When Religion Enters the Counseling Group: Multiculturalism, Group Processes, and Social Justice

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Abstract
Religion is a diversity factor that comprises a significant component of identity for many clients. However, little attention has been paid to religion in the context of group counseling, especially process-oriented, nonthemed groups with heterogeneous membership. Using multicultural, process-oriented, and social justice theories of groups, we demonstrate the myriad ways religion is relevant to and influential in group counseling work. Together, these theories provide a solid justification for the need to ethically and effectively attend to religion in group work. Furthermore, they provide a strong foundation for developing counseling expertise in this area by highlighting typical conflicts, group dynamics, and needs that arise when religion is addressed in groups. Based on our review, we provide practical and ethical implications to assist group leaders in addressing religion in their group counseling work.

Keywords
multiculturalism, psychotherapy, content, training, religion/spirituality, dimensions of diversity, group counseling

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Religion is an important but understudied facet of client identity, especially in group counseling. The large majority of Americans (92%) report a belief in God or a universal spirit and about half (56%) report that religion is very important in their lives (Pew Forum on Religion and Public Life, 2008). In addition, a considerable proportion of clients experience moderate or greater distress related to religious or spiritual concerns (Johnson & Hayes, 2003) or report that presenting concerns affect their religious or spiritual lives (Hathaway, Scott, & Garver, 2004). Finally, some clients (23.5%) have indicated a preference to discuss religion as part of their group counseling work (Post, Wade, & Cornish, 2013). Considering these statistics, counselors can safely assume that religion is relevant to their counseling groups in some way. We argue that for counseling psychologists to be effective multicultural, social justice-oriented group counselors, it is essential to have a clear understanding of the role religion plays in clients’ presenting concerns and group counseling processes.

A host of research articles (see Post & Wade, 2009, for a review), books (e.g., Plante, 2009; Richards & Bergin, 2005), and even training videos (e.g., McMinn, 2006) have provided a plethora of knowledge on ethical and effective ways of attending to religion in individual counseling. In contrast, there is very little scholarship on addressing religion in group counseling. Although one might be tempted to simply apply the research on religion in individual counseling to the group counseling realm, the transfer is not so direct. For example, past research on religion in individual counseling does not inform the group counselor about ways to manage the potentially divergent religious beliefs and preferences of various group members; whether to address religion at the individual, interpersonal, and/or group levels; or how to manage difficult discussions among group members regarding religion. The varieties of religious experience and expression take on particular complexity in a group setting, making this a topic of crucial importance.

Group treatments explicitly designed to address religious elements have been developed and appear to be beneficial (e.g., Richards, Berrett, Hardman, & Eggett, 2006; see Cornish & Wade, 2010, for a review). Furthermore, strategies have been proposed for incorporating spiritual psychoeducation into general psychoeducational groups (Christmas & Van Horn, 2012). Yet, it is in the context of open-ended process groups that religious variables have the greatest likelihood of going unnoticed or being avoided by group members and/or leaders.

Thus, in this article, we examine religion in a group counseling context, specifically in groups that are process-oriented, nonthemed, and include heterogeneous membership. Religion has been defined as “the feelings, thoughts, experiences, and behaviors that arise from a search for the sacred . . . that
receive validation and support from an identifiable group of people” (Hill et al., 2000, p. 66). We focus on religion, as opposed to spirituality, because religion is typically understood to be more directly tied to culture, whereas spirituality is more individualized (Koenig, McCullough, & Larson, 2001). This emphasis on religion better matches our focus on the multicultural and social justice literatures. In addition, group therapists have expressed more uncertainty about the role religion—compared with spirituality—might play in group therapy work (Cornish, Wade, & Post, 2012). We use multicultural, process-oriented, and social justice-oriented group-based theories to demonstrate the ways in which religion can influence group counseling work. Together, these theories provide a solid justification for the need to ethically and effectively attend to religion in group work. We explore each of these three theories in turn while acknowledging they are intricately intertwined with one another.

**Attending to Religious Diversity: Multicultural Group Counseling Theory**

To be an effective multicultural group counselor, one must have awareness, knowledge, and skills related to various dimensions of diversity (Sue, 2001; Sue & Sue, 2013). One component of client diversity is religion, as recognized in the American Psychological Association (APA, 2010) ethics code. Religion (or lack of religion) is a component of identity and can be related to clients’ presenting concerns through religious discrimination, views of well-being, and positive or negative religious coping, among others (Pargament, 2013). These functions of religion have implications for multicultural group practice.

**Religion and Identity**

In the United States, the spectrum of religious identity is very broad, with an estimated 20 major religious groups. Within these larger religious groups, thousands of smaller organizations or denominations can be separately identified, each promoting their own beliefs and practices and with their own cultural histories (Hoge, 1996; Melton, 1996). Religion has historically served as a central socializing factor, as it exerts a great influence on values, beliefs, family structures, and social practices—all of which are components of culture (Watt, 2009). For many individuals, religion serves as a unique component of their overall identity. For others, religious elements (e.g., traditions, worship style, values) are integrally connected to, and cannot be separated from, other components of their identity, such as race or ethnicity.
In these cases, religious identity may be one way people make meaning of their racial or ethnic identities. This may be particularly true for some Native American, African American, and Latino individuals (Stewart & Lozano, 2009). Similarly, one may identify with Judaism for religious identity and as Jewish for one’s ethnicity; in this case, the two are almost inseparable (Birman, 1994). Finally, one’s religious identity or heritage may be at odds with another component of one’s identity. This may be especially salient for individuals of a minority sexual orientation who grew up in or currently identify with the more conservative spectrum of various world religions (Sherry, Adelman, Whilde, & Quick, 2010).

**Religion and Presenting Concerns**

Race, ethnicity, sexual orientation, social class, national origin, gender, age, and other cultural factors can all impact religious identities and vice versa (Green & Stiers, 2002; Stewart & Lozano, 2009). These cultural factors are interwoven with presenting concerns, leading to the crucial reminder that clinical issues cannot be effectively addressed without also attending to cultural variables. As with all cultural and diversity factors, counselors must therefore attend to the ways religion is related to presenting concerns (Fukuyama & Sevig, 1999; Sue & Sue, 2013). For example, the growth of anti-Muslim sentiment in the United States following the September 11, 2001 attacks (Morgan, Wisneski, & Skitka, 2011) has created considerable stress for a large proportion of Muslims (Pandela & Heisler, 2010), as well as Sikhs, who are often mistaken for being Muslim (Ahluwalia & Pelletiere, 2010). Without attending to the ethnic and religious elements of this stress when treating these clients, counselors run the risk of further perpetuating the marginalization felt by their Muslim and Arab-American clients. We believe that doing this type of work in a group setting can facilitate additional healing when group members from the majority perspective convey their support and acceptance of clients from marginalized groups.

**Religious perspectives on well-being.** Religion can also influence the way clients view their problems. As a worldview, religion informs what is thought of as a problem and what adherents should expect in terms of their health or well-being. Religious beliefs might cause some individuals to see as problems what many people believe are typical human experiences, such that some may see masturbation as a serious moral failing (Patton, 1986) requiring religious or psychological intervention. Religious adherents who believe masturbation is a sin might experience significant personal turmoil as they try to avoid the behavior, as well as
considerable guilt, shame, and remorse if they do masturbate. Religious beliefs might also encourage people to downplay serious mental health problems. In a religious community that values reliance on a higher power or the community, a person struggling with depression may not see the symptoms as necessitating professional help and may continue to seek solely religious answers despite repeated failures to solve the problem. The multiculturally competent counselor will thus seek to understand clients’ theories of problems, change, and health as they relate to presenting concerns (Arredondo et al., 1996).

**Religious coping.** Similarly, clients’ religiousness may guide their methods of coping with difficulties. Much has been published on religious coping, and it is clear that it can have either positive or negative effects on individuals (Pargament, 1997). Pargament defined religious coping as methods related to the sacred that people use to attain or maintain significance in their lives during times of stress. Some methods of religious coping that have been connected to positive outcomes include believing in the divine’s care, compassion, and assistance; seeking care and support from one’s religious community; and reframing negative life events with positive religious attributions or explanations (Fukuyama & Sevig, 1999; Pargament, 1997). For example, clients may see personal crises as opportunities to develop spiritual maturity or reconnect with their religious communities, rather than as arbitrary, painful experiences with no meaning. These methods of positive religious coping are related to both fewer negative outcomes (e.g., depression, anxiety, and global distress) and greater positive outcomes (e.g., well-being, life satisfaction, and hope; Ano & Vasconcelles, 2005).

However, some religious coping methods are related to poorer outcomes. For example, people who respond to difficulty by deferring to God or the divine, pleading for direct intervention, or viewing the divine as punishing them tend to report greater psychological disturbances, such as hopelessness, posttraumatic symptoms, and social dysfunction (Ano & Vasconcelles, 2005; Pargament, 1997). Because of the capacity for religious coping to function in both positive and negative ways, counselors should listen for ways in which their group clients utilize religion as a part of their coping process. Clients may spontaneously disclose about their coping methods or group members may ask one another about these methods out of curiosity or attempts to be helpful (Wade, Post, Cornish, Vogel, & Runyon-Weaver, 2014). Being aware of and exploring these religious cultural considerations with clients provides for a fuller picture of client presenting concerns, including exacerbations of problems and sources of support.
Multicultural Practice in Group Counseling

Counselors must also consider that attending to multiculturalism has more layers in group counseling than in individual counseling—in addition to the multiple identities within each individual, there is likely to be diversity within the group for each facet of identity (Green & Stiers, 2002). Group counselors, therefore, have the added challenge of attending to how clients with varying religious identities influence one another, as well as how other components of identity can influence interactions among group members who identify with the same religion (Chen, Thombs, & Costa, 2003; Stewart & Lozano, 2009). For example, two Hindus in the same counseling group might respond very differently to other members and the counselors based on their age or level of acculturation to American culture. An older, more traditional Hindu who immigrated to the United States might have higher adherence to the faith and cultural community, whereas a younger Hindu born in the United States might integrate various elements of American culture into the traditional Hindu faith. These intersections can be rich material for understanding group processes and evolving dynamics if they are attended to in a multiculturally sensitive way.

One way for group counselors to prepare for these added nuances and lay the groundwork for excellent multicultural group work is by assessing clients’ religious identities and experiences. This assessment can begin at intake through broad open-ended questions or established measures to assess the importance of religion in clients’ identities, presenting concerns, and/or coping resources (Ibrahim & Dykeman, 2011; Pargament & Krumrei, 2009). During treatment, discussions may arise that seem connected to religion. Group counselors can respond with questions that assess the relevance of religion to the discussion material. These questions might be geared toward the individual level (following up with a single client) or the group level (asking a question for all group members to consider and respond to).

We also encourage counselors to expand their knowledge of various religious groups. As promoted by various multicultural guidelines and competency listings (e.g., APA, 2003; Association for Spiritual, Ethical, and Religious Values in Counseling [ASERVIC], 2009; Vieten et al., 2013), counselors should obtain a broad understanding of the history, teachings, and practices of the world religions (e.g., Pargament, 2013; H. Smith, 1995). When working with clients of religious groups less familiar to them, counselors can then seek out more specific information through continuing education, professional consultation, and personal reading or experiences (e.g., attending a religious festival).
Similarly, counselors should become familiar with the complex intersections between religion and other identities. To offer only one example, religion can intersect with sexual orientation in numerous ways. For some clients who identify as lesbian, gay, or bisexual (LGB), religion may provide a source of significant distress. Internal or relational conflicts may arise as LGB individuals struggle to navigate their religious and sexual identities. These individuals may receive negative messages about their sexuality in religious texts, faith groups, and sermons (Ritter & Terndrup, 2002). This religious tension can have negative psychological effects, including shame and guilt (Sherry et al., 2010), internalized homophobia (Barnes & Meyer, 2012), and suicidal ideation (Lalich & McLaren, 2010). However, one’s ability to integrate homosexuality with one’s religious identity may have positive outcomes (Schnoor, 2006; Wagner, Serafini, Rabkin, Remien, & Williams, 1994). Similarly, faith experiences that are affirming of LGB identities are related to better psychological health through lower homonegativity and greater spirituality (Lease, Horne, & Noffsinger-Frazier, 2005).

We suggest that counselors also familiarize themselves with the intersections between religion and race, ethnicity, national origin, age, social class, and gender identity. The APA Handbook of Psychology, Religion, and Spirituality (Pargament, 2013) includes chapters on the intersections between religion and several of these diversity factors, and would be an excellent place for counselors to start. By gaining a better understanding of various religious groups and the ways in which religious identity influences and is influenced by other identities, group counselors will be better prepared to recognize and manage the dynamic interplay that can emerge when clients’ multiple identities interact with the multiple identities of other group members.

The Influence of Religion on Group Work: Process-Oriented Theory

Because of the complex interactions among elements of identity, process-oriented group therapy theory is also useful in understanding the role religion can play in group counseling. Yalom’s (2005) theory of process-oriented group therapy is perhaps the most prominent guide for group therapists, especially those who lead unstructured, open-ended groups. Central to Yalom’s approach is his understanding of the group as a social microcosm, in which a counseling group is seen as a miniature social universe with interpersonal interactions that are enacted in a similar manner to interactions outside the group. Just as cultural variables are a powerful force in shaping interpersonal
interactions in the external world, so too do they influence interactions within the group (Chen et al., 2003). Some of these interpersonal enactments in group counseling are likely to involve religion. This may result in avoidance of religion, acceptance of society’s dominant religious group as the norm, or subgrouping and conflict related to religion.

**Avoidance of Religion**

First, group interactions are influenced by the “politeness protocol” that discourages people from openly and honestly sharing their perspectives and experiences (Sue & Constantine, 2007, p. 140). Although this hesitancy to be open can shape all types of group interactions, those surrounding religion may be especially prone to this politeness protocol. Because of the polarization and intimacy associated with religious beliefs and experiences (Layman, 2001), such discussions are not viewed as part of polite conversation and may thus be avoided by group members even when relevant to them. This could result in an important part of some clients’ lives being ignored in their group treatment (Cornish & Wade, 2010).

Process-oriented theory instructs group counselors to override this politeness protocol and raise the issue with the group (Yalom, 2005). In doing so, counselors can shape norms of the group in a way that allows religion to be openly discussed. For example, asking questions about group members’ religious backgrounds, beliefs, or practices—during the screening process and/or at relevant times during the life of the group—can set the norm that these parts of clients’ lives are not off-limits in the group. In addition, group counselors could pay attention to the ways group members avoid religious issues and then highlight these behaviors to promote more open and honest discussion among group members. An awareness of concerns for which religion may be relevant is crucial in identifying such avoidance. Discussion of existential issues offers a prime example. Existential themes make up an important therapeutic factor of groups (Yalom, 2005), and exploration of issues related to freedom, responsibility, choice, meaning, and death are often integrally related to religiousness (Fukuyama & Sevig, 1999). For many people, religious beliefs and practices are central to making sense of existential concerns such as meaning, isolation, responsibility, and mortality. Significant life transitions, such as endings, change, and death can activate existential concerns (Yalom, 1980). When working with such concerns, group counselors might note an unexpected absence of religious themes. In these cases, counselors can highlight the absence of religion in the discussion and ask group members in what way, if any, religion has played a role in those presenting concerns. These interventions that override the politeness protocol
can help group members see that social forces shape the concerns they address and ignore in group and may allow for more intimate discussion of clients’ lives.

**Christianity as the Norm**

Second, society’s dominant religious worldview—in the United States, Christianity—is likely to be directly or indirectly accepted as the norm in the group. This can result in the marginalization of secular and nondominant belief systems (Green & Stiers, 2002; Watt, 2009). For example, group members may ask about others’ plans for Christmas or Easter or may make comments that assume a theistic worldview. When the dominant view is allowed to subtly pervade the group, members with minority perspectives may feel their authentic selves are being devalued, thus hindering progress within the group (Green & Stiers, 2002). Counselors should, therefore, pay attention to the ways that religious majority and privilege are present in the group (Singh & Salazar, 2010). Often, majority privilege is implicit and can have a pernicious effect on a group. Group counselors who identify as Christian must be aware of their own privilege (Schlosser, 2003) and how that can influence group dynamics. In addition, counselors should take steps to ensure that minority voices are not silenced in the group. This silencing might be more likely in group counseling than in individual counseling because other group members with privilege, and not just the counselor, can contribute to the intentional or inadvertent silencing of some members (Green & Stiers, 2002). Group counselors, therefore, need to take steps to ensure that those with differing perspectives can have an influential voice. We discuss how to do so in the section on social justice.

**Subgrouping and Conflict**

Third, subgrouping can occur based on visible or disclosed religious differences (Chen et al., 2003), which may lead to problems with group cohesion (Yalom, 2005). In addition, group members might play out dynamics of stereotyping, prejudice, and discrimination (Bemak & Chung, 2004), which can cause misunderstandings and group conflict (Chen et al., 2003). Just a few hypothetical examples include a religious client who comments that an atheist group member must struggle with finding moral guidance, an evangelical Christian client who interacts with group members in a proselytizing manner, a client who asks how a European American group member can be a “true” Buddhist, or a subgroup of clients who make derogatory jokes about one of the religious minority populations in their city before the group starts. If these
oppressive dynamics are not attended to or managed well, they have the potential to recapitulate harm that minority group members experience in their daily lives (Chen, Kakkad, & Balzano, 2008). If managed well by the group leader, however, conflict has the potential to lead to interpersonal learning and eventually greater group cohesion, two important therapeutic factors of group counseling (Yalom, 2005). If conflict regarding religion arises in the group, we encourage counselors to help group members examine the ways they typically interact with others regarding religion and explore more effective, intimate, and respectful ways of managing sensitive issues in the group. By actively intervening in the group process, counselors can help to create a group environment that allows for difficult discussions and even conflict that can be very healing (e.g., Sue, Lin, Torino, Capodilupo, & Rivera, 2009; Watt, 2007). The literature on social justice and difficult dialogues can assist group counselors with this task.

**Facilitating Difficult Dialogues: Social Justice-Oriented Group Work**

Social justice is a philosophically important emphasis for those who identify as counseling psychologists (Arredondo & Perez, 2003; Sue, 2001; Vera & Speight, 2003). Goodman et al. (2004) conceptualized counseling psychologists’ social justice work as “scholarship and professional action designed to change societal values, policies, and practices, such that disadvantaged or marginalized groups gain increased access to . . . tools of self-determination” (p. 795). This would include groups disadvantaged or marginalized based on their religious identities or heritage. Regarding clinical practice, social justice issues are salient in group counseling, as its unique format (i.e., the gathering of clients unrelated to one another) increases the possibility for both oppressive dynamics and healing experiences. To intervene to promote social justice, group counselors must continue to expand their multicultural awareness, knowledge, and skills; attend to group dynamics of power and privilege; and validate the experiences of marginalized group members (Singh & Salazar, 2010).

**Difficult Dialogues**

The concept of difficult dialogues, more common in the educational and academic affairs literature, can assist group counselors wanting to promote social justice. A *difficult dialogue* is “a verbal or written exchange of ideas or opinions between citizens within a community that centers on an awakening of potentially conflicting views of beliefs or values about social justice.
issues” (Watt, 2007, p. 116). Although we use the term difficult dialogues here, interested readers can also consult literature on courageous conversations (e.g., Singh & Salazar, 2010) and intergroup dialogue (e.g., Gurin, Nagda, & Zuniga, 2013) for additional information. Regardless of the specific term, the purpose is for a diverse group of people—in this case, a counseling group—to intentionally explore challenging topics (Singh & Salazar, 2010) with a goal of confronting oppression, exploring privilege, and empowering clients for change (Burnes & Ross, 2010).

To help create the emotional and intellectual space for these dialogues, group counselors need to pay attention to both the content and process of group interactions, acknowledge the dominant and marginalized perspectives, and understand the personal and social investment associated with these issues (Singh & Salazar, 2010; Watt, 2009). Counselors must also help clients listen to and really hear one another (Sue et al., 2009). Horizontal disclosure (here-and-now reflections on the process of group interactions) is often stressed in process-oriented group counseling (Yalom, 2005), but vertical disclosure (historical content based on outside-of-group information) can be especially helpful for both majority and minority members when diversity issues are discussed. It allows minority members to be acknowledged and validated, majority members to examine their privilege and power, and all members to better understand that past experiences deeply shape personal and within-group identities (Chen et al., 2003). This new awareness, however, can be difficult for clients.

**Religion as a Barrier in Dialogues**

As explained in Watt’s (2007) Privileged Identity Exploration Model, defensive reactions are a natural response to difficult dialogues. These include denial, rationalization, and intellectualization. Especially relevant to our focus on religion, however, is the *principium defense*, in which one avoids exploration of the issue based on a religious or personal principle. In other words, religion can at times serve as a barrier to dialogue. One could imagine, for example, a discussion on sexual orientation in which a client says,

> I feel bad that [group member who is gay] can’t get married. I don’t promote discrimination, but I also think that marriage should only be between a man and a woman. I still accept you (group member), though. As my religion teaches: love the sinner, hate the sin.

Here the client’s religious principle served to avoid further exploration of the tension between disliking discrimination yet promoting unequal access
to marriage. Focusing on the religious beliefs of this client is likely to result in additional polarization and hurtful interactions (Chen et al., 2003). However, focusing on the client’s feelings (“I feel bad”) can help break down the principium defense and allow for a more genuine exploration of privilege (Watt, 2009).

In some cases, the religious nature of the belief or difference might not be apparent. For example, a client might state disapproval of interracial marriages. The religious underpinnings of that belief might be very real, but left unsaid. In the course of conversation, it could be very fruitful for the member to divulge the religious element and explore that with the group. This could provide an opportunity for the member to explore the effect those religious beliefs have on others and may also provide unexpected opportunities for empathy from other group members.

Religion as the Focus of Dialogue

Religion can also become the primary topic of dialogue itself. According to Watt (2009), difficult dialogues on religious privilege should occur when the dominant religious worldview is being accepted as the norm and/or when any secular or nondominant religious worldview is marginalized. Schlosser (2003) offered a list of the privileges enjoyed by Christians in the United States, which could be a starting place for group counselors who want to help majority clients explore their religious privilege.

Stewart and Lozano (2009) also argued that difficult dialogues on religion and religious privilege need to take into account the ways in which race, culture, and nationality influence religious experiences and identities. For example, they raised the question of whether Christianity should be considered a privileged identity in racial or ethnic groups for whom a primary historical purpose of their religion was to fight oppression and inequality. Again, religion becomes increasingly complicated when multiple identities are taken into account, both within the individual and among group members (Green & Stiers, 2002). Group counselors must, therefore, examine privilege within the context of multiple oppressions to fully incorporate multicultural issues (Burnes & Ross, 2010).

Research on classroom-based difficult dialogues on race offers several suggestions for group counselors (Khuri, 2004; Sue et al., 2009). Strategies for facilitating effective discussions include legitimizing the discussion of privilege, validating the feelings of all participants, increasing one’s own comfort with discussions of privilege, and using direct approaches to manage the discussion. A more passive approach by the counselor may simply serve to maintain the status quo by perpetuating privilege among certain members.
Multicultural, process-oriented, and social justice-oriented group counseling theories provide a theoretical rationale for attending to religion in group counseling. In our discussion of these theories, we also provided suggestions for how to intervene with religion in group work. Such discussions are not complete, however, without a closer examination of the ethical considerations associated with religion in group counseling. Other authors have already addressed the ethical concerns around religion in individual counseling (e.g., Hathaway & Ripley, 2009; Plante, 2007; Yarhouse & Johnson, 2013). These are excellent sources for readers interested in the ethics of addressing religion in general clinical practice, much of which can apply to the group counseling context. In addition, a set of spiritual and religious competencies for psychologists was recently published (Vieten et al., 2013), which covers attitudes, knowledge, and skills needed for effective clinical practice. Because readers can refer to these sources for a good overview of ethically attending to religion in counseling, we primarily limit our discussion to the ethical issues that are complicated by the group counseling format. Specifically, we address three of the APA ethical principles: beneficence and nonmaleficence, justice, and respect for clients’ rights and dignity (APA, 2010).

**Beneficence and Nonmaleficence**

A significant ethical consideration for group counselors is balancing the two components of Principle A: Beneficence and Nonmaleficence (APA, 2010). The ethical admonishment for psychologists to help those with whom they work (beneficence) and to do no harm (nonmaleficence) can take a complicated form in a group counseling setting. The complexity arises when doing good for one client might do harm to another client in the group or to the group as a whole (American Group Psychotherapy Association, 2007). For example, the use of religious interventions (e.g., using religious language or scripture, allowing a client to pray in session) has been found to be effective in helping clients and has thus been recommended for consideration when a client prefers such integration (Hook et al., 2010). Yet, what happens when one group counseling client would prefer religious integration in treatment but other clients would be offended by it or even harmed by it? What should the group counselor do?
The ethical issues of beneficence and nonmaleficence are obviously important in evaluating such a situation. Often, the principle of doing no harm receives first priority (APA, 2010). In the simplest sense, providing religious interventions that are likely to help some but just as likely to harm others should be avoided. This is a reasonable approach to the situation, but may not always be the most effective. Although deciding not to provide religious interventions for some clients might not directly harm them, it may indirectly prevent counselors from providing the most effective or culturally sensitive care. An ethical and competent group counselor might find a way to offer religious interventions that are helpful for some clients while limiting the possibility of harm to others. For example, rather than actually providing a religious intervention (e.g., praying with the client in the group), the counselor could first explore the meaning of the request (e.g., “That seems like a really important request. I would like to understand how integrating religion in our work together is important to you and how you think it would be helpful.”). Such discussions could lead the counselor to find a personalized way to integrate the client’s religion into treatment, such as through homework.

Alternatively, if the group is more advanced and cohesive, the counselor could engage the group members in a discussion of whether they want to help the client in such a specifically religious way and what the implications of that would be. Counselors should be cautious, however, of such discussion with groups that are less developed. In groups that have not developed through stages of conflict, members might superficially agree to help a fellow member while harboring ill feelings or disagreements. With these cautionary notes in mind, we believe this ethical principle of beneficence and nonmaleficence calls group counselors to be courageous, thoughtful, and creative in finding ways to help without harming.

**Justice**

Principle D: Justice (APA, 2010) is also central to the ethical incorporation of religion in group work. Psychologists should strive to ensure their potential biases and limits to their competence and expertise do not lead to unequal quality in the processes, procedures, and services they provide to clients. Given that psychologists are less religious than the general public (Delaney, Miller, & Bisonó, 2007), many counselors may have an implicit bias that limits attention to religious variables. This, combined with clients’ social uncertainty about raising religion in group, may limit religious clients’ access to quality care in a group setting and might inadvertently lead to early client termination (Wade et al., 2014). On the other hand, counselors from the majority religious perspective might unintentionally (or even intentionally)
allow religious privilege to pervade the group. To reduce the likelihood of these unjust outcomes, one competency for addressing spirituality and religion in counseling is that counselors be aware of their own religiousness or lack thereof, with the attendant biases, struggles, and strengths their perspective brings (ASERVIC, 2009; Vieten et al., 2013). This type of self-awareness is expected to reduce the likelihood that counselor values and biases will lead to unjust practices (DeLucia-Waack & Donigian, 2003). In addition, even the perception of unequal care or access can create problematic dynamics in the group. Counselors can check in with clients regarding their perceptions of fairness and equality in treatment.

**Respect**

Finally, Principle E: Respect for People’s Rights and Dignity (APA, 2010) also provides guidance regarding religion in group counseling. The principle clearly states that psychologists are to be aware of and respect differences based on culture, including religion as a cultural factor (APA, 2010). Thus, psychologists conducting groups need to understand the ways in which religion might invoke their own biases and then work to reduce the negative influence of those biases and avoid actions based on religious biases. This ethical principle may become more complicated when counselors are faced with clients who hold religious values or practices that seem unhealthy (Jackson & Coyle, 2009) or that run the risk of hurting other clients. The balance between respecting client autonomy to make informed decisions about religion and encouraging clients to think and act in ways that are healthy and psychologically beneficial to themselves and others can be difficult. Take, for example, a married heterosexual male client who holds disparaging religiously based views about women. If these beliefs became salient in the group, the counselor could help the client explore how this belief has affected his marriage and other relationships with women. The group leader should also encourage female group members to provide interpersonal feedback on how they are affected by his disparaging comments. Counselors should strive to implement these social justice-oriented interventions in a way that respectfully encourages clients to evaluate their beliefs and the implications of those beliefs.

The ethical group counselor is thus aware of general multicultural guidelines, guidelines specific to religion in counseling, and the ethical principles that serve as guiding forces in approaching religion in group counseling. This ethical awareness is necessarily interwoven with counselors’ multicultural, process-focused, social justice-based approach to addressing religion in group counseling.
A Call for More Work on Religion in Group Counseling

Because of the relative lack of literature specifically addressing religion in group counseling, we end with some suggestions for future work that we believe would provide fruitful avenues for further exploration. There is a need for additional theoretical explorations of this topic, as well as for empirical research.

Theory

There is little theoretical writing that specifically addresses the role of religion in general group counseling. Although we were able to utilize theories of multicultural group counseling, process-oriented group therapy, and social justice group work to explore this topic, there is a need for scholarship specifically on religion in group counseling. For example, the development of competencies and guidelines for addressing religion in group counseling would benefit practitioners and guide researchers. The religious and spiritual competencies (ASERVIC, 2009; Vieten et al., 2013) referenced previously are not specific to group counseling, but could provide a useful starting place for such theoretical work.

More specifically, theoretical development is needed to understand how to effectively intervene with group clients relevant to religion. The theoretical backing provided by multicultural, process-oriented, and social justice theories provides a start to the development of effective practice in this area. However, more detailed and specific theories about the ways group counselors can intervene effectively when addressing this topic are needed. Such theories might consider religion as a source of identity by building from existing identity theories, such as racial identity theory (e.g., Helms, 1994) or sexual orientation identity theory (e.g., D’Augelli, 1994) and integrating them with theories of religious development (e.g., Fowler, 1981). Such theory would be helpful to group counselors by providing a framework to understand how interventions might be best received by specific clients. Furthermore, well-grounded theory would also encourage greater empirical research in this area, which is much needed.

Research

Very little research has been conducted on religion in general process groups. Researchers have begun to explore perceptions, practices, and preferences of group counselors (Cornish et al., 2012) and group clients (Post et al., 2013),
but there is still much left to be examined. For example, studies examining

group counselors’ behaviors when religion enters the group and the impact of

those behaviors is a needed next step in this area. Such research would pro-

vide important information about how various counselor responses affect

group clients and group dynamics. This would provide valuable foundational

guidance for the training of multiculturally competent therapists in the area of

religion. In addition, to the degree that religion can be both a source of sup-

port and difficulty for people, being able to discuss religion in group is very

valuable. Thus, research should be done to understand those factors that pro-

mote and inhibit clients’ willingness to discuss religion in group. Such fac-

tors might be specific counselor interventions (such as asking directly about

religion when it is broached by clients; Wade et al., 2014), group diversity

(e.g., homogeneity vs. heterogeneity based on religious tradition), and in-

group processes (e.g., cohesion, trust levels).

It will also be important to research the effect of attending to religion on

client outcomes. A growing literature documents the effects of including reli-

gion in counseling (Worthington, Hook, Davis, & McDaniel, 2011), which

should be expanded to general group counseling. Outcomes may very well
differ according to who raises the topic of religion (e.g., the leader, the client
being assessed, or another group member), how well the leader manages the

topic, the heterogeneity of the group, or whether specific religiously or spiri-

tually themed interventions are utilized. Moderating client factors should

also be examined (e.g., religious commitment, religious affiliation, extrinsic

versus intrinsic religiosity, gender), as what is effective for one type of client

may not be for another. Identifying ways to maximize the beneficial effects

of religious discussions while minimizing or eliminating potential downfalls

would assist in the development of effective treatment guidelines.

In addition, research assessing effective training strategies could be con-
ducted. This work would fit well with the extant work examining counselor
training in multicultural competency (e.g., T. B. Smith, Constantine, Dunn,
Dinehart, & Montoya, 2006). In addition, research could examine methods of

promoting a social justice orientation among group counselors and the effect
it has on their clients, both of minority and majority religious persuasions.
Research in this area would help to lay a much-needed foundation of infor-
mation regarding what works, for whom, and why.

Conclusion

Despite the need for additional theoretical and empirical work in this area,
group counselors can utilize multicultural, process-oriented, and social justice-
oriented theories of group counseling to guide their approach to religion in
their group work. At this point, the rationale for including religion in group counseling is strong and the theories we reviewed provide guidance for how to do this in an ethical and comprehensive way. Counselors should seriously consider addressing religion in their groups for the good of the group and their group clients. However, the specifics of intervening with this sometimes sensitive topic in group work are little understood. Thus, more theoretical and empirical work is needed to help group counselors to know the most effective ways to address religion in their own specific groups.

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**Brian C. Post**, PhD, completed his doctoral degree in counseling psychology at Iowa State University in 2013. He is now a post-doctoral resident in psychology at the Boynton Health Service, University of Minnesota. His research interests include understanding how to effectively include religion and spirituality in counseling.