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Culture ontogeny: Lifespan development of religion and the ethics of spiritual counselling

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Abstract

The counsellor has an ethical obligation to treat the whole person. Humans are cultural beings and the foundation of most cultures is religion. Religion and culture are received from our early relationships and modified through later relationships across the lifespan. The paper introduces the term "culture ontogeny" to emphasize that this is a biological process wherein abstract ideas of culture and religion become material in the developing neurophysiology of each brain. A framework and methods are offered to examine the changing roles of religion in clients' emotional self-structure, inclusive of those who describe themselves as spiritual, not religious. A case study is reviewed examining the effects of dissonance between early developmental

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God Image and later God Concept on adult functioning, with an example of assessment and treatment to improve mental health. Assessment of this dissonance is recommended to understand and treat the traumatic spiritual disruptions experienced by veterans.

... a belief constantly inculcated during the early years of life, whilst the brain is impressible, appears to acquire almost the nature of an instinct; and the very essence of an instinct is that it is followed independently of reason.”

- Charles Darwin (1879)
Consider sea turtles: they begin life emerging from their eggs and crawling with their siblings, unguided, to the sea. They can grow to 1,000 pounds, swim thousands of kilometers each year, and live to 80 years old; all without a single day of parenting. Humans are not sea turtles. In order to survive, develop and thrive through our individual lived experience, our ontogeny, we require relationships with individuals through whom we will learn the moral expectations of our communities of culture (Erikson & Erikson, 1997).

Culture is those beliefs, values and norms that are shared by the community and become the interpretive system of the individual (Bruner, 1990; Geertz, 1973, 2000). At the foundation of, and integrated within, most cultures is a religion. Thus culture is the filter that moderates our thoughts and feelings in social environments and functions as a framework for behaviour (Freud, 1930; Hughes, 1993). The earlier we receive cultural knowledge and the greater the emotional attachment we have to the individuals from whom we receive it, the more robust will be the influence of the memory. With adolescence and young adulthood we may find our own voice. Some persons change spiritual paths, some disaffiliate. In adulthood, as our developmental tasks include working to improve the lives of the next generations, we pass along our own moral rules and values (Erikson & Erikson, 1997; Fowler, 1981; McAdams & de St. Aubin, 1998).

The counsellor has an ethical obligation to treat the whole person. To know the role of religion in the lives of our adult clients requires that we assess current beliefs and practices, as well as those beliefs and practices integrated during the client's early development, middle childhood and adolescence. The purpose of this paper is to provide a lifespan development framework that supports this ethical imperative and suggests methods for counsellors to examine the roles of religion in clients' emotional self-structure, even those who are currently unaffiliated with religion, or who may consider themselves spiritual not religious.

Given the amount of instinctual knowledge with which other species begin life, it is astonishing that our human brains are born void of the cultural rules that mediate human survival: at birth we speak no language, we know no social expectations, we have no group loyalty and no religion. We are born ready to receive. Each healthy human brain born today could be nurtured into any culture, learn any language, receive any religion. The language(s) we learn, and the culture(s) we integrate are mediated by the relationships with individuals through whom we receive culture (Berry, 1989; Bonner, 1961; Pike, 1967; Triandis & Suh, 2002).
Another astonishment is the fragility of the continuity of human culture. Without adults who teach, or when children are unable or unwilling to receive, a culture of 1,000 years can disappear in one generation (Harrison, 2008). Therefore, just as children have a developmental imperative to receive culture, adults have a developmental imperative to transmit the values of the community to the next generation in order to perpetuate their way of life, to survive (Erikson & Erikson, 1997; McAdams & de St. Aubin, 1998; Milstein & Lucić, 2004).

Erik Erikson, the developmental psychologist, described lifespan psychological maturation through social interactions across eight stages (Erikson, 1950; Erikson & Erikson, 1997). At each stage he posited a task or psychosocial crisis to be resolved by the individual in response to the moral values and expectations of those individuals with whom we interact. Erikson calls the influential persons with whom we form developmental relationships: counterplayers. These counterplayers nurture (or impede) us physically, emotionally and spiritually, which scaffolds each person's identity formation. Most families are members of a religious congregation and for most persons their development of values is moderated by religion (Association of Religion Data Archives, 2000; Pew Forum on Religion & Public Life, 2008).

The circle of counterplayers expands as we grow older and move through our developmental stages, our first counterplayer is the "maternal person"; the circle then includes our parents, our family, our school community and in adolescence our close friends whose influence often supersedes the views of our parents (Steinberg & Lemer, 2004). Later, we will seek intimate partners with whom to make a home of integrated values that are then passed on to the next generation. As summarized in Figure 1, adapted from the work of James Fowler (1981, 1996), with each developmental stage there is the possibility for an increasingly complex and relational sense of God.

As we grow older the lifespan development of our organic, initially unreflective personal quest for meaning may then expand in self-reflective complexity (Baker, 2011; Fowler, 1981). A reason for these stepped stages is found in neurodevelopmental anatomy. The middle childhood brain of age 6 to 12 is more capable of learning and maintaining rules than is the early childhood brain and less capable of abstract manipulation than is the adolescent (Campbell, 2011). As Fowler (1996) observed, in the quest for meaning the adolescent is more directed to group cohesion and ideas that fit with others than individual spiritual questing, which for some will be found in later life.
There are academic and clinical vocabularies to externally describe common themes across religious rituals, celebrations and sanctifications. These descriptions do not capture the individual's personal and specific lived experience, nor the rich traditions practiced across one's developmental stages. Lived culture and religion weave a neurological network of memory and emotion and meaning into the language of each person's developing brain (Neville, Mayr, Awh, & Keele, 2005). The interaction of counterplayer relationships, community values and developmental neurological change, leads to emotional self-structure and identity formation. Our term for this biological process is: culture ontogeny.

Where phylogeny describes the record of genetic change leading to the development of separate species, ontogeny is the developmental history of an individual organism within a species. Culture is the human interpretive system and framework for behaviour, received from our family and community. We introduce the term culture ontogeny to emphasize that receiving culture and religion from counterplayers is a biological actuality. The abstract ideas that are culture and religion become material in the developing neurophysiology of each human brain.

Culture ontogeny begins with the interactions of children with their primary caregivers in the family home, through which they acquire basic interpersonal skills allowing them to function within their society. The social context expands when children enter formal education and start forming associations in their school environment. In this context parents and teachers interact to determine the roles and norms of the child. A developmental task of adulthood is then to pass our cultural knowledge from our brains to the brains of individuals in the next generation through interpersonal interaction. For the child this is a developmental experiential process wherein external symbol becomes internal, personal neuroanatomy.

Each of us has a unique brain. Therefore, each develops a personal spiritual identity, begun in infancy with early family bonding and modified by additional counterplayer relationships and experiences across the lifespan (Fowler, 1981). Table 1 describes religion changes across the lifespan. Through early culture ontogeny, we develop an emotional understanding of God (God Image). One's God Image is an intrapsychicdynamic understanding that influences the psychological life of the individual (Rizzuto, 1979). This is distinguished from one’s intellectual ideas about God (God Concept) that form one's conscious expression of spirituality and religion (Hoffman, 2004; Moriarty, Hoffman, & Grimes, 2007; Rizzuto, 1979).
Table 1. Adapted Table of Fowler’s Stages of Faith and Selfhood

<table>
<thead>
<tr>
<th>Fowler’s Stages of Faith &amp; Selfhood 3</th>
</tr>
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<tbody>
<tr>
<td>Stage</td>
</tr>
<tr>
<td>-------</td>
</tr>
<tr>
<td>Infancy</td>
</tr>
<tr>
<td>Early Childhood</td>
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<td>Middle Childhood</td>
</tr>
</tbody>
</table>

3 Adapted and Integrated from:
Stage 3  
Adolescence  
**Synthetic**,  **Conventional**  
*Interpersonal Self*  

At this stage, life has grown to include several different social circles and there is a need to integrate diverse self-images in order to develop a coherent identity, which can expand the developmentally early, emotional **God Image**. One’s **God Concept** is now based on the self-affirming authority of one’s affiliative group. Persons don’t recognize that they are «inside» a belief system.

Stage 4  
Young Adulthood  
**Individuated**, **Reflective**  
*Institutional Self*

People start seeing outside the box and realize that there are other «boxes». They begin to critically examine their beliefs on their own and may become disillusioned with their former faith. Now, authority is internalized. The individual makes explicit choices of ideology and lifestyle, through synthesis of the emotional core of one’s **God Image** with this reexamined **God Concept**.

Stage 5  
Late Adulthood  
**Conjunctive**  
*Faith*  
*Interindividual Self*  

This is the point when people begin to realize the limits of logic and start to accept the paradoxes in life. In later adulthood people see life as a mystery and often return to sacred stories and symbols but this time unbounded by a single theological structure, and with an emotionally expansive **God Image**. This stage is a *second or willed naiveté*, wherein the **God Concept** is determined through the individual’s choice process.

Stage 6  
Late Midlife  
**Universalizing**  
*Faith*  

Beyond paradox and polarities. Individuals live their lives to the full in service of others: one’s **God Image** and **God Concept** are synthesized and devoted to overcoming division.
While God Image begins in infancy with issues of trust and mistrust (Erikson & Erikson, 1997), God Concept does not begin until middle childhood acting as a mediator of rules for behaviour. Coming from different developmental stages and ever widening circles of influence God Image and Concept may not be synchronized, causing dissonance between the two. This dissonance between early unconscious beliefs and later espoused beliefs and behaviours may affect one's mental health and function and be necessary to assess for counselling the whole person (Rizzuto, 1979).

D.W. Winnicott's (1971) theory of transitional objects and transitional phenomena are helpful to understanding God Image development and in later stages the joining of God Concept with God Image. Winnicott refers to an “intermediary” space where items or other sources of comfort (i.e. a familiar lullaby) are found and used to stand in for the maternal presence when the parent or caregiver is absent. This transitional item, however, is more than a maternal symbol. The transitional item is the stuff of baby blankets and the earliest favorite stuffed animals. If lost this is the source of great despair for both child and parent. Winnicott suggests that this transitional item is “outside, inside and at the border” (Winnicott, 1953, p. 2). It has the soothing quality of affectionate association of inter-psychic counter player representations and real items of familiarity. These items are consecrated by child and parent, being agreed upon to have special meaning and power.

Further there is a dynamic quality to the transitional phenomena reflecting the “infant’s capacity to create, think up, devise, originate [and] produce an object” (Winnicott, 1971, p. 2). It is the phenomena of an in between place, a type of holding environment between psyche and reality where Winnicott places art, culture and religion.

This theory is of particular interest because of its impact on how we perceive God. This is not about the transformative supranatural God, but rather the God Image and Concept formed by regular psychological processes important to therapeutic exchange. In the psychic space of transitional phenomena, play, creative expression and imagination reside, offering dynamism to culture and religion. This continues through all life stages.

While these ideas come from Object Relations theory, we concur with Erikson that although the word object may be technically useful, it is a very unfortunate term to represent the most passionately loved persons our in our lives. Therefore, in this discussion, we substitute “counterplayer” for the person who is internalized as the object of the libido and “item” for external transitional objects like blankets and stuffed animals (see Erikson & Erikson, 1997, pg 44).
In infancy the young child may both cuddle and mutilate the transitional item. Later in middle childhood it may appear in stories full of emotion and descriptions serving as various family characters from mother, to sibling to outsider. By adolescence it may sit on a shelf – not allowed to be stored away, but no longer regularly relied upon. Finally it may be lost without being mourned and later may be found in an attic, retrieved and given to the next generation.

Anna Rizzuto writing about the God image says that,

"throughout life God remains a transitional item at the service of gaining leverage with oneself, with others and with life itself. This is so, not because God is God, but because, like the teddy bear, [God] has obtained a good half of the stuffing from the primary [counterplayers] the child has ‘found’ in life. The other half of God’s stuffing comes from the child’s capacity to ‘create’ God according to [the child’s] needs.” (Rizzuto, 1979, p. 179)

An example of this “stuffing” process is seen in a case study (Hoffman, 2010) in which a 31 year old female client presented with “loneliness, depression and spiritual disconnection.” In therapy the patient described growing up in a household where ‘emotion and conflict’ was frowned upon. This early developmental experience of parental figures was easily transferred to other authority figures including her emotional God Image. As she grew and attended confirmation classes in her early teens, she began to form a God Concept that openly questioned the religious understandings put forward by her pastor, challenging the God Concept of her childhood. She approached her pastor and trusted youth leader with questions. Both leaders were concerned about her “doubts” referring to them as “dangerous” and something to “get under control.” This response to the client’s newer God Concept was consistent with her early God Image and formed a strong belief that God could not tolerate the conflict that serious theological questions would bring. This relational disconnect between her God Image of an unquestionable, emotionally judgmental God was now at odds with her developing God Concept that found God more complex and subtle and inconsistent than she had been taught. She chose to shut down her questioning to avoid disapproval. This was mirrored in her other relationships. She felt herself an “imposter”, in spite of having friends and being religiously active. When she entered therapy she avoided conflict with her therapist and was protective of her parents, others and her God Concept. It was only her “issues” that were at fault. The therapist notes that this resistance was protective, keeping her from deep relationships with others for psychic protection. Only after the therapist established a strong
therapeutic alliance with the client was he able to deconstruct some of her resistance around early counter players, however any dissonance between her God Image and God Concept was still defended. Later in therapy addressing her relationship with God became prominent. Ultimately she acknowledged feeling God was disappointed in her, and that she was disappointed in God. The therapist notes that during this time her depressive symptoms again increased. The client's relationship to God, preserved in a developmentally young state like the relationship with her parents, was addressed with care, allowing the client to express honest feelings toward God. With this accomplished there was a “lightness” expressed by the client, and an understanding that her God Image and God Concept were framed by her early counter players, both parental and church leaders. As the client became more integrated and authentic she felt less lonely, was able to have more meaningful relationships and to recognize that she was not at fault if others, like her father, were not able to change the way they related to her.

Noteworthy in this case is the therapist’s assessment of the faith community where the client attended. The counsellor assessed whether the patient’s questions about God would be respected by her current faith community. In order to confirm with the client that the congregation was comfortable with her questioning, the counsellor suggested that the client speak about her evolving God Concept with her pastor. She found that the congregation was open to her questioning God. The therapist notes that such confirmation by a client’s pastor in the community often leads to more open communication of the God Image and Concept in therapy.

This collaboration by clinicians with community clergy in expert dialogue (Milstein, 2003) is important for two reasons. First it allows the clergy to engage with their congregant in a deeper theological discussion helping the congregant develop a more examined belief structure and, with a possibility of deepened faith and relationship in the faith community (see Table 1). Second, this allows the therapist to remain theologically neutral and maintain the “holding environment” of the therapeutic alliance to which we are ethically bound, and let the community clergy serve as the spiritual guide (Gonsiorek, 2009; Milstein & Manierre, 2009). Rizzuto (1979) writes that when the counsellor examines the client’s God Image and Concept, they are explored in the therapeutic dyad. Meisner (2009) adds to Rizzuto’s formulation describing God Image, “as a transitional conceptualization” that, “leaves open the questions of reality and existence, but does not stipulate it” (p. 225). Once counselling has helped restore clients’ self-efficacy, they will then each determine the path of their spiritual journey within their chosen spiritual community.
In the case example the therapist was able to acknowledge troubling relational issues from different developmental stages brought forth by the client, both familial and spiritual. In the experience of these authors, reviewing the developmental history inclusive of God Image and God Concept is salient for best practice in counselling even for those patients indicating they are spiritual but not religious because of the vestiges of religious teaching and God Image inculcated through early culture ontogeny (Rizzuto, 1996).

As described in the case history above, God Image is a developmental result of culture ontogeny, which may be consonant or dissonant with one's spiritual practices. Early formalized religious symbols and rituals hark back to times where families shared pews, births were celebrated, hymns were sung, and lives lost were memorialized according to the traditions of one's counterplayers. All of these carry "esthetic impressions" (Rizzuto, 1996) that have strong affective imprints through the process of culture ontogeny. In Fowler's stages of faith, people's own agency over ritual choice increases across the lifespan, leading to a person's changing God Concept (Figure 1). A person might now describe oneself as spiritual but not religious, seeking an internal divine experience without organizational membership. One task of the counsellor is to assess if this new God Concept is consonant with the person's emotional God Image from early development. As the case example showed, to successfully integrate a new God Concept, one may need to revisit, revise and adapt one's early God Image (Hoffman, 2010).

Religion and Spirituality: Apart and Together

It is not uncommon for persons to describe themselves as spiritual not religious (Hill et al., 2000). This ability to articulate a distinction between institutional religions and human spirituality as separable paths of human expression was described and discussed by William James at the beginning of the last century. In his lectures on "The Religion of Healthy-Mindedness" James described the "New Thought" movement, which had grown from a combination of biblical texts, Emersonianism and the new science of evolutionism (James, 1902).

In his lectures, James predicts that a separation will grow between traditional religions from which one learns the values to which one adheres, as distinct from spiritual paths of discovery that strive toward a universal and divine essence of meaning. One study of religion and spirituality (Hyman & Handal, 2006) - which found both unity and separateness - asked a sample of clergy from diverse religions to engage in two tasks to explore this distinction between religion and spirituality.
In one task they were to evaluate individual items from five measures of religion and spirituality. For each item clergy rated the extent to which it measured religion as well as how it measured spirituality. In a separate task, the clergy wrote their own definitions of religion and spirituality. In the first task clergy ratings did not differentiate the survey items into separate religion or spirituality factors, rather the data revealed one combined religion/spirituality factor. In the second task of writing their own definitions, content analysis found religion defined as objective, external, with ritual or organizational practices that one performs in a group setting and that guide one's behaviour. Spirituality was defined as internal, subjective, and divine experience or direct relationship with God. This distinction provides a guideline for counsellors. The above definitions place spirituality discussions well within the realm of counselling, and locate religious practice outside of the office and into the community (Milstein, 2003; Milstein, Manierre, & Yali, 2010; Richards, 2009).

This private spirituality versus public religion dichotomy is not new. James (1902) suggested that rather than being separate paths, different choices may have distinct utility at different stages of our psychological development. Therefore — as Fowler (1981) has discussed — what looks like a change of path, may be a single path that is — across the lifespan –inclusive of religion and spirituality as one integrated lifelong journey.

This variability of lifespan religiosity was further investigated with interviews of 129 adults over 64 years old (Ingersoll-Dayton, Krause, & Morgan, 2002). These persons described changes in their religiosity over their life course. Some described little change, some increased, some decreased. Others described a curvilinear path of involvement: they grew up in religious homes and then moved away from congregational involvement. Then when they started families, or as they grew older and sought places of familiar contemplation and community, they returned to the religious practice of their youth. Most persons born in the United States are affiliated with a religious congregation, and grow up within one religion (Association of Religion Data Archives, 2000). Therefore, while it is not uncommon for persons in the United States to change religions, or to disaffiliate from religion, their subsequent religion choices and strivings will include, at minimum, an internal dialogue with the first religion of their psychosocial development (Erikson & Erikson, 1997; Pew Forum on Religion & Public Life, 2008; Rizzuto, 1979).
When counsellors understand religious identity development from the perspective of deep networked physiology in the human brain, we can appreciate the importance to acknowledge the distinct depth that is connected to a specific religion, as lived by each client we counsel. Therefore, it is an ethical imperative that we seek a lifespan understanding of each client's individual religious experience. This requires assessment of the client's religious developmental history and at times could be aided by consultation with denominational clergy, or the client's own religious leader (Milstein et al., 2010).

The Ethical Imperative for Assessment across the Trajectory of Lived Religion

For most persons religion is an early and profoundly integrated aspect of the developmental journey toward identity formation that is specific to the culture ontogeny of the individual who seeks counsel (Fowler, 1996; Meissner, 2009). While few of us remember our transition from crawling to walking, we do retain the memories of how to crawl and to walk. Just as the mother tongue of our infancy enters our brains without conscious awareness, so too does our culture of origin, so too does our family’s religion. Just as the counsellor listens to the language of the client for both common and unique meaning, it is an ethical imperative that the counsellor assess the religious and spiritual beliefs of the person seeking care, both as lived in the present and as a legacy of childhood and adolescence – of early culture ontogeny.

There are many assessment tools available to clinicians with greatly varying complexity and thoroughness. Richards and Bergin (2005) review several assessment protocols and rationales for assessing the salience of spirituality and religion. Pargament (2007) describes a multifaceted assessment that grows in depth over time with the client. Some common elements include questions of general spiritual concepts such as peace, forgiveness, legacy, regret, and gratitude (Griffith & Griffith, 2002). Pargament also examines five aspects of the role of spirituality in the clients’ individual developmental trajectories: problems, pathways and destinations, critical life events, larger context, degree to which lives are well integrated (pg 201). Pargament provides several implicit and explicit spirituality assessment tools in his chapters. He also emphasizes that the goal is to understand spirituality from the perspective of the client and determine how or if to integrate spirituality into the counselling. Like much of counselling, this assessment will follow a spiral that grows more complex, with greater depth as the therapeutic relationship evolves.
Fowler (1981) also published a detailed “Faith Development Interview” that he has used in his research. The four-part, thirty-four question assessment covers one’s life history, one’s current values as well as religiosity, and seeks to identify significant events or transitions in the individual’s spiritual and religious lifespan of experiences.

In Table 2, we provide an adapted example of one very brief assessment that has been recommended as part of an overall cultural evaluation (Lim, 2006). The FICA Spiritual Assessment in Clinical Practice (Borneman, Ferrell, Otis-Green, Baird & Puchalski, 2010; Puchalski, 2006; Puchalski & Romer, 2000) provides a four-part guide: Faith, Importance, Community, and Action. There is also a website with training modules for FICA (Puchalski, 2010). The adapted guide that we present here directs the clinician’s assessment with clients concerning the salience of their religious and spiritual beliefs and practices, both in the past and now. The assessment reflects how clients would like their counsellors to address these topics in their counselling, as well as provides descriptions of community resources that could be adjunctive to counselling and structurally helpful to recovery. This is a brief assessment that can be augmented or replaced by the more thorough assessments of Pargament (2007) or Fowler (1981), or those reviewed by Richards and Bergin (2005).

Table 2. The FICA© Tool for Taking Spiritual History (Puchalski, 2006)

<table>
<thead>
<tr>
<th>F</th>
<th>Faith, Belief and Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Do you consider yourself spiritual or religious?</td>
<td></td>
</tr>
<tr>
<td>• Do you have spiritual beliefs that help you cope with stress?</td>
<td></td>
</tr>
<tr>
<td>• What gives your life meaning?</td>
<td></td>
</tr>
<tr>
<td>• How have these beliefs changed or adapted since childhood?</td>
<td></td>
</tr>
<tr>
<td>I</td>
<td>Importance and Influence</td>
</tr>
<tr>
<td>• What importance does your faith or belief have in your life?</td>
<td></td>
</tr>
<tr>
<td>• Have your beliefs influenced you in how you handle stress?</td>
<td></td>
</tr>
<tr>
<td>• Do you have specific beliefs that might influence your healthcare decisions?</td>
<td></td>
</tr>
<tr>
<td>• How have the influences of these beliefs changed since your childhood?</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Assess for both positive and negative religiosity & spirituality.
C - Community Trajectory

- Were you ever part of a spiritual or religious community or congregation?
- Was this of support to you? How?
- Are you now part of a spiritual or religious community or congregation?
- Is this of support to you? How?

Note: Assess for both positive and negative relationships.

A - Action / Address in Care

- How would you like me, your counsellor, to address these issues in your care?

Note: This may include referral to—or consultation with—chaplains, pastoral counsellors, or the patients’ own clergy.

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There may be times when clinical assessment indicates that religion is the source of negative experiences and even trauma (Exline, Yali, & Sanderson, 2000; Goodstein, 2003; Pargament, Desai, McConnell, Calhoun, & Tedeschi, 2006). This will be a delicate and important focus of counsel as one helps the client understand the complexity of religion that had been a source of comfort and has become a source of despair (Farrell & Taylor, 2000).

As the goal of counselling is to bolster persons’ healthy functioning, one assessment option would be to use the adapted FICA (Table 2) to identify activities available to the client in the community. As discussed above, although most persons grow up affiliated with “mainline” religious congregations, some may have disaffiliated and dissociated from religion. Other persons who consider themselves disaffiliated, also describe themselves as spiritual but not part of an organized religion (Pew Forum on Religion & Public Life, 2008; Shafranske & Malony, 1990). Does this mean that they have no religious or spiritual community as part of their network of support? This can be evaluated with the FICA or other assessment tools (Fowler, 1981; Pargament, 2007; Richards & Bergin, 2005). If assessment identifies that the client is active or simply has membership in a religious congregation, this congregational activity could be useful for the client’s continuity of care (Milstein, Manierre, Susman, & Bruce, 2008; Milstein et al., 2010).
In the context of religious communities, positive values, such as hope, perseverance, wisdom, and self-control, can be nurtured and sustained (Dahlsgaard, Peterson, & Seligman, 2005). Individuals can strive to improve the well-being of future generations through sharing religious beliefs and values, as well as through activities like volunteering, mentoring, and promoting social justice. Erikson (1997) termed this adulthood developmental task, Generativity, which he defined as, "productivity and creativity in the service of the generations" (p. 53). These beliefs and activities, in turn, are psychologically beneficial to us (Borgonovi, 2008; McAdams & de St. Aubin, 1998).

Congregations are also a source of spiritual and social support in times of stress (Gottlieb, 1983; Krause, 1998; Milstein & Manierre, 2009). One example of a significant stressor that is responded to by religious communities would be after the death of a loved one. Congregations enact faith-based rituals of mourning to provide the congregants with spiritual coherence (Jacobs, 1992). Congregations' members visit people in their homes and provide spiritual support, social support, and instrumental support (financial help). Weekly worship and educational programs offer ongoing support to the bereaved, and some mourners will meet individually with their clergy for spiritual guidance and prayer. The spiritual coherence and social support of these rituals can be sufficient to return persons to functioning (Krause, 2002). This congregational assistance occurs without the professional services of clinicians.

One place where spirituality is not social is in the context of psychotherapy and counselling. In this therapeutic context the counsellors seek to engage their clients' spiritual points of view separate from religious practice. As with the case reviewed above (Hoffman, 2010), the counsellor examines the client's stages of faith to reach an understanding of the consonance or dissonance between the client's God Image and God Concept. Then, as the clients emerge from counselling and seek to rejoin more community activity, they will have a more integrated religion identity when they reconnect to spiritual and religious lives outside of counselling.

**Conclusion**

Unlike sea turtles, we begin our lives as recipients of language and culture. For most, this culture ontogeny includes religion. With adolescence and young adulthood we find our own voice. Some persons change spiritual paths, some disaffiliate. Then in adulthood, as our developmental tasks include generativity to improve the lives of the next generations, we pass along our early stories as well as our transitional items of comfort.
The counsellor has an ethical obligation to treat the whole person. To know the role of religion in the lives of our clients requires both that we assess current beliefs and practices, as well as those beliefs and practices integrated during the client’s early development which inform the interplay and synthesis of God Image and God Concept across the lifespan.

One group of persons who struggle with a profound disconnect between their early God Image and current God Concept are veterans from the recent wars in Afghanistan and Iraq. The unconventional warfare in these countries forced service members to confront ethical challenges and to experience events that transgressed deeply held moral beliefs, thus heightening the risk for mental health problems (Drescher, Smith, & Foy, 2007). These problems can include spiritual suffering, guilt, moral distress, disrupted meaning and purpose in life (Litz et al., 2009). Therefore one would assess early cultural development to determine if it would be helpful to incorporate spirituality when counselling veterans (Tanielian & Jaycox., 2008).

The counselling journey begins with a full assessment and completes as the client feels personally more emotionally healthy and with strong ties and relationships in a community of choice. This may result in a curvilinear return to the religion of childhood, left behind during young adult years, or to a path never before explored. Counselling is one step across a lifespan of journeys.

References


