ross, Altmaier & Russell, 1989). The social support system has been determined to have a “buffering” effect (i.e., the stressed person is able to lean on the support system to help with the stress), thereby lessening its negative effects. Those without such social relationships are found to be more vulnerable to the effects of stress, and may even fare worse both physically and mentally (Ross, Altmaier & Russell, 1989).

One of the ironies of the health care professions is that students adopt lifestyles designed to help them meet the demands of joining the profession, including working exhausting hours, putting happy events such as marriage and children on hold, and placing their career goals above personal ones; these choices may also put them on a course that later will threaten their careers and personal lives through stress, burnout and depression (Knapp & VandeCreek, 2006). Counselors, just like the clients they serve,

also need to achieve the goals of wellness for both their personal satisfaction and career efficacy. Personal relationships are an important part of building a meaningful life overall, not just in one's career (Knapp & VandeCreek, 2006). They provide for needed emotional support and give the counselors perspective on their work as well as their own sense of personal satisfaction (Sperry, 2007).

A study by Kernes and Kinnier (2005) dealing with family and personal relationships included views of what factors were needed to help achieve personal and professional fulfillment. Significant among the findings were being part of a family, as well as feeling or expressing love, ideas of happiness and individual fulfillment that we have seen are consistent with the Western cultural norms examined earlier as part of the social learning theory. Personal happiness is a steadfast factor in any effort to examine subjective well-being (Kernes & Kinnier, 2005).

Professional Fulfillment

Personal service occupations, such as counseling, have been found to be especially vulnerable to burnout (Ross, Altmaier & Russell, 1989). Stressors are considered an inherent part of the counseling profession, whether from simple overwork or the difficulties of dealing with individuals needing exceptional skills and help (Bingham, Valenstein, Blow, & Alexander, 2002). There are also cases of clients who do not want to end a relationship when needed and of those who may even exhibit threatening behavior toward the counselor (Happell et al., 2003). Yet many counselors, especially older ones, report overall job satisfaction, perhaps because they have learned to anticipate and deal with the daily stressors, as well as take steps to promote their own well-being (Knapp & VandeCreek, 2006). The counselor's own spirituality may be a help in dealing with the

stressors of the profession and keep the counselor grounded in his/her own belief system (Sperry, 2007).

At some point in their careers, however, most counselors will experience some form of psychological distress brought on by the acute strain of the profession (Happell et al., 2003). Sperry (2007) reported the number to be as high as 82%. An insightful counselor will recognize the signs, including anxiety, depression, and low self-confidence, and take steps to alleviate them before they become an impairment to his or her professional as well as personal life (Sperry, 2007). The key is to recognize that such incidences can occur and prepare and confront them before they lead to the issues of burnout and physical and mental exhaustion (Curry, 2007), which can lead to an impaired counselor, one who is incapable of providing competent care to his/her clients (Sperry, 2007). The ability to recognize the possible downturns and know that there are remedies for them will allow the counselor to have a more positive view of the profession overall. Rather than waiting for such an incident, counselors should seek insight into their own physical and mental states and work at their continued well-being--physical, mental and emotional--for their sakes as well as to ensure that they remain ethically competent counselors. Such preventive measures will also provide for a far more optimistic perception of their life and work and allow for the professional fulfillment they seek (Sperry, 2007).

Counselors in the U.S. and other nations are also recognizing the downfalls of the traditional overwhelming workload and changing the way scheduling is done in hospital and clinic settings, with the goal of allowing for better coping mechanisms for themselves and providing better treatment for their clients (Kennedy & Griffiths, 2001). There

remain a number of factors that contribute to poor professional fulfillment in the counseling fields, among them high work demands coupled with insufficient resources, poor social support and the need to compromise professional standards (as in being limited in the number of counseling sessions) (Thompson, 1998). Professionals who work in forensic or acute settings may find their stress levels significantly affected by dealing with aggressive behavior of clients (Happell et al., 2003). Studies have found that those professionals working with clients with higher incidence of schizophrenia, for example, expressed lower job satisfaction than did their colleagues in calmer settings (Moore & Cooper, 1996). In a study measuring professional fulfillment, Reid et al., (1999) surveyed 30 mental health professionals on work stressors and whether and how those stressors were addressed institutionally. The hypothesis for the study was that it was becoming more and more recognized that mental health professionals are being adversely affected by their work, and that this in turn compromises the care they give to clients. This led to the conclusion that it is necessary to include considerations of the well-being of the health care professional into workplace policies, both for their own and their clients' benefit, and specifically, to look at ways of alleviating the conditions that cause the adverse reactions (Reid et al., 1999). The results of the study showed that stress relief was most often found with colleagues, both through individual support through conversation and as a general support system (Reid et al., 1999).

Security/status/wealth

Personal and professional fulfillment includes feelings of self-confidence and worth. These are not necessarily the same as status and wealth, however. Other than those who have dedicated their lives to serving the truly disadvantaged regardless of

compensation or physical hazards, such as in shelters and clinics catering to the mentally ill homeless or recently released (Acker, 1999), the vast majority of counselors will want to feel safe and decently, if not extraordinarily, compensated for their efforts. While some will clearly join the counseling profession in the hopes of achieving wealth, most will likely seek a balance, including a safe work environment, the means to support a sufficient personal lifestyle and the satisfaction that comes with helping their clients.

While many of the stressors indicated herein will always be a part of the mental health professions, knowing how to anticipate and deal with them will allow the professional to enjoy a level of personal and professional fulfillment he or she envisioned when entering the field. Maintaining one's own self-worth, through spirituality, physical and mental well-being and balance in personal and professional areas, will provide the tools to enjoy both life and work.

The study by Kernes and Kinnier (2005) also addressed issues of wealth and status in the counseling professions. The authors identified that the ideals of wealth and success were ones that changed over time and across generations, with younger people identifying success more in line with contributing to society in the 1960s, while there was an emphasis on material success and making money in the 1980s and '90s (Kernes & Kinnier, 2005). The study surveyed 175 psychologists with varying degrees in counseling and psychology, using a revised version of the short form of the *Ways to Live Scale* (Dempsey & Dukes, 1966; Morris, 1956) in questioning the subjects on what constitutes the "good life" today. While there were few direct inquiries regarding wealth and status, the authors extrapolated the work to find that while most appeared to reject having and consuming the finer things in life as consistent with the good life, women

nevertheless viewed feeling secure in life as very important, and men were more likely to favor consumption of fine foods and other pleasures (Kernes & Kinnier, 2005).

Personal Fulfillment and Counselors

Great importance has been placed on identifying and instituting methods of producing counselors who will be more resilient against the forces of workplace stress, thereby sustaining greater job and personal satisfaction (Curry, 2007). The American Counseling Association (ACA) has addressed the issue in its Code of Ethics, expressing concern that factors contributing to counselor inadequacy are harmful to the counselor-client relationship. In contrast, it has been found that greater job satisfaction and contentment lead to a better work product, as well as more and better self-regulation and ethical decisions (Curry, 2007).

Wellness concerns about clients date back to the era of Adler and Maslow, among others (Curry, 2007). The idea of helping clients gain self-confidence, feel whole, enjoy life, be able to love and have contentment in their work has long been an integral part of the idea of being a good and caring counselor (Curry, 2007; Kuch, 2008). Starting in the 1970s, the educational community began to adopt a full-scale effort to incorporate these same wellness concepts in their student life and training programs, understanding that preparing students for work in fields where they would be helping others, without enabling them to utilize the same kinds of benefits to maintain their own lives, was nonsensical (Curry, 2007). Today, many counselor education programs include training and utilization of holistic and wellness programs for students. These programs are geared to teaching future counselors not merely to avoid illness, but also emphasize prevention of risk factors and healthy lifestyle choices (Curry, 2007; Sperry, 2007). A further

emphasis has been put on the concept of developing healthy relationships and support groups to anticipate and aid the counselor in dealing with the stressors inherent in the work (Curry, 2007). To this end, training programs today are encouraged to aid students in recognizing their own spiritual beliefs and resources, not merely as an aid in therapy, but for the counselors' own benefit in finding purpose in their personal lives (Haug, 1998). The intense and difficult field of mental health calls for those working in it to find at least balance, and hopefully happiness and fulfillment, in their own lives.

The definitions of what leads to happiness and fulfillment have changed throughout history, and are dependent as well on differing cultures. The ancient Greek philosophers equated "good" with balance and virtue (Kernes & Kinnier, 2005). Later Europeans looked to the "greater good" of society. In the United States and other Western nations the focus shifted to internal states of happiness and fulfillment (Kernes & Kinner, 2005); however, what those mean to individuals has always been hard to define. In many ways, the "American Dream" has come to signify material wealth and professional success, yet these alone clearly do not make for happiness, as evidenced by the ever-growing frustrations in the population (Kernes & Kinnier, 2005). In the study of psychologists that defined and measured the "good life," pieces of all of the above were clearly merged (Kernes & Kinnier, 2005). The psychologists accepted that one should seek the best in humanity, show concern for others, and enjoy material pleasures, but they also noted the desire to feel love, be part of a family, enjoy friendships, and have good physical and mental health, all evidence of the internal states of happiness and fulfillment. Counselors do not abandon their own need for personal and professional fulfillment when entering the mental health field, but rather should understand the

increased need to nurture it, given the difficulty of their work and the need to be able to empathize with and help others (Kernes & Kinnier, 2005,).

As people seek what they consider the “good life,” they may well follow others’ examples and beliefs, including political and spiritual leaders, and, by the nature of their occupation, those in the mental health field, whose training and beliefs can influence what society sees as worthy (Haug, 1998; Kernes & Kinnier, 2005). However, there is little to define exactly what those in the field themselves see as the “good life” (Kernes & Kinnier, 2005). Mental health professionals are no less susceptible to disenchantment, including burnout, in their professional lives, and are possibly more susceptible than others, by the very nature of the difficulty of their occupations (Suran & Sheridan, 1985). Occupational burnout, perhaps fueled by alcoholism and other disorders, is a major concern in both finding ways to assist those in the profession as well as protecting the clients they serve (Suran & Sheridan, 1985). Burnout has been related to external factors, such as lack of career opportunities and office politics, as well as internal: unrealistic need for achievement, inability to use leisure time well, and poor relationships with others (Suran & Sheridan, 1985). Not only can burnout affect one’s own career, but it can interfere with the mental health professional’s ability to empathize with and effectively treat his/her clients (Carson & Fagin, 1996; Curry, 2007).

One thought to promoting a sense of well-being in the personal life of the mental health professional is to recognize the distinction between it and the professional life; to realize that one must maintain those personal goals separate and aside from the professional, and continue to nurture them all through training and career (Suran & Sheridan, 1985).

Personal Fulfillment and Marriage and Family Counselors

Mental health professionals in general have been found to have a high degree of job stressors and susceptibility to them (Cushway & Tyler, 1996). Burnout, stress and job dissatisfaction are recognized and consistent problems affecting virtually all mental health professionals (Bingham, Valenstein, Blow, & Alexander, 2002). Female counselors report higher rates of work upsets than males (Cushway & Tyler, 1996). Cushway & Tyler's study found that the quality of outside support was the most helpful factor in reducing work related stress. Additionally, actively engaging in interactions with friends or colleagues were considered positive coping mechanisms for workplace stress (Cushway & Tyler, 1996).

Marriage and family counselors, specifically, report higher rates of burnout and overall dissatisfaction than do other counselors (Rosenberg & Pace, 2006). They also report negative beliefs about the profession (Deutsch, 1985). Marriage and family counselors, however, also identify in close numbers to the general public in areas such as spirituality (Carlson et al., 2002). Large numbers describe spirituality as stabilizing forces in their lives (Matheson, 2002). A study of different psychotherapy disciplines found that marriage and family counselors were the most spiritual of the four and that their personal practices were most comparable to the general public (Carlson et al., 2002). The study very importantly identified that spirituality is an important element of the personal lives of family counselors (Carlson et al., 2002; Haug, 1998). Almost half the respondents in a survey on life-style balance in marriage and family counselors volunteered spirituality as a positive influence in the balance in their lives, even though

no questions were asked about it (Matheson, 2002). The majority described it as a grounding and stabilizing force (Matheson, 2002).

Spirituality helps define the behavior/relationship process, helping people choose lifestyle choices that promote good relationships (Haug, 1998). Yet despite the high self-identification of marriage and family counselors with spirituality, they may often feel compelled by the traditional thinking of the field to suppress those personal values in order to avoid the possibility of contaminating the client/counselor relationship, when it might well allow the marriage and family counselor to feel more comfortable in his/her own personal identity and life (Haug, 1998).

Theoretical Framework and Literature Review

Those who enter a field such as counseling presumably do so because of a desire to work closely with others and to provide relief in difficult circumstances. These presumptions are borne out by the theoretical frameworks discussed. Humanistic psychology began as a movement supporting the idea of healthy, evolving individuals capable of making good choices and setting goals for themselves (Buhler, 1973). A counselor could be a positive influence on the individual without having to be the authoritarian figure of Freud's views (Rogers, 1951). Rather than trying to stifle man's dangerous psychoses, counselors could promote both growth and fulfillment in the individual.

Social learning theory draws on the idea that people are inherently influenced by the cultures in which they live (Ormond, 1999). In this scenario the society one lives in has a natural effect on the individual's growth, allowing for marked differences in persons from different areas, near or far, and even within like areas, related to an

individualistic vs. a collective mentality (Chusmir & Ruf, 1991). While the individual maintains his/her own goals, they are intrinsically influenced from birth by the environment they live in (Wenger, 2000). Individuals under this theory develop expectations based on their surroundings, simply by the act of observation (Ormond, 1999). An added cognitive aspect of social learning allows individuals to grow as they observe achievements and methods for growth in others (Ormond, 1999).

In both of these frameworks, counselors have the opportunity to work with individuals in defining their inherent humanistic tendencies, together with their intrinsically learned values, hopefully providing the care and help the counselor trained for. But what these frameworks also underscore is that the drain of dealing with others' problems can leave the counselor feeling unfulfilled in his/her professional and personal life (Foskett, Marriott, & Wilson-Rudd, 2004). They show us the need to look at other influences, including such strongholds as spirituality, in seeking ways in which counselors can balance their work with fundamental values that help them achieve their own fulfillment (Walker et al., 2004; Sabloff, 2002). It is noted that much of counseling had its origins in the spiritual and religious world (Koenig, 1998; Pollack, 2007; Thoresen, 1999), and remaining entwined with those values can add to counselors' own perceptions of their work and lives (Aponte, 1996).

Summary of Chapter and Remaining Chapters

This chapter gives the historical background of the counseling profession through its modern views of differing theories of treatment. It examined both the stressors inherent in the lives of counselors and ways in which counselors deal with them, specifically in the reliance on their own spiritual belief systems. It also exposed the gaps

in the literature on the actual knowledge of how much reliance counselors do put into these values, including whether and how it affects their work with clients and their own sense of satisfaction with their work as well, as their personal lives. The study that forms the basis of this work is designed to elicit just such information, specifically from those in the field of marriage and family counseling.

CHAPTER III

METHODOLOGY

Introduction

The purpose of this research is to explore the relationship between spirituality in marriage and family counselors, their personal and professional fulfillment, and burnout. This chapter includes a description of the research design and discusses the rationale for using this approach. Additionally, the chapter describes the study sample population, participant selection, the research procedures, instrumentation and the data analysis. Limitations and delimitations of the research design are also discussed.

Research Design

A correlational study was selected for this investigation. Data were collected through three specific instruments. Professional and personal fulfillment was measured using the Life Success Measures Scale (Parker & Chusmir, 1990), incorporating six theoretically discrete indicators of success: status/wealth, social contribution, family relationships, personal fulfillment, professional fulfillment, and security. Basic principles common to various spiritual viewpoints were measured by the Spiritual Involvement and Belief Scale (SIBS; Hatch et al., 1998), and the Maslach Burnout Inventory, Human Services Settings (MBI-HSS; Maslach, Jackson & Leiter, 1996), measured features of burnout incorporating three subscales: Emotional Exhaustion, Depersonalization, and Personal Accomplishment; and a demographic data form.

Participants were recruited from a list of 1000 active members purchased from the American Counseling Association (ACA). ACA members were invited to participate in the study by a written invitation sent via the U.S. Postal Service. Participants responded

by logging onto the specific SurveyMonkeyTM website that was included in the postal invitation. After logging onto the web address, participants were afforded details of the study to provide them with informed consent; participants had to check yes or no as to whether they understood the informed consent and wished to continue. They were then guided first to a questionnaire which asked them to provide demographic data, and then to links to complete three relevant surveys online through SurveyMonkey.comTM.

Research Design Rationale

A correlational study was selected for this research study. The researcher did not assign participants to groups and there was no manipulation of variables (Heppner, Kivlighan, & Wampold, 1999). The goal of this study was to investigate the relationship between spirituality and characteristics of personal and professional fulfillment in marriage and family counselors, including burnout. This was an appropriate design given that the variables are multifaceted and would not translate effectively to the experimental method and controlled manipulation (Isaac & Michael, 1995). The use of the three scales, one involving spiritual beliefs and the others subjective feelings of personal fulfillment, including professional fulfillment and burnout, allowed for a determination of correlations between these seemingly disparate subjects. Using a test group comprised solely of those experienced in marriage and family counselors allowed for further conclusions as to how these two areas coincide within this specific demographic. Descriptive field studies, incorporating real-life settings, are often viewed as having high external validity as long as data-gathering procedures do not disrupt participants' normal activities (Heppner, Kivlighan, & Wampold, 1999). The retrospective nature of this study

assures an absence of disruption and suggests that a high level of validity might be assumed.

Predictor and Criterion Variables

The variables in this study were measured by the Life Success Measures scale, which is comprised of forty-two questions purported to measure six theoretically discrete indicators of success: status/wealth, social contribution, family relationships, personal fulfillment, professional fulfillment, and security (Parker & Chusmir, 1992). There were two predictor variables in this study. The first is Spirituality, which was measured by the Spirituality Involvement and Belief Scale (Hatch et al., 1998). The second was Burnout, measured by the Maslach Burnout Inventory-Human Services Survey (Maslach, Jackson & Leiter, 1996).

Participants

Participants for the study consisted of professional members of the American Counseling Association (ACA). The American Counseling Association (ACA) is a not-for-profit, professional and educational organization that is dedicated to the growth and enhancement of the counseling profession. The membership list purchased from ACA provided counselors' names and contact information. As a condition of membership, ACA members agree that their personal information may be made available for research promoting the field of counseling. The membership of ACA includes students, internists, counselor educators, and licensed or credentialed counselors. This population was selected for the study because it represents those professionals who would be expected to have personal and professional interest in the study findings, encouraging them to

participate, and were likely to be knowledgeable about the study variables and able to contribute to the study.

Selection of Participants

One thousand potential participants were contacted by means of mailings from a membership list obtained from ACA; each member was sent a written invitation to the study by mail (Appendix A) inviting him or her to participate. The written invitation described the study and indicated that participation was voluntary and anonymous. Individuals who indicated a willingness to participate were guided to complete the survey questionnaires by way of the website SurveyMonkeyTM. SurveyMonkeyTM is a website designed to assist individuals and/or companies to conduct, administer and analyze research.

Procedure

For this study, data collection was conducted via online surveys on the website SurveyMonkeyTM to members of the American Counseling Association (ACA). To ensure confidentiality, SurveyMonkeyTM makes the following statement in its privacy policy: “Servers are kept in locked cages; entry requires a passcard and biometric recognition; digital surveillance is utilized; the facility is staffed twenty-four hours a day, seven days a week; firewalls restrict access to all ports except 80 (http) and 443 (https); QualysGuard network security audits are performed weekly; and Hackersage scans are performed daily” (www.surveymonkey.com/Monkey_Privacy.aspx).

A written invitation (mailer) to the study (Appendix A) with a link to the survey instruments was sent to members of ACA obtained from the mailing list. The mailer explained the purpose of the study and gave a general description of the instruments.

Individuals were then directed to the Web site, where the SurveyMonkey™ home page for the study included IRB cover letter consent information (Appendix B). Individuals who accessed the Web site were directed to indicate their willingness or unwillingness to participate. If the professional member chose not to participate, they were directly sent to a thank you for consideration page (Appendix H). Individuals who agreed to participate were directed to the surveys. The surveys included questions from a newly created questionnaire designed to elicit demographic information, (Appendix C) and three instruments: a) the Spiritual Involvement and Belief Scale (SIBS; Appendix D), b) the Life Success Measures Scale (Appendix E) and c) the Maslach Burnout Inventory (MBI-HSS; Appendix F), which were packaged on one link on SurveyMonkey™. The SurveyMonkey™ Web site used check boxes and text boxes for participants to use in answering the questions. Participants could complete all four inventories at one sitting or save their responses and finish at a later time; the total survey was designed to be completed in approximately fifteen minutes. Participants were able to skip any questions they did not wish to answer and had the capability to discontinue their participation at any time. After responding to the survey questions, the participants could choose the submit option to complete the survey, or could discontinue the survey without submitting the responses. Upon completion of the survey, participants were directed to a thank you for participating page (Appendix G). Participants who provided missing or incomplete data were omitted from analyses related to those data.

This was an anonymous study, as participants were not asked their names; only relevant demographic data that pertained to the study were collected. Participants were informed that no incentives were offered for participation. Scoring for each of the

instruments was completed using protocols determined by the respective publishers. This study was approved by Barry University's Institutional Review Board prior to implementation.

Instrumentation

The research design utilized three independent inventories to investigate participants perceptions of their own experience of spirituality, success, and burnout. Each of the inventories utilized a Likert scale of measurement.

The Spiritual Involvement and Beliefs Scale (SIBS):

The Spiritual Involvement and Beliefs Scale (SIBS; Hatch et al., 1998) attempts to identify a list of basic principles common to various spiritual viewpoints. For each principle included, independent researchers created several questions intended to evaluate the components of the principle. The final version of the scale includes twenty-six items and is reported to take 10 minutes to complete. The SIBS is included in Appendix D of this study. While there is a revised version of the SIBS, the Spiritual Belief Inventory-Revised (SIBS-R) that includes some different wording, some researchers prefer a scale with published reliability and validity data and/or the format of the original version and choose the original published version (Hatch et al., 1998). For the purpose of this study, the original version of the SIBS with published data was utilized.

Norms for the SIBS were acquired by administering it to a total of 83 participants. Fifty were from a rural family practice and the other thirty-three were family practice professionals who attended a workshop on the development of the SIBS at the March 1995 meeting of the Society of Teachers of Family Medicine. Participants were also asked to complete The Spiritual Well-Being Scale (SWBS) for future comparison to the

SIBS. Retest data was obtained by mailing copies of the SIBS, seven to nine months after the initial examination, to participants who completed utilizable SIBS at the outset. This yielded a 60% overall response rate (Hatch et al., 1998).

The SIBS has been shown to have good reliability and validity, with high internal consistency, and is considered a practical, reliable and valid measure of spirituality. (Hatch et al., 1998). Cronbach's alpha, a coefficient reporting the internal consistency (the degree to which the scale items are measuring a single construct), was .92. Construct validity was established by correlating the SIBS with the Spiritual Well-Being Scale (SWBS). The correlation was $r = .80$ (Hatch et al., 1998). Reliability examines the consistency and repeatability of an instrument. In this case, test-retest reliability yielded a coefficient of stability of $r = .92$, which is considered commendable (Hatch et al., 1998).

The Life Success Measures Scale:

The second inventory chosen for this study was the Life Success Measures Scale (Parker & Chusmir, 1992). This psychometric tool consists of 42 questions divided into six theoretically discrete indicators of success: status/wealth, social contribution, family relationships, personal fulfillment, professional fulfillment, and security (Parker & Chusmir, 1992). The test was intended to measure items of success other than those generally included in studies of individual achievement, such as income and promotion (Parker & Chusmir, 1992). It is reported to require up to 10 minutes to complete. The Life Success Measures scale is located in Appendix E of this study.

Development and validation of the instrument was carried out in two studies. For the first study, a total of 130 life-success items were given to a volunteer, non-randomly

selected group of 403 adults working in Southeast Florida. This particular sample included a wide range of individuals in a variety of positions, and included 44 nonprofessionals and nonmanagers, 158 professionals who were nonmanagerial, 37 supervisory managers, 75 middle managers, 33 top managers and 56 students in MBA classes. Ages ranged from 16 to 70 years, with an average work experience of 13 years (Parker & Chusmir, 1992). Participants were asked to rate the importance of each of the 130 life-success items on a five point Likert scale (5 = always important to 1 = never important). Patterns of relationships were then developed among the 130 items, and resulting items were deemed substantial or insubstantial. The latter were eliminated. The result was a forty-two item scale with reliability measured by a coefficient alpha of $r = .93$. The six subscales had reliability coefficients of: Status/Wealth (.87), Family Relations (.92), Contribution to Society (.85), Personal Fulfillment (.86), Professional Fulfillment (.84) and Security (.85) (Parker & Chusmir, 1992).

To substantiate the validity and reliability of this scale, a second research study was accomplished using a new sample group. The 42 remaining items that made up the six subscales of life-success were used for the second study (Parker & Chusmir, 1992). Construct validity was measured by examining participants' results against previously validated and recognized measures for need for achievement, affiliation, power and autonomy, as utilized in The Manifest Needs Questionnaire developed by Steers and Braunstein (1976); job involvement as measured by the Lodahl and Kejner (1965) scale; and propensity to leave using Lyons' (1971) three-item index (Parker & Chusmir, 1992). The second study had 756 participants (439 women and 317 men) from organizations in Southeast Florida. On average, participants in the second study had almost 11 years of

work experience and were 32 years old. Based on the analysis, the 42 items were revealed to be stable and reliable, and the six subscales showed appropriate construct validity (Parker & Chusmir, 1992).

The Maslach Burnout Inventory (MBI):

The third instrument that was used was the Maslach Burnout Inventory (MBI), which was initially developed to measure characteristics of burnout, specifically aspects of the burnout syndrome, which describes emotional exhaustion, depersonalization and reduced personal accomplishment (Maslach, Jackson, & Leiter, 1996). The third edition of the MBI is broken into three separate versions that include measurements for specific work populations, including human services settings (MBI-HSS), education settings (MBI-ES) and a general version to accommodate other occupations (MBI-GS). The MBI-HSS was utilized for this study since the target population is mental health workers, who are classified under human services. It is important to mention that the MBI-HSS items have not changed since the original form in 1981 (Maslach, Jackson, & Leiter, 1996). This tool consists of 22 items, which are split into three subscales describing the burnout syndrome. The breakdown consists of nine items in the Emotional Exhaustion (EE) subscale, five items in the Depersonalization (Dp) subscale and eight items in the Personal Accomplishment (PA) subscale. The developers of the MBI suggest it takes up to 10-15 minutes to complete. The MBI-HSS is located in Appendix F of this study.

Scale development of the current version of this tool came from previous forms of the MBI-HSS that originally consisted of 47 items. The preliminary form was administered to a sample of 605 people (56% male, 44% female) from a variety of health and service occupations. The data from this sample yielded results that narrowed the

number of items from 47 to 22. The new version was given to a new sample of 420 people (31% male, 69% female) to obtain validating data. The subsequent results using confirmatory factor analysis were similar to the first set, thus the two trials were combined ($n = 1,025$). The factor analysis of the combined populations resulted in developing a four factor solution, of which three of the factors had eigenvalues greater than unity and became the subscales of the MBI-HSS (Maslach, Jackson, & Leiter, 1996).

The MBI-HSS has been shown to have good reliability and validity. Reliability was measured using Cronbach's coefficient alpha ($n = 1,316$). The reliability coefficients for the subscales were: Emotional Exhaustion (.90), Depersonalization (.79), and Personal Accomplishment (.71) (Maslach, Jackson, & Leiter, 1996). Statistics accumulated from five sample studies measuring test-retest reliability were found to be good as well. In general, longitudinal studies of the MBI-HSS have found a large amount of stability within each subscale that does not seem to weaken from a period of one month to a year (Maslach, Jackson, & Leiter, 1996). The type of validity given the most consideration with the MBI-HSS is convergent validity. Three specific studies helped establish the validity of the tool. MBI-HSS scores were correlated with observable behavior ratings by someone the individual knew, then MBI-HSS scores were correlated with specific job characteristics and finally other various outcomes that have been connected to burnout were correlated to the MBI-HSS. The results of these correlations provide solid statistical data for the validity of the instrument (Maslach, Jackson, & Leiter, 1996).

External Validity

External validity represents the extent to which a study's results can be generalized or applied to other people or settings (Isaac & Michael, 1995). Isaac and Michael (1995) explained the threats to external validity, which include initial population-sample differences, mortality, artificial research arrangements, and multiple-treatment influences. There is no complete assurance that the outcome acquired in a study such as this will occur in every circumstance outside the study. Some limits of generalizability may be attributed to studies that use human subjects or often utilize specific sample sizes that may be attained from particular characteristics or from a precise location. Consequently, one cannot be certain that results drawn in research experiments will actually apply to individuals in other locations or situations (Shadish, Cook, & Campbell, 2002). In the current study, marriage and family therapists were selected from a specific group setting, which may have influenced the generalizability of the study. Managing some of the threats to external validity involves trying to assure that the participants and the framework in which the study is carried out are accurately representative (Isaac & Michael, 1995).

Ethical Considerations

Prior to conducting this study, the researcher pursued and received approval from the Barry Institutional Review Board. The informed consent (Appendix B) explained the study and all possible threats to the participants. There was no known harm or discomfort anticipated for participants in this research study. Participation in this study was strictly voluntary. To make certain confidentiality was protected, no personal identifiers were connected to the surveys. All data was kept in a safe location utilizing

the security available on the website SurveyMonkey.com™. Participants had the option of removing themselves from the study at any time throughout the course of the study. If they decided to do so, it was confirmed to them in writing that there would be no adverse effects from their decision.

Research Questions and Hypotheses

The research questions and hypothesis directing this study were as follows:

Research Question 1:

In members of the American Counseling Association, what is the relationship between spirituality and personal and professional fulfillment as measured by the subscales of the Life Success Measures Scale?

Hypotheses:

1. Spirituality and status/wealth will be negatively correlated.
2. Spirituality and family relationships will be positively correlated.
3. Spirituality and contribution to society will be positively correlated.
4. Spirituality and personal fulfillment will be positively correlated.
5. Spirituality and professional fulfillment will be positively correlated.
6. Spirituality and security will be positively correlated.

Research Question 2:

In members of the American Counseling Association, what is the relationship between burnout and personal and professional fulfillment as measured by the subscales of the Life Success Measures Scale?

Hypotheses:

1. Burnout and status/wealth will be positively correlated.

2. Burnout and family relationships will be negatively correlated.
3. Burnout and contribution to society will be negatively correlated.
4. Burnout and personal fulfillment will be negatively correlated.
5. Burnout and professional fulfillment will be negatively correlated.
6. Burnout and security will be negatively correlated.

Limitations and Delimitations

Some of the limitations of the study included that the participants were self-selecting from among those targeted which may have limited generalizability; the fact that the participants were members of a select association of mental health professionals who may have had a predisposition as to how to view and answer the types of questions included in the studies; and the inherent disadvantages of using a correlative study that does not allow for conclusions of causality. The study was limited to volunteers from a specific association, the American Counseling Association, who are counselors. As well, a recent protocol change by the American Counseling Association only allowed participants to be contacted by physical addresses rather than email addresses. Email addresses would have made it more cooperative and accommodating for members to participate.

Assumptions

It was assumed that all participants were counselors who also had professional clinical experience working with couples, marriages and families. As well, for the purpose of this study, it was assumed that all the participants were honest with their answers while completing the scales.

Data Analysis

A descriptive statistical analysis was conducted to describe the study participants, including demographic variables of age, gender, race or ethnicity, years of experience and educational level. Correlational analyses were conducted on the data from these three surveys. The Statistical Package for the Social Sciences for Windows, Version 17.0 software was used to analyze the data and results (SPSS, Chicago, Ill).

Summary

This study sought to investigate the relationship between: 1) spirituality and professional and personal fulfillment in marriage and family counselors; and 2) the relationship between counselor burnout and counselor personal and professional fulfillment.

A correlational design was used, given that the variables were multifaceted and did not translate effectively to the experimental method and controlled manipulation (Isaac & Michael, 1995). The use of the three scales--the Spiritual Involvement and Belief Scale (SIBS), the Life Success Measures Scale and the Maslach Burnout Inventory (MBI-HSS), allowed for a determination of correlations between these seemingly disparate constructs. Chapter III described the research design used to examine the research questions presented in this study. It also described the independent and dependent variables, the instrumentation, the participants, and the procedures. Assumptions, delimitations, and limitations affecting the study are also discussed.

CHAPTER IV

RESULTS

Introduction

This chapter offers a comprehensive examination of the results of the statistical analysis completed in the study. The statistical analysis contains both descriptive and inferential statistics. The goal of this study was to investigate the relationship between 1) spirituality and professional and personal fulfillment in marriage and family counselors; and 2) the relationship between counselor burnout and counselor personal and professional fulfillment. The use of the three scales, measuring spiritual beliefs, subjective feelings of personal fulfillment, which included professional and professional fulfillment, and burnout, allowed for a determination of correlations between these contrasting subjects. The plan of the research was to study the relationships, specifically attempting to answer the research questions and resulting hypotheses that directly attended to the relationship between the variables. The Statistical Package for the Social Sciences for Windows, Version 17.0 (SPSS, Chicago, Ill) correlational analysis was used to determine the significance and extent of the relationship between these variables.

Description of the Sample

Recruitment of participants was coordinated through a mailing of 1000 postcards to American Counseling Association members with an invitation to the study, which directed them to the link on the SurveyMonkeyTM website so they might participate in the study. ACA provides a random list of 1000 active members for the purposes research for a nominal fee. The membership of ACA includes students, internists, counselor

educators, and licensed or credentialed counselors. This population represents those professionals who are likely to have personal and professional interest in the study.

It was expected that 100 participants would be achieved through the described recruitment. However, a total of 62 (6.2%) participants voluntarily contributed to the study and made up the sample. The 62 participants consisted of 46 females and 16 males. The ages of the participants ranged from 24 to 75 years, with a mean of 47 years. The races represented by the participants consisted of 52 (85%) Caucasian, 3 (5%) African American, 2 (3%) Hispanic, 2 (3%) Biracial, 1 (2%) Caribbean and 1 (2%) Asian American. There were selected credentials or licenses that the participants described, which consisted of 20 LMHCs (33%), 8 LMFTs (13%), 6 LPCs (10%), 3 Registered Interns (5%), 1 LCPC (2%), 1 LPCC (2%) and 22 (35%) labeled themselves as other types of counselors/clinicians. Twenty-nine (47%) were self-employed in Private Practices, nine (14%) were employed by a Government Healthcare Facility, seven (11%) worked in a Community Mental Health Agency, seven (11%) worked in a Private Mental Health Agency, one (2%) was employed by a Hospital and the remaining nine (15%) were employed by other places that were not listed. The mean work experience was 12 years, ranging from a few months to 40 years of work experience.

Findings

There were two research questions and six hypotheses for each question, extrapolated from the elements of the questions. In order to answer the first research question, scores on the Life Success Measures Scale were used to measure six theoretically discrete indicators of success: status/wealth, social contribution, family relationships, personal fulfillment, professional fulfillment, and security (Parker &

Chusmir, 1992). These six subscales were then each correlated with Spirituality as measured by the Spiritual Involvement and Beliefs Scale (SIBS; Hatch et al., 1998), which identifies a list of basic principles common to various spiritual viewpoints. Using correlational analysis to compare the relationships between the variables, the data demonstrated that the relationships between Spirituality and all of the six subscales measuring aspects of success were not significant. As measured by the correlation coefficient r , the results yielded the correlation coefficients of: Status/Wealth (-.109), Family Relationships (.122), Contribution to Society (.206), Personal Fulfillment (.196), Professional Fulfillment (.010), and Security (-.083).

The second research question dealt with the relationship between burnout and aspects of fulfillment was answered using the data collected from the six subscales of the Life Success Measures Scale, which were then correlated with features of burnout as measured by the data collected from the Maslach Burnout Inventory, Human Services Settings (MBI-HSS). This instrument consists of 22 items, which are split into three subscales describing the burnout syndrome. The breakdown consists of nine items in the Emotional Exhaustion (EE) subscale, five items in the Depersonalization (Dp) subscale and eight items in the Personal Accomplishment (PA) subscale (Maslach, Jackson, & Leiter, 1996). Data collected from the results of each subscale on the MBI-HSS were compared with the data collected from the six subscales from the Life Success Measures Scale. The first subscale of Emotional Exhaustion (EE) yielded correlational coefficients of: Status/Wealth (-.022), Family Relationships (-.049), Contribution to Society (.128), Personal Fulfillment (.111), Professional Fulfillment (.066), and Security (.187). The second subscale of Depersonalization (Dp) had correlational coefficients of:

Status/Wealth (-.024), Family Relationships (-.061), Contribution to Society (.124), Personal Fulfillment (.104), Professional Fulfillment (.053), and Security (.180). The last subscale of Personal Accomplishment had correlational coefficients of: Status/Wealth (-.056), Family Relationships (-.063), Contribution to Society (.109), Personal Fulfillment (.098), Professional Fulfillment (.044), and Security (.152).

The specific analysis of the research questions and corresponding hypotheses are broken down individually for further clarification.

Research Question 1: In members of the American Counseling Association, what is the relationship between spirituality and personal and professional fulfillment as measured by the subscales of the Life Success Measures Table?

Hypothesis 1: Spirituality and status/wealth will be negatively correlated.

The correlation between spirituality and status/wealth was not significant ($r(62) = -.109, p > .05$). While the correlation yielded a negative relationship, the coefficient of determination (R^2) was .012, signifying that 1% of the variance in status/wealth was accounted for by spirituality. Consequently, the first hypothesis was not supported.

Hypothesis 2: Spirituality and family relationships will be positively correlated.

The correlation between spirituality and family relationships was not significant ($r(62) = .122, p > .05$). As a result, the second hypothesis was not supported.

Hypothesis 3: Spirituality and contribution to society will be positively correlated.

The correlation between spirituality and contribution to society was not significant ($r(62) = .206, p > .05$). While the results yielded a positive correlation, the coefficient of determination (R^2) was .042, stating that 4% of the variance in contribution

to society was accounted for by spirituality. For that reason, the third hypothesis was not supported.

Hypothesis 4: Spirituality and personal fulfillment will be positively correlated.

The correlation between spirituality and personal fulfillment was not significant ($r(62) = .196, p > .05$). While the outcome yielded a positive correlation, the coefficient of determination (R^2) was .038, stating that about 4% of the variance in personal fulfillment was accounted for by spirituality. Accordingly, the fourth hypothesis was not supported.

Hypothesis 5: Spirituality and professional fulfillment will be positively correlated.

The correlation between spirituality and professional fulfillment was not significant ($r(62) = .010, p > .05$). The conclusion established a barely positive correlation; the coefficient of determination (R^2) was .001, meaning that less than 1% of the variance in professional fulfillment was accounted for by spirituality. Accordingly, the fifth hypothesis was not supported.

Hypothesis 6: Spirituality and security will be positively correlated.

The correlation between spirituality and security was not significant ($r(62) = -.083, p > .05$). The coefficient of determination (R^2) was .006, demonstrating that less than 1% of the variance in security was accounted for by spirituality. Consequently, the sixth hypothesis was not supported.

Research Question 2: In members of the American Counseling Association, what is the relationship between burnout and personal and professional fulfillment as measured by the subscales of the Life Success Measures Table?

Hypothesis 1: Burnout and status/wealth will be positively correlated.

The correlation between burnout and status/wealth was not significant. Burnout was measured using three subscales, Emotional Exhaustion (EE), Depersonalization (Dp), and Personal Accomplishment (PA) on the MBI-HSS. The three subscales reflected the hypotheses that burnout would affect personal and professional fulfillment. The three subscales showed no significant correlation: status/wealth yielded no significant relationship: Emotional Exhaustion; ($r(62) = -.022, p > .05$), Depersonalization; ($r(62) = -.024, p > .05$) and Personal Accomplishment; ($r(62) = -.056, p > .05$). All the corresponding coefficients of determination showed that less than 1% of the variance was accounted for by these features of burnout. As a result, the first hypothesis was not supported.

Hypothesis 2: Burnout and family relationships will be negatively correlated.

The correlation between burnout and family relationships was not significant. Burnout was measured using three subscales, Emotional Exhaustion (EE), Depersonalization (Dp), and Personal Accomplishment (PA), on the MBI-HSS. The three subscales were correlated with family relationships and yielded no significant relationships: Emotional Exhaustion (EE); ($r(62) = -.049, p > .05$), Depersonalization (Dp); ($r(62) = -.061, p > .05$) and Personal Accomplishment (PA); ($r(62) = -.063, p > .05$). All the corresponding coefficients of determination indicated that less than 1% of the variance was accounted for by these features of burnout. As a result, the second hypothesis was not supported.

Hypothesis 3: Burnout and contribution to society will be negatively correlated.

The correlation between burnout and contribution to society was not significant. Burnout was measured using three subscales, Emotional Exhaustion (EE),

Depersonalization (Dp), and Personal Accomplishment (PA), on the MBI-HSS. The three subscales were correlated with contribution to society and yielded no significant relationships: Emotional Exhaustion (EE); ($r(62) = .128, p > .05$), Depersonalization (Dp); ($r(62) = .124, p > .05$) and Personal Accomplishment (PA); ($r(62) = .109, p > .05$). All the corresponding coefficients of determination showed that a little over 1% of the variance was accounted for by these features of burnout. As a result, the third hypothesis was not supported.

Hypothesis 4: Burnout and personal fulfillment will be negatively correlated.

The correlation between burnout and personal fulfillment was not significant. Burnout was measured using three subscales, Emotional Exhaustion (EE), Depersonalization (Dp), and Personal Accomplishment (PA), on the MBI-HSS. The three subscales were correlated with personal fulfillment and yielded no significant relationships: Emotional Exhaustion (EE); ($r(62) = .111, p > .05$), Depersonalization (Dp); ($r(62) = .104, p > .05$) and Personal Accomplishment (PA); ($r(62) = .098, p > .05$). All the corresponding coefficients of determination indicated that a little over 1% of the variance was accounted for by these features of burnout. As a result the fourth hypothesis was not supported.

Hypothesis 5: Burnout and professional fulfillment will be negatively correlated.

The correlation between burnout and professional fulfillment was not significant. Burnout was measured using three subscales, Emotional Exhaustion (EE), Depersonalization (Dp), and Personal Accomplishment (PA), on the MBI-HSS. The three subscales were correlated with professional fulfillment and yielded no significant relationships: Emotional Exhaustion (EE); ($r(62) = .066, p > .05$), Depersonalization

(Dp); $r(62) = .053, p > .05$) and Personal Accomplishment (PA); $r(62) = .054, p > .05$).

All the corresponding coefficients of determination stated that under 1% of the variance was accounted for by these features of burnout. As a result, the fifth hypothesis was not supported.

Hypothesis 6: Burnout and security will be negatively correlated.

The correlation between burnout and security was not significant. Burnout was measured using three subscales, Emotional Exhaustion (EE), Depersonalization (Dp), and Personal Accomplishment (PA), on the MBI-HSS. The three subscales were correlated with security and yielded no significant relationships: Emotional Exhaustion (EE); $r(62) = .187, p > .05$), Depersonalization (Dp); $r(62) = .180, p > .05$) and Personal Accomplishment (PA); $r(62) = .152, p > .05$). All the corresponding coefficients of determination showed that a little over 3% of the variance was accounted for by these features of burnout. As a result, the sixth hypothesis was not supported.

Summary

Much research has been done in the area of counselor stressors and tools to help counselors address them. This study was designed to investigate the relationship between 1) spirituality and professional and personal fulfillment in marriage and family counselors; and 2) the relationship between counselor burnout and counselor personal and professional fulfillment. Statistical analysis revealed no significant correlations relating to spirituality and personal and professional fulfillment or between counselor burnout and counselor personal and professional fulfillment. Findings and implications are discussed in Chapter V.

CHAPTER V

DISCUSSION

Introduction

Mental health professionals, including marriage and family counselors, work in stressful situations. Good health, including good mental health, is considered vital to a counselor's ability to treat his or her clients (Reid et al., 1999). Most Americans, including mental health professionals, regard themselves as spiritual in nature (Weaver et al., 1998). Spirituality is viewed as having a positive effect on physical and mental health (Thoreson, 1999). This study was designed to explore the link between spirituality in counselors and corresponding feelings of personal and professional fulfillment.

The purpose of the study had two primary goals. First, the study was designed to investigate the relationship between spirituality and professional and personal fulfillment in marriage and family counselors, and second, the relationship between counselor burnout and counselor personal and professional fulfillment. To accomplish these goals, data were collected from marriage/family counselors related to degrees of spirituality, measurements of success, and features of burnout, using three independent inventories. The Spiritual Involvement and Beliefs Scale (Hatch, Burg et al., 1998) measures a list of basic principles associated with different spiritual viewpoints. The Life Success Measures Scale (Parker & Chusmir, 1990) measures six indicators of success, including: status/wealth, social contribution, family relationships, personal fulfillment, professional fulfillment, and security. Finally, participants were asked to complete the Maslach Burnout Inventory, Human Services Settings (MBI-HSS; Maslach, Jackson, & Leiter,

1996), which measured features of burnout including: Emotional Exhaustion
Depersonalization and Personal Accomplishment

Participants for the study consisted of professional members of the American Counseling Association (ACA) and other mental health professionals who work or have worked in the field of clinical counseling and had couples and family counseling experience in the community. The membership of ACA includes students, internists, counselor educators, and licensed or credentialed counselors. The targeted population represents professionals considered likely to have a personal and/or professional interest in the findings as well as to elicit the desired research results. Research has shown that marriage and family counselors report levels of spirituality closer to the general population compared to therapists from other disciplines (Walker, Gorusch, & Tan, 2004).

The significance of the study

Mental health professionals work in a highly stressful field, often with clients who are experiencing severe breakdowns in their psyches (Acker, 1999). They frequently must put their clients' immediate needs above their own and those of their families. Even with this sense of urgency and sacrifice, there are acknowledged limits to how much a counselor may be able to help a client, a fact which in itself can undermine the counselor's own sense of confidence and self-esteem (Bingham, Valenstein, Blow, & Alexander, 2002). Counselors, like others in stressful situations, turn to both inner and outward methods of dealing with stress (Haug, 1998). This study attempted to investigate participant responses on the Spirituality and Success inventories, including

answers regarding participants' views of their own spirituality, levels of satisfaction with personal and professional fulfillment, and burnout.

Limitations

The number of participants utilized for the purpose of this study is a possible inadequacy that cannot be overlooked. The limited number of responses and resulting participants may have played a part in concluding that there were no significant correlations in the hypotheses. The 62 participants who took part in the study were enough for an adequate sample size; yet it would have been preferable to have more participants in the research study. In most situations in statistical analysis, the researcher does not have contact with an entire statistical population of interest. Generally it is impossible to measure *all* members of a population, thus researchers regularly utilize relatively small samples, as in this research study (Shadish, Cook, & Campbell, 2002). Yet, if the effect is not significant with a small sample size, as in this study, this may be an example of a Type II error. A Type II error is when data do not provide adequate support to reject a null hypothesis even when the null hypothesis ought to be rejected (Shadish, Cook, & Campbell, 2002). Increasing the sample size might assist in decreasing the possibility of this type of error (Isaac & Michael, 1995). In conclusion, the small sample size may have played a role in the outcome; thus a larger sample size would have been desired.

Discussion of the Findings

The impetus for the study was the relevant literature dealing with individuals' feelings of spirituality and concomitant views of personal and professional fulfillment. Much of the literature is tied to the theoretical frameworks of Humanistic Psychology and

Social Learning Theory. These theories help explain how people inculcate those factors that guide their life choices.

Humanistic psychology embodies the idea that people are instilled with inherent values that guide them in life (Buhler, 1973) and that promote personal fulfillment and growth. The theory encompasses a focus on determining the individual's inner strengths and desires as a means of identifying and achieving their personal goals (Weight, 2004). It is seen as the cornerstone of personal growth and fulfillment, through which people can realize their individual potential (Weight, 2004). In counseling, people are encouraged to identify and overcome blocks to achieving that potential (Weight, 2004). In humanistic psychology, spirituality is an identified inherent value. Studying how individuals use their innate spirituality aids in understanding whether and how it defines and affects their views of personal and professional fulfillment.

Where humanistic psychology deals with inherent values and goals, social learning theory focuses on the idea of reinforcement of those internal behaviors as well as incorporating learned behaviors from both internal and external forces (Rotter, 1990). In this construct, individuals' behavior is unavoidably influenced by outside forces, including luck, fate, and chance (Rotter, 1990), but also by the major influences of the culture in which they live (Evans et al., 2005). Rotter (1990) contended that one's surroundings will influence one's internal thought processes as well as the actions that derive from them. Social learning theory incorporates the forces of observation, imitation, and modeling as methods by which people learn from those around them (Ormond, 1999). Those behaviors that individuals determine to be most significant to them become the guiding forces in their lives (Chusmir & Ruf, 1991).

The incorporated study looked at individual marriage and family counselors' views of their own inherent spiritual values. It examined the relationship between these innate values and the counselors' views of their personal and professional fulfillment. It sought to determine whether marriage and family counselors follow the majority of Americans in continuing to self-identify as spiritual in their personal and professional lives, and if so, how those inner values affect both their views of personal and professional achievement and their beliefs as to whether they had attained them. It also sought to investigate the relationship between marriage and family counselors' personal use of the known ameliorative effects of spirituality and their views of themselves and their profession, and whether they believed it helped them to be more effective counselors.

Studies have indicated that counselors historically received little or no formal training in spirituality in general, not only concerning its potential beneficial uses in treatment but in the recognition that their own beliefs can be maintained for their own benefit throughout their professional lives (Cashwell & Young, 2004). It has been found that most counselors' own spiritual beliefs may also affect the way they work with clients, yet few believe they receive the training to competently understand the connection and handle this issue (Young & Cashwell, 2002). While the number of relevant courses has increased over the years, many are still offered only as electives for the interested student (Cashwell & Young, 2002). At the same time, others have questioned the role of spirituality in the quality of life of professional adults, likewise theorizing that such beliefs can benefit those who work in demanding professions, influencing ones' life in all areas, including work, family, and general satisfaction with

life (Perrone et al., 2006). One commentator, Norcross (2006), references the Socratic philosophies of “know thyself” and “heal thyself” to determine if and how counselors use innate and learned techniques to handle the stressors of work and life (p. 710).

Counselors are urged to recognize that all in the field face similar kinds of disquiet, including anxiety, depression, emotional exhaustion and disrupted relationships, in varying degrees, and need to find sources of strength and comfort to help themselves and to be more effective counselors (Norcross, 2006). Norcross found that counselors need to begin with self-awareness and proceed to self-help strategies to find satisfaction in their personal and professional lives.

One way for counselors to achieve these levels of self-awareness and self-help is to look at the link between spirituality and well-being (Cashwell, Bentley & Bigbee, 2007). The recognition that spirituality is at the core of wellness has led to an unprecedented level of attention to the subject in modern counselor training, with focus not only on its use in client treatment but in the personal and professional lives of counselors as well (Cashwell, Bentley & Bigbee). Cashwell et al. defined spirituality as developmental in nature, encompassing both passive and active beliefs (such as those acquired through humanistic behaviors and found in the inherent social theory traits) that lead to increased mindfulness (nonjudgmental awareness), heartfulness (experiencing compassion and love) and soulfulness (connecting to things and persons beyond ourselves). While some have long acknowledged the benefits of including spirituality in the therapeutic process (Thoreson, 1999), it has also been recognized that burnout, stress and dissatisfaction with work and life are consistent concerns for counselors (Bingham et al., 2002) and affect not only the counselors’ states of mental and physical health but

their ability to effectively treat their clients (Carson & Fagin, 1996). Spirituality is seen as a positive impact on the counselor's state of health (Cashwell, Bentley & Bigbee, 2007). Spiritual leaders have historically believed that self-awareness and self-care are essential to personal satisfaction and fulfillment, not just for those seeking help but for those offering it (Cashwell, Bentley & Bigbee, 2007). Personal spirituality infuses counselors with mindfulness, allowing them to listen clearly to the client; heartfulness, allowing the counselor to be more energized by his/her work; and soulfulness, which necessitates that the counselor reach a heightened sense of awareness of the meaning of life, the sacredness of it, and the connections between the two (Cashwell, Bentley & Bigbee, 2007). Furthermore, these concepts, in turn, lead to "inner peace" and fulfillment in the counselor's personal and professional lives.

Conclusions

The concepts of spirituality have seen a resurgence in general in combination with discussions of therapeutic treatment (Belzin, 2004). This coincides with the increased understanding of the need for both training and self-awareness in counselors of the foundations and possible benefits of spirituality in both their own and their clients' lives (Cashwell & Young, 2004). Although the present study did not identify a link between spirituality and the personal and professional fulfillment of marriage and family counselors in particular, it is apparent from the literature and from the numerous studies relating to both spiritual beliefs among the general population, many of whom may be clients and/or counselors, and the desire of most of the population to incorporate those beliefs in their personal and professional lives, that this is an appropriate area for further research and study.

Recommendations

Implications for Practice

The relevant literature is clear that that Americans in general regard themselves as spiritual in nature (Weaver et al., 1998). Strong correlations have been found between spirituality and better mental health (Weaver et al., 1998). In the health care fields, spirituality is often relegated to its possible effects on the client, while ignoring its potential benefits for the counselor (Thoresen, 1999). Of particular concern for those in a stressful field such as mental health counseling, specifically marriage and family counseling, is the question of whether the professional uses his/her own spiritual beliefs in seeking personal and professional fulfillment (Foskett, Marriott & Wilson-Rudd, 2004). Just as spirituality may well increase successful treatment for clients (Pollack, 2007), it may also help the counselor retain the same types of feelings of hopefulness and totality (Koenig, Pargament, & Brant, 1998).

Spirituality and counseling have dual roots dating back to the days of Carl Rogers and Rollo May, both preachers first and then counselors who incorporated both the scientific and the spiritual in their philosophies and their work (Pollack, 2007). Those who enter the counseling profession today are just as likely to have chosen it as a field where they can utilize the goals of both fields: to find comfort and alleviate suffering (Pollack, 2007). Just like the majority of the rest of the population, they also identify as spiritual in their personal beliefs (Foskett, Marriott & Wilson-Rudd, 2004).

Training programs for counselors have begun in recent years to recognize the benefits of counselors retaining their own sense of wellness, including spirituality, in their personal and work lives (Curry, 2007). Schools today encourage future counselors

to recognize and utilize their own spiritual beliefs and resources to aid them in finding and maintaining purpose and fulfillment in their lives (Haug, 1998). Clients, as well, many of whom self-identify as spiritual, expect their counselors to be willing to understand and incorporate their spiritual beliefs in the treatment scheme, especially for those involved in resolution of family issues (Erickson, Hecker, et al., 2002).

Further Research

Further research should be done to try to better determine whether and how spirituality can contribute to the counselor's sense of fulfillment. It should also further define the areas of personal beliefs that can help counselors achieve fulfillment in both their personal and professional lives. Based on the studies of client expectations as well, research should also focus on the kinds of spiritual involvement, passive or active, that counselors may want to incorporate in their work to achieve this, both for their spiritual clients and for themselves.

In addition, counselors have been found to have high levels of burnout because of their deep involvement with their clients' issues (Ackerly et al., 1998). The unique demands and challenges of the profession can lead not only to ordinary job burnout but to "compassion fatigue" (Schure, Christopher, & Christopher, 2008). Researchers have determined that counselors need to combat such burnout by developing a sense of self, which in turn will allow them to achieve professional fulfillment (Schure et al., 2008; Valente & Marotta, 2005). A number of methods have been identified to help counselors achieve factors associated with personal fulfillment and professional success, including the practice of yoga (Valente & Marotta, 2005). Yoga has been studied for its focus on self-awareness and balance, things that can help a person, including a counselor, address

his/her own issues and therefore contribute to the counselor's efficacy in the treatment of others (Valente & Marotta, 2005).

The need for counselors to find outlets to help themselves is apparent in much of the research (Schure, Christopher, & Christopher, 2008). Some have linked the need for self-exploration and awareness by the counselor to the concept of spirituality (Aponte, 2003) as an aid to the counselor and to the therapeutic process. Further research should be done to try to better determine whether and how spirituality adds to the counselor's sense of fulfillment. It should also further define the areas of personal beliefs that can help counselors achieve fulfillment in both their personal and professional lives.

Contrary to expectations based on the literature in the field, this study did not find a link between marriage and family counselors' spiritual identification and their levels of personal and professional fulfillment or burnout. The extensive nature of the literature suggesting just such a link implies that further research into these relationships is justified. If future research were to duplicate the present results, it would undermine a number of basic precepts apparent in the literature. If it were to yield different results, it might simply indicate better methodology in eliciting answers, for example including questions more closely related to the passive and active lives of counselors regarding spirituality.

While the 62 participants who took part in the study were enough for an adequate sample size it would have been preferable to have more participants. This is not an unusual concern in studies; in most situations in statistical analysis, the researcher does not have contact with an entire statistical population of interest. It is not possible to measure *all* members of a population, thus researchers regularly rely on relatively small

samples, as occurred here (Shadish, Cook, & Campbell, 2002). Yet, if the effect is not significant with a small sample size, as in this study, this may be an example of a Type II error. A Type II error is when data do not provide adequate support to reject a null hypothesis even when the null hypothesis ought to be rejected (Shadish, Cook, & Campbell). Increasing the sample size can assist in decreasing the possibility of this type of error (Isaac & Michael, 1995).

Other limitations of the current study included that the participants were self-selecting from among those targeted, which may have limited generalizability; the participants were members of a specific association of mental health professionals, which may have influenced how they as a whole viewed and answered the questions in the study; as well there is the inherent disadvantage in using a correlative study that does not allow for conclusions of causality. A significant disadvantage in this study resulted from a recent protocol change by the American Counseling Association which now only allows participants to be contacted by physical addresses rather than email addresses. It is likely that in today's world email invitations would have been more direct and convenient for members and therefore would have yielded more cooperation and participation.

Future research in the area is justified by the abundance of literature suggesting a link between spirituality and the mental and physical well-being of mental health professionals, including marriage and family counselors. Future researchers should attempt to minimize the disadvantages inherent in this study by broadening the potential participant base to allow for better generalizability, using more direct and convenient methods of invitation to a study, which would hopefully broaden the participant base, and

perhaps using a form of study which allows for conclusions on causality, which could yield different types of results and analysis.

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APPENDICES

APPENDIX A



Participant Recruitment Mail

COUNSELORS WHO WORK WITH COUPLES AND FAMILIES ARE INVITED TO PARTICIPATE IN RESEARCH REGARDING THE RELATIONSHIP BETWEEN SPIRITUALITY AND PROFESSIONAL AND PERSONAL FULFILLMENT.

Dear Counselor,

My name is Scott Freeman and I am a doctoral candidate in the Adrian School of Education at Barry University. I am seeking counselors who have professional experience working in the field of couple, marital and family counseling and are interested in sharing their opinions and insight in relation to the topics of Spirituality and Personal and Professional Fulfillment. The data that is collected and reported will be completely anonymous and will not include participant names, e-mail addresses, and personal identifiers.

If you elect to participate in this research study, you will be asked to do the following:

- Go to the link listed below that connects to the on-line questionnaire
 - <https://www.surveymonkey.com/s/7ZKRD8W>
- After thoroughly reviewing and reading the Informed Consent, you will have two options. You can either confirm your participation in this research study or you can decline. If you choose not to participate, a thank you letter will be sent and you will exit the study. Should you choose to participate in this voluntary study, your anonymity will be secure at all times. You also have the option to discontinue the study at any time.
- Once you have selected the *Yes, I agree to participate in the anonymous study*; you will be presented with a demographics questionnaire. Once completed, you will move to three Likert scale surveys to complete.
- The survey should take no more than 10-15 minutes to complete.

By completing and submitting this electronic survey you are acknowledging that you are at least 18-years-old and that you voluntarily agree to participate in the study.

If you have any questions or concerns regarding the study or your participation in the study, you may contact my supervisor, Dr. Christine Sacco-Bene, by phone at (321) 235-8411 or by email at csacco-bene@mail.barry.edu. You may also contact the Institutional Review Board point of contact, Barbara Cook, by phone at (305) 899-3020 or by email at bcook@mail.barry.edu.

If you are willing to participate in this research study, please click the link below:
<https://www.surveymonkey.com/s/7ZKRD8W>

Thank you for participating in this research study.
Scott R. Freeman
Doctoral Candidate and Primary Researcher

APPENDIX B



INFORMED CONSENT FORM

Cover Letter for Anonymous Study

Dear Research Participant:

Your participation in a research study is requested. The title of this study is *Spirituality in the Personal and Professional Fulfillment of Marriage and Family Counselors*. The research is being conducted by Scott R. Freeman, a doctoral student in the Counseling Department at Barry University, and it is seeking information that will be useful in the field of marriage and family counseling. The aim of the research is to explore the relationship between spirituality and personal and professional fulfillment in counselors who work with couples and families.

If you decide to participate in this anonymous research study, you will be asked to do the following: complete a demographic questionnaire and three Likert scale questionnaires via SurveyMonkey.com™: the Spiritual Involvement and Belief Scale (SIBS), the Life Success Measures Scale and the Maslach Burnout Inventory (MBI-HSS). The participants will be members of the American Counseling Association. The anticipated number of participants is 100 and the surveys should take no more than 10-15 minutes to complete.

Your consent to be a research participant is strictly voluntary and should you decline to participate or should you choose to drop out at any time during the study, there will be no adverse effects. There is no known harm, discomfort or risk for involvement in this study. There are no direct benefits to you for participating in this study; however, your participation will contribute to research in the area of counseling professionals, specifically professional and personal fulfillment and spirituality.

As a research participant, information you provide will be collected and reported anonymously by the primary researcher, that is, no names, e-mail addresses or any other personal identifiers will be collected. SurveyMonkey.com™ allows researchers to suppress the delivery of IP addresses during the downloading of data, and in this study no IP address will be delivered to this researcher. The web-based survey prevents the researcher from acquiring any personal or identifying information of the participants. However, SurveyMonkey.com™ does collect IP addresses for its own purposes. If you have concerns about this you should review the privacy policy of SurveyMonkey.com™ before you begin.

By completing and submitting this electronic survey you are acknowledging that you are at least 18-years-old and that you voluntarily agree to participate in the study.

If you have any questions or concerns regarding the study or your participation in the study, you may contact my supervisor, Dr. Christine Sacco-Bene, by phone at (321) 235-8411 or by email at csacco-bene@mail.barry.edu. You may also contact the Institutional Review Board point of contact, Barbara Cook, by phone at (305) 899-3020 or by email at bcook@mail.barry.edu.

If you are willing to participate in this research study, please consent by choosing one of the options below.

Voluntary Consent

I acknowledge that I have been informed of the purpose of this research study conducted by Scott R. Freeman and that I have reviewed, read, and understand the information presented above. I have also received a copy of this Letter of Anonymous Study for my personal records. I give my voluntary consent to participate in this research study.

Please select one of the options below:

- ☐ Yes, I agree to participate in the anonymous research study.
- ☐ No, I do not wish to participate.

Thank you for your participation.

Sincerely,

Scott R. Freeman

Scott R. Freeman M.A., LMHC

Print this page if you need proof of participation

APPENDIX C

SurveyMonkey.com™ Demographics Questionnaire

| Demographics:

- 1.) Please select your gender: __Female __Male
- 2.) Please check one of the following:
 - ☐ 1. __Full-time employed
 - ☐ 2. __Part-time employed
 - ☐ 3. __Less than part-time employed.
- 3.) Please select your race or ethnicity. Check all that apply.
 - ☐ Race/Ethnicity
 - ☐ 1. __Black, African-American
 - ☐ 2. __Caucasian, non Hispanic
 - ☐ 3. __Caucasian, Hispanic/Latino
 - ☐ 4. __Black, Hispanic/Latino
 - ☐ 5. __Black, Caribbean
 - ☐ 6. __Asian American
 - ☐ 7. __ American Indian/Alaskan Native
 - ☐ 8. __ Hawaiian/Pacific Islander
 - ☐ 9. __ Biracial;
 - ☐ 10. __Multiracial
 - ☐ 11. __Other
- 4.) What is your age? _____
- 5.) How many years of experience do you have as a counselor? _____
- 6.) What is your license or credential specification (check all that may apply)
 - ☐ 1. __L.M.H.C
 - ☐ 2. __L.C.P.C
 - ☐ 3. __ L.P.C
 - ☐ 4. __L.M.F.T.
 - ☐ 5. __L.P.C.C
 - ☐ 6. __Registered Intern for License
 - ☐ 7. __N.C.C.
 - ☐ 8. __Other

7.) Please indicate where you are employed?

- ☐ 1. ___Community mental healthcare agency
- ☐ 2. ___Private mental healthcare agency
- ☐ 3. ___Hospital
- ☐ 4. ___Government healthcare facility
- ☐ 5. ___Private Practice
- ☐ 6. ___Other

APPENDIX D

Spiritual Involvement and Beliefs Scale

Please answer the following questions by checking your response.		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	In the future, science will be able to explain everything.					
2 P	I can find meaning in times of hardship.					
3	A person can be fulfilled without pursuing an active spiritual life.					
4 P	I am thankful for all that has happened to me.					
5	Spiritual activities have not helped me become closer to other people.					
6 P	Some experiences can be understood only through one's spiritual beliefs.					
7 P	A spiritual force influences the events in my life.					
8 P	My life has a purpose					
9	Prayers do not really change what happens					
10 P	Participating in spiritual activities helps me forgive other people					
11 P	My spiritual beliefs continue to evolve					
12 P	I believe there is a power greater than myself					
13	I probably will not reexamine my spiritual beliefs					
14 P	My spiritual life fulfills me in ways that material possessions do not					
15	Spiritual activities have not helped me develop my identity					
16	Meditation does not help me feel more in touch with my inner spirit					
17 P	I have a personal relationship with a power greater than myself					
18	I have felt pressured to accept spiritual beliefs that I do not agree with					
19 P	Spiritual activities help me draw closer to a power greater than myself					
Please indicate how often you do the following:		Always	Usually	sometimes	Rarely	Never
20 P	When I wrong someone, I make an effort to apologise.					
21 P	When I am ashamed of something I have					

	done, I tell					
22	I solve my problems without using spiritual resources.					
23 P	I examine my actions to see if they reflect my values.					
Please indicate how often you do the following:		10 or more times	7-9 times	4-6 times	1-3 times	0 times
24	During the last WEEK, I prayed. . . (check one)					
25	During the last WEEK, I meditated..(check one)					
		more than 15 times	11-15 times	6-10 times	1-5 times	0 times
26	Last MONTH, I participated in spiritual activities with at least one other person... (check one)					
TOTAL SCORE						(130)

APPENDIX E

Life Success Measures Scale

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Parker, B., & Chusmir, L. H. Development and validation of a life-success measures scale. *Psychological Reports*, 1992, 70, 627-637. © Psychological Reports 1992

5	4	3	2	1
Always Important	Very Often Important	Fairly Often Important	Occasionally Important	Never Important
	1. Getting others to do what I want.			
	2. Having inner peace and contentment.			
	3. Having a happy marriage.			
	4. Having economic security.			
	5. Being committed to my organization.			
	6. Being able to give help, assistance, advice and support to others.			
	7. Having a job that pays more than peers earn.			
	8. Being a good parent.			
	9. Having good job benefits.			
	10. Having a rewarding family life.			
	11. Raising children to be independent adults			
	12. Having people work for me.			
	13. Being accepted at work.			
	14. Enjoying my non-work activities.			
	15. Making or doing things that are useful to society.			
	16. Having high income and the resulting benefits.			
	17. Having a sense of personal worth.			
	18. Contributing to society.			
	19. Having long-term job security.			
	20. Having children			
	21. Getting good performance evaluations.			
	22. Having opportunities for personal creativity.			
	23. Being competent.			
	24. Having public recognition.			
	25. Having children who are successful emotionally and professionally.			
	26. Having influence over others.			
	27. Being happy with my private life.			
	28. Earning regular salary increases.			
	29. Having personal satisfaction.			

	30. Improving the well-being of the workforce.
	31. Having a stable marriage.
	32. Having the confidence of my boss.
	33. Having the resources to help others.
	34. Being in a high status occupation.
	35. Being able to make a difference in something.
	36. Having money to buy or do anything.
	37. Being satisfied with my job
	38. Having self-respect.
	39. Helping others to achieve.
	40. Having personal happiness.
	41. Being able to provide quality education to my children.
	42. Making a contribution to society.

APPENDIX F

Maslach Burnout Inventory –Human Service Survey (MBI)

How often:	0	1	2	3	4	5	6
	Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day

How Often 0-6

Statements:

1. _____ I feel emotionally drained from my work.
2. _____ I feel used up at the end of the workday.
3. _____ I feel fatigued when I get up in the morning and have to face another day on the job.
4. _____ I can easily understand how my recipients feel about things.
5. _____ I feel I treat some recipients as if they were impersonal objects.
6. _____ Working with people all day is really a strain for me.
7. _____ I deal very effectively with the problems of my recipients.
8. _____ I feel burned out from my work.
9. _____ I feel I'm positively influencing other people's lives through my work.
10. _____ I've become more callous toward people since I took this job.
11. _____ I worry that this job is hardening me emotionally.
12. _____ I feel very energetic.
13. _____ I feel frustrated by my job.
14. _____ I feel I'm working too hard on my job.
15. _____ I don't really care what happens to some recipients.
16. _____ Working with people directly puts too much stress on me.
17. _____ I can easily create a relaxed atmosphere with my recipients.
18. _____ I feel exhilarated after working closely with my recipients.
19. _____ I have accomplished many worthwhile things in this job.
20. _____ I feel like I'm at the end of my rope.
21. _____ In my work, I deal with emotional problems very calmly.

APPENDIX G

Thank You Screen for Those Participating

Dear Counselor,

Thank you for participating in this research study. Your participation will allow me to gather information in spirituality and personal and professional fulfillment in counselors.

Collected data from this study will hopefully add to the body of research regarding self care for counselors and ultimately adding viable information to the counseling profession.

Sincerely,

Scott R. Freeman
PhD Candidate, Primary Researcher

|

APPENDIX -H

Thank You Screen for Those Not Participating

Dear Counselor,

Thank you for your time and interest regarding this research study.

Sincerely,

Scott R. Freeman
PhD Candidate, Primary Researcher

APPENDIX I



APPENDIX J

PSYCHOLOGICAL REPORTS

PERCEPTUAL AND MOTOR SKILLS

Box 9229 Missoula, Montana 59807

www.AmmonsScientific.com

December 28, 2010

Mr. Scott Freeman
200 Maitland Avenue #117
Altamonte Springs, FL 32701

Dear Mr. Freeman:

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Responses are to be automatically compiled in a spreadsheet format and cannot be directly linked to the participants. The electronic copy must be under password protection and must be destroyed once your research is fulfilled. You may request permission again for future uses. The citation must appear directly adjacent to any reproduced material and must read:

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Sincerely,



S. A. Isbell, Ph.D.
Editor

APPENDIX K

From: sfree123@aol.com [mailto:sfree123@aol.com]
Sent: Thursday, February 11, 2010 11:58 AM
To: Hatch,Robert L
Subject: Re: permission to use The Spiritual Involvement and Beliefs Scale

Thank you so much for getting back to me so promptly, and more importantly for the use of the scale. As well, I am very appreciative for the insight regarding the differences between the versions. I am going to sit down with my chair and figure out which would be a better fit.

I will be glad to share my results with you. In fact, I am really looking forward to when that time comes, as writing a dissertation is quite the arduous process.

Once again, sincerest thanks for all your assistance!

Scott

-----Original Message-----

From: Hatch,Robert L <hatch@ufl.edu>
To: 'sfree123@aol.com' <sfree123@aol.com>
Sent: Thu, Feb 11, 2010 9:21 am
Subject: RE: permission to use The Spiritual Involvement and Beliefs Scale

Hi, Scott.

Thank you for your interest in our scale. You are of course very welcome to use our scale in your research. We made substantial revisions after the scale was first published in JFP (copy of article including original version of scale attached). However, job duties pulled us in other directions and we never submitted data on the revised version for publication. I have attached a Word document that includes both a long and a shortened version of the updated scale and unpublished data on them. Both the original and the revised versions have been used by others, with about a 50-50 split between them. The original version was used in references 1 – 11 in the attachment and the revised version in references 12 – 19. Some people prefer a scale with published reliability and validity data and/or the format of the original version and choose the original published version. Others prefer the wording of the new version and accept the combination of our unpublished data and the data reported by other researchers who have used the scale. Some graduate students have been able to persuade their committees to accept the revised version since its items are backed by a combination of published and unpublished data. You are welcome to use which ever version best suits your situation and needs. There is no charge for using the scale, and you are free to alter the layout, use just certain items, etc. to fit your needs. If you decide to use the scale, I would greatly appreciate a summary of your findings at the end of the project or a copy of the article if it is published.

Good luck with your research!

Rob

From: sfree123@aol.com [mailto:sfree123@aol.com]
Sent: Wednesday, February 10, 2010 5:05 PM
To: Hatch,Robert L
Subject: permission to use The Spiritual Involvement and Beliefs Scale

Good afternoon Dr. Hatch,

I am writing to you to ask you for permission to use The Spiritual Involvement and Belief scale which you are an author of. I am a doctoral student, at Barry University in Florida, who is attempting to complete my Ph.D. in Counseling with a specialization in Marriage and Family Therapy. My research is dealing with correlating spirituality and personal fulfillment in counselors. I think this instrument will be a valuable tool in assisting me, so I may collect the necessary data to complete my dissertation.

I hope this letter is not an intrusion or a bother as I would appreciate any assistance you could offer regarding accessing the appropriate permission and materials themselves.

Once again I really am thankful for any support and guidance you may offer. Look forward to hearing from you. Please feel free to contact me via e-mail, Sfree123@aol.com or phone, 321-287-0961.

Regards,

Scott R. Freeman

APPENDIX L

For use by: Scott Freeman only. Received from Mind Garden, Inc. on February 7, 2011



To whom it may concern,

This letter is to grant permission for the above named person to use the following copyright material:

Instrument: Maslach Burnout Inventory, Forms: General Survey, Human Services Survey & Educators Survey

Authors

MBI-General Survey: Wilmar B. Schaufeli, Michael P. Leiter, Christina Maslach & Susan E. Jackson

MBI-Human Services Survey: Christina Maslach & Susan E. Jackson

MBI-Educators Survey: Christina Maslach, Susan E. Jackson & Richard L. Schwab

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for his/her thesis research.

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The entire instrument may not be included or reproduced at any time in any other published material.

Sincerely,



Robert Most
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