Using a Faith Development Model in College Counseling

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The impact of faith on counseling outcomes has been a topic of interest in recent years, however many counselors are not familiar with faith development theory and little practical information on how to integrate that theory into practice is available. This article reviews Fowler's (1981) theory of faith development and offers concrete suggestions for interventions that may be appropriate for typical university and college counseling centers. A clinical vignette illustrates application of Fowler's stages of faith development to practice.

"Seeds of faith are always within us; sometimes it takes a crisis to nourish and encourage their growth" Susan L. Taylor

University and college counseling centers serve as a resource for helping college students deal with a number of issues, including not only the psychosocial and developmental issues typically associated with late adolescence and young adulthood, but also serious psychological problems (Sharkin, 1997). Chandler and Gallagher (1996) found that the most common presenting problems at a university counseling center were problems related to personal and social adjustment (relationship difficulties, self esteem, existential concerns, depression), career and academic concerns, anxiety, stress, substance abuse, sexual dysfunction, unusual behavior, and eating disorders. The education of the college counselors prepares them for working with these issues with graduate level course work in individual and group helping skills and theory, human growth and development, career counseling, appraisal, research, professional orientation, and multicultural and social issues, in addition to field experiences. However, it is unlikely that many of those same counselors received any significant training addressing issues of faith as it relates to human development and healing. A survey by Kelly (1994) found that fewer than 25% of counselor education programs offered such training despite the fact that chairs of counselor education programs indicated that faith and spiritual issues were important in the preparation of counseling students. Many authors argue that these issues are deeply relevant to the lives of clients and that clients expect faith and spiritual issues to be an important part of counseling (Bergin & Jensen, 1990; Myers & Truluck, 1998; Quakenbos, Privette, & Klentz, 1985; Worthington, 1989).

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Failure to incorporate faith and spiritual issues into the counseling process is to ignore a potentially significant strength of the client. This failure may be related not only to the lack of training with respect to faith development, but also to the confusion that results from equating faith and spirituality with organized religion and with the influence of various theoretical approaches that equate religiosity with mental illness (Myers & Williard, 2003). Faith, while it may be a part of religion, is not synonymous with religion.

Definition of Faith

To equate faith and religion limits the concept of faith to suggest something static, something one either has or doesn't have (Parks, 2000). Faith is more usefully understood as a "dynamic and generic human experience" that may or may not be related to religion (Fowler, 1991, p. 31). When considered in this way, faith takes on the properties of a verb and suggests the possibilities of movement, activity, experience, and evolution for everyone, not just those who consider themselves to be religious.

Faith is a multidimensional concept that includes the activity of meaning making (Fowler, 2001). To make meaning of one's world involves organizing one's environment and experiences as well as one's place in that environment and those experiences so that they make sense (Parks, 2000). One accomplishes this task by placing trust on one or more centers of value, like family, career, nation, wealth, or sexuality (Fowler, 1991). Therefore, a person may make meaning by relying on the perceived stability of family relationships, job security, and the freedoms guaranteed by the U. S. Constitution. When one or more of these centers of value are no longer reliable, the person experiences distress and may undergo a crisis of faith.

Faith also includes a center of power (Fowler, 1991). This center of power is the glue that holds together meaning. That is, whatever pattern of meaning one relies upon is possible because a supreme power makes it possible. Some call that center of power "God" or another term that connotes a superior, transcendent power. Others align themselves with perceived centers of power like stock portfolios, national defense systems, women's rights, or other causes or projects believed to provide security and immortality. The ultimate test of a chosen center of power is the perception of the center's ability to sustain one in both life and death. To lose one's center of power is to threaten the foundation of one's faith. At the same time, a worthy faith can bear the tests of living and strengthen one's sense of meaning (Parks, 2000).

A third dimension of faith involves a shared master story (Fowler, 1991), which is similar to Eric Berne's (1964) notion of an unconscious script formed in childhood that influences all of life's choices and decisions. According to Fowler's concept, a faith master story begins unconsciously, but becomes more conscious and explicit as one matures. This master story influences the centers of values and power as well as relationships with other people. Likewise, a master story is validated, changed, and deepened by sharing trust in and loyalty to centers of trust and

power. Thus a faith master story shapes meaning, is dynamic, and will evolve over time.

These dimensions of faith presented as discrete entities are actually interactive and intertwined. Faith is not a solitary activity. It involves interpersonal relationships that are grounded in shared trust and loyalty to centers of value, centers of power, and master stories. Making meaning of it all and holding it all together is a "commitment between persons and within groups that is ratified and deepened by our shared trust in and loyalty to something...that transcends us" (Fowler, 1991, p. 33). Faith is a dynamic process of creating and sharing worldviews anchored in something transcendent.

Faith Development Theory

Difficulties associated with the scientific study of faith and its development have likely contributed to its avoidance by most theorists. A few have made attempts to study faith development, including William James (1961), Carl Jung (1958), Gordon Allport (1950), and most recently James Fowler (1981). Fowler (1981) articulated a faith developmental model influenced by Piaget's cognitive development model and Kohlberg's moral development model and informed by his own research involving interviews conducted over a 9 year period with 359 individuals ranging in age from 3.5 to 84 years old. He proposed one pre-stage and six stages of faith development that have some correlation to aging. There appears to be a normal progression through the earlier stages that parallels an individual's age. Stages 4 through 6 however, do not necessarily parallel adult aging. Individuals may age and stay at an earlier stage of faith development. There also is no assumption that intervention is required to assist an individual in maturation to the next stage. The utility of Fowler's theory for counselors is that understanding the particular stage of development of the client is beneficial in effectively relating to and working with that individual. Fowler (1981) described the stages as follows.

Pre-Stage: Undifferentiated Faith (Infancy)

At this stage infants develop either trust and loyalty or fear and despair based on their relationship with caregivers. These qualities underlie all that comes later in faith development. Transition to Stage 1 begins with the convergence of thought and language, enabling the use of symbols in speech and play.

Stage 1: Intuitive-Projective Faith (Early Childhood)

This is the stage most typical of the child between the ages of 3 and 7. The child begins to use new skills of speech and symbols to organize sensory experiences in a meaningful way. This stage is a fantasy filled, imitative phase in which the child is powerfully influenced by the adults in his or her life. Imagination and magical thinking dominate. While this stage normally ends around the age of 7, it is at times found in adolescents and adults undergoing psychological regression or psychosis (Lownsdale, 1997). Transition to Stage 2 begins with the development of concrete operational thinking.

Stage 2: Mythic-Literal Faith (School Age)

This stage, typical of age 7-12, is characterized by high levels of conformity to the beliefs and practices of the community. Beliefs are based on literal interpretations, and moral rules and attitudes dominate. Authority and tradition are powerful influences. Narrative stories, drama, and myth are ways of finding and giving coherence to experience. Transition from this stage is facilitated by the development of formal operational thought which makes it possible for the child to become aware of and reflect on conflicts or contradictions in stories. While this is the normal faith stage of the school child, some adolescents and adults also operate from this stage.

Stage 3: Synthetic-Conventional Faith (Adolescence)

This stage of faith has its rise about age 12 but may also become a permanent stage of development for many adults. Its emergence corresponds to the occurrence of the ability for abstract thinking. The adolescent's experience of the world extends beyond the family to other arenas including school, work, peers, society, the media, and religion. At this stage faith serves to synthesize values and information and provides a basis for identity formation and outlook. The individual is conformist because he or she has not developed the confidence or ability to maintain an independent perspective. Authority is external and resides in those seen by the individual as being in traditional authority roles. Beliefs and values, while deeply felt, have not yet been examined. Transition to the next stage may be brought about by conflict or change. Frequently, leaving home and independent living bring about self-examination and serve as the catalyst for transition to the next stage.

Stage 4: Individuative-Reflective Faith (Young Adult)

Fowler (1981) characterizes the transition from Stage 3 to Stage 4 as particularly critical because it is in this transition that the adolescent or young adult begins to take seriously the responsibility for his or her own commitments, lifestyle, beliefs, and attitudes. This movement creates tensions for the individual regarding issues like individual identity versus group identity; subjectivity versus objectivity; self-fulfillment versus service to others, or commitment to the relative versus struggle with the possibility of an absolute. It is in this struggle of polar opposites that one's identity and view of the world become differentiated from others. While the views of others are considered, they are not necessarily accepted. The individual assumes responsibility for his or her own commitments, lifestyle, beliefs, and attitudes. Transition to the next stage may occur when the individual finds him- or herself disillusioned with compromises made and with the recognition that life is more complex than the "either-or" dichotomy of Stage 4 logic.

Stage 5: Conjunctive Faith (Mid-Life)

Only about 1 in 6 respondents in Fowler's sample group reached Stage 5 of faith development, and it was not found before midlife (Lownsdale, 1997). This stage involves integrating into self an outlook of much of what was suppressed or

unrecognized in Stage 4. These polar opposites of Stage 4 are no longer problems to be solved but rather paradoxes to be accepted. One's community is expanded from one's immediate environment to a spiritual fellowship with all human beings. There is a commitment to justice that transcends social class, religion, race, ethnicity, community, or country. The tension of this stage is living in an untransformed world with transformed vision and loyalties. This tension leads a very few to the radical actualization of Stage 6.

Stage 6: Universalizing Faith (Mid-Life and Beyond)

Fowler (1981) discovered only one individual representative of this stage in his sample of 359, which generalizes to approximately two or three per thousand (Lownsdale, 1997). He offers as examples of this stage individuals like Gandhi, Martin Luther King, Jr., Mother Teresa, Dag Hammarskjold, Dietrich Bonhoeffer, Abraham Heschel, and Thomas Merton. These are individuals who view the human community as inclusive and they work to liberate others from social, political, economic, and ideological injustice. They are frequently seen as subversive and are often martyred. They have a vision of a transformed, divine, and transcendent world.

Implications for College Counseling

Boyer (1987) reported that 63% of students entering college indicated that one reason for attending college was to formulate values and life goals and 81% of students wanted help in clarifying beliefs and values. Young people find themselves immersed in an environment that encourages change and self-awareness. They, perhaps for the first time, are surrounded by others who have different values and beliefs. Developmentally this is a period of individuation and examination of previously unquestioned beliefs and values. Leaving the safety of home for college is a time of reassessment, instability, fear, excitement, experimentation, adjustment, and risk (Hindman, 2002) and is noted by Fowler (1981) as a precipitant of transition from the faith of adolescence to that of young adulthood. These factors make this time of life ripe for intense personal growth. Many young people turn to university or college counseling centers for help with this period of change and confusion. Counselors who are familiar with Fowler's stages of faith development are better prepared to facilitate students' growth and to help them to resolve their presenting problems. Fowler's model offers college counselors another way of conceptualizing presenting problems and an additional tool to aid in their resolution.

It is important to remember the inclusive nature of Fowler's definition of faith when working with clients. Being human and having faith are intricately connected. There may never be explicit references to religion, God, or faith. However, that does not mean that the concerns have nothing to do with faith and faith development. Clients may be struggling with issues of meaning making, belief and values clarification, centers of value, and/or their own personal master story in juxtaposition to new ways of thinking and believing to which they are exposed.

These conflicts may create various crises for which the individual seeks counseling without ever considering them as faith issues in the traditional definition of the word. While the client may not understand these issues as crises of faith, the counselor's understanding of them as such can facilitate the resolution of those crises and the personal growth of the individual. Faith, whether the client recognizes it or not, is one of his or her most important resources. This makes it a useful tool for the counselor in helping the client to understand and resolve common problems.

While the majority of college aged students might be expected to be at Stage 3 of faith development, it is possible that an individual may be in any stage ranging from Stage 2 through Stage 4. Therefore, it is important for counselors to be familiar with the characteristics of each stage so that they might accurately assess the current developmental level of the individual. This may be done by attending as much to the processes by which the client comes to his or her beliefs as the content of the beliefs themselves (Lownsdale, 1997).

The Stage 2 Client

A client in Stage 2 of faith development will demonstrate concrete thinking, rigidity, and difficulty in seeing the perspective of others. These qualities may manifest themselves as significant problems in interpersonal relationships. Fowler (1981) proposed that the key factor in transition to Stage 3 is the development of formal operational thought. Interventions that may be helpful include assisting the client to recognize themes in his or her own life; group work to assist the client in incorporating the perspective of others, self and cultural awareness activities, recognition and exploration of feelings, and challenging cause-and-effect thinking (Erwin, 2001).

The Stage 3 Client

Stage 3, synthetic-conventional faith, is the stage of development most common in late adolescence and young adulthood. A hallmark of this stage is dependence on authority figures, which may manifest itself as dependence on the counselor or others. While clients at this stage may perceive themselves as independent thinkers and decisions makers, their beliefs and values and consequent decisions are rooted in the ideas of authority figures, and they may seek to replace the parental authority figure with the professor, counselor, or other valued figure. These clients frequently define themselves from the perspective of how others view them. Their self-concept and assumptions about the world are unexamined and are challenged by their new environment. Individuals at this stage may demonstrate dichotomous thought processes—us/them, right/wrong. They find themselves feeling confused, anxious, alienated, and/or stressed and may seek counseling.

Fowler (1981) identified two key elements in transition from Stage 3 to Stage 4. The first is distancing oneself from previous value systems. For college students, this likely takes place by the very act of going away from home to the institution. The second is developing an internal process of decision-making. It is in this area that counselors can be helpful to their clients. Counselors must first resist the pull

to become a substitute authority figure and the inherent danger of simply imposing their belief and value system upon the client to replace that of previous authority figures. The goal is development of a value system based upon reflective thought and personal decision-making. This can be facilitated by exposure to new ideas and new people within the context of which they can contrast and examine their deeply held beliefs and values in order to develop independent ways of viewing the world. Clients should be challenged to individuate from family and friends by encouraging them to move away from interpersonal groups that serve to form, maintain, and limit their identity (Erwin, 2001). This movement "away from" without an assurance of where that movement will lead can be frightening and produce a sense of alienation. This sense of alienation may be particularly marked if the client is struggling with these issues in the face of authority figures (parents or a religious culture) that are solidly established in Stage 3 (Lownsdale, 1997). Counselors can provide much needed support during this time of transition and normalize the feelings associated with process as part of normal human development and the feelings as natural and to be expected.

The Stage 4 Client

Individuals in this stage of faith development have reached the average stage of faith development for most adults. At this point they are capable of taking the burden of responsibility for their own commitments, lifestyles, beliefs, and attitudes. They become aware of paradoxes. They may struggle with grief issues and an increased sense of aloneness. They are capable of critical self-reflection and in fact may have excessive confidence in rational critical abilities. They may become disillusioned with institutions—for example academe or the church. They may present in counseling with existential issues, a questioning of meaning and purpose in life. Counselors can provide support as clients struggle with these issues and again normalize their struggle as part of normal human development. Counselors can help their clients to see their examination of beliefs as an ongoing process and to embrace paradox and incorporate a perspective of "both/and" rather than "either/or."

The Relationship Between Faith Development and Resolution of Presenting Problem

While facilitating the movement of an individual from one stage of faith development to a higher level of development may not be the explicit goal of counseling, doing so may well play an important part in resolution of the presenting problem. The presenting problem may be symptomatic of a crisis of faith, and understanding it within that context may lead to developmental movement and subsequent resolution of the difficulty. The reverse may be true as well: resolution of the presenting problem may lead to insights that can assist an individual in moving to a higher level of faith development. The counselor's understanding of faith development is crucial to the process regardless of how it is approached.

The Case of Martha

The following vignette illustrates how a college counselor might use an understanding of faith development to help a client presenting with generalized anxiety and stress.

> Martha is a 19-year-old White female in her sophomore year. She is a transfer student who completed her first year at a community college near home. She transferred to the university to finish her undergraduate degree. She was referred to the university counseling center by the residence hall director because she appeared to be unhappy living in the residence hall. She is quiet and withdrawn and is having difficulty getting along with her roommate and other residents. During the initial session, Martha expressed doubts about the wisdom of her decision to transfer. She describes the other students as "different, unfriendly, and immature" and states that she feels as though she does not fit in with the other students. She is concerned about what her parents might think about the kinds of activities the other girls engage in, like partying, drinking, and staying out until "all hours" on the weekend. She describes this as being very different than her family and friends at home. Martha expresses a lot of guilt and remorse because her roommate convinced her to try a cigarette, and she was worried what her parents might think if they found out.
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> Martha describes herself as a pretty good student and her classes as "going OK." She is worried because her advisor told her she needs to choose a major soon and she is unsure of what she should choose. Her parents want her to be a teacher but she does not really think that is what she wants to do. She is thinking about majoring in math or sociology but does not know how her parents might react to that decision. She asks the counselor what he thinks she should do.
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> As the counselor continues to listen to Martha, he discovers that she comes from a traditional, conservative family that lives in a small town about 6 hours away. The parental values emphasize family life, hard work, college education for all their children, and establishment and maintenance of a modicum of financial security. Martha lived at home while attending the community college. Her lifestyle now is not substantially different, except that she resides away from her family. She is anxious about all of the decisions that she must make and although she has freedom to make different choices, she maintains a daily routine similar to that she kept at home. This makes it difficult for her to form friendships. Her feelings of being different have made her hesitant to explore any of the social or extracurricular activities available at the university.

Incorporating Fowler's (1981) model into therapeutic work with Martha, the counselor first assesses the client's stage of faith development and determines that her description of her life fits with characteristics of Stage 3, synthetic-conventional faith. The authority figures (parents) in Martha's life have great influence and her choices conform to their belief and value systems. These systems, while they may prove to ultimately be the same beliefs and values by

which she chooses to live her life, have been unexamined. When they are challenged by the diversity surrounding her, it creates anxiety for her. Her thought pattern is rigid and dichotomous. Martha is seeking a surrogate authority figure (the counselor) to tell her what to do to relieve her anxiety, an intervention that would not be helpful to her development. Rather, the treatment approach should focus on helping Martha to examine the belief and value system of her parents and develop her own value system based on self-reflection and internal decision-making.

A multifaceted approach to helping Martha is indicated. Her experiences and feelings can be normalized for her as part of a life (and faith) transition. She is experiencing new ideas, behaviors, and people that are challenging her old beliefs and her emotional responses of anxiety and stress are appropriate. The counselor can challenge her rigid, concrete thought pattern and facilitate an exploration of her attitudes toward work and play as well as right and wrong behaviors. Encouragement to seek social contact with people who share her interests, such as membership in a math or sociology study group, would help her to become more integrated into the university. Additionally, if a group for new or transfer students is available, referral to it might be helpful. Devising a course schedule that includes a wide range of subjects will help her to clarify her interests and to open up possibilities for a career direction that she will find meaningful along with new friendships as she discovers like-minded peers. Recognizing that Martha will likely experience an initial sense of loss and alienation from her family as she continues to individuate from them, the counselor can facilitate the grief work by encouraging her to maintain a journal about her daily experiences and feelings. Written exercises like the Time Out for Personal Reflection activity recommended by Corey and Corey (1997, pg. 399-400) and bibliotherapy, including *Living and Learning* (Corey, Corey, & Corey, 1997), may help Martha further explore and define her values and beliefs. Finally, as Martha progresses through this transition period, she will probably encounter other conflicts that will challenge her values and beliefs and the counselor must be cognizant that the treatment approach may have to be modified to meet her emerging developmental needs

Summary

Clients are likely to present at university and college counseling centers with concerns not traditionally categorized as faith-based issues. Yet a deeper investigation of the problem may reveal a crisis of faith as young people struggle with new values and beliefs that conflict with ideologies shaped by exposure that has been limited to family and childhood friends. Counselors who are cognizant of a broader application of faith to everyday life, not necessarily related to religion, have at hand a therapeutic tool that may be very useful in helping the client's management of developmental issues as well as promoting and supporting the client's personal growth.

Fowler's (1981) model of faith development provides a viable foundation for counselors to use when determining appropriate therapeutic interventions. Counselors will find it helpful to first assess the client's stage of faith development. Though the student may be in any stage from Stage 2 to Stage 4, most clients of college age are likely to be in Stage 3 of Fowler's model. The new experiences and exposures of college life may propel the client into passage from the faith of an adolescent to that of a young adult, bringing about feelings of fear, anxiety, and isolation. Normalizing the client's experience will help reduce the negative feelings, and providing support will facilitate the client's individuation and development of worldviews independent of previously revered authority figures, including family. Other helpful therapeutic interventions include psychoeducation regarding the natural, normal aspects of human development and faith development, challenges to old ways of thinking, and group work to help the client understand the universality of his or her experience and to provide models for dealing with the issues. Also useful are activities that encourage exposure to diverse ideas and people, self-reflection, and exercise of personal decision-making. It is imperative that counselors are aware of and resist the seduction of becoming a surrogate authority figure for the client and imposing their own values and beliefs on the client.

Understanding faith as a "dynamic and generic human experience" (Fowler, 1991, pg. 31) provides an important therapeutic tool for counselors to effectively work with various facets of their clients' lives. The outcome of the integration of faith development with the counselor's therapeutic approach can facilitate the client's resolution of the presenting problem as well as promote personal and spiritual growth. Therefore, counselors have a responsibility to become familiar with and gain supervised experience in using therapeutic interventions based on faith development model.

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