

Malaysian Muslim Counsellors' Perceptions on Value-Neutral Stance and Religious Values in Counseling Practice: A Preliminary Study

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Abstract

Malaysian Counseling practices had its history from Euro-American Counseling models which emphasise the practice of objective and value-neutral stance. Within these models, counsellors conceptual and theoretical understandings of Counseling were strongly shaped and developed. Therefore, this preliminary study draws on this history and questions the effects of this stance in Malaysian Counseling practices particularly in working with religious and spiritual values.

Keywords: counseling, value-neutral stance, religious and spiritual values, ethical practice.

Persepsi Kaunselor Muslim Malaysia terhadap Sikap Bebas Nilai dan Nilai Agama dalam Praktis Kaunseling: Suatu Kajian Awal

Abstrak

Amalan kaunseling di Malaysia bermula dengan model-model kaunseling dari Euro-Amerika yang menekankan kepada pendekatan objektif dan nilai-netral dalam praktisnya. Melalui model-model ini, pemahaman kaunselor dibentuk dan dikembangkan. Justeru, artikel ini akan membincangkan dan mengemukakan hasil kajian preliminari tentang pandangan kaunselor berkaitan pendekatan objektif dan nilai-netral dalam amalan kaunseling khususnya apabila kaunseling berkait dengan nilai-nilai agama dan spiritual.

Kata kunci: *Kaunseling, nilai-netral, nilai-nilai agama dan spiritual, etika amalan kaunseling.*

Introduction: Counseling Practice in Malaysia

Counseling in Malaysia began with school guidance in the 1960s after Malaysia achieved its independence from British colonialism

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in 1957.² Since then Counseling has developed as a profession not only in school settings but also in various government, non-government and community settings. Within the last four decades of Counseling in Malaysia, the movement has been facilitated by Counseling theories and practices which mainly originated in Euro-American culture. In those early years, many Malaysian Counseling and psychology pioneers received their professional education in the United States. Therefore, when they first established Counseling programme in Malaysia, the United States training models, curricula, textbooks and Counseling theories were adopted.³ The therapeutic approaches that were widely introduced ranged from analytic to experiential and relationship-oriented, to action models. Counseling theories include psychoanalytic, reality, existential, client/person-centered, behavioral, cognitive and rational emotive behavior therapy. Only in the last 10 years have there been some discussions about an integrated model, including multicultural awareness which resonates with the diverse culture in Malaysia.⁴ Some attempts have been made to integrate therapy from a religious/spiritual perspective.⁵ However, this effort has continued to be a challenge given that cross-cultural, religious perspectives Counseling in this country are still in their developing state.⁶

² A. H. Othman, and S. B Aboo-Bakar, "Guidance, Counseling, and Counselor Education in Malaysia," in *Counseling in the Asia-Pacific Region*, ed. A. H. Othman and A. Awang (Greenwood: n.pb., 1993), 1-26.

³ A. P. Lloyd, "Counselor Education in Malaysia," *Counselor Education and Supervision* 26 (1987): 221-227.

⁴ S. C. Mey et al, "Multicultural Approaches to Healing and Counseling in Malaysia," in *International Handbook of Cross-Cultural Counseling: Cultural Assumptions and Practices Worldwide*, ed. L. H. Gerstein et al. (California: Sage Publications, 2009), 221-233. Also see M. Sumari, and F. H. Jalal, "Cultural Issues in Counseling: an International Perspective," *Counselling, Psychotherapy and Health* 4, no. 1 (2008): 24-34.

⁵ W. H. A. Abdul Kadir, *Counselling and Psychology from an Islamic Perspective* (Kuala Lumpur: Dewan Bahasa dan Pustaka, 1994). Also see M. Z. Azhar and S. L. Varma, "Mental illness and Its Treatment in Malaysia," in *Al-Junun: Mental illness in the Islamic World*, ed. I. Al-Issa (Connecticut: International Universities Press Inc, 2000), 163-186.

⁶ C. M. See, and Ng, K. M., "Counseling in Malaysia: History, Current Status and Future Trends," *Journal of Counseling & Development* 88, no.1 (2010): 18-22.

In relation to Counseling models and practices, Malaysian therapeutic orientations are influenced and shaped by the prominent and persuasive philosophical framework of modernist thought. Therefore, most of the Counseling philosophical references and texts are from authors whose theoretical backgrounds are associated with the development of modernist ideas. To name a few, these figures include Alfred Adler, Viktor Frankl, Rollo May, Burrhus F. Skinner, Albert Bandura, Arnold Lazarus, Albert Ellis, Aaron. T. Beck, William Glasser and Carl Rogers. Some of the central ideas in modernist framework are the notions that counsellors can take active responsibility for the psychological functioning of their clients; they should be interested in the process of encouraging clients to evaluate their own behavior and the consequences of their decision;⁷ and they employ theories as tools to see clients' problems within this professional frame of reference. On these terms, counsellors are seen as professionals who have privileged knowledge, experts who possibly can describe clients' problems, and act according to a set of prescribed activities to find possible resolutions for clients' best interest.⁸

However, since these theoretical approaches are developed outside Malaysia, there have been some suggestions that these models need to be redeveloped to suit clients' local culture and personal world. Pope, Musa, Singaravelu, Bringaze and Russell write:⁹

...like any other technique or strategy, model or theory, it [therapeutic model] can never be wholly imported from another culture with expectations of similar results. Culturally appropriate modifications will always need to be made. The analogy is like planting a new variety of rice that has been developed in the United States and watching it grow under the environmental influences of the Malaysian culture. It may

⁷ J. F. Everts and M. Y. Mohd Noor, "Testing the Cultural Relevance of Counselling: A Malaysian Case In Point," *Asian Journal of Counselling* 11, no.2 (1993): 79-86.

⁸ J. Kaye, "Toward a Non-Regulative Praxis," in *Deconstructing Psychotherapy*, ed. I. Parker (London: Sage Publications, 1999), 19-38.

⁹ M. Pope et al., "From Colonialism to Ultrationalism: History and Development of Career Counseling in Malaysia," *The Career Development Quarterly* 50, no.3 (2002): 264-276.

or may not take root; it may need less water, more phosphorus; it may bear unusual fruit; but over time it will adapt to Malaysian conditions or die if adaptation fails.

This quote seems to imply that without proper modifications, Counseling within the adopted format might not match the cultural values of Malaysian people. However, there are few local studies and literatures to suggest that these Counseling approaches have shaped and reshaped the needs, cultural and religious values of Malaysian community. Most of the available literatures are either theoretical in nature regarding the suitability of imported Euro-American models for Malaysian context,¹⁰ or recommendations for Counseling models to be revised so that these models might fit local needs.¹¹ For example, in middle of the 1990s, some counsellors tried to intersect their Counseling practices with religious and spiritual approaches.¹² The endeavour mirrors the development of religious spiritually-centered Counseling and pastoral ideas in the Western world.¹³ And the movement towards these ideas particularly in Malaysia reflected the strong Islamic values embedded in many areas of Malay Muslims lives. However, this movement (Islamic spiritually-centered Counseling) is a slow-growing process, and there is a scarcity of local and international academic material based on Islamic perspectives for Malaysian Muslim counsellors refer to.

Despite the absence of these materials, there are some discussions on how to weave religion and spirituality into Counseling from non-Islamic frameworks. This approach is called pastoral care or pastoral Counseling, where its basis rests on

¹⁰ S. L. Varma, and A. M. Zain, "Cognitive Therapy in Malaysia," *Journal of Cognitive Psychotherapy* 10 (1996): 305-307. Also see C. M. See, and K. M. Ng, "Counseling in Malaysia: History, Current Status and Future Trends," *Journal of Counseling & Development* 88, no.1 (2010): 18-22.

¹¹ C. M. See, and K. M. Ng, "Counseling in Malaysia: History, Current Status and Future Trends," 18-22.

¹² A. Haque, and K. A. Masuan, "Religious Psychology in Malaysia," *International Journal for the Psychology of Religion* 12, no. 4 (2002): 277-289. Also see M. Z. Azhar and S. L. Varma, "Mental Illness and Its Treatment in Malaysia," in *Al-Junun: Mental Illness in the Islamic World*, 163-186.

¹³ G. Lynch, *Pastoral Care and Counselling* (London: Sage Publications, 2002). Also see P. S. Richards and A. E. Bergin, *a Spiritual Strategy for Counseling and Psychotherapy* (Washington: American Psychological Association, 1997).

Christian beliefs and rites.¹⁴ The counsellor who practices pastoral Counseling has an in-depth Christian religious training, knowledge and background. This Counseling is offered within the community of faith.¹⁵ There is another approach that is not exclusively Christian-based but is more general in incorporating religious and spiritual ideas into Counseling.¹⁶ Counsellors within this framework deal with religious problems by drawing on spiritual and religious strategies without themselves ascribing to religion and spirituality. In other words, they may employ secular Counseling models and at the same time raise spiritual aspects to therapy when needed.

However, as Islam is different from Christianity or any other religions in terms of its beliefs and traditions, the word *pastoral* is not employed in the practice of Islamic Malaysian Counseling. Counseling approaches that use religious ideas are generally called, for instance, the *incorporation of religious/spiritual approaches into Counseling*, or a *Counseling practice from an Islamic perspective*.¹⁷ Some of these counsellors choose to integrate religious and spiritual values in an eclectic way, and not attach themselves to any particular theoretical approach to Counseling. On the basis of eclecticism, counsellors try to select a Counseling model that is appropriate for a client, but at the same time suits their own individual therapeutic style and strength. By using an eclectic approach these Muslims counsellors would find more alternatives to work with a diverse range of religious problems. This assumption seems to resonate with Corey's point

¹⁴ P. S. Richards and A. E. Bergin, *a Spiritual Strategy for Counseling and Psychotherapy*.

¹⁵ E. Y. Lartey, "Pastoral Counselling in Multi-Cultural Contexts," *American Journal of Pastoral Counseling* 5, no.3 (2002): 317-329.

¹⁶ C. Faiver, et al., *Explorations in Counseling and Spirituality: Philosophical, Practice and Personal Reflections* (California: Brooks/Cole, 2001). Also see M. W. Frame, *Integrating Religion and Spirituality into Counseling: a Comprehensive Approach* (California: Brooks/Cole, 2003).

¹⁷ A. Haque, "Mental Health Concepts and Program Development in Malaysia," *Journal of Mental Health* 14, no.2 (2005): 183-195. Also see A. Haque and K. A. Masuan, 277-289. W. H. A. Abdul Kadir, *Counselling and Psychology from an Islamic Perspective* (Kuala Lumpur: Dewan Bahasa dan Pustaka, 1994). Also see M. Z. Azhar and S. L. Varma, "Mental illness and Its Treatment in Malaysia," 163-186.

of view about the reason for the trend toward integrative approaches in psychotherapy. Corey says:¹⁸

...no single theory is comprehensive enough to account for the complexities of human behavior, especially when the range of client types and their specific problems are taken into consideration. Because no one theory has a patent on the truth, and because no single set of counseling techniques is always effective in working with diverse client populations.

However, without counsellors being taught how to bridge and weave between professional knowledge and the sacredness of religious teaching, the importation of religious and spiritual strategies may invite some implications. One of the implications seems to resonate with the ethical concerns that some counsellors hold; that is, clients should be allowed to take any particular actions to their problems without counsellors' direct interventions.¹⁹

Ethical Practice, a Value-Neutral Stance and Religious Issues in Counseling

On counsellors' ethics of practice, the articulation of clients' freedom and autonomy is stated in most Counseling code of ethics, including the Malaysian Counsellors' Code of Ethics and Practices.²⁰ For example, under the subheading '*Tanggungjawab Kaunselor Terhadap Klien*' (Counsellors' Responsibilities Towards Clients), it specifically states that Malaysian counsellors "...should respect clients' autonomy in making their own decisions" (principle 5) so that their rights will not be violated, and "...cannot practice, agree to or advocate any discrimination..." (principle 7) that will lead to unjust practices. From the understanding of the Counseling code of ethics, it is clear that counsellors should be respectful toward clients and aware of their value differences. In relation to this code, humanistic

¹⁸ G. Corey, "Designing an Integrative Approach to Counseling Practice," in the website *Vistas Online*, retrieved 6 January 2011, <http://www.counselingoutfitters.com/vistas/vistas04/29.pdf>.

¹⁹ A. C. Tjeltveit, "The Good, the Bad, the Obligatory, and the Virtuous: the Ethical Contexts of Psychotherapy," *Journal of Psychotherapy Integratio* 14, no.2 (2004): 149-167.

²⁰ PERKAMA, *Kod Etika Kaunselor: Persatuan Kaunseling Malaysia* (Kuala Lumpur: Persatuan Kaunseling Malaysia, 2008).

psychologists such as Carl Rogers were very careful about the authoritative roles that counsellors might hold in Counseling relationships.²¹ Authoritative roles which locate all professional expertise in the therapist do not fit with Rogers' not-directive Counseling orientation, which is the client-centered therapy. Client-centered according to Rogers means "a person was not treated as a dependent patient but as a responsible client."²² In this Counseling model, the root of client-centeredness is the valuing of clients' perspectives, not the counsellors expert knowledge.

As most people seek Counseling at a time of difficulty, they are more vulnerable. For this reason, counsellors are advised to be conscientious about the values inherent in the process of Counseling.²³ The idea of value-neutrality which is produced from neutral and objective viewpoints might suggest counsellors to hold back on their personal views and values. They are expected to apply the scientific value of objectivity to therapeutic practices in order to allow for a correct view of the client and unbiased application of scientifically-derived Counseling. Another purpose of the objective and value-neutral practice is to protect clients from counsellors' views that might be influential, or perhaps coercive to clients.²⁴ Therefore, this position is linked with counsellors' responsibility to take care of the clients welfare, and this includes avoiding an action that can foster a client's dependency in Counseling and therapeutic processes.²⁵

With regards to religious and spiritual matter, there are some concerns about the ethical challenges. These concerns range from a fear that counsellors would influence clients with their own religious beliefs to concerns regarding the professional boundary

²¹ C. Rogers, "The Interpersonal Relationship: the Core of Guidance," *Harvard Education Review* 32 (1962): 416-429.

²² C. Rogers, "The Formative Tendency," *Journal of Humanistic Psychology* 18, no.1 (1978): 23-26.

²³ A. C. Tjeltveit, *Ethics and Values in Psychotherapy* (New York: Routledge, 1999). Also see T. Bond, *Standards and Ethics for Counselling in Action* (London: Sage Publications, 2000).

²⁴ G. Corey, M. S. Corey and P. Callanan, *Issues & Ethics in the Helping Profession* (6th. ed., California: Brooks/Cole Publishing, 2003).

²⁵ L. R. Steen, D. Engels and W. T. Thweatt III, "Ethical Aspects of Spirituality in Counseling," *Counseling and Values* 50, no. 2 (2006): 108-118.

between religious and Counseling services.²⁶ Such concerns are described by Richards and Bergin as:²⁷

...when therapist attempt to preach, teach, or otherwise persuade clients that their own particular religious or spiritual ideology, denomination, cause, or worldview is the most correct, worthwhile, moral or healthy...especially when these values are contrary to clients' values and lifestyle preferences.

The attempt to get clients to adopt some religious or spiritual ideas can be unethical, particularly when there are clients who view these ideas as not liberating, or who in some way may be positioned under the scrutiny of a dominant religious discourse.²⁸ A client may feel unprepared to deal with the emotions that the discussion would unleash, and thus may attempt to avoid discussing any religious resolutions. In this situation, an open discussion about religious and spiritual values would not be possible, and a counsellor's efforts to have a discussion could lead to the unintentional imposition of the counsellor's own values, or of the values of a religious institution.²⁹

However, some counsellors find several problems with the intention to reconcile the idea of value-neutral practice with respect to client autonomy in Counseling.³⁰ The theoretical and practical grounds of Counseling, for instance, can position counsellors in some way. Counsellors are trained in certain theories and concepts about human nature, and the skills of how to work with people's problems. Therefore, when a counsellor enters a Counseling conversation, the particular Counseling framework

²⁶ J. C. Gonsiorek, "Ethical Challenges Incorporating Spirituality and Religion into Psychotherapy," *Professional Psychology: Research and Practice* 40, no.4 (2009): 385-389.

²⁷ P. S. Richards and A. E. Bergin, *A Spiritual Strategy for Counseling and Psychotherapy* (Washington: American Psychological Association, 1997).

²⁸ B. J. Zinnbauer and J. J. Barret, "Integrating Spirituality with Clinical Practice through Treatment Planning," in *Spirituality and the Therapeutic Process*, ed. J. D. Aten and M. M. Leach (Washington: American Psychological Association, 2009), 143-165.

²⁹ B. J. Zinnbauer and J. J. Barret, "Integrating Spirituality with Clinical Practice through Treatment Planning."

³⁰ B. D. Slife, C. Hope and R. S. Nebeker, "Examining the Relationship between Religious, Spirituality and Psychological Science," *Journal of Humanistic Psychology* 39, no. 2 (1999): 51-85.

invites the counsellor to bring this value system along. Counsellors practising in any Counseling model thus will demonstrate a belief in the importance of the particular model and its values, and might encourage the client towards a particular way of thinking, feeling or acting.³¹ In this sense, the therapeutic models themselves are not value-neutral since these models involve their own implicit value orientations.³² When counsellors are positioned with the value-neutral stance, the question arises then is how counsellors can do both – reformulate to be neutral, and at the same time there is a considerable Counseling-based influence taking place. The influence the counsellor has on their clients through therapeutic approaches can intentionally favour these professional values in a subtle way. In addition, the influence of the counsellor on the client derives not only from her Counseling orientation, but also from her presence in Counseling.³³

Therefore, many authors have argued that value-neutrality is not possible in Counseling.³⁴ They also question whether a value-neutral stance is beneficial and/or necessary for clients' improvement since the counsellor and client's values are part of the Counseling process. The question arises then: how might a counsellor proceed or act when he or she is confronted with a particular value that is complex like some values in religion and spirituality. In such a particular situation, if the counsellor holds similar values with a client, should she ignore those values in order to reduce harm? Or, should she simply refer the client to another counsellor in order to avoid imposing or influencing on the basis of the counsellor's own values? But then, what exactly does it mean to not impose or influence one's values on clients?

³¹ S. J. Spong, "Ideas of Influence: Counsellor's Talk about Influencing Clients," *British Journal of Guidance and Counselling* 35, no. 3 (2007): 331-345.

³² P. Rober and M. Seltzer, "Avoiding Colonizer Positions in the Therapy Room: Some Ideas about the Challenges of Dealing with the Dialectic of Misery and Resources in Families," *Family Process* 49, no. 1 (2010): 123-137.

³³ S. J. Spong, "Ideas of Influence: Counsellor's Talk about Influencing Clients," *British Journal of Guidance & Counselling* 35, no. 3 (2007): 331-345.

³⁴ L. E. Beutler and J. Bergen, "Value Change in Counseling and Psychotherapy: a Search for Scientific Credibility," *Journal of Counseling Psychology* 38 (1991): 16-24. Also see J. R. Corsini and D. Wedding, *Current Psychotherapies* (7th. ed., USA: Thomson Brooks/Cole, 2005). C. Feltham, *Critical Thinking in Counselling and Psychotherapy* (London: Sage Publications, 2010).

Or, if a counsellor wants to work with those values, what actions can she take that will show care to the clients?

Therefore, this article presents the findings from an initial survey about some of these questions. The survey was to investigate the extent to which Malaysian Islamic counsellors experience competing ideas between their Counseling-training knowledge and practices, and Islamic teachings when working with religious and spiritual values. Data generated through questionnaires is thought to be useful in gaining general views about participants' perceptions of the topic being researched.³⁵ This finding serves as a preliminary to the more detailed findings which will be collected in the qualitative study.

Participants' and Data Generation

Participants involved in this survey are experienced Counseling practitioners actively participating in Counseling activities and services. All participants are Muslims, and Malay in ethnicity. Participants were randomly selected from religious institutions where Islamic religious and spiritual matters are topics which most clients bring to Counseling sessions. These institutions are located in most parts of the country, including the states of East Malaysia. Each institution has only one to two counsellors who provide guidance and Counseling to clients in each region. As there are 16 institutions across the country, 50 questionnaires were distributed to prospective participants. However, only 14 were returned with complete responses.

Since the number of respondents is small, data analysis was conducted manually. The quantitative analysis simply presents descriptive statistics, to see if there are any marked patterns in terms of the distribution of participants' responses.³⁶ For instance, the analysis considers if there is a contradictory response given between different questions.

Data were generated by means of a questionnaire comprising two domains with 11 and 9 items each (appendix 4). The first domain investigated counsellors' training knowledge with respect to religious and spiritual values in Counseling. The second domain

³⁵ P. I. Alreck and R. B. Settle, *The Survey Research Handbook* (3rd. ed., New York: McGraw-Hill, 2004).

³⁶ P. I. Alreck and R. B. Settle, *The Survey Research Handbook*.

investigated counsellors’ actual experiences or practice working with these values. Other questions enquired about factual information such as gender, age, status as a counsellor, and Counseling theoretical framework. The majority of the items were Likert-like items based on a five (5) scale ranging from ‘strongly agree’ to ‘strongly disagree’. However, in the results that follow, the ‘strongly agree’ and ‘agree’, and ‘strongly disagree’ and ‘disagree’ categories are collapsed into a single category each, following McCall’s³⁷ suggestion for situations when the sample size is small. Therefore, instead of having five (5) possible sets of responses in the table, the study presents three (3) scaled scores in all tables.

Participants’ Demographic Information

In this section, the study presents information concerning participants’ age, gender, years of Counseling practice and their professional status [Table 1].

Table 1: Participants’ Demographic Information

Category	Pct. (%)	No. (n=14)
Gender		
Female	79	(11)
Male	21	(3)
Age		
Less than 30	14	(2)
30-35	57	(8)
35-40	29	(4)
Years of Practising		
Less than 2	29	(4)
2-10	64	(9)
10-15	7	(1)
Status		
Licensed and registered	7	(1)
Registered	29	(4)
Non-registered	64	(9)

³⁷ C. H. McCall, *an Empirical Examination of the Likert Scale: Some Assumptions, Development and Cautions*. Paper presented at the 80th Annual CERA Conference, 2001.

All 14 participants are full time and qualified counsellors. Of these participants, 79% are women and 21% are men. 57% of the participants are aged 30 to 35 years, with 64% of them reporting to have 2 to 10 years' experience in Counseling practices. According to participants' self-report, 64% of them are non-registered counsellors, 7% are fully licensed, while 29% are registered counsellors. This small number of registered counsellors appears to resonate with Abdullah's³⁸ report, which suggested that despite the registration requirement made by the local professional board, and since the Malaysian Counselor Act 1998 was enforced, there still a reluctance among qualified counsellors to register and obtain a certificate of practice.

Table 2: Theoretical Framework Preferences:
Highest to Lowest Rank Score

Theoretical Framework	Rank order: Number of times mentioned	Number (n=14)
Marriage guidance	24	(11)
Cognitive Behavior Therapy	22	(10)
Client-centered	20	(9)
Solution- Focused Therapy	16	(7)
Eclectic	11	(5)
Systemic therapies	2	(1)
Others (specify)		
Transactional Analysis	2	(1)
Integrative Approaches	2	(1)

Most of the participants employed two or more approaches in practice. Marriage guidance scored the highest value in the list with 24 scores. It is followed by cognitive-behavioural therapy with 22 scores, and client-centered with 20 scores. The rest include solution-focused therapy (16 scores); eclectic (11 scores); systemic therapies (2 scores); and other approaches (2 scores), which are specified by some of the participants.

³⁸ M. M. Abdullah, "Professionalisme in Counseling Generate Human Well-Being," *Jurnal Kebajikan*, 25, no.2 (2003): 34-42.

Participants’ Training Knowledge

The following table presents participants’ responses about their training knowledge. 11 items or statements were developed to inquire how a Counseling conceptual orientation forms participants’ practice when working with religious and spiritual values. Some of the statements touch on value-neutral practices in Counseling, the role of religious and spiritual values in counsellor-client’s lives and in practice, and the challenges of whether or not to accommodate these values in Counseling. From eleven items, six that gave meaningful data are shown. This data is represented by items A1 to A3, A6, A8 and A9 in Table 3.

Table 3: Participants’ Training Knowledge
(Scales Indicator: 1 = agree; 2 = neutral; 3 = disagree)

Items (6)	Percentage and Number (n=14)					
	-1-		-2-		-3-	
	%	n	%	n	%	n
A1 Counsellors should take a neutral position in Counseling conversations	79	(11)	0	(0)	21	(3)
A2 The practice of neutrality is more important than the practice of compassion	64	(9)	7	(1)	29	(4)
A3 Counsellors should be able to work with clients whose religious values are different from them	100	(14)	0	(0)	0	(0)
A6 Counsellors should incorporate clients’ religious values in therapeutic models in order to enhance positive Counseling outcomes	86	(12)	7	(1)	7	(1)
A8 When a client wants to follow religious prescriptions, a counsellor should stay neutral	29	(4)	14	(2)	57	(8)

Items (6)	Percentage and Number (n=14)					
	-1-		-2-		-3-	
	%	n	%	n	%	n
A9 Counsellors should support a client to uphold religious prescriptions and guidelines	100	(14)	0	(0)	0	(0)

As seen in Table 3, 79% of the participants stated they should hold neutral position in Counseling conversation [A1]. Most participants perceived that not only is a neutral position possible, but neutrality is also more important than the practice of compassion towards clients’ problems; this view is reported by 64% of the participants in the study [A2]. Both results seem to suggest that counsellors’ training requires counsellors to hold their personal values intact while endeavouring to meet the needs of the client within the context of the client’s value system. In this context, a counsellor’s position would be expected to be as objective and unbiased as possible.

With respect to counsellors’ competencies to work with clients’ values which are different from their own, participants unanimously agreed that training should be able to prepare them addressing these values in sessions [A3]. In relation to this agreement, 86% of these participants believed that if Counseling models and approaches can provide a good understanding of client’s diverse and sometimes complex worldviews, positive Counseling outcomes could be anticipated [A6].

Although the majority of participants agreed with value-neutral practices [A1 and A2], it is interesting to note that more than half of the same participants (57%) reported that they did not agree with the idea that a counsellor should stay neutral when a client wants to follow religious prescriptions [A8]. They also all agreed that they would give a full support to a client, should the client want to obey the religious prescriptions and guidelines [A9]. This finding seems to suggest that participants are aware of their values and might want to use this knowledge to guide practice. It also shows how easy it is for counsellors to encounter a clash of the professional value system and the personal value system. Yet, in this situation it seems unrealistic to believe that counsellors can

be comfortable and unbiased in all Counseling situations since they also have their own personal values and cultural frame of reference.³⁹

Participants’ Practice Experiences

The following Table 4 shows some results for the second domain of the questionnaire on participants’ practice experiences. Similar to Table 3, not all data are presented in this table. Of nine items, only six which are considered to meaningfully describe participants’ Counseling experiences working with religious values are shown; items A12, A13 and A16 to A19. These items investigate whether or not participants experience conflicting ideas between their professional values and the values of religion and spirituality. The items also enquire if participants encounter difficulties in helping clients with different values, and if they experience a discrepancy between Counseling’s therapeutic purpose and Islamic culture.

Table 4: Participants’ *Practice Experiences*
(Scales Indicator: 1 = *agree*; 2 = *neutral*; 3 = *disagree*)

Items (6)	Percentage and Number (n=14)					
	-1-		-2-		-3-	
	%	n	%	n	%	n
A12 I encounter competing ideas between religious values and Counseling in practice	43	(6)	14	(2)	43	(6)
A13 I experience difficulties in helping clients with competing values	29	(4)	21	(3)	50	(7)

³⁹ A. E. Bergin, “Values and Religious Issues in Psychotherapy and Mental Health,” *American Psychologist* 46 (1991): 394-403. Also see M. Holaday, M. M. Leach and M. Davidson, “Multicultural Counseling and Intrapersonal Value Conflict: a Case Study,” *Counseling and Values* 38 (1994): 136-142.

Items (6)	Percentage and Number (n=14)					
	-1-		-2-		-3-	
	%	n	%	n	%	n
A16 I experience concern that the therapeutic aim of developing personal choice may be at odds with the Islamic culture	71	(10)	0	(0)	29	(4)
A17 Some areas of the Islamic faculty advocate approaches that are not supported by Counseling knowledge	64	(9)	7	(1)	29	(4)
A18 My own religious and spiritual values influence and contribute to my professional life	100	(14)	0	(0)	0	(0)
A19 I experience discomfort with neutral Counseling practices that do not acknowledge these values	71	(10)	21	(3)	7	(1)

In respect of experience of dealing with competing ideas between religious values and Counseling, the responses given by participants were equivalent for both ‘agree’ and ‘disagree’ categories with 43% each [A12]. Although 50% of the participants reported that they did not experience any difficulties helping clients with these conflicting values [A13], over 70% of these participants experienced discomfort with a value-neutral stance in Counseling [A19]. This contradiction appears to show a tension present in most of the participants’ practices in working with religious ideas. Furthermore, all participants said that their own religious and spiritual values influenced their professional practices [A18]. It would therefore, seem that these participants are suggesting that the practice of neutrality in Counseling may not be possible.

Despite the reported discomfort regarding neutral practices, participants also appeared to value the role that religious

approaches may serve in a client's life. This orientation was expressed in items A16 and A17, where 71% and 64% of the participants' responses indicated that they had some concerns about the incompatible values and interests between Counseling practices and Islamic traditions. While it would appear that they believed some Islamic approaches somehow may help clients, these participants' responses would suggest that these approaches are not supported by Counseling knowledge. Therefore, a dissonance may arise between a counsellor and client when there are value differences. For example, a client might hope that a counsellor will operate from a set of values that are more congruent with the client's religious point of view, but if the counsellor chooses to uphold therapeutic values which may be at odds with a client's culture, it may affect the client's expectation and experience with Counseling.⁴⁰ This dissonance also may lessen the potential for successful Counseling outcomes.

Discrepancies between Participants' Theoretical Stance and Their Practice Experiences

In the following tables, the study juxtaposes some of the participant's Counseling knowledge with regard to their theoretical stance [Table 3] and current practice experiences [Table 4]. The study places emphasis on certain points available in the findings, when a discrepancy exists between the two domains of data. In Table 5, the selected and important items which represent each domain are A1, A2 and A12, A19.

⁴⁰ M. Sadeghi, J. M. Fischer and S. G. House, "Ethical Dilemmas in Multicultural Counseling," *Journal of Multicultural Counseling and Development* 31 (2003): 179-191.

Table 5: Discrepancy between Participants’ Theoretical Stance and Practice Experiences in Relation to *Neutral Practices* in Counseling

(Scales Indicator: 1 = *agree*; 2 = *neutral*; 3 = *disagree*)

Domain	Items	Percentage and Number (n=14)					
		-1-		-2-		-3-	
		%	n	%	n	%	n
Theoretical Stance	A1 Counsellors should take a neutral position in Counseling conversations	79	(11)	0	(0)	21	(3)
	A2 The practice of neutrality is more important than the practice of compassion	64	(9)	7	(1)	29	(4)
Practice Experience	A12 I encounter competing ideas between religious values and Counseling in practice	43	(6)	14	(2)	43	(6)
	A19 I experience discomfort with neutral Counseling practices that do not acknowledge these values	71	(10)	21	(3)	7	(1)

As seen in Table 5, these findings present some of the discrepancies that exist between participants’ theoretical stance in relation to neutrality and their practices working with religious values. Although the theoretical stance domain shows that more than a half of the participants agreed with the idea of neutral position in Counseling [A1&A2], it would appear that they encountered different experience in their actual practices [A12&A19]. This finding suggests that counsellors could encounter some difficulties when dominant Counseling knowledge and their experiences intersect. For counsellors whose Counseling knowledge is not congruent with their practices, they are likely to

experience internal conflict when struggling with their own and/or professional values in relation to the values of their clients.⁴¹ Such situation may mean that counsellors might feel uncomfortable when trying to remain objective and neutral to clients who hold different values from their own.

Another discrepancy that is important to draw attention to concerns participants’ views on the incorporation of religious and spiritual values in therapeutic models. This discrepancy is presented in Table 5(a) as follows.

Table 5 (A): Discrepancy between Participants’ Theoretical Stance and Practice Experiences in Relation to *Therapeutic Models* (Scales Indicator: 1 = agree; 2 = neutral; 3 = disagree)

Domain	Items	Percentage and Number (n=14)					
		-1-		-2-		-3-	
		%	n	%	n	%	n
Theoretical Stance	A6 Counsellors should incorporate clients’ religious values in therapeutic models in order to enhance positive Counseling outcomes	86	12	7	1	7	1
	A7 Counsellors’ values are communicated through Counseling approaches	86	(12)	7	(1)	7	(1)

⁴¹ M. Sadeghi, J. M. Fischer and S. G. House, “Ethical Dilemmas in Multicultural Counseling,” 179-191.

Domain	Items	Percentage and Number (n=14)					
		-1-		-2-		-3-	
		%	n	%	n	%	n
Practice Experience	A16 I experience concern that the therapeutic aim of developing personal choice may be at odds with the Islamic culture	71	(10)	0	(0)	29	(4)
	A17 Some areas of the Islamic faculty advocate approaches that are not supported by Counseling knowledge	64	(9)	7	(1)	29	(4)

In the domain of theoretical stance [A6&A7], almost all participants assumed that therapeutics models and approaches can be used to communicate and incorporate counsellor-client’s values. However, this view appeared to be inconsistent with the practice experiences domain [A16&A17]; where high percentages were given in terms of experiencing concern. Due to this discrepancy, dilemmas may arise when some of the clients’ Islamic practices or beliefs cannot be integrated into Counseling approaches. In the context of Islamic culture, religious teaching is viewed as an important component of the psychological health of many Muslim people. Therefore, for this teaching not to be supported by therapeutic approaches seems problematic. Patel and Shikongo in their research on a select group of Muslim psychology students to explore their understanding and handling of spirituality in a secular training programme, point out that practitioners who are constrained by non-integrative religious models are likely to experience feelings of frustration, conflict, uncertainty and inadequacy.⁴² These feelings can be the source of tension and distress particularly when these practitioners come to a

⁴² C. J. Patel, and A. E. E. Shikongo, “Handling Spirituality /Religion in Professional Training: Experiences of a Sample of Muslim Psychology Students,” *Journal of Religion and Health* 45, no. 1 (2006): 93-112.

stage where they feel the need to incorporate religious values into secular therapeutic models. The incompatibility between religious ideas and secular training models, according to these authors, might have negative implications for counsellors’ practices, as well as to the counsellors themselves if they are religiously committed Muslims.

Participants’ Views on the Importance of Religious and Spiritual Values

While the earlier findings show the contradiction between theory and practice domains, there are responses that indicate participants’ agreement about the importance of religious and spiritual values in professional practice. This finding can be seen as in Table 6.

Table 6: Participants’ Views on the Importance of Religious and Spiritual Values
(Scales Indicator: 1 = agree; 2 = neutral; 3 = disagree)

Domain	Items	Percentage and Number (n=14)					
		-1-		-2-		-3-	
		%	n	%	n	%	n
Theoretical Stance	A10 Spiritual and religious values provide a moral frame of reference in Counseling	93	(13)	7	(1)	0	(0)
	A11 Spiritual and religious values are important for a healthy life style	93	(13)	7	(1)	0	(0)
Practice Experiences	A15 Religious and spiritual values help me to understand clients’ problems	100	(14)	0	(0)	0	(0)

In both the theory and practice domains, these findings show that nearly all participants believed that spiritual and religious values

can provide a foundation for healthy functioning for counsellors, their practices and clients [A10, A11&A15]. In this sense, the participants' responses might suggest that religion and spirituality may have contributed to ways participants view and carry out their professional and personal lives. It also supports what Spilka, Hood, Hunsberger and Gorsuch have indicated that religion and spirituality permeate not only the individual's psyche, but also his or her social and cultural spheres of life.⁴³ From this perspective, religious values are not subjective elements that participants tack on to their representations and perceptions. Instead, the values appear to be unavoidable and intertwined with all facets of their lives.

A Summary Overview of the Initial Quantitative Survey

The findings generated in this survey represent a beginning. They offer particular evidence and explanations about the relationships between these two important domains; counsellor training or theoretical knowledge, and counsellors' practice experiences. Thus, they provide a background formulating of a number of tentative ideas as the basis for questions in the subsequent interview research conversations.

These quantitative findings suppose that value differences between counsellors' training knowledge and Islamic teachings are crucial ethical challenges that must be met to have effective delivery of Counseling services particularly in Malaysian religious context. The first important finding to this study is the identification that the idea of Counseling as a neutral practice seems to collide with counsellors' practice experiences. The study considers this as a central ethical outcome, as most participants encountered this difficulty, and rated it as significant in producing discomfort in practice. Although in general, the participants indicated that they feel very strongly about the centrality of religion and spirituality in their (professional and personal) and clients' lives, actual integration of these values appear to be restricted by the Counseling ideas and practices offered by secular training. It would appear that the training offers participants a set of Counseling ideas and knowledge, but it has not shown them

⁴³ B. Spilka et al., *The Psychology of Religion* (New York: The Guilford Press, 2003).

adequately what to do when they meet religious and spiritual values in practice.

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