
Children, spirituality and counselling

Shelley A. Jackson*

Family Sciences, Texas Woman's University, Denton, TX, USA

Texas Woman's University, TWU, Denton, TX, USA

Email address:

Sjackson@twu.edu (S. A. Jackson)

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Abstract: Spirituality is an abstract concept and has been defined differently by researchers. Watson (2006) defines spirituality as beliefs and values that are formed in response to human condition. Mabe and Josephson (2004) defined spirituality as the belief in and devotion to a higher power. Harris (2007) offered definitions such as living out stories of our lives, forming connections and creating meaning in life, and development of self-awareness. Spirituality can be considered an important focus during play therapy if it is significant to the client or their parents.

Keywords: Counseling, Children, Spirituality

1. Introduction

Spirituality is an abstract concept and has been defined differently by researchers. Watson (2006) defines spirituality as beliefs and values that are formed in response to human condition. Mabe and Josephson (2004) defined spirituality as the belief in and devotion to a higher power. Harris (2007) offered definitions such as living out stories of our lives, forming connections and creating meaning in life, and development of self-awareness. Spirituality can be considered an important focus during play therapy if it is significant to the client or their parents.

2. History

2.1. Definition of Spirituality Development

Spiritual development in children can be defined as "... the process of growing the intrinsic human capacity for self-transcendence, in which the self is embedded in something greater than the self, including the sacred. It is the developmental "engine" that propels the search for connectedness, meaning, purpose and contribution. It is shaped both within and outside of religious traditions, beliefs and practices." (Benson et al., 2003, pp. 205–206).

In children this development is mediated by the child's rapid physical and psychological growth as the child develops self identity and autonomy.

2.2. Three Categories of Spirituality in Children

Spirituality is part of children's everyday lives. Champagne (2003) argued that for children spirituality is a mode of being and can be recognized in their daily activities. The author observed sixty children in daycare settings and recorded 100 hours of their activities, attitudes, facial expressions, and conversations. Analysis of the data led to formation of three categories of spiritual being in children: sensitive, relational, and existential. Sensitive spirituality is based on the idea that for children using their senses is not just a way to communicate; it's a form of being. Using their senses is their way of perceiving and being connected to the world. The relational aspect of children's spirituality is evident in their ability to connect to others, show affection, and offer sympathy and forgiveness.

These abilities also allow them to form a relationship with God. Children's existential mode of spirituality refers to their experience of here and now, their understanding of time and space, and their ability to understand limitations, understand symbolism, and use their imaginations.

2.3. Development of Spirituality in Children

Children, especially, show behavioral, emotional, and academic problems when they feel disconnected from themselves, their families, their peers, and their communities. When their need for belonging is not met by their environment, they act out their sense of loss and disconnectedness. The authors suggest that forming a spiritual bond with the environment allows these children to feel connected to the world.

Josephson (2004) pointed that religion has been shown to

promote mental well-being by strengthening relationships, providing moral guidelines, and allowing individuals to find answers to questions about purpose and meaning of life. Children and adolescents who have developed a sense of spirituality show fewer incidents of delinquent behaviors and delay sexual relationships. The author suggested that religion and spirituality should be incorporated in psychiatric care because for many people hope, moral values, and meaning of life (which was factors that are generally influenced by one's spiritual beliefs) can lead to specific worldviews which can in turn lead to psychopathology. Also, some client behaviors that may appear pathological can be better understood in the context of their spiritual beliefs.

3. Rationale for Use of Spirituality in Psychotherapy with Children

3.1. Correlation Between Spirituality and Mental Health

More than 200 studies have reported a strong correlation between spirituality and mental well being (Hausmann, 2004). Children's mental well-being is directly related to their spirituality (Landreth & Sweeney, 1993). In fact, children's psychological and emotional growth is equivalent to their spiritual growth.

In their review of the existing literature on the relationship between religion/spirituality and children and adolescents' mental health, Mabe and Josephson (2004) proposed several links between religious/spiritual beliefs in children and adolescents and psychopathology in this age group. Religious core beliefs shape children's views on purpose of life, meaning of suffering, and moral values. Religious coping skills such as believing in a higher power who is in control, meditation, seeking strength from God, and seeking religious counseling can help children cope more successfully with negative life events. Also, most religious/spiritual perspectives offer guidelines for a healthy lifestyle. These guidelines address issues such as healthy living, social responsibility, sexual behavior, marital stability and effective parenting.

3.2. Relationship of Behaviors

Empirical findings of several research studies have shown an association between religious/spiritual beliefs and specific behaviors in children and adolescents (Mabe & Josephson, 2004). Higher levels of religiousness and spirituality have been linked to lower levels of hopelessness and depression and lower rates of suicide in children and adolescents. Adolescents with higher levels of spirituality and religiousness tend to have more negative attitudes toward early sexual experiences. These adolescents have been reported to be 50% less likely than their non-religious peers to engage in sexual intercourse. Religious involvement has also been linked to lower levels of substance abuse and antisocial/delinquent behavior in children and adolescents.

Hunter and Sawyer (2006) argued that many psycholog-

ical problems arise when individuals feel disconnected from their community and the nature.

3.3. Development

Similar to how children's psychological development can be disrupted by lack of parental attention, their spiritual development can be affected if parents do not actively help their children develop their sense of spirituality (McAdams & Sweeney, 2006). As the result, children who have not been raised with religion or spirituality at home may end up feeling a void and try to find answers in inappropriate places. Counselors have the responsibility to pay attention to the child as a whole (mind, body, emotions, and spirit) and educate parents to do the same even after counseling ends. psychopathology. In this approach, the idea that one factor can lead to psychopathology is rejected, spiritual beliefs are considered as important as genetic and environmental variables, and spirituality is equally utilized in formulating a treatment plan as other variables. To document spiritual issues that may be giving rise to psychopathology, a V-code in the Diagnostic and Statistical Manual of Mental Disorders (DSM) can be used (V62.89) along with an axis-I disorder. If religion/spirituality is only associated with the pathology (not a causal relationship), axis-IV can be used to acknowledge this association.

Hunter and Sawyer (2006) proposed that the Native American spirituality concept of maintaining a connection between mind, body, spirit, and nature can be incorporated in work with children in order to increase their sense of spirituality and connectedness to themselves and their environment. Techniques such as the use of animals in therapy and nature therapy can be used to increase children's ability to develop empathy, nurturance, confidence, and connections with their environment.

More recently, Bryant-Davis et al. (2012) found that incorporating spirituality in therapy with children connects the physical and emotional self for the child. Their research supported the importance of spiritual forms of coping (e.g., meaning making, sense of hope, and sense of belonging). Including spirituality in therapy may help clients build greater self-esteem, and life satisfaction (Holder et al., 2010).

4. Implications for Psychotherapy and Counseling with Children

While religion and spirituality seem to be important parts of people's everyday lives, there is a shortage of research on the relationship between religion and spiritual beliefs and mental health, especially in children and adolescents (Mabe & Josephson, 2004). Mabe and Josephson offered guidelines for clinicians to use in the absence of empirical data on the use of spirituality with children. The authors suggested that clinicians should routinely assess children's spiritual beliefs and use them as resources for treatment. Also, since empirical evidence supports the importance of religion and spirituality in family functioning, clinicians need to be aware of

religion-inspired parenting practices in order to develop collaboration with parents of the child in treatment. Clinicians should also develop a relationship with outside clergy in order to help highly religious individuals or families.

Josephson (2004) proposed a biospsychosociospiritual perspective in treating children and adolescents with a sacred place to acknowledge/remember the loss, journaling and storytelling, routines and rituals, prayer, forgiveness, and instillation of hope can also be used to help children develop their spirituality and cope with losses.

5. Example of Using Spirituality and Grief Work with Children and Adolescents

5.1. Grief Work

While the literature on the use of spirituality with children in counseling is limited, a large part of that literature appears to focus on the issue of grief and the ways spirituality can be incorporated in working with grieving children. Bereavement causes spiritual pain and challenges one's assumptions about life (Leighton, 2008). Spiritual growth occurs when individuals reexamine and reconstruct their values and meanings of life. This task can be especially difficult for children and adolescents since they are still in the process of physical, emotional, and psychological growth when a loss occurs and they are forced to develop bereavement capabilities as well.

Cox (2000) pointed to the many losses that children experience, which range from a broken toy to friends moving away to loss of a family member. The author argues that loss can be used to facilitate growth and spirituality in children. Children can use their sense of spirituality to manage their grief instead of the more common and unhealthy ways of coping such as denial, anger, and guilt. This coping ability is developed when adults prepare children for losses that they are going to experience in their lives by acknowledging that loss has/will occur, allow children to openly express their feelings about the loss through words, play, arts or other mediums, and help

5.2. Coping

Andrews and Marotta (2005) examined the role of spirituality as a coping mechanism in children who have lost a primary caregiver. They collected qualitative data in the form of semi-structured interviews from six children who had lost a family member in the 18 months prior to the beginning of the study. The children were between the ages of four and nine in order to control for school and developmental factors. The researchers concluded that the relationships that the children had with God, the deceased, other family members, and their peers was the most effective tool in coping with their grief. The researchers also recommended that counselors who work with grieving children become familiar with play therapy and examine their own

cultural values about spirituality and grief.

Dillon (2006) reported that children who were involved in religious activities such as prayer and worship were more responsive to grief therapy compared to those who were not. Andrews (2004) suggested spiritual approaches for working with grieving children such as metaphorical play, the use of linking objects to connect with the deceased, finding meaning in the loss, and developing a relationships with other adults or a higher power.

More recently Good, Willoughby, and Busseri (2011) described children's religion and spirituality as being important mediators of stress. Other authors have found that children's membership in religious communities promotes children's resilience and well being by fostering social integration and support (Holder, Coleman & Wallace, 2010).

5.3. Spirituality and Play Therapy

Play is the natural medium of communication for children (Landreth & Sweeney, 1993). Play is even recognized by scripture as an important childhood activity. If therapists want to be able to help children heal, they have to enter the world of children instead of forcing children to enter the world of adults. A child who has been victimized has an injured soul. Through child-centered play therapy, children heal themselves by developing their sense of self and becoming more skillful in coping with problems.

Play therapy is a spiritual process (Landreth and Sweeney, 1993). As children develop emotionally and psychologically, they also develop spiritually. Play promotes children's understanding and use of symbolism. Symbolism can lead to faith which is believing in things that are not seen. Faith is necessary for spiritual growth. The relationship between the child and the child-centered play therapist can also foster spiritual growth. The therapist allows the child to make almost all the decisions that are made in the therapy room and experience the consequences of those decisions. The child's decision making ability and his/her understanding of the consequences will influence the child's life and the more significant choices that he/she will make as an adult.

McAdams and Sweeney (2006) also pointed to the usefulness of play in helping children develop their spirituality. Spirituality, which involves learning new things and relating them to the meaning of life, can only develop in a safe environment in which children feel safe to express their thoughts, feelings, and behaviors. Play therapy can provide that safe environment that children need to express themselves. Also, play therapy is the most appropriate way to help children develop their spirituality since religion and spirituality are abstract concepts while children tend to be concrete in their thinking. Play allows children to express themselves in a concrete way, and the play therapist is responsible for the development of the therapeutic relationship which is the main requirement for healing and growth.

In play therapy, expressive and projective techniques can be used to help children explore their spirituality (McAdams & Sweeney, 2006). Sandtray therapy is one of those tech-

niques. In sandplay therapy objects can be used to symbolize God, heaven, life after death, and places of worship. Filial therapy can also be used in order to help children continue to develop their spirituality even after therapy stops.

McPherson (2004) pointed to the importance of attending to children's spiritual needs as well as their emotional needs when a crisis occurs. Traditional crisis intervention techniques utilize client's verbal expression of experiences and feelings and may not be suitable for children and some adults who have limited verbal abilities. Therefore, a pastoral Crisis Intervention (PCI) approach combined with Crisis Response Play Therapy (CRPT) may be a useful alternative to traditional talk therapy for treating children who have experienced trauma.

6. Negative Aspects of Using Spirituality in Working With Children

Although research findings have mainly emphasized the benefits of religion and spirituality in children's well-being, religion and spirituality can also have negative effects on children's lives (Mabe & Josephson, 2004). Traditionally, religion has been used by some parents to justify extreme parenting practices that can disrupt a child's normal psychological and emotional development. Religion can lead to obsessions about sins in young people and their search for answers regarding world meaning can lead them to practices such as Satanism which has been linked to low self-esteem, low attachment to society, self-mutilation, and low perceived control over one's life. It has been shown that depressed children gravitate more toward religion, perhaps to seek comfort, but their understanding of their religion may be distorted by their emotional state which can result in an over-emphasis of the guilt-inducing aspects of religion. Also, while adolescents with strong religious/spiritual beliefs have been shown to delay sexual intercourse compared to non-believers, those who choose to be sexually active are less likely to practice safe sex, which could be the result of limited sex education that these adolescents receive (Josephson, 2004).

Children who have a history of abuse may have difficulty integrating their religious beliefs with the abuse they have suffered (Walker, Reese, Huges & Troskie, 2010). The experience of abuse can destroy the child's feelings of safety and trust and may result in a rejection of religion and spirituality as a coping strategy. This negative religious coping, as described by Pargament, Koeing, Tarakeshwar and Hahn (2001), results in an adolescent's maladaptive feelings of shame and guilt.

There are ethical issues that therapists who incorporate spirituality in their work with children need to be aware of. Therapists need to choose their words carefully when working with children in order to avoid being directive or suggestive of specific points of view (McAdams & Sweeney, 2006). When assessing children's spiritual beliefs, clinicians need to be aware of the diversity in children's spiritual

backgrounds and be respectful of different beliefs and practices (Mabe & Josephson, 2004).

Josephson (2004) warned clinicians about two commonly made errors when it comes to incorporating religion and spirituality in clinical practice. The first error is over-emphasis of religion in children's psychopathology and treatment and the second error is ignoring it. Clinicians are encouraged to assess how relevant religion and spirituality issues are to the presenting problems and formulate a treatment plan accordingly.

Transference and countertransference issues may arise when clinicians incorporate religion and spirituality in their work with children and adolescents (Josephson, 2004). Parents may assume that the therapist shares their religious beliefs and trust the therapist prematurely, or they may have negative experience with religious figures and as the result become suspicious of the therapist. The therapist may also act overly positive or overly negative toward the client depending on his/her religious background. Issues such as therapist's self-disclosure of beliefs and values and the use of prayer and reading of scripture in therapy may also arise.

7. Conclusion

This paper has discussed the implications for incorporating spirituality with counseling children. Psychotherapy is a spiritual process and practitioners benefit from approaching clients in a mindful and spiritual manner as explored in this article. Therapists are encouraged to respect clients' beliefs and values, not impose their own beliefs and values on their clients, have a clear understanding of their own values and worldview and communicate that information to their clients in their informed consent.

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