Using Prayer in Professional Counseling

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Because religion or spirituality is important to many people, mental health workers need to be aware of the issues surrounding each so that they will be able to help clients more effectively. Prayer plays a large part in the lives of many religious people, and sometimes, clients desire prayer to be a part of their therapy. Instead of ignoring the topics of religion and prayer, mental health practitioners need to be aware of the ethical guidelines surrounding these issues. Also, they should be educated on when and how to incorporate spiritual treatment methods into therapy and then strive to remain updated on these topics.
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Everyday, prayer is used in homes, workplaces, and schools across the world, but is it appropriate to use prayer in counseling? People involved in organized religion, as well as those who simply claim to be spiritual, use prayer as a way to connect with some higher being. Some people use prayer as a means to find peace or forgiveness. Others use prayer as a way to deal with their anger (Gubi, 2001, p. 15). Fouque and Glachan (2000) noted that when people are dealing with emotional problems, 42% first turn to clergy rather than counselors or psychologists (p. 49). Furthermore, two-thirds of Americans view religion as important in their lives; two-thirds also said that when dealing with a serious issue, they prefer to see a therapist who holds spiritual beliefs (Hage, 2006, p. 304). Because many people who seek counseling feel that spirituality and prayer are important to them, there is a great need to understand the role of prayer in counseling. Therefore, this paper will discuss the need for Christian integration in counseling, what ethical concerns there are regarding prayer, and how spiritual issues such as prayer can be incorporated into the professional development of counselors.

Christian Integration

The majority of the American population believes that spirituality is an important part of life, but the proportion of those working in the mental health field that believe this is much lower than that of the general population (Russell & Yarhouse, 2006, p. 92). This study alone suggests that in order to serve the population better, mental health professionals need to become more educated in issues of spirituality and religion. For instance, some religious groups frown upon counseling or the use of medication for the treatment of mental illness (J. Williams, personal communication, October 2006). Others take
this belief further by asserting that any type of mental illness is the result of sin in one’s life (Yarhouse, Butman, & McRay, 2005, p. 14). This alone may cause some Christians to be reluctant to seek counseling, and once they decide to seek counseling, their religious influences may cause them to be embarrassed discussing problems with a stranger. Counselors need to be aware of the beliefs of their clients in order to help them explore their issues. This does not mean that counselors must agree with the beliefs of their clients; it simply means that they must acknowledge their clients’ views and be respectful of them.

**Biblical Principles in Counseling**

Although some counselors are not religious, several Christian principles could still be positively applied to counseling. Many issues brought up in counseling—such as loneliness, anxiety, guilt, and anger—are discussed in the Bible and other religious materials. One example of a prayer that virtually every counselor would agree with is that of St. Francis of Assisi: “Where there is hatred, let me sow love. Where there is injury, pardon. Where there is doubt, faith. Where there is despair, hope. Where there is darkness, light. And where there is sadness, joy” (as cited in Garrett, 1994, para. 6). This prayer, written over 700 years ago, not only fits the codes of counseling ethics, but it also promotes the positive values that many clients are striving for in their lives: love, hope, joy.

Some principles that are supported by the Bible are also supported by researchers of psychology. For example, the Bible encourages believers to constantly forgive others for what has been done to them. Matthew 6:14 states, “For if you forgive men when they sin against you, your heavenly Father will also forgive you” (New International Version). Fincham, Hall, and Beach (2006) noted that forgiveness is associated with positive health outcomes (p. 415). Prayer
is another biblical principle that has been positively integrated into counseling. Gubi (2001) interviewed seven counselors with either masters or doctoral degrees on the topic of prayer, and only one was against using prayer in counseling (p. 431). Some of the participants viewed prayer as a way to release worry or anxiety. According to Gubi, one counselor stated, 

> “It’s that feeling that . . . this is now out of our hands, but there’s actually hope in that, rather than despair . . . at the end of the day, whatever will happen, will happen . . . but there will be some influence upon that outside of the relationship.” (p. 428)

Although research has found that prayer is important for some counselors, the use of overt prayer with clients is treated with caution and is not a practice that is commonly engaged in (Gubi, 2004, p. 464).

**Ethical Use of Prayer**

Abernethy, Houston, Mimms, and Boyd-Franklin (2006) discussed a case example of when prayer was ethically used during therapy (pp. 103-106). The clients that were involved in this case were Jamal, a 14-year-old African American male and his 36-year-old aunt and legal guardian, Martha Williams. Because of his mother’s death, Jamal was dealing with feelings of guilt, anger, and abandonment. According to Abernathy et al., both clients were religious and believed in the power of prayer; this was the only reason that prayer was used as an intervention.

This article was an ethically correct prayer for several reasons:

1. The prayer was consistent with the clients’ faith traditions.
2. The terminology was adapted to fit the clients (i.e. referring to God as Jehovah).
3. It focused on positive aspects of the clients’ relationship, such as unconditional love.
4. The prayer had a practical purpose—to bring Jamal and his aunt closer together.
Clearly, the counselor in this case example was not only educated in the topic of prayer, but he was also flexible enough to mold the prayer to fit the needs of the particular clients. In order to stay within ethical boundaries, “professionals [should] not try to do work for which they have not been trained” (Summers, 2006, p. 26). Hage (2006) stressed that therapists who are unable to adequately serve their spiritually-oriented clients should refer them to someone who can rather than simply ignore this area during counseling (p. 306).

**Ethical Concerns**

When it comes to using prayer in counseling, one ethical concern is that counselors must never push their own beliefs or values upon their clients. Therefore, prayer should be used in counseling only if the client desires it (Abernethy et. al, 2006, p. 107). From a counseling standpoint, there are two main types of prayer: covert and overt. Counselors can make sure to not infringe upon their clients’ beliefs by praying “covertly” to God (Gubi, 2004, p. 166). Counselors can pray before a counseling session in order to seek wisdom and peace. They may also pray for their clients outside of the counseling session (Abernethy et. al, 2006, p. 107). The client might request prayer. It is best that the counselor know the religious background of his or her client so that the prayer will be relevant and consistent with the client’s beliefs. McMinn, Ruiz, Marx, Wright, and Gilbert (2006) suggested that one way this could be handled is to find out about issues of religion, including prayer, during the intake session (p. 300).

**Professional Development**

Because religion and prayer is such an important part of some peoples’ lives, mental health professionals should be familiar with spiritual issues in order to better serve their clients. For example, because many Christians believe that faith-based treatments such as prayer are the most effective for mental health, some clients think that remaining depressed implies spiritual
failure (Trice & Bjork, 2006, p. 288). Counselors should be aware of this possible belief and the likelihood of self-blame that might accompany depression in Christians. Counselors must also seek to understand when prayer would be appropriate and when it would not be. For instance, African Americans dealing with cultural or institutional racism are likely to turn to prayer—viewed as a last resort—because they feel these types of discrimination are out of their control (Lewis-Coles & Constantine, 2006, p. 435). On the other hand, when dealing with individual racism, more practical methods are sought, and prayer is not typically used. Not only should counselors be educated about when to use prayer, they should also be careful of how to use it. Fouque and Glachan (2001) found that when clients felt their counselors placed more emphasis on prayer and spirituality than on the counseling relationship, they typically trusted them less. They also found that when the counselor was perceived as directive and powerful, the use of prayer was viewed by clients as having a negative effect (pp. 210-211).

The following suggestions were given by Russell and Yarhouse (2006) on how to provide effective training in the areas of religion and spirituality:

1. Facilitate discussion of religion/spirituality in supervision.
2. Add a session on recent trends on the practical application of psychology of religion and spirituality in therapeutic practice.
3. Incorporate religion/spirituality as a diversity variable when training in cultural diversity.
4. Form relationships with members of communities of faith. (p. 435)

New ways of incorporating prayer into the therapeutic healing process, such as Theophostic Ministry, are being developed (Garzon & Poloma, 2005, p. 388), so mental health professionals should strive to stay informed on current treatment methods. Both the American Psychological
Association and the American Counseling Association’s ethical guidelines encouraged continued education for mental health professionals (Corey, Corey, & Callanan, 2003).

**Conclusion**

Spirituality and religion—and all the issues that accompany these, like prayer—are major aspects to many peoples’ lives. The counseling field cannot simply ignore their existence. Instead, mental health professionals should be aware of their client’s beliefs and incorporate anything that could help them into their treatment sessions. All treatments do not work for all people, so counselors should be aware of each treatment’s limitations before utilizing them. For example, some say that prayer could take responsibility away from “self,” thus inhibiting client growth (Gubi, 2004, p. 473). Therefore, incorporating religious practices into counseling is a delicate issue; thus, psychologists and counselors need to be aware of all the ethical guidelines surrounding it. In order to give the client autonomy in his or her treatment, the counselor should include him when deciding upon which treatment methods will be used during therapy (Gubi, 2004, p. 471). In conclusion, prayer, as with any treatment, should be used with caution to ensure that the client receives the best therapy possible.


