

Blending Psychotherapy with Religious Beliefs

BY MICHAEL J. SOBIECH



Dr. Jill Duba

AS A PRACTICING CATHOLIC AND A PROFESSIONAL COUNSELOR, WKU'S DR. JILL DUBA KNOWS THE VALUE OF BOTH COUNSELING AND FAITH. BUT FOR MANY, THE TWO DO NOT MIX. "FREUD THOUGHT THAT RELIGION WAS SOMETHING HARMFUL," STATES DUBA, "AND B. F. SKINNER BELIEVED THAT IT WAS NOTHING MORE THAN FICTION HELD IN PLACE BY NEGATIVE REINFORCEMENTS AND THREATS OF PUNISHMENT." BUT DUBA IS RAISING QUESTIONS THAT MIGHT LEAD TO A NEW DYNAMIC — ONE THAT WILL GIVE THAT OLD-TIME RELIGION A POSITIVE PLACE IN MODERN PSYCHOTHERAPY.

Duba began her graduate work surrounded by dead bodies. Interested in medicine, especially alternative medicine, she initially applied to chiropractic school. While on her program orientation, she entered a laboratory with dozens of students examining cadavers. The presence of the deceased did not bother her — what bothered her was the uniform silence of the living: "There were three students assigned to each body, and nobody said anything. Since I can't keep my mouth shut for thirty seconds," she says with a laugh, "I knew this wasn't for me." And so she entered a field that would draw on both her desire to speak and her ability to listen: marriage and family counseling.

Duba completed her Ph.D. in Counselor Education and Supervision at Kent State University, and today she serves as an assistant professor in WKU's Department of Counseling and Student Affairs.

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While Duba has been at WKU, her religious and scholarly interests have led her to paradigm-questioning research: How are future mental health practitioners being trained about working with religious clients? And what kind of training should they receive? "If someone goes to a therapist and throws out 'God language,' how does the practitioner deal with it? I know of a situation where someone was giving out religious cues during a therapy session and the therapist, who is a good therapist, in effect ignored it. Situations like that make me wonder about what we are doing in terms of educating our students about the very real likelihood that some, if not many, of their clients will be affected — negatively or positively — by religion," said Duba.

"It does not appear that students are receiving much training in this

area. One 1994 study found that 25% of counselor education programs had no course specifically addressing spiritual or religious issues, and 73% of those programs did not have religion or spirituality as a part of

any course," continued Duba. "And according to a 2004 study, religion is suppressed in many training programs because some in the field believe that religious issues should be referred to religious counselors. In light of this, you can understand why many students report feeling unprepared when it comes to addressing religious concerns. I will say this about my courses: when I bring up religion in class, my students put down their Starbucks and listen."

At WKU, Duba is directly involved in supervising and training counseling students who are working in the Clinical Education Complex Family Counseling Clinic (FCC). "There and in my private practice, most of the clients that I have observed identify themselves, in various ways, as 'religious.'" Religion is not just a concern in southern Kentucky. "Nationwide,

approximately 95% of married couples identify with a particular religion; 90% of Americans describe themselves as either being Protestant or Catholic; and 40% report that they attend religious services on a weekly basis. Additionally, 75% of the world's population is affiliated with a particular religion. It is quite likely then that persons coming to counseling will have some sort of religious affiliation," Duba explained.

"When it is appropriate, how are counselors using some of the religious aspects of the client to help them work through problems?" Duba continued. "And how do they know it's appropriate? This is actually an ethical issue for all mental health counselors, whether or not they profess a religious choice, because this falls under the umbrella of respecting client spirituality. This concern for religious perspectives is really about respecting diversity."

While the percentage is markedly lower than the general population, a majority of mental health professionals do identify with a particular religion, which raises more questions. "If the counselor has a religious problem with a client's behavior, how does he or she deal with that client? How are we teaching counseling students to work through that? How can a student acknowledge that 'This is where I am' and still work with the person who has come for help? That's what I'm trying to find out," said Duba.

In 2005 the opportunity came for her to write a book on anything she wanted: "The first thing that came to my mind was that I wanted to do something on religion." In 2008, *The Role of Religion in Marriage and Family Counseling* was published. Duba, who is both a contributor and editor, sought a wide spectrum of religious perspectives including Catholic, conservative and liberal Protestant, Hindu, Muslim, Buddhist, and Native



American. "I am very conscious of the line between my personal draw to this and my professional one because it can get fuzzy. When I'm talking about religion, I'm not limiting it to Christianity. In fact, I feel this was a gap in my training — for instance, unless I studied this, which I have, I wouldn't know how to counsel someone of the Hindu faith. What do counselors do with clients who have a religion different from their own? This is not about Christianity; this is about any religion or any faith perspective."

Currently, Duba is pursuing fundamental and largely unexplored questions for mental health professionals. "Right now, I'm working on a grant proposal for interviewing and surveying counselor educators on what they think the competencies should be of students working with religious issues in counseling. What are the skills required to work with clients who are either religious or who have religious issues that are affecting them or presenting problems? What is their knowledge of other religions? What is their self-awareness when a client speaks the language of his or her faith?"

Spirituality and religion are sometimes used interchangeably, but Duba argues for a distinction. "One can be spiritual without being religious."

In 1996, the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC), a division of the American Counseling Association, developed a list of nine competencies for the ethical integration of religion and spirituality into counseling. Duba explained, "For example, ASERVIC suggests that counselors should be able to demonstrate sensitivity to and acceptance of a variety of religious



and/or spiritual expressions in a client's communication." But these competencies tend to focus on spirituality and not religion. While she grants that the two terms are sometimes used interchangeably, Duba argues for a distinction. "One can be spiritual without being religious."

Duba's lifelong interest in religion can be traced, in part, to having been raised in a tight-knit Catholic family, which also helps explain her interest in a potentially related field of research: marital satisfaction. "What causes couples

like my grandparents, who were married for more than fifty years, or my parents, who will soon celebrate their fortieth wedding anniversary, to stay together? What role does religion play? And can religion play a part in successful marital therapy?" In an ongoing research project examining the marital satisfaction and coping strategies of couples who have been married for over forty years — another area that is new territory in

her field — Duba notices a theme in her conversation with the couples: "I don't know if marriage satisfaction and religion are connected, but religion came up a great deal in my interviews. The majority of the couples mentioned that when things got tough, they prayed. They believed that things would get better. The point isn't that God made things better; the point is that they had hope and they believed in something else, greater than themselves, and that helped them get through things."

Although religion can be a socially taboo topic for discussion, perhaps because it is so personal, it can be helpful during counseling. "Research shows that many clients are reluctant to bring up anything concerning religion, especially to 'secular' counselors," Duba said. "But it is imperative that we pay attention to how they use their faith to cope, as well as how their faith gives them meaning and direction. As mental health professionals, the question we face is how can we use a client's religion as a positive resource for helping someone through some of the most challenging times of life?" ■

