Exploring Religion and Spirituality in Psychological Therapy

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Abstract

Religion and spirituality (R/S) are complex multidimensional constructs of which can appear contrary to the scientific ethos of psychological therapy. However, literature suggests a positive relationship between R/S and psychological health, and ethical guidelines encourage healthcare professionals to accommodate the client's religious and spiritual beliefs in their therapy. Despite the guidelines, little is known of how psychological therapists deliver R/S accommodative therapy in practice. The focus of this project is to explore the experiences of psychological therapists engaged in therapy that is R/S accommodative.

Part One: Critical Literature Review

The literature review explored qualitative research on psychological therapists' experiences of addressing R/S in therapy, in order to better understand how R/S integration might lead to improved treatment outcomes. Twenty-two papers were identified, critically appraised and analysed using thematic analysis. One core theme: Integrating R/S into Therapy, and five super-ordinates themes; The conceptualisation of R/S; Approaches to R/S material; Conditions for integration; Overcoming challenges; and Learning to integrate, emerged from the data. The review highlighted the need for an awareness of how therapist and client related factors impact the process of R/S accommodative therapy and potential outcomes. Research implications are discussed including the need for more robust studies.

Part Two: Empirical Research Report

There is little detailed evidence of how Clinical Psychologists in the UK are including R/S in therapy, therefore the aim of this study was to explore how Clinical Psychologists experience interactions with religiously and/or spiritually committed clients in the clinical context. Five semi-structured interviews were conducted and analysed using Interpretative Phenomenological Analysis (IPA). Three dynamically associated superordinate themes emerged: Unchartered territory, Complex meanings of R/S, and Bringing R/S into the room. Clinical and research implications are discussed.

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List of Abbreviations

Acceptance and Commitment Therapy (ACT)

American Association of Christian Counsellors (AACC)

American Psychological Association (APA)

British Association of Christians in Psychology (BACIP)

British Association for Counselling and Psychotherapy (BACP)

British Psychological Society (BPS)

Christian Association for Psychological Studies (CAPS)

Churches Ministerial Counselling Service (CMCS)

Cognitive Behavioural Therapy (CBT)

Cognitive Therapy (CT)

Consensual Qualitative Research (CQR)

Context, How, Issues and Population (CHIP) acronym

Critical Appraisal Skills Programme (CASP)

Critical Incident Technique (CIT)

Interpretative Phenomenological Analysis (IPA)

Medical Subject Headings (MeSH)

Mindfulness Based Cognitive Therapy (MBCT)

Multidisciplinary Team (MDT)

National Association of Social Workers (NASW)

National Health Service (NHS)

National Institute for Health and Care Excellence (NICE)

Participant Information Sheet (PIS)

Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA)

Religion and Spirituality (R/S)

Research and Development (R & D)

Service User Reference Group (SURG)

United States of America (USA)

Thesis Introduction

The overall aim of this thesis is to explore how religion and spirituality (R/S) are being addressed and integrated into therapy through understanding the experiences of psychological therapists working with R/S committed clients. This thesis seeks to address the overall aim in two ways, taking the form of two parts. The Critical Literature Review (Part one) of the qualitative research on psychological therapists' experiences of addressing R/S in therapy, aimed to provide a thematic overview of therapists' experiences, as well as highlight clinical implications and areas where further research might be needed. Part Two; the Empirical Research Report, explores in detail how Clinical Psychologists experience interactions with R/S committed clients because of a need for more in-depth accounts of these experiences from therapists practicing in the UK.

Part One: Critical Literature Review

Religion and Spirituality in Psychological Therapy: A Systematic Review of the Qualitative Literature

1 Chapter One: Introduction

This introduction provides an overview of how Religion and Spirituality (R/S) have been viewed in relation to psychological wellbeing and psychological therapy. Definitions of R/S are discussed. It will also provide background on the demographics of R/S beliefs in the general population, and amongst psychological health professionals. The efficacy of R/S accommodative therapies and interventions will be reviewed. Finally, the rationale, aims and objectives for this review will be discussed.

1.1 R/S in Psychological Health Literature and Healthcare Provision

1.1.1 Psychological Health Literature

Interest in the relationships between Religion, Spirituality (R/S[1]) and psychological wellbeing has grown in recent times with an increase in the volume of published literature in this field. Several professional organisations regularly address issues related to R/S in therapy (e.g. American Association of Christian Counsellors (AACC), Christian Association for Psychological Studies (CAPS), British Association of Christians in Psychology (BACIP)). A number of journals are dedicated to the integration of R/S into therapy (e.g. Journal of Psychology and Christianity, Journal of Psychology and Theology). In 2011, an entire issue of the Psychologist (a British Psychological Society publication), was dedicated to the discussion of Religion and Psychology, as was an issue of the Journal of Clinical Psychology in 2007.

The published literature points towards a positive relationship between R/S and psychological health. Reviews by Larson et al. (1992) and more recently Bonelli and Koenig (2013) found that 72% of studies reviewed reported significant positive

[1] R/S refers to Religion and Spirituality as well as the derivatives, religious or spiritual and religiously or spiritually

associations between religious involvement and better mental and psychological health. Awareness of God, church activities as well as personal prayer were associated with better psychological health (Francis & Kaldor, 2002; Moxey, McEvoy, Bowe & Attia, 2011). Spiritual quality of life has been shown to positively impact psychological well-being (O'Connell & Skevington, 2010). Whilst cross-sectional studies looking at correlations cannot establish whether or not there is a causal relationship between R/S and psychological health, there is sufficient evidence for a statistical link to make connections between the variables worthy of further research.

1.1.2 Healthcare Policies and Guidelines

For several decades policies and healthcare guidelines have increasingly acknowledged R/S in the context of psychological healthcare provision. The Department of Health published a document titled *Religion or Belief: a practical guide for the NHS (2009)* which encouraged healthcare professionals to respect clients' spiritual practices and beliefs, and to be mindful not to impose their own beliefs. The British Psychological Society (BPS) (2009) produced a policy document '*Code of Ethics and Conduct'* which encourages the need to respect individual differences with specific mention of religion. The American Psychological Association (APA) makes similar recommendations in its code of conduct document suggesting that healthcare providers should be considering R/S issues in their service delivery (2003). Practitioners are ethically charged to exhibit cultural competence in their work with clients, providing culturally appropriate treatment, care and information (National Association of Social Workers (NASW), 2015; National Institute for Health and Care Excellence (NICE), 2010).The explicit call to respect clients' R/S beliefs in therapy by professional and governing health organisations suggests this to be an area of significant importance to individuals, and of relevance in the delivery of psychological care.

1.2 Defining Religion and Spirituality

1.2.1 Definitions in the published literature

Religion and spirituality are complex and multi-dimensional constructs that have been conceptualised, and subsequently operationalised in different ways in the published

literature. This makes the interpretation of studies on R/S and psychological health outcomes challenging when contrasting definitions of the same term may make comparisons across studies problematic. In the published literature, some authors have chosen to focus research on religion alone, understood as organized religion, (Townsend & Mulligan, 2002; Worthington, 1986; Worthington, Kurusu, McCullough & Sandage, 1996) that is belonging to an organised body such as Roman Catholicism. Other researchers have chosen to focus on a broader concept of spirituality (Crossley & Salter, 2005; Hodge, 2006; Post & Wade, 2009; Worthington & Sandage, 2001). In other cases spirituality, has been explicitly conceptualised and operationlised as inclusive of religion, (Smith, Bartz & Richards, 2007), similarly published literature looking at the psychology of religion, has been defined as inclusive of some aspects of spirituality. Some scholars have chosen the word 'faith' to convey both religion and spirituality (Anderson et al., 2015). There have also been occasions where R/S do not appear to have been defined at all (Lim, Sim, Renjan, Sam & Quah, 2014; Hook et al., 2010; McCullough, 1999), leaving the reader to impress upon the writings their own understandings and interpretations.

1.2.2 Religion

There have been a number of psychological approaches to making sense of religion, as psychology, as with many phenomena, does not have one single viewpoint from which to view religious behaviour or experience. Pargament (1992) described how religion can be understood both at the personal and social level, as a way of feeling, thinking, acting and relating to life. Glock (1962) summarised religion as being composed of five components including religious belief (ideological dimension), practice (ritualistic dimension), feeling (experiential dimension), knowledge (intellectual dimension) and effects (consequential dimension). Allport and Ross (1967) distinguished between intrinsic and extrinsic orientations of religion. An intrinsically religious individual's belief is fundamental to self-concept and often forms the organising principle of life (Allport & Ross, 1967). The reasons for one's faith lie within, rather than outside of the person; the motives are personal and internalised (Paloutzian, 1996). A religious belief which is more detachable from sense of self and more likely to be motivated by external factors such as social acceptance represents extrinsic religion (Allport & Ross, 1967). Literature suggests that *how* someone is religious is more important than whether

someone *is* religious, as intrinsically religious individuals tended to be associated with measures of positive self-esteem and extrinsic religiosity with some aspects of negative self-esteem (Hood, 1992; Swinton, 2001; Weber & Pargament, 2014).

For the purpose of this review, religion is defined as an institutionalised system of morals, beliefs and activities founded on spiritual principles, (Kelly, 1995). Examples of religions are Christianity, Islam, Hinduism or Buddhism and religious practices can range from attending places of worship, personal and corporate prayer, to reading of sacred texts.

1.2.3 Spirituality

Fontana (2003) proposed that spirituality is even more difficult to define than religion with fewer attempts being made to define it. Spirituality has been thought of as a connectedness to something beyond oneself such as the ultimate power or divine being, this could be a god or other forces within the universe (Harris, Thoresen, McCullough & Larson, 1999). The working definition of spirituality used in this review, refers to an individual's experience of or relationship with the existential or transcendent aspects of life that can relate to meaning or purpose (Larson, Swyers & McCullough, 1998).

It is possible to consider oneself spiritual while not being religious, or primarily religious but not particularly spiritual, both religious and spiritual, or neither (Worthington et al., 1996). For example one might be spiritual but not religious in that one feels attuned to transcendent aspects of experience, but is not affiliated to any organised religion. Similarly one may belong to a church in an extrinsically religious manner, but not be spiritual. For the purposes of this review, R/S will be used when referring to both concepts; when either religion or spirituality is used alone, it is to intentionally communicate that one concept is being discussed to the exclusion of the other. Given the inherent difficulties in defining such concepts, the process of accommodating R/S into therapy is likely to be littered with further complexities.

1.3 R/S: Prevalence in the Population

1.3.1 General Population

It is useful to consider any potential differences in respect of R/S beliefs in the general population compared to psychological health professionals, as any disparity may be relevant in terms of the dynamics between therapists and clients. R/S beliefs and practices are important to most people in the general population across different countries and cultural groups. The Pew Research Centre estimates that 84% of the global population self-identify with a religious group, whilst only 16% report no religious affiliation (Hackett et al., 2012). In the recent census of England and Wales, conducted by the Office for National Statistics (2013), it was reported that 59% of the population identified as Christian with the second largest religious group being Muslims at 5% of the population. In a survey conducted by the Mental Health Foundation, over half of mental health service users reported some form of spiritual belief and regarded these as important to them (Faulkner, 1997). Surveys indicate that 88% of Americans consider religion either very important or fairly important (Hill et al., 2000), 96% of Americans believe in God or a universal spirit, (Gallup, 1995), whilst 70-75% of Australians believe in God or a higher power (Francis & Kaldor, 2002; Moxey, et al., 2011).

1.3.2 Psychological Therapists

While there is a lack of recent data on R/S orientation of psychological therapists, the overall picture is one of the levels of people with R/S beliefs amongst therapists being much lower than that in the general population. Delaney, Miller, and Bisono (2007) surveyed the religiosity and spirituality of 258 members of the APA and a sample of the US general public finding that psychologists remain much less religious than the population they serve. Psychologists were more likely to describe themselves as ‘‘spiritual but not religious’’ (Delaney et al., 2007). Baker and Wang (2004) proposed that this religiosity gap may position psychologists as being out of touch with their clients in regards to what is important to them. Despite this gap, Delaney et al. (2007) found that most psychologists viewed the religiosity of their clients positively, believing religion to be mostly beneficial (82%) to mental health.

These findings suggest that significant numbers of the general population hold religious and/or spiritual beliefs and although there is evidence to indicate that psychological therapists; psychologists in particular may be less religious, though R/S is viewed as beneficial in promoting positive psychological wellbeing. Given the differences with respect of R/S beliefs in the general population versus those of clinicians, it is argued that there may also be differences between client and clinician regarding the value and importance placed upon R/S. If so, this divergence may clinically impact the manner and degree to which either religion or spirituality is addressed, subsequently impacting treatment processes and outcomes. In light of this, it is important for therapists to include R/S beliefs in assessment of clients, and to acknowledge their own understandings of R/S beliefs and practices and how these can potentially impact on therapy to ensure practice is effective and ethical.

1.4 Types of R/S Interventions used in Psychological Therapy

Increasingly R/S accommodative therapy and/or R/S oriented intervention techniques are being considered in psychological practice (Anderson et al., 2015; van der Velden et al., 2015). As there is cumulative acceptance that clients' R/S beliefs and practices may be clinically important, support is growing for therapeutic interventions that are not only sensitive to R/S but that actually utilize clients' R/S beliefs and practices as therapeutic tools (Hook et al., 2010, Hodge, 2006; Lim et al., 2014; Paukert, Philips, Cully, Romero & Stanley, 2011). R/S has been explored in the context of a variety of mainstream theoretical approaches including psychoanalytic (Tummala-Narra, 2009), cognitive behavioural (Propst, 1992) and person centred (Leijssen, 2008). Broadly, two different types of R/S interventions used in therapy that seek to address R/S are described in the literature.

1.4.1 Secular interventions modified to include R/S content

The first kind are those secular therapies and interventions that make use of R/S content to help strengthen a client's level of commitment to therapy or relieve stress (Richards & Bergin, 1997). Interventions like these are explicitly modified to include client R/S beliefs and practices (e.g. CBT with added use of religious imagery) (Worthington, 1986; Worthington et al., 1996).

1.4.2 R/S interventions originating in R/S practice

The second kind of intervention originates in formal R/S traditions (Worthington, 1986; Worthington et al., 1996), examples are prayer, testimony, meditation and forgiveness. It is important to note that interventions may include an R/S focused component such as forgiveness or meditation, which is not explicitly operationalised as being religious or spiritual. Harris et al. (1999) suggest that distinction may be more of a theoretical than practical one; for example, forgiveness based interventions can actually be explained and justified theoretically both psychologically and through traditional religious practice.

1.5 Reviews on Psychotherapeutic Processes and Efficacy of R/S Accommodative Therapies

Given the increased amount of research on R/S, psychological wellbeing and mental health, it is important to determine whether supporting clients' R/S beliefs and values in treatment produces clinical gains above those of standard methods of psychological practice. A number of authors have sought to determine this via drawing together mostly quantitative studies investigating client and therapist factors as well as studies on the efficacy of R/S interventions. What follows is a synthesis of the published reviews, with reference to some of the limitations of reviewing data of this nature.

1.5.1 Therapist and client factors in R/S oriented interventions

Some of the earliest reviews in this area sought to organise the research and summarise the findings of studies on religious accommodative psychotherapy focusing on three areas; religion and counsellors, religion and clients, as well as religious intervention techniques (Post & Wade, 2009; Worthington, 1986; Worthington and Sandage, 2001; Worthington et al., 1996). Relevant findings from these early reviews will be discussed in the following section. The findings begin to highlight the need for further understanding regarding the experiences of clients, and therapists and the process at work in R/S accommodative therapy that may lead to positive clinical outcomes.

1.5.1.1 Therapist Factors

Worthington (1986) reviewed empirical studies across a ten year period (1974-1984) on religious counselling and found that clerics were doing much of the counselling with secular trained therapists only just beginning to integrate religion and clinical practice. Where clergy understood aspects of religion they often felt underprepared for counselling responsibilities perhaps highlighting a need for psychotherapists to further engage with this topic. However, limited opportunities on training programmes for therapists to explore and understand R/S beliefs, particularly those different from their own, may well have impacted their engagement with R/S issues (Post & Wade, 2009). Post and Wade (2009) conducted a practice friendly review of the empirical research on R/S in psychotherapy and found that secular therapists remained much less religious than the population they served. They also found evidence to suggest that when practitioners were more unfamiliar with client religious beliefs, clinical judgment was altered (e.g. clinicians rated higher in terms of client psychotic pathology) (Post & Wade, 2009), thereby potentially impacting the process of therapy.

There remains limited research on R/S integration from the point of view of the (secular trained) therapist, including how therapist R/S or non- R/S orientation may impact the process of therapy as well as outcomes. Indeed, Worthington and Sandage (2001) reviewed the key highlights of the empirical research on R/S in psychotherapy reporting on the lack of research investigating ways therapists values impacted their work and treatment outcomes. Further exploration of this may well be of particular standing given the differences of importance of R/S in the general population versus therapists. Are therapist likely to place less importance on R/S in a therapeutic setting as compared the client, and in what ways might this influence outcomes? Better quality outcome studies are needed to support findings and draw more definitive conclusions.

1.5.1.2 Client Factors

In an early review conducted by Worthington (1986), religious clients reported concern regarding therapy with secular trained therapists. Religious clients feared they might be misunderstood, experienced as pathological or even ridiculed by agnostic or atheistic therapists (Worthington, 1986). Worthington et al. (1996) reviewed a further 148

empirical studies across a 10 year span (1984-1994) and reported further the experiences of religious clients. In particular they noted the different ways in which religious clients spoke about their experiences and the potential impact this might have on therapy. Intrinsically religious people described their experiences in religious terms, were more open to change and benefitted most from their religion (e.g. as a coping strategy) whereas extrinsically religious clients did not use religious terminology even when prompted (Worthington et al. 1996). Whilst it might be clear to a therapist that for the intrinsically religious, religion is very important and would be useful to include in the work, the extrinsically religious individual's presentation may cause the therapist to easily label them as non-religious. The latter could have a negative impact on clinical outcomes and highlights the importance of therapists adopting an open minded approach to how clients express their religion and spirituality.

The issue of matching therapist and intervention to the religious client's beliefs and religious commitment was also discussed in a number of the reviews (Post & Wade, 2009; Worthington and Sandage, 2001; Worthington et al., 1996). Congruence of religious intervention and client religious commitment/beliefs led to better outcomes over and above client therapist matching of religious beliefs with authors concluding that what matters most is that therapist be open, respectful and willing to use interventions congruent with the client (though not necessarily with the therapist) (Post & Wade, 2009). However, Worthington et al. (1996) found that highly religious people, chose and preferred therapists of similar religious values to themselves and these findings have been supported elsewhere (Worthington & Sandage, 2001). These findings have implications for the process of therapy in that therapist ought to carefully consider therapeutic approaches used, being mindful of how their clients are religious (e.g. intrinsically/extrinsically) in order to maximise positive clinical outcomes.

1.5.1.3 R/S intervention techniques

Worthington et al. (1996) reviewed the types of R/S interventions reported to be in use in the published literature spanning from 1984-1994 and found of those techniques originating in religious traditions, prayer, forgiveness and meditation and were being used with some evidence of their benefits. Integration of religiosity into Cognitive Behavioural Therapy (CBT) was evidenced to be similarly or marginally more effective

than non-religious approaches. These findings have been supported in a number of reviews (Post & Wade, 2009; Worthington, et al., 1996; Worthington & Sandage, 2001). The efficacy of R/S oriented interventions will be discussed in more detail in the following sections.

The reviews described thus far consisted of the majority quantitative studies using questionnaires and surveys (Worthington, 1986), and research often focused on potential not actual clients (Worthington et al., 1996). In using potential clients as opposed to those actually experiencing therapy, some of the clinically relevant detail as to the variety of processes at work in actual R/S accommodative therapy might be missed. Additionally, there was often limited detail on how studies included in the reviews were located and determined for inclusion, as well as limited consideration of the rigour of the data. Some authors noted that some journals with potentially relevant articles were unavailable at the time (Worthington, 1986). It is possible that relevant studies were left out highlighting the need for detailed systematic approaches in identifying research, and a critical approach when understanding and interpreting the reliability and validity of study findings.

In spite of these limitations these early reviews highlight interesting client, therapist and intervention factors across a significant time span. There was some consideration of the need for better quality and wider ranging research methodologies, as well as more detailed studies discussing the nature of R/S accommodative therapy. As a result of the notable increase of professional attention to the integration of R/S into clinical practice, there has been an increase in the amount of outcome research examining the efficacy of R/S accommodative therapy.

1.5.2 Efficacy of R/S interventions for psychological problems

It has been noted that R/S interventions can be superior to or at least as effective as secular interventions for religious clients, this area has been further investigated across a range of R/S interventions. Reviews discussed in this section focused on those that sought to determine what kinds of R/S interventions were being used and which were evidenced to be most efficacious for specific populations and psychological problems (Hook et al., 2010; Oh & Kim, 2012; Smith et al., 2007; Townsend & Mulligan, 2002)

Various R/S interventions were reported to be in use and these included R/S adapted CBT, meditation, 12 step fellowship, forgiveness and prayer (Harris et al., 1999). Interventions adapted for specific faith groups included Muslim accommodative therapy, Christian accommodative Cognitive Therapy (CT), as well as Taoist CT for anxiety (Hook et al., 2010). Spiritual components common across R/S adapted psychotherapy included teaching spiritual principles, prayer, reading sacred texts and spiritual imagery (Smith et al., 2007).

Two narrative reviews systematically addressed the efficacy of R/S interventions for a range of presenting problems by reviewing clinical trials (Hook et al., 2010; Townsend & Mulligan, 2002). Hook et al. (2010) notably used rigorous criteria proposed by Chambless and Hollon (1998) to evaluate the efficacy of RCT's determining the clinical significance and effectiveness of R/S therapies for a variety of psychological problems. Efficacious treatments included Christian accommodative CT for depression, 12-step facilitation for alcoholism, as well as Muslim accommodative psychotherapy when combined with medication. These findings were also reported in the Townsend and Mulligan (2002) review. Harris et al. (1999) reported modest evidence of efficacy of similar approaches in the reduction of psychological problems (i.e. CBT for Christian clients, R/S component of 12 step fellowship and forgiveness interventions). One of the most commonly used interventions was prayer, which clients used as a coping mechanism in times of stress. Studies evaluating the efficacy of prayer yielded statistically and clinically significant results (Harris et al., 1999; Oh & Kim, 2012; Townsend & Mulligan, 2002).

Two meta-analytic reviews also reported favourable outcomes when R/S adapted psychotherapy was compared with control groups receiving pseudo interventions for clients suffering from a variety of psychological problems (Goncalves, Lucchetti, Menezes & Vallada, 2015; Smith et al., 2007). Smith et al. (2007) conducted a meta-analytic review of 31 outcome studies investigating spiritual (including religious) adaptations of psychotherapy for clients suffering from a variety of psychological problems; an overall effect size of 0.56 was reported. This indicated a moderately strong magnitude (Cohen, 1988) which is greater than the average value (i.e. 0.48), usually witnessed when therapy outcomes are compared with control groups (Lambert &

Bergin, 1994). This suggests that spiritual approaches to psychotherapy are effective. Goncalves et al. (2015) reported findings that showed R/S interventions tended to be associated with benefits when comparing pre and post interventions groups and control groups. The findings showed a significant reduction in anxiety levels and a trend towards improvement in depression for clients undergoing R/S accommodative therapies (e.g. CBT, meditation). Goncalves et al. (2015) made use of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Moher et al., 2009) in an attempt to acknowledge the impact of biases adding to the reliability and credibility of the findings.

Whilst these systematic reviews show that there is some credible, however moderate, evidence for the efficacy of specific R/S interventions for specific populations and psychological problems, what is less clear is what these R/S interventions actually look like and how they are being operationalised. Additionally, studies included in the reviews discussed here had methodological problems (i.e. studies suffered from small sample sizes, low power, and lack of therapists being masked to conditions and client attrition); therefore any conclusions ought to be tentatively drawn. With so many variables at work there is a pressing need for the exploration of process research that may serve to break down, and provide further information about the underlying mechanisms. In light of developing deeper understandings, there has been significantly more outcome research conducted in relation to some R/S approaches in the treatment of anxiety and depression; namely mindfulness and R/S accommodative CBT.

1.5.3 Efficacy of Mindfulness based Interventions for treatment of depression

Recently there has been an increase in the number of reviews seeking to determine the efficacy of mindfulness based interventions, most frequently on the reduction of depressive symptoms. Mindfulness based cognitive therapy (MBCT) has some empirical support for the treatment of major depression.

Coelho, Canter and Ernst (2007) were the first researchers to systematically review findings about the potential usefulness of MBCT for major depression and they concluded that for patients with three or more previous episodes of depression, MBCT could have an additive benefit to usual care. Similar findings were documented in other

reviews in respect of the superiority of MBCT as an adjunct to treatment as usual versus treatment as usual alone (Chiesa & Serretti, 2011). Findings must be considered in light of the overall low quality of some of the studies which may reduce the significance. Methodological shortcomings included small sample sizes, lack of randomization details, and the inability to conduct meditation studies using a double blind condition (Chiesa & Serretti, 2011).

van der Velden et al. (2015) sought to investigate the mechanisms of change at work in MBCT that contribute to the positive outcomes. Twelve of the 23 clinical trials investigating MBCT interventions reported that changes in mindfulness, worry, meta-awareness, rumination, and self-compassion were linked with, predicted or mediated reduction in depressive symptoms (van der Velden et al., 2015). These changes were also associated with a reduced risk of relapse and could be thought to be key contributory factors to the beneficial effects often found (van der Velden et al., 2015).Various other kinds of mindfulness based interventions have shown efficacy in the treatment of depression. Klainin-Yobas, Cho and Creedy (2012) conducted a meta-analysis of 39 experimental and quasi experimental studies from across ten countries. Comparisons of the mindfulness interventions described produced large effect sizes[2]; these included mindfulness-based stress reduction programme (1.92), acceptance-based behaviour therapy (1.33), and stress less with mindfulness (1.31). These findings suggest that mindfulness based interventions were efficacious in alleviating depressive symptoms.

In summary there is evidence for the efficacy of mindfulness based interventions in the treatment of depression yet it is important to note that whilst these interventions are traditionally derived from Buddhist practices, they are often operationalised theoretically in psychological expressions (i.e. without R/S connotations). Furthermore, they are not generally evaluated or delivered as faith adapted approaches (Anderson et al., 2015). In light of this, and the increasing prominence of mindfulness based approaches and standardized treatment manuals, mindfulness could be seen less and less as an R/S accommodative form of intervention in favour of being more secularist.

[2] Less than 0.2 is considered small, 0.2-0.5 moderate, and those than greater that 0.5 large (Cohen, 1988).

1.5.4 Efficacy of R/S adapted CBT Interventions for Depression and Anxiety

CBT is an empirically validated and well established psychological intervention and R/S adapted CBT has the most evidence supporting its efficacy for the reduction of psychological symptoms (Hodge, 2006; Hook et al., 2010; Lim et al., 2014; Paukert, Philips, Cully, Romero & Stanley, 2011; Worthington, 1986; Worthington & Sandage, 2001). A number of authors have conducted reviews which sought to determine whether supporting clients' religious beliefs in CBT treatment packages is significantly beneficial above that of standard approaches, and have shared some ideas regarding what the actual interventions looked like (Hodge, 2006; Lim et al., 2014; McCullough, 1999; Paukert et al., 2011).

McCullough (1999) conducted a meta-analysis synthesising the evidence from five studies which compared religious approaches to standard forms of treatment in Christians with depression. It was reported that religious counselling approaches had no significant superiority to standard approaches to counselling immediately after completion of treatment (one week follow up). Though the follow-up period was short and the study sample small, other reviews report similar findings (Hodge, 2006; Hook et al., 2010; Lim et al., 2014; Paukert et al., 2011; Worthington, 1986; Worthington & Sandage, 2001). Muslim adapted CBT for treatment of anxiety and depression was evidenced to be probably efficacious for the reduction of symptoms (Hodge, 2006). This conclusion was mostly due to the fact that the R/S adapted therapy was provided in addition to traditional therapy, thus it was argued that any kind of additional therapy (not necessarily R/S orientated) could have produced similar beneficial results. Lim et al. (2014) reported on the ways CBT interventions were culturally adapted for use with R/S orientated clients experiencing depression and anxiety. CBT was adapted in a number of ways which was believed to have contributed to beneficial outcomes found, including the use of Christian doctrines or teachings from the Koran to counter irrational thoughts or the use of a religious therapist/therapist with knowledge of religious teachings.

Largely, R/S adapted CBT was shown to be efficacious or probably efficacious in reducing symptoms of depression and anxiety generally equal to standard approaches.

In contrast, a recent review has reported that faith adapted CBT may in fact outperform or be superior to control conditions in the treatment of depression and anxiety. Anderson et al. (2015) conducted a systematic review and meta-analysis (where there was sufficient homogeneity) of RCTs to investigate the efficacy of faith adapted CBT interventions for depression and anxiety. The quality of the studies were formally analysed using the PRISMA guidelines (Moher et al., 2009) to aid in the acknowledgment of biases thereby assessing for reliability and validity of findings. They reported that faith adapted interventions may actually outperform and be superior to control conditions in treatment of depression; the results for the treatment of anxiety were broadly similar.

R/S adapted CBT has been generally well received, however the preceding writings highlight some discrepancies in what therapies constitute efficacious, probably efficacious and equivalent or superior to standard treatment, suggesting it is an area worth exploring further. What continues to remain unclear is the components of this kind of therapy that lead to the benefits; for example, is it the core components of traditional CBT which may remain in R/S adapted CBT, or is it the religious adaptions in particular, or could it be more about client therapist relationship? Additionally, if the decision to use religiously adapted CBT is more about client choice, what is the best way to go about introducing this into the therapy context? The practical question for therapists is no longer whether to address R/S in therapy with R/S clients, but rather *when*, and *how* to address, and with *whom* (Post and Wade; 2009).

1.6 Conclusions

Previous reviews have begun to outline R/S accommodative therapy from the perspective of the therapist and client highlighting some useful features that warrant further exploration. A variety of R/S interventions have been shown to be beneficial for different clients with different psychological problems, though findings must be considered in the context of methodological issues. Preliminary findings indicate that mindfulness based interventions may be a beneficial adjunct to usual care, and helpful in relapse prevention of depression. CBT in particular has the most evidence for reducing symptoms of depression and anxiety, though it still remains somewhat unclear

what underlying variables and therapeutic processes lead to positive psychological outcomes.

1.7 Review Rationale

Professional guidance proposes psychological therapists give appropriate attention to R/S when treating clients. The quantitative literature on incorporating R/S into therapy broadly suggests that there are benefits to clients in terms of meeting their preferences to have their R/S beliefs and values acknowledged, and also in producing better therapy outcomes. However, there is little detailed literature on how and why these benefits may occur. As interest within this area has increased, it was deemed appropriate to systematically review qualitative literature exploring R/S within the context of clinical practice. It is believed that in order to get a more complete understanding of what R/S accommodative therapy is like, a review of the extant and recent research from the perspective of the therapist is needed to discover the complex interactions involved in conducting R/S accommodative therapy. A review of qualitative literature on how therapists have experienced incorporating R/S into their work may complement the quantitative findings by providing information that may inform the mechanisms for improved outcomes. To the author's knowledge, no one has yet compiled analysed and reported on the qualitative findings

1.8 Review Aims

The overall current aim of the present review is to draw together in a systematic fashion, recent qualitative research on qualified psychological therapists' experiences of addressing R/S in therapy in order to shed light on how this is operationalised in practice, and understand how this may benefit treatment outcomes.

1.9 Objectives

The objectives of the proposed review are;

- To identify how R/S is being conceptualised
- To identify what R/S interventions are currently being used

- To present an analysis and summary of the qualitative literature exploring experiences of psychological therapists involved in of R/S accommodative therapy
- To discuss the clinical implications of the findings in relation to enhancing the quality of therapy that ultimately contributes to the mental wellbeing of clients.

2 Chapter Two: Methodology

2.1 Review Aim

The aim of this review is to examine the experiences of qualified psychological therapists addressing R/S in their clinical practice.

2.2 Search Strategy

Initial scoping searches were conducted during the months of August and September 2015 for qualitative literature that investigated how religious or spiritual factors were incorporated into talking therapies. A literature search was conducted in October 2015 using the following four electronic databases: Medline; PsycINFO; Scopus and Web of Science. The reference lists of all potential articles were reviewed to ensure that the search strategy had accounted for all relevant articles. Additionally, citation lists of relevant articles were checked in Scopus, Web of Science and Google Scholar.

2.3 Search Terms

In order to identify the search terms the "CHIP Tool" developed by Shaw (2010a) was utilised. CHIP is an acronym (Context, How, Issues and Population) for identifying the various components that need to be considered when developing the search strategy and terms. Table 1 shows how this was used in relation to the current review. The literature was searched using the key terms (Religio*) OR (Spirit*) AND (Therap*) OR (Psycho*) OR (Counsel*) AND ("Qualitative Research"). Key terms were expanded through identification of Medical Subject Headings (MeSH) within relevant databases.

Table **1** Search Strategy (Qualitative- Shaw, 2010a)

Context	Therapy, Counselling, Psychotherapy (Therap*) OR (Psycho*) OR (Counsel*)
How	Qualitative –where MeSH headings were not available, the following terms were used (Qualitative, qualitative method, qualitative research, qualitative study, phenomenol*, grounded theory, thematic analysis, narrative*, content analysis, constant comparative method, conversation* analysis, in-depth, semi structured, interview, focus group, lived experience).
Issue of Interest	Discussions regarding Religion and Spirituality (Religio*) OR (Spirit*)
Population	Clinicians (therapists, psychologists, counsellors, psychotherapists) (Therap*) OR (Psycho*) OR (Counsel*)

2.4 Inclusion Criteria

The review included qualitative studies exploring psychological therapists' accounts of their experiences of addressing R/S in the context of therapy, including their reflections on the integration of R/S into therapy (e.g. their thoughts, feelings, any challenges experienced, and reflections upon their clients', as well as their own R/S or non- R/S identities in their work). For the purpose of this review psychological therapists included licensed or certified clinical and counselling psychologists, counsellors, psychotherapists, clinical social workers and those who were trained or experienced in a specific type of therapy (e.g. family therapists). The time period for published articles to be included in this review was 2005-2015 to provide a range of the most up to date literature. Given the paucity of data, it was decided to go back over a ten year range. Additional limiters were applied including; English language; peer-reviewed journal articles; adult population (18+); and human participants.

2.5 Exclusion Criteria

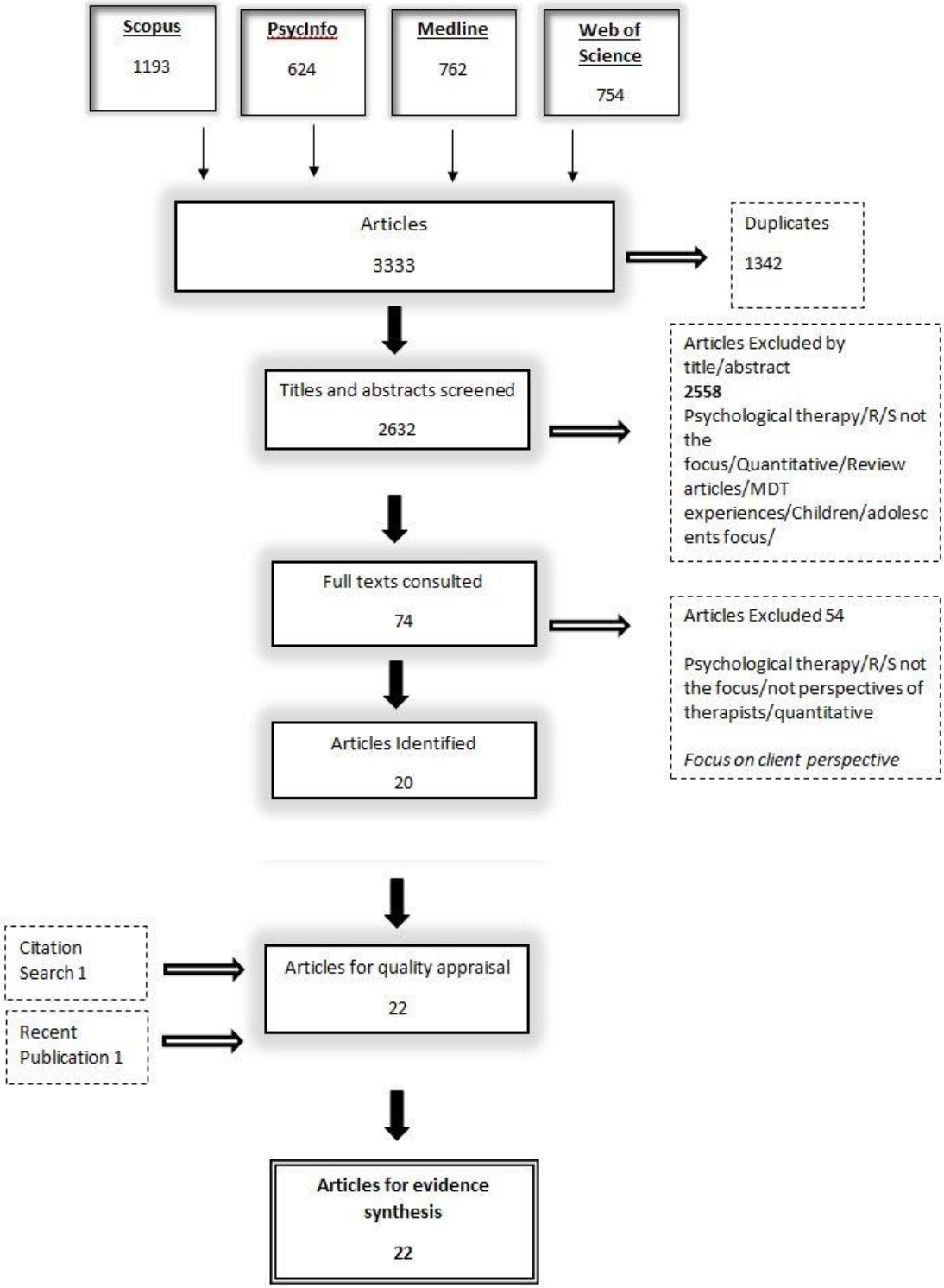
Given the initial number of studies retrieved, various exclusion criteria were applied. Any articles involving accounts from multidisciplinary teams (MDT's) or those

accounts based on more general psychoeducation treatment programmes, were excluded as they were seen to be outside the parameters of this review. Initial scoping searches revealed that it was often difficult to differentiate whether MDT members were trained in psychological therapy or whether treatment programmes involved actual psychological therapy. Other exclusion criteria included: Non-journal articles (i.e. book chapters, comments, dissertation abstracts and review articles); Non-English, as there was no budget for translation; Quantitative; and child and adolescent populations. Papers that included some qualitative components, but were primarily quantitative in nature, were excluded as the qualitative components were minimal and/or superficial in nature.

2.6 Search Outcomes

The initial stage of the review procedure elicited a total of 3333 articles illustrated in Figure 1. Following a removal of duplicates, 2632 articles remained. The titles and abstracts were screened for relevance to the inclusion criteria, and where the abstract was not sufficient, full texts were consulted. Seventy four papers were read in full. A data extraction form was used to summarise salient points of these articles (Appendix A). Following the reading of full articles, a further 54 were excluded as not meeting inclusion criteria leaving 20 relevant articles. An additional article was included following citation searches, as well as a second article which had been published shortly after the searches had been completed. Twenty two papers went forward for quality appraisal.

Figure 1: Flow Chart of review process



2.7 Quality Appraisal

Twenty two articles were included for quality assessment prior to analysis of the data, using the Critical Appraisal Skills Programme (CASP) Qualitative Research Checklist detailed in Appendix B (CASP, 2013). CASP is a typical and widely used tool in existing syntheses of qualitative papers to appraise quality and inform judgements about whether papers should be included or excluded in reviews (Dixon-Woods et al., 2007). Assessing the quality of the papers is important in determining the value and integrity of the data when discussing study findings. Dixon-Woods, et al. (2006a) noted that structured approaches such as checklists, quality criteria and standards are widely used to assess qualitative studies to be included in systematic reviews. Whilst the intuitive judgement of experienced reviewers proved just as reliable as using quality appraisal screening tools (Dixon-Woods et al., 2007), CASP was adopted as a guide to identify quality issues for the purpose of this review.

The overall quality of papers was good (see Appendix C for full results), in that they were all deemed sufficiently trustworthy to be able to make a useful contribution to the review. All papers included were also relevant to the review questions. Final judgements on papers for inclusion rested not only on the quality of the individual paper, but also on that of relevance to the current review (Dixon-Woods et al., 2006b). Quality issues were captured on the data extraction forms (Appendix A), and are summarised in table 2. Flaws will be considered in terms of the strength of contributions of papers in the discussion.

2.8 Synthesis of Evidence

The 22 articles included in this review are summarised in Table 2; including study aims, the methodology used, and explicitly named themes. Comments on quality are also included. Thematic analysis was used to identify, analyses and report themes across all 22 papers.

2.8.1 Thematic Analysis

2.8.1.1 Theoretical and Conceptual Framework

The analysis was conducted within a weak social constructionist framework. A weak social constructionist framework assumes that how people engage within a particular issue, is socially constructed through experience and interactions with others. However, the issues at hand have a material basis, thus this framework is broadly in keeping with a critical realist position (Joffe, 2012).

As the aim of the review was to draw together, in a systematic fashion, and provide a summary of the findings on psychological therapists' experiences of addressing R/S in therapy, a mostly inductive approach was used. Themes and patterns were identified in a 'bottom up' way, therefore the analysis was mostly data-driven. However, the researcher had an awareness of existing themes in the field by virtue of reading and sourcing the relevant published literature, thus there were deductive elements to the analysis. Braun, Victoria and Terry (2015) argued that pure induction is not probable because how we read and make sense of data is shaped by our theoretical and conceptual frameworks, however they suggest that our analytical observations can be grounded in data rather than prior theory. The researcher also remained open to new concepts using reflexivity to help ensure themes were grounded in the data as far as was possible.

Themes were identified at a semantic level (i.e. themes identified within explicit/surface meanings of data), as well as at a latent level as the analysis also identified and examined underlying ideas and assumptions that might have shaped the semantic content of the data. Concepts that occurred a number of times, or were found to capture something significant and important about experiences of the therapists, were counted as a 'theme'.

2.8.1.2 Analysis Procedure

In order for the analysis to be transparent, guidelines for thematic analysis outlined by Braun and Clarke (2006) were followed. The first step involved becoming familiar with all aspects of the data; data in this case was all participant extracts from across the 22 papers. Data were read and re-read, and initial notes were made. The second stage involved generating initial codes. All of the data was coded and where relevant, some

data were coded more than once as more than one idea or concept seemed to be apparent. The next stage involved considering how different codes might be combined to form themes at various levels. At this stage the researcher printed off the list of codes, cut them out and found it helpful to manually sort codes into clusters. Codes for each article were printed out on coloured paper, and the colours corresponded with the associated article extract/quotation. As codes were clustered and organised into themes, draft mind maps were developed to represent super-ordinate themes and the associated sub-themes. The next stage involved reviewing and refining the candidate themes. At this stage some themes were collapsed into each other or broken down into separate themes, whilst others were discarded, or new themes created, as seemed appropriate. This stage involved reviewing at the level of the coded data extracts, (extracts for each theme were collated and reviewed to see if they appeared to form a coherent pattern), as well as at the level of themes in relation to the data set as a whole. An initial thematic map was devised, and themes were discussed in supervision to ensure validity and plausibility.

The final stages involved clearly defining and naming the themes, analysing the data within each theme and organising this analysis into a narrative account. Each theme was considered not only in its own right, but also in terms of how it fit into the overall 'story' that was being told about the data. The thematic analysis was written up inclusive of data extracts to evidence the themes within the data. Examples of the analytic process are presented in appendix D. It is important to note that although a stage by stage process has been reported here, analysis of the data set involved much movement back and forth between stages throughout the analysis in order to arrive at the presented themes.

3 Chapter Three: Results

Twenty two articles were included in this review and Table 2 provides a summary of the main characteristics of each paper.

3.1 Sample demographics

Demographic information regarding the participants for each of the articles is summarised in Appendix E. Information includes: the total number of participants; gender; ethnicity; marital status; countries or states represented; age range; therapeutic & R/S orientation as well as years of experience. Not all articles provided data for the above so information included comprises figures for those studies which clearly stated these details. The majority of the participants were female, white or Caucasian, and were recruited from within North and South America. All participants were aged between 20 and 85 years old, and post-qualification years of clinical experience ranged from three months to 41 years. Participants used a range of therapeutic approaches including psychodynamic, behavioural and integrative. Though having R/S beliefs/affiliations was not a pre-requisite for participation in a number of the studies, where information was made available, Christianity appeared to be the most common R/S orientation.

3.2 Methodological approaches

The articles used a range of qualitative methodologies mostly phenomenological or grounded theory approaches drawing on data from individual interviews and focus groups. Articles explored both religion and spirituality with some including aspects of religion and religious practice, under the guise of spirituality. Articles generally explored participants' understandings of R/S and how they addressed and/or integrated R/S into their work, including their use of R/S practices (e.g. prayer). Some of the studies explored participants' own religious or spiritual beliefs, and how these influenced and impacted upon their work. All but three of the articles examined aspects of R/S in the context of psychological therapy exclusively. Of these three exceptions, one article additionally explored the idea of kinship (Bell-Tolliver & Wilkerson, 2011),

another, perceptions of mental health (Laher & Ismail, 2012), and the third included findings on participant understandings and experiences of spiritual abuse (Gubi & Jacobs, 2009), in addition to exploring R/S in the clinical setting. These articles were included as it was felt they possessed sufficient relevant findings that would make a useful contribution to the current review.

3.3 Quality of studies

The overall quality of papers was good and they were all deemed sufficiently trustworthy and relevant to be able to make a useful contribution to the review. Comments on quality are recorded in table 2 and detailed results of the CASP Qualitative Research Checklist can be found in Appendix C. All papers used research designs appropriate to the stated aims of the research, and provided clear and explicit statements of findings. The majority of papers provided detailed information on how participants were recruited, data was collected, and provided satisfactory information on the analysis process. Generally adequate amounts of data (i.e. participant quotations) were provided to support findings thereby evidencing the degree to which themes were likely to be grounded in the data. All but one of the papers detailed attempts to ensure credibility of findings and this was achieved through various means including triangulation, member checking as well as via peer review discussions. Additionally, there were some cases where authors modified standard data analysis techniques (Zenkert & Brabender, 2014), and it was felt that these modifications were satisfactorily explained. There were however certain aspects relevant to qualitative research which papers addressed to varying degrees.

One of the main issues evident when appraising the papers was the limited and varied information detailing evidence of the researcher's reflexivity. Researchers tended to critically examine their own biases and influence on the analysis process, but few researchers evidenced examination of potential biases on the data collection process, and in relation to formulation of the research question. Furthermore, the majority of the studies did not provide any information about the epistemological stance the author had taken. The only articles that appeared to explicitly state their epistemological position

were Blair (2015), Crossley and Salter, (2005), Magaldi-Dopman, Park-Taylor and Ponterotto (2011) and McVittie and Tiliopoulos (2007).

Information regarding saturation of data was varied across papers for those methodologies where it was most relevant (e.g. grounded theory), which meant it was not always clear that adequate data had been collected to support the study findings. Furthermore, consideration of ethical issues was particularly mixed across papers. In many cases there was a lack of information regarding how the research was explained to participants, and only seven of the papers explicitly stated that ethical approval had been gained (Blair, 2015; Brown, Elkonin & Naicker, 2013; Gubi, 2009; Jacobs, 2010; Laher & Ismail, 2012; Scott, 2013 & Vandenberghe, Prado & de Camargo, 2012). There were some further issues raised regarding study sample sizes. Where some papers used phenomenological approaches, it could be argued that the sample size was too large to be able to gain the detailed and rich experiences of participants associated with this kind of methodology (Smith, Flowers & Larkin, 2009). This was the case in particular with papers by Bell-Tolliver and Wilkerson (2011), Coe, Hall and Hsu (2007), Gubi (2009), and Miller and Chavier (2013) where sample sizes ranged from 15 to 30. Findings of this review must be interpreted in light of the quality of the papers included.

Table 2 Summary of Review Articles

No.	1st Author(s), Year & Country	Study Aims	Methodology		Summary of Findings of Papers Including Themes/Categories	Comments on Quality
			Participants/ Data Collection	Data Analysis		
1	Bell-Tolliver & Wilkerson (2011) USA	To explore how clinicians use concepts of spirituality and kinship with clients in a therapy setting.	N = 30 Licensed family therapists (Inc. Social Workers, Counsellors, Psychologists) Face to face interviews	Phenomenological Approach	Three headings Kinship as a strength in therapy Religion or spirituality as a strength in therapy The influence of kinship bonds and spirituality on therapy	Rationale for approach provided, recruitment process described and justified, data collection process explained, triangulation strategies adopted, explanation as to how themes were identified, little in terms of ethical considerations. Researcher biases examined and findings made explicit.
2	Blair (2015), UK	To explore the spirituality of therapists and how this influences their therapeutic practice.	N = 9 Counselling Psychologists, Psychotherapists, Counsellors Interview	Grounded Theory	One overarching theme, two sub-themes, sub-sub themes • Reflective, dynamic & developmental process to integrate spiritual & therapeutic identities - Direct influence of therapists' spirituality on therapeutic work (spirituality as self-care, working carefully) - Finding harmony between spirituality and broader professional context (finding congruence, experiences of training)	Sufficient detail regarding data collection process and participant recruitment, researcher employed reflexivity, ethics and epistemological position considered, grounded theory approach described and reference to saturation made. Detailed data analysis, credibility checks and findings explicitly stated
3	Brown et al. (2013), South Africa	To explore the willingness of psychologists to integrate R/S into	N = 15 Counselling, Clinical and Educational	Content Analysis	Themes organised under three headings; o The use of R/S in therapy (Major Themes-Yes- Willing to participate in both therapeutic and religious activities, No- Willing to	Appropriate methodology and research design. Limited detail on data collection process and nature of

No.	1st Author(s), Year & Country	Study Aims	Methodology		Summary of Findings of Papers Including Themes/Categories	Comments on Quality
			Participants/ Data Collection	Data Analysis		
		therapy. To explore factors that act as barriers and enablers in this regard.	Psychologists Three focus groups		participate in therapeutic but not religious activities) o Enablers to the use of R/S in therapy (Major Themes: Discussing R/S as part of exploring the client's journey; Attending to the client's needs; Having therapy Skills; Own R/S beliefs; Similar R/S beliefs; Connectedness as Humans; Psychological approaches can make it easier to address R/S issues; Exciting to be exposed to something new) o Barriers to the use of R/S in therapy (Major Themes: Ethics; Clashed beliefs with client; Clashed morals and values with client; Client dependence on R/S for decision making; Lack of knowledge; understanding and training; Client resistance; Uncomfortable with R/S issues; Psychological approaches can make it difficult to address R/S issues)	participants, unclear whether research bias examined during data collection process. Little detail on consideration of ethical issues, little description of the analysis process. Findings clearly stated and contribution to existing knowledge documented. Model of trustworthiness utilised to validate accuracy of findings.
4	Coe et al. (2007), Hong Kong	To explore the experience of integration for Chinese Christian therapists practicing in Hong Kong	N = 15 Clinical Psychologists Interview	Phenomenological Approach	Three themes The context of integration: Outside of Culture The foundation of integration: Relationship with God The practice of integration: A lived enterprise - Religion as a resource - Authority of theology - Relationship with God as a unique dimension	Appropriate rationale for methodology and research design. Details of data collection and recruitment strategy. Some detail on examination of researcher bias. Rigorous data analysis, detail on how themes were selected, contradictory data taken into account. Ethical considerations made and reference to data saturation. Member validation and

No.	1st Author(s), Year & Country	Study Aims	Methodology		Summary of Findings of Papers Including Themes/Categories	Comments on Quality
			Participants/ Data Collection	Data Analysis		
						research process peer reviewed.
5	Crossley & Salter (2005), UK	To develop an account of the way in which clinical psychologists understand & address spirituality within therapy	N = 8 Clinical Psychologists Semi-structured Interview	Grounded Theory	Two core categories; ○ Spirituality as an elusive concept (The diversity of spirituality, not engaging with spirituality) ○ Finding harmony with spiritual beliefs (Understanding beliefs, respecting beliefs)	Appropriate methodology, research design, data collection and recruitment strategy. Researcher critically examined own role, assumptions, reflexive techniques utilised and epistemological position stated. Ethical issues considered. Findings explicitly stated and detail on how themes were derived. Data saturation discussed. Peer discussions, reflexive journal and supervision used to enhance trustworthiness.
6	Elkonin, Brown & Naicker (2014), South Africa	To explore and describe psychologists' understanding of R/S, and their perceptions of the use of R/S in therapy.	N = 15 Registered Psychologists Focus Groups	Content Analysis	Major themes that emerged from two questions; How do you understand the concepts of R/S? • The concepts are difficult to define • The concepts are different • The concepts are linked • Experiences differ What are your perceptions about using R/S in therapy? • Client's need • Imposing and initiating • Need for referral • Psychological training • Sources of coping	Appropriate methodology and research design. Limited detail on data collection process and nature of participants, unclear whether research bias examined during data collection process. Little detail on consideration of ethical issues, little description of the analysis process. Findings clearly stated and contribution to

No.	1st Author(s), Year & Country	Study Aims	Methodology		Summary of Findings of Papers Including Themes/Categories	Comments on Quality
			Participants/ Data Collection	Data Analysis		
					• Respect and acceptance • Explore and understand • Multi-cultural environments	existing knowledge documented. Model of trustworthiness utilised to validate accuracy of findings.
7	Gubi (2009), UK	To demonstrate whether counsellors who use prayer are aware that ethical problems can arise through the use of prayer, and to identify, through thematic analysis, what these potential problems are.	N = 19 Counsellors (BACP and CMCS Members) Interview	Interpretative Phenomenological Analysis	Several Themes Prayer can change the way the counsellor is regarded Using prayer with cases that involve psychopathology Imposing the counsellors' faith on the client Accountability of intervention Prayer as an avoidance and a defence Difficulty in challenging prayer Matching prayer method Cultural pressure to pray in some Christian agencies Praying routinely with clients Using prayer when it is not part of the clients agenda Prayer as a way of enhancing the counsellor's power	No justification for research design, in spite of this, design was deemed appropriate. Limited detail on data collection process and no discussions regarding saturation. Clear statement of ethical approval. Unclear whether examination of researcher biases took place. No information on how data presented was selected or credibility checks. Clear statement of findings which appear to make a contribution to existing knowledge.
8	Gubi & Jacobs (2009), UK	Explores the impact on counsellors of working with clients who have experienced spiritual abuse.	N = 5 Counsellors (BACP Members) Semi-structured interviews	Heuristic Methodology/Interpretative Phenomenological Analysis	Seven Headings Understanding of spiritual abuse Working with spirituality Affects of this work Management of responses Supervision Training Personal experience of abuse	Appropriate research design. No discussion of saturation. Sufficient detail on participants including professional history. Appears no examination of researcher biases on data collection/analysis process. Some mention of ethical issues. Sufficient detail on

No.	1st Author(s), Year & Country	Study Aims	Methodology		Summary of Findings of Papers Including Themes/Categories	Comments on Quality
			Participants/ Data Collection	Data Analysis		
						analysis (e.g. How themes were derived and selected for presentation). Clear statement of findings and member validation checks documented.
9	Jackson & Coyle (2009), UK	To explore therapists responses to situations of salient 'spiritual difference'. In particular, how therapists represent these situations in terms of their potentially dilemmatic nature and ethical implications and how they construct strategies for responding to such situations.	N = 11 Counselling psychologist, clinical psychologist, psychotherapists and counsellors (Registered) Interviews & Vignettes	Interpretative Phenomenological Analysis	Three super-ordinate themes and various sub themes 1/Therapists perception of clients spiritual beliefs: Psychological understanding and impact o Spiritual beliefs in relation to clients internal world o The psychological impact of spiritual beliefs on clients well-being and the therapeutic process o Discordance between spirituality and psychotherapy 2/Therapists' aims and responsibilities: (In)compatibility with clients' spiritual beliefs; o Therapists' aim o Therapists' responsibilities o Conflict between aim and responsibilities o Handling conflict between aim and responsibilities 3/Therapists' practice responses to psychologically unhelpful spiritual beliefs: Explicit and implicit approaches o Exploring clients' spiritual beliefs o Challenging clients' spiritual beliefs o Implicit practice approaches o Explicit practice approaches	Research design justified, details on data collection and participant recruitment strategy. Unclear whether potential researcher biases examined and consideration of ethical issues. Analysis implemented through consultation between first and second author. Clear statement of findings and detail on how themes were derived. Contradictory data taken into account. Contribution of findings to existing knowledge discussed.

No.	1st Author(s), Year & Country	Study Aims	Methodology		Summary of Findings of Papers Including Themes/Categories	Comments on Quality
			Participants/ Data Collection	Data Analysis		
10	Jacobs (2010) USA	To gain clinicians' perspectives of and insights into religion and spirituality in the context of their practice	N = 40 Clinical Practitioners (Psychologists, Social Workers, Pastoral Counsellors, Family Therapists) Focus groups	Pragmatic approach to grounded theory	Three themes Participants' definitions of religion and spirituality Intake and assessment Paying Attention	Research design justified, and research strategy explained. Details on data collection process explained though no mention of data saturation. Unclear whether researcher examined potential for own biases on research process. Some consideration of ethical issues. Detail on how themes were derived, themes reviewed by another researcher. Findings clearly stated and consideration given to how they add to existing knowledge base.
11	Johnson, Jeffrey & Wade (2007), USA	To address how therapists philosophically approach spiritual problems and their treatment; how therapists diagnose and assess spiritual problems; and what strategies and interventions do therapists use when working with	N = 12 Psychotherapists (Psychologists, Clinical Social Workers, Counsellors and Family Therapists) Interview	Consensual Qualitative Research (CQR)	Four Categories Therapist approach/Philosophy (Spiritual approaches, secular approaches) Assessment of spiritual problems (Types of spiritual problems, conceptualisation of spiritual problem, diagnosis) Therapy process (Therapist interventions, secular interventions, reactions in therapy, course of therapy) Therapy Outcomes	Research design justified and detail on data collection provided though no discussion of data saturation. Recruitment strategy clear and sufficient examination of potential for researcher bias (via process of bracketing and extensive discussions). Ethical issues considered and clear statement of findings. In depth discussion of analysis process, discussions between

No.	1st Author(s), Year & Country	Study Aims	Methodology		Summary of Findings of Papers Including Themes/Categories	Comments on Quality
			Participants/ Data Collection	Data Analysis		
		spiritual problems.				researchers re. Core ideas and how themes were derived as well as contribution of findings to existing knowledge base detailed.
12	Laher & Ismail (2012) South Africa	To explore perceptions of mental illness in South African Muslim psychologists, more specifically to explore the contexts within which the psychologists work, and the aetiology and treatment of mental illness.	N = 10 Psychologists Semi-structured interview	Thematic Content Analysis	Four dominant themes Mental illness as maladaptive coping Religion as a resource for wellbeing Personal religiosity Openness to collaborative treatment	Unclear justification for qualitative strategy, detail on recruitment strategy, limited information on data collection process with no discussion of saturation. Unclear whether potential researcher biases examined, attention given to ethical issues. Insufficient information on data analysis (e.g. unclear how themes were derived, selected to present). Little data presented to support findings, and little discussion of findings in general and how they relate to existing knowledge.
13	Magaldi-Dopman et al. (2011) USA	To offer an in-depth, qualitative examination of spiritual/religious/non -religious identity development among psychologists and	N = 16 Clinical and Counselling Psychologists Semi-structured interview	Grounded Theory	Thirteen axial categories grouped into six selective categories from which a core category became clear leading to emergent grounded theory. Core Category/Tentative Grounded Theory - Mountain Image 1.The Journey (Psychotherapists' Spiritual/Religious/non-religious identity influences psychotherapy, painful complexity)	Research methodology justified, detail on recruitment strategy and data collection process as well as data saturation. Researcher critically examined potential for bias and influence on data collection and analysis

No.	1st Author(s), Year & Country	Study Aims	Methodology		Summary of Findings of Papers Including Themes/Categories	Comments on Quality
			Participants/ Data Collection	Data Analysis		
		its impact on their psychotherapy with clients.			2.Challenges (conflicts, biases) 3. Exploration (using clients' voice, humour, reframing) 4. The theoretical over the spiritual (psychodynamic/psychoanalytic, cognitive behavioural, integrative/eclectic) 5. Seeing through the clients eyes (clients' conflicts, clients' coping, clients' expectations) 6. The therapeutic and transcendent relationships	process, transparency re. Theoretical and R/S orientation. Epistemological position stated. Triangulation, trustworthiness, reflexivity and bracketing employed. Ethical issues considered and sufficient detail on data analysis process. Clear statement of findings and discussion of credibility of findings. Consideration as to how findings relate to existing knowledge
14	McVittie & Tiliopoulos (2007), UK	To examine how psychotherapists describe practices towards clients with religious beliefs and related training, and how these descriptions account for the weight given to such beliefs within the psychotherapeutic process.	N = 6 Practicing psychotherapists (Clinical Psychologists and Psychiatrists) Interview	Discourse Analytic Approach	Analysis relates to three sets of descriptions o Religious clients treated by interviewee o Role of clients religious beliefs in therapy o Relevance of beliefs in psychotherapeutic training • Restricting relevance to particular groups • Defining the role of religious beliefs • Religious beliefs and training	Research design justified, sufficient detail on data collection process however, no mention of data saturation. Little detail regarding participant recruitment strategy and some consideration given to potential for researcher biases. Limited consideration given to ethical issues. Detailed explanation of analysis process (conducted by two authors) including how themes were derived. Findings clearly stated and

No.	1st Author(s), Year & Country	Study Aims	Methodology		Summary of Findings of Papers Including Themes/Categories	Comments on Quality
			Participants/ Data Collection	Data Analysis		
						contributions to existing knowledge discussed. Epistemological position made clear.
15	Miller & Chavier (2013), USA	To examine how therapists use prayer in the therapeutic process.	N = 17 Marriage/Family Therapists Interview	Phenomenology	Seven themes; Definition of prayer Prayer as connection with God/transcendent and client Ethical boundaries Use of prayer depends upon context of therapeutic practice Direct versus indirect prayer interventions Prayer as used for self-of-therapist care Use of prayer changes as therapist grows and develops over time	Justification of methodology, research strategy and data collection process described in detail with mention of saturation. Little discussion of ethical issues. Potential researcher biases critically examined for both data collection and analysis process. Researchers bracketed and set aside assumptions and completed analysis together. Reflexivity, triangulation and member checking to ensure credibility. Detail on how themes were derived. Findings explicit and attempts made to ensure credibility of findings which were discussed in relation to existing knowledge.
16	Morrison & Borgen (2010), Canada	To examine counsellor empathy in depth as it relates to and is influenced by counsellor	N = 12 Counsellors Semi-structured	Critical Incident Technique (CIT)	14 Helping Categories (Included relationship to faith, connecting to the spiritual, drawing on religious values, following Jesus' example, spirituality informs understandings, similar life experiences, sharing the Christian culture, increased understanding, understanding	Research design justified, details on recruitment, data collection including saturation. No mention of consideration of ethical

No.	1st Author(s), Year & Country	Study Aims	Methodology		Summary of Findings of Papers Including Themes/Categories	Comments on Quality
			Participants/ Data Collection	Data Analysis		
		spirituality	Interview		one's own limits, awareness or experience, shared humility, empathy for the client because God cares for client, empathy for the client because God cares for counsellor, the counselling process) 3 Hindering Categories (Included clients' actions are contrary, limited empathy as result of counsellor blind spots/biases, different expectations)	issues. Detailed discussion of analysis procedure including trustworthiness, credibility and validity checks via use of independent researchers and participant cross checking. Potential researcher biases acknowledged during analysis. Findings explicit and related back to existing knowledge.
17	Ocampo Hoogasian & Gloria (2015), USA	To explore the ways Latina/o descent clinicians (a) understand and utilize spirituality in psychotherapy and (b) assess their own experiences, cultural backgrounds, and theoretical orientations within their therapeutic work.	N = 10 Clinical Social Workers, Counsellors, Psychologists Semi-structured interview	Interpretative Phenomenological Analysis (IPA)	Three domains, nine themes, and various sub-themes. Clinicians' psycho-spiritual-cultural experiences • Spirituality as self-care (cleansing emotional difficulties of clinical work) • Doing your own spiritual "work" (power of spirituality, becoming whole person) • Clinicians' experiences add to client understanding (finding common ground, living bi-culturally/balancing two worlds) Clinicians' views & practices surrounding spirituality and therapy • Clinicians' theoretical orientation (spiritual orientations, relationship focused approaches) • Clinicians' view of spirituality and ceremony in therapy (making meaning & developing worldview, finding strength, coping & hope) • Bringing spirituality into the room (assessing spirituality, clients take the lead) • Spiritual and ceremonial interventions (connection	Methodology justified, detail on recruitment strategy, information on method of data collection. Some consideration of ethical issues. Detail on how themes were derived and sufficient data presented as well as examination of potential researcher biases. Member checking and researcher auditing employed to ensure trustworthiness and credibility of data. Triangulation and reflexivity utilised. Limited discussion of evidence for and against researcher arguments. Findings explicitly presented and considered in relation to

No.	1st Author(s), Year & Country	Study Aims	Methodology		Summary of Findings of Papers Including Themes/Categories	Comments on Quality
			Participants/ Data Collection	Data Analysis		
					with important others, accessing healing energy, making promises/vows) Navigating challenges in therapy & interfacing the western mental health system • Navigating challenges of spiritualty & ceremony integration within therapy (education & differing views, learning from clients) • Spirituality, social justice, and multicultural competence (training programs, organized religion, working with the "system", resistance in workplace)	current practice.
18	Scott (2013), UK	To explore the experience of counsellors who have a Christian faith, with clients that may or may not share that faith. To explore how aware are these counsellors of the cultural transitions that may need to be made to offer a competent service.	N= 22 Counsellors Semi-Structured Interviews	Heuristic Method (Moustakas (1990)	Emergent Themes • Faith as a resource for all co-researchers • The overtness of the counsellor's faith in the counselling room • The effects of the context • Difficulties arising from either the counsellor's or the client's faith • Aspects of development and journeying	Research methodology justified, and detail on recruitment strategy and data collection, though no mention of saturation of data. Researcher critically examined own role, potential biases and influence during data analysis phase. Reflexive journal maintained and discussions with peers. Full consideration of ethical issues. Sufficient data presented to support findings though unclear how themes were derived. Clear statement of findings and techniques employed to ensure credibility of findings (e.g. participants

No.	1st Author(s), Year & Country	Study Aims	Methodology		Summary of Findings of Papers Including Themes/Categories	Comments on Quality
			Participants/ Data Collection	Data Analysis		
						viewed transcripts). Findings discussed in relation to existing knowledge.
19	Tillman, Dinsmore, Hof & Chasek (2013), USA	To begin to better understand the process by which counsellors come to feel comfortable in addressing R/S issues in counselling.	N = 12 General and Pastoral Counselling Individual interviews, Focus Groups & pictorial representations	Grounded Theory	Five themes emerged 1. Personal spiritual journey 2. Social construction o Experimental o Peers o Coursework o Clients o Consultation/supervision 3. Positive spiritual foundation 4. Inner drive 5. Traversing pitfalls	Research methodology justified, detailed recruitment strategy and data collection including discussion of data saturation. Critical examination of researchers' own role, biases and influence on data collection and analysis process. Research journal maintained, memos kept and biases set aside in an epoche. Unclear whether any ethical issues taken into consideration. Data analysis explained including how themes were derived, sufficient data presented to support findings though limited consideration of contrary data. Clear statement of findings as well as discussion around credibility of findings (e.g. peer review, audit trail, member checking). Triangulation of data via three data points. Contribution to existing knowledge discussed.

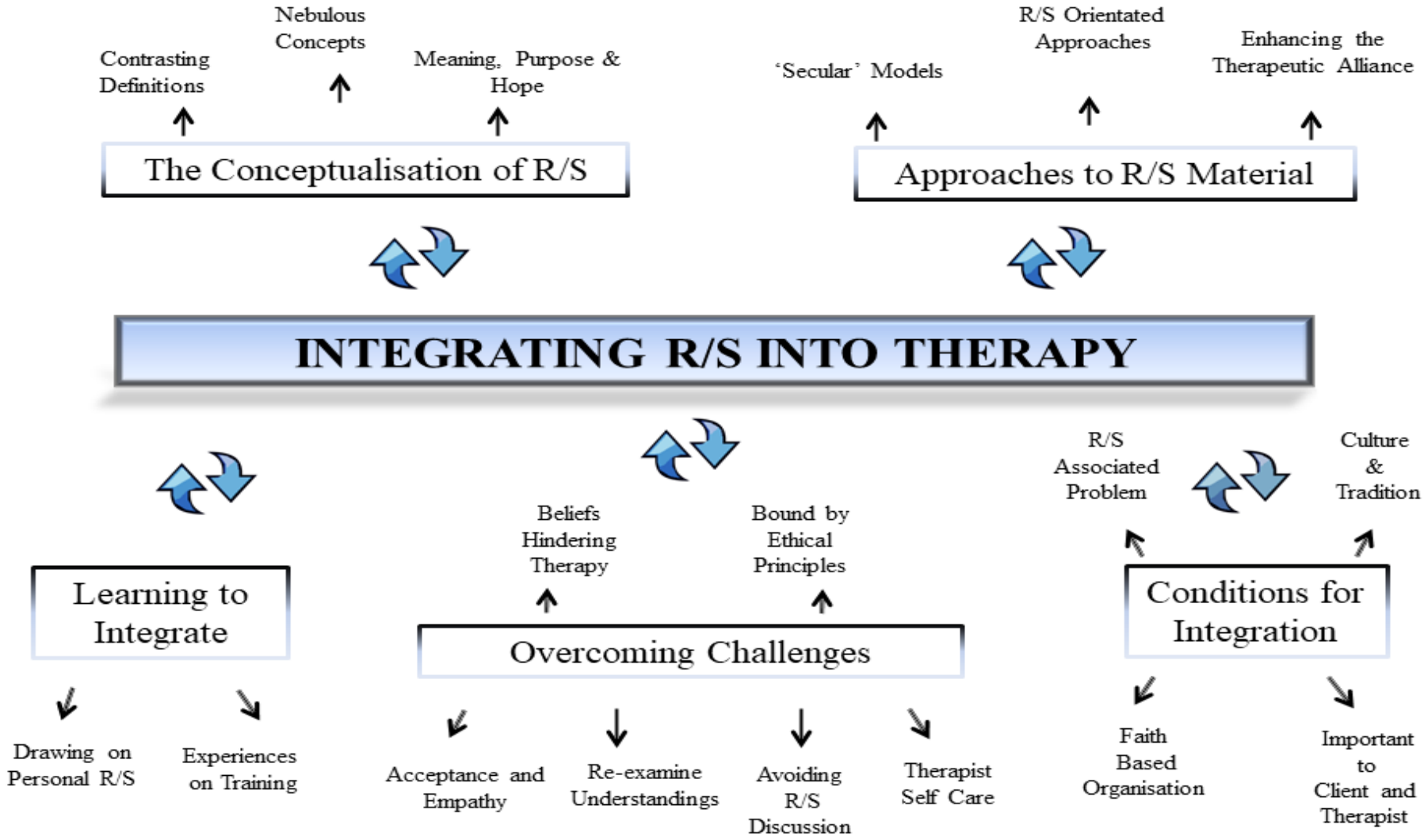
No.	1st Author(s), Year & Country	Study Aims	Methodology		Summary of Findings of Papers Including Themes/Categories	Comments on Quality
			Participants/ Data Collection	Data Analysis		
20	Vandenberghe et al. (2012) Brazil	To investigate how psychotherapists experience the interface of religion and spirituality with their clinical work	N =27 Licensed Clinical Psychologists Open-ended and unstructured interviews	Grounded Theory	Presented through two categories, six subcategories and various codes. 1. Cultural competence tightrope walking o Seeking to respect client religion o Tackling client religious issues o Therapist religion influences professional behaviour 2. Religion and spirituality are resources o Therapist appreciation of daily life strengths o Therapist use of client resources as therapeutic aids o Therapist spirituality is a professional asset	Methodology justified, recruitment strategy clear and detailed data collection included detail on saturation of data. Detailed consideration of ethical issues and analysis sufficiently rigorous including examination of potential researcher biases. Various researchers conducted interviews and analysed transcripts. Clear statement of findings and account taken for any contradictory data. Findings understood in relation to existing knowledge.
21	Wagenfeld-Heintz (2008), USA	Explores the ways in which psychologists and psychiatrists of Judeo-Christian faiths make sense out of their medical-scientific training and their religious and spiritual beliefs and the role of personal religious	N = 30 Psychologists and Psychiatrists (who engage in psychotherapy) Interviews	Inductive Analysis	Main heading- The normative discourses of separation and integration o Integration of paradigms Follow the client's lead Don't impose your beliefs Spirituality versus religion Prayer allowed into the work space R/S integrated into role as therapist o Separation of paradigms Diagnosis Prayer not allowed into the work space/not reflected upon	Research design appropriate, detail of recruitment strategy. Methods of data collection not always explicit and no discussion of data saturation. Consideration of ethical issues. Data analysis sufficiently rigorous with detail on how themes were derived and presentation of data to support findings. Researcher critically

No.	1st Author(s), Year & Country	Study Aims	Methodology		Summary of Findings of Papers Including Themes/Categories	Comments on Quality
			Participants/ Data Collection	Data Analysis		
		beliefs and professional and institutional factors in this process.				examined on role in analysis process. Credibility checks made; outside experts involved in analysis, ideas continually checked against transcript. Findings discussed in relation to existing knowledge.
22	Zenkert & Brabender (2014) USA	To explore therapists' reactions to discussions of religion and spirituality in secular psychotherapy	N = 14 Licensed Psychologists and Social Workers experienced in providing therapy Semi-structured interview	Modified grounded theory/phenomenological approach (Phenomenological study which integrated grounded theory techniques)	Eight core themes and various subthemes 1.Therapists' reasons for discussions 2.Therapist techniques 3.Therapist goals 4.Therapists' own religion and/or spirituality 5.Therapist self-disclosure 6.Therapist beliefs 7.Therapist feelings when discussing religion & spiritually 8.Trauma-specific factors Case examples coding results • Supportive/Positive aspects • Meaning making/questioning why the trauma happened • Changes in beliefs • Salience	Methodology justified and details on recruitment strategy and data collection provided though no mention of data saturation. Researcher critically examined own role during data collection and analysis phases. Coding process undertaken in consultation with a research group. Data analysis sufficiently detailed including how themes presented were derived. Findings explicitly stated and linked to existing knowledge.

3.4 Thematic Analysis

The thematic analysis identified one core theme: Integrating R/S into Therapy; five super-ordinate themes: The Conceptualisation of R/S; Approaches to R/S Material; Conditions for Integration; Overcoming Challenges; and Learning to Integrate. Each of these super-ordinate themes contained several sub-themes which will be discussed in turn. Figure 2 provides a thematic map demonstrating a conceptual overview of the thematic analysis.

Figure 2: Conceptual overview of thematic analysis



3.4.1 Integrating R/S into Therapy

All of the papers included in the review referred to the idea of integrating aspects of religion and/or spirituality into therapeutic work. The various super ordinate themes draw together participants' considerations, approaches and factors impacting on what appeared to be a process of integration, as they experience addressing R/S in the therapeutic context. Inevitably there is overlap and interweaving between the various super-ordinate themes and sub–themes and the separation of them into distinct themes, though pragmatically necessary, should not detract from the fact that they are inter-connected parts of a larger process. Each of the super-ordinate themes will be presented here and illustrative quotations[3] (*italicised*) have been provided to enrich the accounts. Alongside quotations, relevant participant demographics including therapeutic and R/S orientation, as well as the country in which the study was conducted have been provided where available.

3.4.2 The Conceptualisation of R/S

Three sub themes generated this super-ordinate theme: Contrasting Definitions; Nebulous Concepts; and Meaning, Purpose and Hope. The first sub-theme offers a perspective on how religion and spirituality differ from each other, whilst the second highlights the difficulty in making sense of these concepts. The third sub-theme looks at some common ground between both constructs in terms of their function for meaning, purpose and hope.

3.4.2.1 Contrasting Definitions

A number of the studies explored therapists' understandings of the terms religion and spirituality (Crossley & Salter, 2005; Elkonin, et al., 2014; Jacobs, 2010; Ocampo Hoogasian & Gloria, 2015; & Wagenfeld-Heintz, 2007), and whilst broad definitions

[3] Typographic Conventions;

... Micropause

Pause: Approx. 1.0 second pause

Long Pause: Greater than 1.0 second Pause

[Text]: Text added for clarity/overlapping utterance

Underlined text: Emphasis

[…] Text removed/left out

↑ Rise in tone

↓ Dip in tone

˚ Soft utterance

: Stretched sound

Wavy underlined text: Laughing during utterance

were provided, it was clear that participants found defining these concepts a challenge. The concepts were understood as separate entities. Religion was most often viewed as organised practices associated with faith based organisations, whereas spirituality focused on a connection or relationship with self, and/or to other.

> *Spirituality is a personal internal relationship to the world . . . to the higher power—however you might want to conceive it—and my position in it . . . and it also goes inward to my relationship to my internal self. And I think religion as being organized practices and ceremonies in a mosque, or a church, or a temple, or some real organization* . . . (Jacobs, 2010, p. 111, USA).

Religion was allied with "*… a structured, external framework…,"* (Elkonin et al., 2014, p. 124) whereas spirituality was seen as much more internal and "*…an intrinsic part of being human…"* (Blair, 2015, p. 165). There was a sense that all human beings were innately spiritual (Ocampo Hoogasian & Gloria, 2015). The latter implies that therapists holding this view may also consider the spiritual as innately present in the context of therapy given the presence of the intrinsically spiritual persons. One participant emphasised the presence of spirituality in humans:

> *Spirituality is sort (of) an innate impulse or element in the human psyche and it's just natural . . . it's just there…* (Jacobs, 2010, p. 109, USA).

R/S were differentiated from one another in terms of change, growth and development, and it was suggested that whilst there was little change overtime in terms of a persons religion, spirituality had the capacity to change.

> *…spirituality grows whilst religion might still stay the same.*
> *…it doesn't necessarily change over time but your spirituality might change, it may grow and develop over time* (Elkonin et al., 2014).

It was advocated that one could be religious without being spiritual and vice versa (Jacobs, 2010). Generally, differentiations were made between religion and spirituality however, some participants considered how the two might be linked. For example religious practice could be viewed as one aspect of spiritualty.

> *…there's two elements to it [spirituality]. One is about the, the religious practice … but there's, there's a broader one as well about erm, meaning if you like and err, a person's sense of self.* (Crossley & Salter, 2005, p.302, UK).

Spirituality was also understood as an individual's religion internalised whereby religious practices became spirituality expressed.

> *…spirituality would be the way you've internalized that religion that would then be the way you then practice it.* (Elkonin et al., 2014, p. 126, South Africa).

3.4.2.2 Nebulous Concepts

Therapists experienced difficulty in conceptualising and finding the language to define concepts like religion and spirituality. Defining spirituality was a particular challenge for therapists exemplified by the following quotations:

> *…because I just feel like these words are so big for me, I can't put them in a frame……I felt so insecure about defining spirituality…* (Elkonin et al., 2014, p.123, South Afrca).

> *I suppose the nature of sort of, spirituality as well's felt quite, it's felt quite nebulous.* (Crossley & Salter, 2005, p. 303, UK).

> *I tried frantically to read a little bit about it because I realized that I can't define it.…I had to find academic material to give me some kind of words to put it on.* (Elkonin et al., 2014, p.123, South Africa).

For spirituality, whilst there was a theme in the idea of connection and relationship to other and self, there was limited understanding as to what this 'other' might be. It could be argued that we do not hold within ourselves the capacity to name or describe it by virtue of the fact that it is somewhat otherworldly. Interestingly, some therapists described feeling *"safer" (*Wagenfeld- Heintz, 2008, p. 344) using the term spirituality,

over religion, perhaps as a result of its ambiguous nature. In being difficult to define, it was often defined more broadly and inclusively and as such, less likely to cause offense. In contrast, religion appeared more precise and considered individual difference at a much deeper level. Consequently, any discussions at this level may prove more risky as alluded to in the following extracts.

> *It's a safe thing to say I'm into my spirituality. Safe thing to talk spirituality. It's still not safe to talk a specific religion...you can talk about spirituality as long as you make it very amorphous term, but don't ever let it get it down to the term like Christian r Catholic, or something like that. Then you're in deep trouble.* (Wagenfeld- Heintz, 2008, p. 344, Non-affiliated Believer, USA).

Another participant stated;

> *…it is safer to use spirituality because what I find is especially in the USA when you say a person is religious, usually what comes up [is an image of] some fanatical individual. But to say 'are you a spiritual person? you know, it doesn't have that same connotation and also at the same time it can include, individuals who state that they are atheists or agnostics* (Wagenfeld- Heintz, 2008, p. 345, Moderate Protestant, USA).

Anxiety around discussing R/S was most prevalent amongst USA and UK based participants. Ideas about such discussions being embarrassing or taboo were also present. One UK based participant stated that *"…it's [spirituality] something that says there's more to life than this. And as such it's something that, particularly in English society is, mustn't, musn't talk about it [spirituality] very much. It's an, it's embarrassing"* (Crossley & Salter, 2005, p. 304). Another American based participant likened discussing R/S in therapy to discussing sexual issues; namely that it was seen as taboo (Miller & Chavier, 2013). If R/S are viewed as fearful or embarrassing topics of conversation in the western world, how might this impact their integration into therapy? How religion and spirituality are understood within a culture or population may affect how and to what extent they are integrated into therapeutic practice. This will be explored further in a later theme. In summary, religion and spirituality are generally

understood as two separate entities that can at times be associated with one another, and they are concepts that therapists can find difficult to define, or unsafe to discuss.

3.4.2.3 Meaning, Purpose and Hope

Participants defined religion and spirituality differently; however they considered the function of these concepts in people lives to be broadly similar; to provide hope, meaning and purpose. Several articles detailed participants' views on R/S including the role they believed these aspects played in people's lives (Bell-Tolliver & Wilkerson, 2011; Brown et al., 2013; Coe et al., 2007; Laher & Ismail, 2012; Mcvittie & Tiliopoulos, 2007; Ocampo Hoogasian & Gloria, 2015; Scott, 2013 & Vandenberghe, et al., 2012). Some therapists expressed a dislike for certain religious worldviews and somewhat of "*…a distaste for community based religious practices…"* (Magaldi-Dopman et al., 2011, p. 297), with a view that religion could be harmful. However, the majority of papers reported the benefits of R/S. The client's faith was often viewed as a source of support during times of emotional turbulence and as a way of making sense of suffering. They were seen as sources that provided purpose to life as well as a sense of hope for the future. These views are illustrated in the following quotes:

> *[Religion] gives people that sense of purpose, that sense of living, a sense of something to come, something to look forward to…* (Laher & Ismail, 2012, p. 668, Muslim, South Africa).

> *…religion is there to help us deal with things that we can't explain…birth and death, Life passages, marriage, child rearing, aging, giving life meaning and life events.* (Brown et al., 2013, p. 1135, South Africa).

Participants understood spirituality to be embedded within a person's culture, that spiritually provides them with a sense of connectedness to the community they live in, which brings a deeper sense of meaning to their lives;

> *The other way that I think about it is more in terms of their culture, which for me, has to do with the way people make meaning of their lives, what values are important to them, and many people feel that their spirituality, their faith is a*

> *way of culturally locating themselves. It provides them with a sense of a larger belief system. It provides them with a worldview. (*Ocampo Hoogasian & Gloria, 2015, p. 184, USA).

There was a general consensus amongst the participants that R/S was a strength and resource within individuals that could be drawn upon in the therapeutic context (Bell-Tolliver & Wilkerson, 2011; McVittie & Tiliopoulos, 2007).

3.4.3 Approaches to R/S material

Three sub themes made up this superordinate theme: 'Secular' Models; R/S Orientated Approaches and Enhancing the Therapeutic Alliance. In this instance the term R/S material refers to the R/S orientated client as well as R/S discussions or experiences in clinical settings. Participants described a variety of models, perspectives and practices that informed their approach to the R/S material being brought into the work (Bell-Tolliver & Wilkerson, 2011; Blair, 2015; Brown et al., 2013; Gubi & Jacobs, 2009; Jackson & Coyle, 2009; Jacobs, 2010; Johnson et al., 2007; Magaldi-Dopman et al., 2011; McVittie & Tiliopoulos, 2007; Wagenfeld-Heintz, 2008). Whilst some participants preferred secular models, others favoured more R/S orientated approaches. Attention is also given to how participants used R/S material in particular to enhance therapeutic relationships.

3.4.3.1 'Secular' Models

Participants understood R/S in the context of prevalent psychological models and theories of thought. Some participants described a holistic approach valuing the *"holistic person"* in therapy inclusive of their R/S values (Brown et al., 2013, p. 1139) whilst others adopted a systems approach (i.e. R/S as one of several systems bringing meaning to life) (Brown et al., 2013). One participant commented; "*the stories that people have about their lives often are influenced you know, by religion",* and thus sought to help create positive stories influenced by religious narratives within clients' lives (Brown et al., 2013). Participants employed developmental models to make sense

of clients' R/S material with one conceptualising *''maladaptive religious beliefs as developmental arrests,''* (Johnson et al., 2007, p. 445).

Some participants understood clients' R/S beliefs at the level of thoughts and thus very much within a cognitive behavioural framework. One participant described a religious client who was experiencing tormenting thoughts explaining *"...I would tend to treat it more as a cognitive distortion.*" (Magaldi-Dopman., et al, 2011, p. 298). Given the benefits of R/S mentioned earlier, religious beliefs were also enlisted to support positive thinking regarding difficult issues (McVittie & Tiliopoulos, 2007).

Some therapists approached R/S material from a psychodynamic perspective (Jacobs, 2010), drawing on the theory of object relations; for example, how the client related to their God as a means to exploring R/S in therapy:

> *I think listening for . . . from a psychodynamic standpoint is . . . their God, a loving soothing nurturing God or a burnt object . . . you know how they are internalizing that. So I'm just listening for it, in a way, as a kind of strength . . . as something that I can maybe be able to use if needed, I think, or if they go there. I just listen for it to use as a coping and also just to understand what their object world is like . . . what that essence is for them. Is it punitive or is it nurturing? Is it forgiving or not? It gives me a sense of their internal world.* (Jacobs, 2010, p.113, USA).

Though there appeared to be no obvious association between participant R/S or non-R/S orientation and therapeutic approach (i.e. both R/S affiliated and non- R/S affiliated participants used secular approaches), it was noted that a number of Christian participants reported favouring the person centred approach to their work (Blair, 2015; Gubi & Jacobs, 2009; Scott, 2013; Wagenfeld-Heintz, 2007). It was felt that the conditions of congruence towards the client, empathy as well as unconditional positive regard paralleled "…*a very Christ-like attitude towards people*," (Scott, 2013, p.276). One participant commented:

> *Personally my faith fits more with person-centred [orientation] because I have a deeply held conviction that every single person is made in the image of God*

> *whatever that means. And so therefore has the creativity, the resourcefulness, the capacity to grow, develop and find the best way through an issue* (Blair, 2015, p. 166, Christian, UK).

3.4.3.2 R/S Orientated Approaches

Some participants developed an understanding of the R/S element of their client's presentation further through the use of more focused R/S orientated approaches (Brown et al., 2013; Coe et al., 2007; Gubi, 2009; Jacobs, 2010; Miller & Chavier, 2013; Morrison & Borgen, 2010; Scott, 2013; Wagenfeld- Heintz, 2008). Of these studies that described the R/S orientation of the participants, all but one of the studies described participants as having personal R/S beliefs or affiliations. This suggests an association between R/S orientated participants, and their use of R/S approaches to address R/S in therapy.

One therapist described using a specific six stages of faith development model to understand their client's presentation:

> *I really think more from a developmental framework so . . . where they are in terms of spirituality . . . in terms of faith development stages (like Fowler and Kohlberg)* (Johnson et al., 2007, p. 455, USA).

Another depicted an existential perspective that embodied Buber's philosophical-theological '*I and Thou',* approach in their work; the main idea being that human life finds its meaningfulness in relationships

> *I have a belief that it's a kind of a goal . . . kind of from a Buber's perspective around "I and thou" and that is the fully appreciating the other person, the authenticity of the other person and coming from an authentic place yourself as a therapist . . . is a kind of spiritual frame*, (Jacobs, 2010, p. 115, USA).

Some religious and/or spiritual participants described a Christ-like model that implicitly guided their work. One participant explained how they looked to the example of God,

who they believed entered human experience, in a way that people felt understood by Him. This participant sought to enter into their client's experience to better understand their client (Morrison & Borgen, 2010). Another participant commented on the model of Christ as being their frame of reference quietly guiding their work:

> *I think of my psychotherapy, and you would never see this unless I told you, but my frame of reference I have is the model of Christ.... That what happens in the [therapeutic] relationship is a mirror image of- not a mirror image, but sort of a recapitulation of that same powerful interaction that Christ had with people. That there's a transformation that occurs in relationship. […]On the other hand, Christ didn't just hang out and have meals with people, He spoke words. He gave people insights in to what was going on with them and he- sometimes they were insights that were uncomfortable and sometimes they were very affirming, but they were- there always was the desire was to be true, to speak the truth. So when I sit down in a therapy session, I think of, what's happening is, there's two forces at work here. One is the relationship that I'm having with the person. The other is the words that I 'm saying. And hopefully some healing insights or words that they can take, take away with this* (Wagenfeld- Heintz, 2008, p. 346, Fundamentalist Protestant, USA).

R/S intervention strategies were enlisted predominantly by R/S orientated participants, in particular prayer and meditation/ mindfulness as a means to addressing R/S material and incorporating R/S aspects into their work (Brown et al., 2013; Coe et al., 2007; Gubi, 2009; Jacobs, 2010; Miller & Chavier, 2013; Scott, 2013; Wagenfeld- Heintz, 2008). Prayer was generally understood as a period of conversation or active attention to something or someone greater, and this could be expressed through thoughts or speech as represented in the following extracts:

> *I would define prayer as any type of conversation or connection that someone has with either someone or something that they see to be bigger than themselves, and so any type of higher power, a connection to God, a connection to the greater universe.* (Miller & Chavier, 2013, p. 80, Protestant, USA).

> *It can be formal, it can be informal, it can be out loud, it can be silent, and by silent it doesn't have to be whispered or spoken at all, it can just be in your head—thought prayer.* (Miller & Chavier, 2013, p. 81, Latter-Day Saint, USA).

Prayer was used in a number of ways being viewed as a supportive aspect of their client's spirituality (Miller & Chavier, 2013). Clients were encouraged to express their spirituality through active prayer in sessions (Miller & Chavier, 2013), and therapists described leading clients in types of prayer including the reading of poems, having periods of thoughtfulness or simply discussing prayer.

> *The prayer, per say [sic], we didn't do, but we talked a lot about the prayer. And we would [read] the poems and some things on the brochures [that] were really based in spiritual content. But we never said close our eyes and do the prayer.* (Miller & Chavier, 2013, p. 84, Buddhist, USA).

A number of participants described their personal use of prayer in their work as a guiding principle (Coe et al., 2007; Gubi, 2009; Miller & Chavier, 2013; Scott, 2013; Wagenfeld- Heintz, 2008). Participants described *"…inviting God to treat the client…"* (Coe et al., 2007, p. 105); to work through them to help clients. In this way, the therapist appeared to be much like a vessel through which a higher power could flow to treat clients, and prayer was used to invite this higher power into therapy. One participant commented on how they would pray to God for insight and spiritual direction in their work:

> *There's always the dual conversation going on, you know, between myself and the client and between me and God, [which] is just very much part of who I am and I, I believe that I gain a lot of my insight and direction from the Spirit in session.* (Miller & Chavier, 2013, p. 81, Protestant, USA).

Participants remarked on how their prayers for God's intervention were often silent (Scott, 2013). For example one participant commented; *"I ask [for] light. I don't tell this [to the client] it's something I do on my own"* (Vandenberge et al., 2012, p. 85). Another participant observed the following:

> *Because first of all, I start out praying that what I do share is going to be driven by God, you know. But I don't necessarily tell the person that that's what I 'm doing, you know. So whatever therapeutic recommendations I make, it is cloaked in my reli-gious beliefs, if that makes sense.... Meaning that, you know, I've asked God to reveal to me, what's the best services I can render or provide to this person.... But I would not say to a person 'God wants you to do ta-da-ta-da-ta-da.* (Wagenfeld- Heintz, 2008, p. 345, Moderate Protestant, USA).

There was a sense that although participants viewed their own R/S beliefs and practice of prayer as an asset to their work, it ought not to be overt or explicit. It is possible that this tentative approach might be driven by concern about how this practice might be received by others, given the uncertainty about understandings of R/S and ideas around what is safe to discuss, as mentioned in the previous superordinate theme.

Meditation and mindfulness interventions were utilised in the work and these were described as spiritual interventions. Mindfulness was used with clients to facilitate a quiet internal space where they could access and reflect on their thoughts and feelings (Jacobs, 2010). For some, this kind of technique was used on a regular basis in the clinical setting:

> *The work with mindfulness is more meditative. It's more of a let's take a moment to just kind of be here, to focus on our breathing and to focus on what's in the moment here from a sensory standpoint as a way of calming or centering. I think of that as part of the spiritual practice that I certainly bring in to the hospital work on a regular basis…* (Jacobs, 2010, p. 114, USA).

3.4.3.3 Enhancing the Therapeutic Alliance

It is understood that the approaches described earlier will include aspects which lead to an enrichment of the therapeutic relationship, however this theme draws further attention to the ways in which participants used R/S material specifically to enhance the therapeutic alliance.

Bonding over a shared faith was helpful in the therapeutic work as there were mutual understandings regarding religious texts, God and spirituality, as well as activities such as prayer and meditation (Blair, 2015; Johnson et al., 2007; Magaldi-Dopman et al., 2011). This helped therapists to better understand their clients (Vandenberghe et al., 2012) and integrate R/S which contributed to positive clinical outcomes.

> *An older lady that I had the privilege of meeting, she happened also to be a Christian which was neat, because then we could integrate that into the sessions and talk really openly about her disappointment with God, her experience of God . I was able to encourage her and challenge her and I think understand her on a deeper level because , we shared that spiritual connection ... we formed a really strong relationship that I think was a big piece of her healing and processing* (Morrison & Borgen, 2010, p. 34, Christian, Canada).

The participant in the extract below hints at a more tentative approach to sharing their beliefs to enhance the relationship.

> *Well if they specifically ask me what my beliefs are. I would say ...that I was a Christian ...sometimes that helps with the relationship as well because they know that you understand things like prayer, meditation, those kind of things. But generally only if the client asks.* (Blair, 2015, p. 166, UK).

The admission of the word 'sometimes' conveys a sense of carefulness and implies that therapist self-disclosure of their own R/S beliefs may not always be helpful to the client and/or the therapeutic relationship. Indeed, one participant described using and integrating what they knew about R/S (i.e. theological knowledge) into therapy to enhance the therapeutic relationship without discussing their personal R/S beliefs (Wagenfeld-Heinz, 2008). In this way, issues around possible violation of boundaries regarding self-disclosure could be avoided.

> *...how much do **I** put myself **in** versus use what **I know** to help a person talk more about what **they** know, and to draw them out more. They don't need to know what I do specifically, but I can use what I know or my interests or my comfort level to help **them** to talk through how they think through things*

[emphasis in original]". (Wagenfeld- Heintz, 2008, p. 347, Reformed Jewish, USA).

Participants described using clients R/S language and imagery *"...to join the patient where they're at."* (Wagenfeld- Heintz, 2008, p. 344), and draw out their clients strengths to enhance the therapeutic alliance and promote positive psychological changes (Bell-Tolliver & Wilkerson, 2011). This also meant paying attention to their clients' use of R/S imagery and 'joining in' with this through the way they talked with their clients (i.e. using some of the same words) to develop an empathetic relationship (Wagenfeld- Heintz, 2008). One participant described this communication as a code that they only used in the context of their relationship with their client.

> *And so I would actually sometimes say, ''well, you know, how's your relationship with God been? Have you been feeling like you're really connecting in your prayers?'' You know, those words don't really have meaning to me outside of the context of my relationship with her, but I was using her code in a way* (Magaldi-Dopman et al., 2011, p. 297, Psychodynamic, Atheist, USA).

The extract above also illustrates a way in which therapists can connect with their clients in spite of having very different views about R/S. Participants described other ways in which they sought to connect with their clients including taking a stance of curiosity to the R/S material being presented (Magaldi-Dopman et al., 2011), and communicating their respect for their clients faith (Johnson et al., 2007) as well as paying attention to the felt experience of their clients ahead of applying any conceptual frameworks (Johnson et al., 2007). One benefit to taking time to enhance the therapeutic relationship was that where R/S matters impeded the treatment process, progress could still be made as a level of trust had been built between therapist and client as described in the quotation below:

> *I recognized that my client needed to address his anger at his wife before he could attempt to focus on spiritual matters. And before that, he needed to trust me. Only after we established a trusting relationship was he able to discuss his issues with God.* (Johnson et al., 2007, p. 457, USA).

In summary, participants used a variety of psychological approaches to address R/S orientated clients, and integrate R/S material into their work. Such diversity in approaches does suggest that there is much potential to meet the needs of the variety of populations therapists are likely to serve. The reasons for participant's choice of approach remains unclear, however it is reasonable to suggest that both R/S and non-R/S orientated participants use of secular models is likely due to a familiarity with such approaches gained on training. Participants with R/S orientations described how they worked from a religious and/or spiritual frame of reference (albeit in a tentative & somewhat covert way), valuing this as an additional benefit to their work. The potential of the therapeutic relationship to influence outcomes also has implications for how therapists might approach challenges in their work; namely that an effective relationship may be used to overcome some of these challenges. Stances that foster positive therapeutic relationships in relation to overcoming challenges will be discussed further in a later theme.

3.4.4 Conditions for Integration

This super-ordinate theme encapsulates four sub themes; R/S Associated Problem, Culture and Tradition, Faith Based Organisation and Important to Client and Therapist. This theme explores the contexts in which R/S material entered into the work, and thus the conditions under which it was more likely to be integrated into therapy. These conditions centred on client, therapist and environmental factors.

3.4.4.1 R/S Associated Problem

Participants identified how clients presented with various problems which intersected with their R/S beliefs necessitating the addressing of R/S aspects in the work. Clients presented with difficulties stemming from abuse or trauma, where they struggled to make sense of the event in the context of their faith (Jacobs, 2010; Tillman et al., 2013; Zenkert & Brabender, 2014).

> *I think for a lot of clients who are traumatized as children, there's this belief that somehow, you know how could God have done this, you know especially for*

> *kids that were brought up in any kind of spiritual tradition. He was struggling…he really wanted to believe in something… how could God or whoever have let this happen…must be something I did wrong or I am supposed to learn something from all of this. What am I supposed to learn?* (Zenkert & Brabender, 2014, 219, USA).

Participants described other client problems such as Satanism (Brown et al., 2013), addictions (Vandenberghe et al., 2012; Ocampo Hoogasian & Gloria, 2015), as well as conflict between their own dysfunctional behaviour and religious beliefs (Bell-Tolliver & Wilkerson, 2011). One participant recalled seeing a client who struggled with their faith in relation to their sexual identity; this particular client had many questions including those detailed in the extract below:

> *So can I be loved by God if I am gay? Can I even be a Christian if I'm gay? Will I have a spiritual community if I'm gay? Do I deserve a spiritual community?* (Johnson et al., 2007, p. 455, USA).

Clients also talked about aspects of forgiveness (Scott, 2013), guilt and shame (Jacobs, 2010; Magaldi-Dopman et al., 2011).

> *I work with a lot of Irish Catholic women who've had abortions . . .who've never told anyone . . . never been able to forgive themselves. There has been so much shame attached to it.* (Jacobs, 2010, p. 111, USA).

These cases are examples of how clients can bring in trauma or other psychological problems that interweaved with their R/S beliefs. In these instances it appeared that part of the therapist's role maybe about helping clients to come to a place of resolve, thereby prompting a need to address R/S in the clinical setting.

3.4.4.2 Culture and Tradition

Where R/S beliefs or practices were part of the culture or traditions of a client, R/S was more likely to be integrated into the clinical work; this appeared even more so where the

client's cultural group and traditions coincided with that of the therapist (Ocampo Hoogasian & Gloria, 2015; Vandenberghe et al., 2012). Different populations varied in terms of how deeply rooted R/S was within their culture. As mentioned in a previous theme, some participants situated in England and the USA conveyed a reluctance to engage in R/S discussion. R/S was seen as something not to be talked about in English society (Crossley & Salter, 2005) and discussions regarding religion in the USA, were to be steered clear of (Wagenfeld- Heintz, 2007). However, participants identifying as or working with Latino, Brazilian, or African American clients, described R/S beliefs and practices as traditional and/or often forming part of the work (Bell-Tolliver & Wilkerson, 2011; Ocampo Hoogasian & Gloria, 2015; Vandenberghe et al., 2012). For example, in China, the practice of Buddhism, Confucianism, and Taoism, was seen as consummate with Chinese culture and history (Coe et al., 2007); aspects of these R/S beliefs/practices were likely to enter into the work.

One participant reported how African American clients tended to be deeply spiritual and hold beliefs in God*; "…It's just a matter of time…very often in the first session…"* (Bell-Tolliver & Wilkerson, 2011, p. 61) before R/S would come into the work. R/S integration into therapy was not only considered, but there was almost an expectation that such aspects would form part of the work. Participants working with Latino clients described grounding their work in the spiritual and incorporating clients' vows and promises to prominent R/S figures into their work, in line with cultural faith traditions (Ocampo Hoogasian & Gloria, 2015). One participant commented on a ceremonial intervention undertaken with a client as traditional:

> *The client] did light a candle to Our Lady of Guadalupe and kneeled down. It is traditional to do that. They were able to kneel down at the front of the chapel and cry. It was silent tears. It was also talking tears . . . they stayed with their memories, kneeling down and lighting the candle. That was the ritual. Also the candle . . . it burns and offers something that slowly, slowly, ends when it is completely exhausted . . . the flame will be gone and our problem is hopefully over.* (Ocampo Hoogasian & Gloria, 2015, p. 184, USA).

Another participant described engaging with a client in a traditional Brazilian practice;

> *Once a client brought me [a booklet with] daily prayers for a novena. Afterward, when she got desperate [. . .] I did the novena [that is, she said the prayers during nine successive days to make a petition to God, a traditionally Catholic practice popular in Brazil]. The client reported that she had felt my presence at her side at that time. [Only then] did I tell her.* (Vandenberghe et al., 2012, p.85, Brazil).

Given the variety of cultural groups participants were likely to come into contact with, the importance of remaining flexible in therapeutic work was highlighted. The role of the therapist to regulate their way through the many faiths clients came with was viewed as part of the work.

> *...as a psychologist, in a way you are forced to work in multicultural environments and probably spirituality forms part of that and the manner in which you have maneuvered to find our way through all this diverse cultures. ...I've counseled Christians, Muslims, Hindus, atheists…* (Elkonin et al., 2014, p. 130, South Africa).

Participants particularly in cultures where R/S was traditional, recognised the need to move away from a more Western way of working when it was not particularly suited to the client and their traditions, choosing to work in a more pragmatic way, using 'whatever helps':

> *. . . [I]f we want to help we need to get out of our Western box. The Western box is, you pay me $90 for a session I see you for 55 minutes and 5 minutes for paperwork or dictation, and that's all the time I have. . . . We have to get away from that especially with people who do not have that tradition. We see people from rural areas or people from Mexico . . . whatever helps them, (we) use that, if we can.* (Ocampo Hoogasian & Gloria, 2015, p. 186, USA).

One participant gave an example of how they generally worked in a more Western way, but adapted their approach and level of R/S integration when a Muslim client presented in therapy;

> *When I'm working therapeutically I work in a western way. I work within theory which is very non–Islamic so I work in a very western fashion. Uhm when I see Muslim clients there is no doubt that the Islamic perspective comes in although it doesn't come from me it would come from the client and then I work with what they bring.* (Laher & Ismail, 2012, p. 668, Muslim, South Africa).

Where R/S beliefs and practices are culturally and traditionally based, the findings of this review tentatively suggest that R/S is more likely to be addressed and integrated into the work. Given the multicultural environments therapists often work in, there are likely to be various pockets of communities everywhere where R/S is deeply rooted in tradition and culture. For some clients there may be an expectation that R/S be addressed in therapy as it is central to their worldview, whereas with other clients, this may not be the case. This highlights the need for therapist to remain vigilant and flexible in their attempts to integrate R/S into therapy, exploring the meaning of R/S for each individual client where appropriate.

3.4.4.3 Faith Based Organisation

A small number of participants working within faith based organisations described how clients would seek out services such as theirs, as it was felt that they provided a spiritually sensitive and safe space to talk about R/S issues in their lives outside of their places of worship.

> *We are a Christian-based counselling service and clients from other churches want to come. Some- times they need to explore what is happening in their life with their spirituality and how it all fits together.* (Scott, 2013, p. 276, Christian, UK).

Another participant commented;

> *There seems to be something about it being possible to talk with me about things they are not able to say within the church.* (Scott, 2013, p. 275, Christian, UK).

Participants described how working in faith based organisations 'freed them up' to openly bring R/S into their therapeutic work and how there was almost an expectation that they were going to engage in intervention practices such as prayer, (Miller & Chavier, 2013). One participant described an overt integration of R/S material in that religious materials were openly available for clients to take away;

> *Our rooms are equipped with various tracts and Christian stuff as well as non-Christian stuff, bibles to be given away, bible notes to be given away.* (Scott, 2013, p. 277, Christian, UK).

3.4.4.4 Important to Client and Therapist

A prevalent theme within the papers was that participants believed it was for the client to initiate discussion regarding R/S, based on the role it played in their life and whether it was something they would like to incorporate into the therapeutic work (Bell-Tolliver & Wilkerson, 2011; Brown et al., 2013; Crossley & Salter, 2005; Elkonin et al., 2014; Laher & Ismail, 2012; Magaldi-Dopman et al., 2011; Miller & Chavier, 2013; Ocampo Hoogasian & Gloria, 2015; Tillman et al., 2013; Vandenberghe et al., 2012; Wagenfeld-Heintz, 2008). One participant explained, "…*I wouldn't ask them the question, 'do you believe in a, do you have a religion, do you have spirituality"* (Crossley & Salter, 2005, p. 305), believing that if it was important to the client then it would come up in the work.

> *…if it's important to them, it comes up. Not in response to questions from me like, 'what is your spirituality?' or, err, when they're just going through their whole life events and that, somehow I, I've found people, if it's important they do tell me* (Crossley & Salter, 2005, p. 305, UK).

Participants explained how in the therapeutic dyad, the therapist can seem to have more power, and described that *"when we get to faith, I say is this an area you want to enter?"*(Tillman et al., 2013, p. 248). It was important for the client to feel in control of addressing R/S in therapy.

> *...you take it at the client's pace....it's a similar view of you not initiating but if the client brings it to therapy, you are willing to go as far as they, they want to go.* (Elkonin et al., 2014, p. 127, South Africa).

In reviewing the papers, only two participants discussed specifically assessing for the possible role of R/S beliefs in their clients lives, or conducting spiritual history taking, though even following this any further integration was guided by the clients (Jacobs, 2010; Miller & Chavier, 2013). Some participants talked about the importance of R/S in their lives and thus it is possible therapists choosing to explore R/S were motivated by the role that it played in their own lives. For example one participant explained, *"...I think if spirituality is so important for me, it has to be important for everyone."* (Coe et al., 2007, p. 105), whilst conversely another said *"...It's not central to how I view the world, I haven't asked it or pursued it.*" (Crossley & Salter, 2005, p. 304). There were those participants who were keen to know more about the role R/S played in their clients lives (Johnson et al., 2007), given the important role it played in their own life.

> *...it's so a part of how I approach each day and it's so present to me each day that of course it comes up in questioning and in conversations with clients . . . what meanings religion and spirituality have for them* (Jacobs, 2010, p. 114, USA).

It is possible that participants interested in R/S were also more attuned to client attempts to initiate such discussion, thereby increasing the likelihood that such material would be addressed in the therapeutic context. Participants described how clients would make reference to their beliefs, for example: *"But, I'm believing God on this" or "I'm praying about that"* (Bell-Tolliver & Wilkerson, 2011, p. 61). Participants received this kind of language from clients as a nod to explore their clients R/S beliefs further. One

participant described noticing religious artefacts in a client's home and taking this as cue to explore further:

> *I get into the houses and I see either . . . a [written] prayer or a Bible and so I often would ask, what's the role that thing or that image or the Bible in their life and so if they believe that that's something that is important for them and that if they describe that religion or spirituality or God or this special thing is important for them I would either ask them to describe to me how they pray and sometimes they would pray with me* (Miller & Chavier, 2013, p. 83, Catholic, USA).

Another participant explained how they were attentive to the ways clients hinted at the role of R/S in their lives. In the excerpt below the participants use of the term 'to see if it's safe' conveys that clients may also be anxious about discussing R/S in therapy.

> *My perspective is to let the client bring that up, if that's important to them. And usually they do it two ways. One is, they hint around to see if it's safe...but I 'm very tentative, I' m looking for those cues. I'm looking for obviously where they're at religiously. Or they might say, 'Gee, I don't know where God is in all this. And this depression thing, and you know, it's really shaken my faith. 'And I'll just go with that.* (Wagenfeld- Heintz, 2008, p. 344, Fundamentalist Protestant, USA).

This super ordinate theme explored the various contexts and conditions under which R/S material entered the work. R/S material is likely to be integrated where there are R/S people whose faith is important to them, be it those working within faith based organisations, cultures or populations. Therapists need to remain flexible in their approaches and ability to adapt to each client, be it a client whose R/S beliefs are rooted in culture and traditions, or whether they are merely looking for a safe space to talk in the midst of a difficult season. Where R/S enters into the work, it is important for therapists to be aware of their own attitudes towards R/S, be led by the significance of R/S for the client as well as, whether and how it intervenes with their presenting problem.

3.4.5 Overcoming Challenges

Participants experienced challenges in regards to integrating R/S material into the therapeutic work. This super ordinate theme contains six sub themes; those that highlight the challenges faced by participants: Beliefs Hindering Therapy; Bound by Ethical Principles, as well as those that encapsulate the ways participants sought to overcome challenges: Acceptance and Empathy; Re-examine Understandings; Avoiding R/S Discussion and Therapist Self Care.

3.4.5.1 Beliefs Hindering Therapy

Participants described how some clients appeared to hide behind their religious beliefs or practices in that they became somewhat passive in therapy and decision making processes (Brown et al., 2013). One participant expressed their frustration with a client who seemed to abuse their religion by choosing to interpret their beliefs in ways that suited them (i.e. suited the client) thereby justifying their behaviour; "*Religion is being used as I'm allowed to."* (Brown et al., 2013, p.1143). Another participant commented on how clients seemed to use their beliefs as a way of avoiding dealing with the deeper issues at hand which hindered the therapy process.

> *I've had one or two clients who have [ ] had a very committed [ ] Christian faith [which] I think it has been a defence really, so they won't be able to own any anxiety or any doubt or any anger so they present as sort of façade [ ] of very firm beliefs which actually gets in the way of what's going on for them*. [Brackets in original] (Jackson & Coyle, 2009, p. 91, Christian, UK).

Other aspects of the client's faith that hindered therapy was their guilt at needing to see a therapist (Brown et al., 2013).

> *There were those in her church who would say, ''you don't need anybody except God . . . to give you the answer, to give you healing, to be your counselor, for everything.'' And she would struggle with that in the beginning of our work and then when things would become very tense that would come up again. ''Do I need counseling? Is it compatible with me? Why can't Jesus tell me and do it for*

me? (Magaldi-Dopman et al., 2011, p. 298, Psychodynamic, Greek Orthodox, USA).

Although there were a couple of instances where participants enjoyed the challenge of working with someone with different beliefs to theirs (Blair, 2015; Brown et al., 2013), the more prevalent theme was that participants found this a source of tension and struggled with some of the R/S beliefs clients brought to therapy (Brown et al., 2013; Gubi & Jacobs, 2009; Magaldi-Dopman et al., 2011; Morrison & Borgen, 2010). Participants shared how differing belief systems, morals and values could affect their practice potentially giving rise to conflict and presenting as a real barrier to the therapeutic work (Brown et al., 2013). Participants talked about needing to battle their own feelings when they were presented with clients beliefs which they believed to be distorted (Gubi & Jacobs, 2009). One participant described their reluctance to treat homosexual clients in view of their own biblical principles.

During a period of religious fervor, I was afraid to treat gay men or lesbians. They seemed unacceptable to me in view of religious principles and the Bible. (Vandenberghe et al., 2012, p. 85, Brazil).

3.4.5.2 Bound by Ethical Principles

Participants recognised their professional responsibility to respect client autonomy. There was a shared understanding that it was unethical to impose one's own beliefs onto a client and that the clients right to choose what they believed should be respected (Brown et al., 2013; Elkonin et al., 2014; Jackson & Coyle, 2009; Miller & Chavier, 2013; Vandenberghe et al., 2012; Wagenfeld- Heintz, 2008; Zenkert & Brabender, 2014).

I think my professional ethics need to very much respect where the client is coming from and what they're coming for. I have no right to push religion on people if that's not what they want to talk about, their spiritual issue if that's not what they want to talk about. I have no right to try to convert them. Some people are definitely searching, and I will talk to them about it. But most people are

> *here for other kinds of things and I respect what they're here for (*Wagenfeld-Heintz, 2008, p. 343, Fundamentalist Protestant, USA*).*

Another participant commented:

> *It's that imposing that becomes the actual problem, when you've got your own agenda and your own advice or your own guidance is influenced by what you believe and not really what is best for that person* (Elkonin et al., 2014, p. 128, South Africa).

The role of the therapist was not to change or to 'offer' religion or spirituality to the client (Brown et al., 2013; Vandenberghe et al., 2012), but instead to support them in making decisions and choices for themselves. It was important that therapists respected the client's right to have their own spirituality or none at all (Scott, 2013). Participants described some of the challenges they experienced in their desire to remain professionally ethical but also true to their own guiding belief systems and views of God. The following excerpt details an exchange between participant and interviewer when a client presented with a view of God that seemed unhelpful to the participant. The participant struggled with respecting her clients right to hold their belief:

> *Participant: The conflict perhaps for me of on the one hand wanting her [ ] to know a different God but on the other hand having the value of working within her belief system*
> *Interviewer: [ ] Respecting her belief and so not wanting to change that and yet also...*
> *Participant: ...wanting to.*[Brackets in original] (Jackson & Coyle, 2009, p.94, Christian, UK).

For some, it was difficult to find the line between respecting client beliefs and not abusing their right to hold those beliefs when they seemed to contribute to the distress (Crossley & Salter, 2005). One participant with Christian influences in training, supervision and work, expressed an underlying desire to see all clients become Christians, yet they were also aware of their professional responsibility as a therapist to foster open and supportive environments.

> *I would love to see that everyone leaving the counselling room had come to know Jesus, but I know that it is not in my power to make this happen. We are called to offer an open listening and supportive service for clients to use as is best for them.* (Scott, 2013, p. 277, UK).

Therapists need to be aware of their attitudes towards R/S as they have a professional responsibility to offer unbiased support where possible.

Participants conveyed the importance of practicing in a responsible manner and in a way that was honest and upright. Therapist responsibility and integrity were most predominant in discussions regarding prayer (Brown et al., 2013; Gubi, 2009; Wagenfeld-Heintz, 2008) and diagnosis (Wagenfeld-Heintz, 2008). Participants expressed how prayer could be used in the therapeutic context as a way of both parties avoiding dealing difficult emotions describing a tendency to *"…retreat into prayer…"* (Gubi, 2009, p. 118). Such behaviour might be viewed as a relinquishment of responsibility (Gubi, 2009).

> *Some colleagues I've known who get one or two sentences from a client, then say 'right, I'm going to pray about this', and the counselling stops, and it's just ...heads down and hands together ... which I think is an abdication of responsibility really.* (Gubi, 2009, p. 119, Solution-Focused, UK).

Furthermore participants explained if religion and religious practices became the focus of therapy the very meaning or sense of therapy could be lost (Brown et al., 2013). Participants noted other aspects that could make therapist prayer questionable; for example, through prayer the therapist's integrity might be judged by the client and consequently this could impact on the therapeutic relationship in a negative way. One participant observed this;

> *I think audible prayer is a bit problematic because they listen to what you saying, your content, your prayer content and has an impact on them as well…they might be judgmental into say that 'oh, I thought she was a Christian*

> *but she's so immature, her prayer didn't take me anywhere. (*Brown et al., 2013, p. 1135, South Africa).

Participants drew attention to the dangers of engaging in prayer and the potential harm that could be caused to the client illustrated in the excerpt below.

> *He's a Christian, and his wife's a Christian, so I suggested that they prayed together. I said, 'have you thought of praying together? Have you thought of getting down on your knees with your wife and asking God for help?' He didn't say anything in the room to me at all, about it, but he took great exception to that ...the client heard 'get down on your knees'* (Gubi, 2009, p.117, Psychodynamic, UK).

The participant in the excerpt above explained how this interaction resulted in a complaint being made against them (Gubi, 2009). This also highlights the dangers of assuming a shared understanding about religious practices just because the therapist and client appear to share the same faith. It also exemplifies the responsibility of the therapist not to presume to understand or prejudge, but to be checking out shared meaning when it comes to R/S beliefs (Scott, 2013).

Issues of professional responsibility and accuracy were highlighted regarding diagnosis of client's psychological state. Participants described categorically that when it came to issues of diagnosis, they followed diagnostic criteria such as the DSM- IV, preferring to err on the side of scientific and evidence based knowledge (Wagenfeld- Heintz, 2008). The psychologist in the extract below was asked about whether their R/S beliefs enter in when making a diagnoses of client's presenting problems.

> *No. I just try to find a diagnosis that feels accurate. It's one of those tasks that you just have to do. I mean again, my faith is part of who I am but- I'm not sure how I could- I go by the same symptom clusters that everybody else looks at. (*Wagenfeld- Heintz, 2008, p. 349, Fundamentalist Protestant, USA).

Another practicing psychotherapist commented:

> *My spiritual/religious beliefs do not affect my diagnosis because I'm pretty much a mainstream American psychiatrist who uses DSM-IV diagnostic criteria to make diagnoses. And so that's what I make the diagnosis off of.... But in that area, I try to be as* ***science****, evidenced based as I can. Yeah, [emphasis in original] (*Wagenfeld- Heintz, 2008, p. 349, Moderate Protestant, USA).

Participants described being bound by their profession to present a diagnosis that was 'mainstream'. (Wagenfeld- Heintz, 2008). This suggests that presenting an R/S understanding of the client's presenting problem where the problem has a spiritual aspect may not be seen as professional. Interestingly, participants in this American based study previously conveyed a reluctance to have open discussions about R/S and disclosed a variety of ways R/S was implicitly integrated into therapy (e.g. silent therapist prayer) furthermore implying that any discussions of R/S in therapy were to be kept covert in such a professional context.

Participants described ways in which they overcame some of these challenges (i.e. beliefs hindering therapy, bound by ethical principles). Ideas across papers related to how participants manoeuvred their way through the challenges whilst endeavouring to adhere to ethical codes of practice. Whilst some participants empathised and accepted clients as they presented, other participants emphasised supporting clients to re-examine R/S beliefs that appeared to hinder progress in therapy. Some participants chose to avoid addressing R/S beliefs in therapy as they were considered beliefs one ought not to interfere with. The value of therapists looking after their own health in overcoming these challenges was also considered.

3.4.5.3 Acceptance and Empathy

Participants expressed the desire to place themselves in a position of harmony with clients R/S beliefs (Crossley & Salter, 2005), which involved being open to what the client was saying (Miller & Chavier, 2013). This was achieved through accepting and empathising with the client regardless of where the client was at, in their beliefs (Elkonin et al., 2014; Morrison & Borgen, 2010). One participant described how

adopting this kind of person centred approach protected against imposition of their own beliefs onto the client.

> *…I'm just thinking person-centred approach, you're not going to come and impose something of yours on this person, spiritual or other …in being congruent in that you've kind of had, had to meet them then in that place…* (Brown et al., 2013, p. 1138, South Africa).

Another participant described a process of attending, which comprised listening to the client neither agreeing nor disagreeing with their views about God.

> *Attending by being present when my client says, 'there must not be a God to make me feel like this.' That's attending . . . that he could say that in the session. I'm not going to go into 'yes' or 'no.' When he talks, he talks. That is attending.* (Jacobs, 2010, p. 115, USA).

Participants who regularly engaged in meditation expressed how this practice created space to set aside assumptions about the client and engage with them (Blair, 2015). Christian participants described how their spirituality allowed them to be more flexible and to better tolerate difference in others (Scott, 2013; Vandenberghe et al., 2012). One participant stated:

> *Anyone that I find unlikable or difficult or resistant, it's the compassion of God that I call upon to help me to in particular withhold any judgment and to see that this is a person who is in pain and whatever meaning there is to his or her behavior . . . it came from a hurt place. (*Morrison & Borgen, 2010, p.33, Christian, Canada).

3.4.5.4 Re-examine Understandings

Some participants described feeling competent enough to work with scripture to support clients to re-examine and think differently about scripture (Johnson et al., 2007), with some going as far as providing some form of spiritual direction (Coe et al., 2007).

Participants talked about supporting and empowering clients to consider alternative information regarding their R/S beliefs, particularly in cases where beliefs were hindering treatment or were viewed as psychologically unhelpful to the client. It was explained that "*'Being asked to be someone's therapist is an invitation to help them change their beliefs [ ] but [by] empowering them to make those choices and decisions"* (Jackson & Coyle, 2009, p.94). It was part of the therapist's role to support the client in re-evaluating choices regarding faith where it appeared psychologically unhelpful (Jackson & Coyle, 2009). One participant described helping a client to broaden their thinking in an attempt to reconcile their homosexual identity and faith (Johnson et al., 2007) whilst another recalled how they used the therapeutic relationship as an asset in exploring a different understanding of God. The latter highlights the benefits of enhancing the therapeutic relationship.

> *I work with a lot of Irish Catholic women who've had abortions . . .who've never told anyone . . . never been able to forgive themselves. There has been so much shame attached to it. But then, (I used the clinical relationship) to help them explore maybe even a different understanding of God or a different understanding of their belief system with the Catholic Church* (Jacobs, 2010, p. 111, USA).

Clients were encouraged to consider different interpretations of the scripture.

> *We had several conversations like that where he would come in with a kind of harsh interpretation of a biblical passage and I might counter with 'And how does that fit with this [other passage]?'* (Johnson et al., 2007, p. 456, USA).

Where there was a failure to alter beliefs, therapists expressed that they would continue to pray on the client's behalf for change (Wagenfeld- Heintz, 2007). In order to overcome challenges related to conflicting beliefs or R/S beliefs that appeared unhelpful, participants seemed to draw on their professional skill base to create an accepting atmosphere and support alternative thinking in their clients. What is unclear with the latter strategy is whether therapists require some prior understanding or knowledge of R/S in order to be able to support clients in this way.

3.4.5.5 Avoiding R/S Discussion

There was a group of participants who consciously opted not to explore clients' R/S beliefs in therapy. Reasons for this stance included an argument that such discussions were beyond the scope of the therapeutic work, outside their area of expertise or where client/therapist beliefs were too conflicting for any real progress to be made (Blair, 2015; Brown et al., 2013; Crossley & Salter, 2005; Elkonin et al., 2014; Jackson & Coyle, 2009; Magaldi-Dopman et al., 2011). Implicit in the excerpt below is the notion that religious beliefs are not to be contended with resulting in a backing away from such discussions.

> *...she was very worried that her family would not go to heaven ... initially I caught trying to, sort of inquire more about it and then I realized this is an, this is something we couldn't take it any further... it's a religious belief. I need to respect that and I need to, take it for what she says.* (Crossley & Salter, 2005, p. 306, UK).

Religious beliefs were those that one should not interfere with due to R/S being such a sensitive area (Blair, 2015; Crossley & Salter, 2005) as well as transpersonal; thus beyond the level of the psyche (Magaldi-Dopman et al., 2011). It is likely that this kind of avoidance is more attainable where R/S beliefs are not hindering the treatment process or are less deeply embedded in a client's culture, tradition or belief system. Some participants appeared unsettled when addressing the wider transpersonal issues with clients feeling the need to anchor or draw the conversation back to what they were familiar with, and felt they had more control over (Magaldi-Dopman et al., 2011).

> *But there is this feeling of this is territory we cannot control-this is-we are out in the cosmos now. This [the psychotherapy] isn't grounded with the five senses. This is being very much out there with your despair and with your doubts and with all of the questions of ''why is this?'' So it is a very much, unmooring-it's unsettling. I feel very much the need to anchor to something when this is happening (*Magaldi-Dopman et al., 2011, p. 296, CBT, Eastern/New Age, USA).

Another participant anchored discussions in therapy around familial relationships when exchanges became very much stuck and focused on God. In this case, it was also about finding ways to help the client move forward.

> *[I would] explore her relationship with her parents or significant others, [ ] exploring relational themes generally and seeing if I can stand back from the focus on just God and see if that might help her to kind of get a little bit unstuck from the ideas [about] God.* (Jackson & Coyle, 2009, p. 95, Christian, UK).

The practice of prayer raised some challenges and ethical dilemmas for some. One participant who expressed uncertainty about prayer in therapy opted to move in a direction that they were more comfortable with, whilst remaining congruent with themselves.

> *I think I wouldn't take a chance on doing something like that [Prayer] during a therapy session. What I have done and what I do feel comfortable doing with a client is acknowledging what their relationship to their God [is] and how that's helped them and how their beliefs in religion and in their own spirituality has an impact on their lives.* (Wagenfeld- Heintz, 2008, p. 346, Non-Affiliated Believer, USA).

Participants described referring clients to R/S leaders where they felt unable to support them, for reasons such as conflicting beliefs (Crossley & Salter, 2005). One participant commented on how referral to a pastor actually reinforced the therapeutic work they were doing. Participants recognised a limited competence in the area of R/S which necessitated referral.

> *...but if it comes like maybe they are, and you feel like you can't cope with it then you have to kind of refer. ...referral to a pastor ... was actually quite something, because it brought our counseling into a whole new level when, when they came back.* (Elkonin et al., 2014, p.128, South Africa).

Participants referred clients on to R/S leaders in attempts to avoid getting too caught up in the spiritual elements. Focusing on R/S in therapy was viewed as outside of their professional roles and they sought to recognise when clients might benefit from seeing a spiritual leader, where spiritual beliefs became the lead focus of the work (McVittie & Tiliopoulos, 2007).

> *…if they get sick spiritually in whatever spiritual way, they can go and see their religious leader, be it the Imam, be it the pastor or whoever and then if they're sick in their soul then that's where I believe I fit in as a psychologist …if the psychologist is somebody who is so caught up with the religious aspect that they almost forget the psychological side…* (Brown et al., 2013, p. 1141, South Africa).

This excerpt also raises some interesting points regarding the role of the therapist and the role of leaders within R/S organisations in assisting individuals. There is an implicit assumption here that both have a role and that there are clear boundaries between them, however what is unclear is how therapists would define a client as 'sick spiritually'.

One participant suggested that the point at which clients want to read and/or pull apart scripture, is the point at which they should consider referral to an R/S director as this kind of work was deemed outside of their area of expertise (Elkonin et al., 2014). There were some cases where participants felt therapy was just not possible due to clients rigid religious beliefs as illustrated in the extract below.

> *if somebody's thinking in in areas of causality or Good and Evil or whatever is an absolutely rigid there's nothing you can do about it there's absolutely no help you can you can't use cognitive therapy there's a whole range of therapies which is just not open to you because by definition quite a lot of the psychological therapies require a degree of dialogue and dialectic and and em if it's if they're coming from a totally rigid position there's no more there's no discussion* (McVittie & Tiliopoulos, 2007, p. 521, UK).

3.4.5.6 Therapist Self Care

Another aspect in successfully manoeuvring through the challenges of R/S integrated therapy was that of therapist self-care. Therapists are obliged to look after their own emotional health in their work (BPS, 2009). Participants divulged their personal engagement in R/S practices such as prayer and meditation to help them cope with the overwhelming feelings they experienced during therapy (Coe et al., 2007; Elkonin et al., 2014; Ocampo Hoogasian & Gloria, 2015; Vandenberghe et al., 2012). There was a sense that R/S integrated therapy could be quite emotionally demanding at times. One participant spoke of the supportive relationship she shared with a close friend;

> *I have a prayer partner who I can talk to about my feelings and what's going on for me, not client work but how the work is impacting on me (*Gubi & Jacobs, 2009, p. 199, CBT/Solution-Focused, Christian, UK).

Another participant described undergoing a ritual:

> *…after I've had a really intense session or feel like there's been a lot of negative energy, after every session I'll wash my hands and in the evening if I go home I take a hot bath and I pray for God to cleanse me just kind of like this cleansing ritual but with water, kind of symbolic in that kind of restoring my own energy and having like in some ways kind of casting off the negative energy from a client or you know the pain from the client* (Miller & Chavier, 2013, p. 85, Catholic, USA).

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Another participant described using personal therapy to support with the physical and emotional consequences of the work, consequences that appeared to enter into aspects of her personal life.

> *My therapist thinks that maybe this may be psychosomatic . . . I'm wondering if maybe it's the work that's affecting me physically, perhaps more than psychologically. It's made me more sensitive, it's affected my moods, sometimes it's been difficult, certainly in the beginning with working with these clients it was quite hard going to church for a few weeks. I think at first I had some shame*

> *about it, that somehow I shouldn't . . . I thought I shouldn't be affected and I shouldn't be upset by what is happening between me and my client.* (Gubi & Jacobs, 2009, p. 198, Christian, UK).

There was also a view that difficult interactions in therapy actually strengthened therapists' own relationships with God in that it helped them to reflect on their own R/S views and develop deeper understandings (Gubi & Jacobs, 2009).

Participants described a number of challenges experienced in the integration of R/S material into therapy. Clients' rigid beliefs and conflicting beliefs between client and therapist caused therapists to employ a number of strategies to either support the integration of R/S into therapy or avoid R/S all together. Given the need to adhere to ethical codes of conduct (e.g. respecting client autonomy), applying these strategies proved tricky at times requiring a great deal of skill, knowledge and self-care. There were few participants across the papers who expressed that integrating R/S into therapy was a simple task prompting the question, how are therapists supported in learning to work with clients for whom R/S is important?

3.4.6 Learning to Integrate

This super ordinate theme is made up of two subthemes: Drawing on Personal R/S and Experiences on Training. It encapsulates participant's reflections on opportunities to grow and become competent in the practice of addressing R/S in clinical work.

3.4.6.1 Drawing on Personal R/S

Some participants learnt to integrate R/S into therapy as a result of developing a personal R/S identity. Participants described how R/S was integrated into all areas of their personal lives and that bringing R/S into clinical practice was an extension of this (Brown et al., 2013; Coe et al., 2007; Laher & Ismail, 2012; Morrison & Borgen, 2010). Living for God was important (Coe et al., 2007), and spirituality was a way of life (Jacobs, 2010). One Muslim participant explained, *"Primarily you know I think I have*

to define myself … firstly as a Muslim so I think then everything else then just fits in and for me the training and the rest of it is just the tools that I use to do what I do." (Laher & Ismail, 2012, p. 668). Another participant commented on how Christianity impacted the way they approached all areas of their life including their counselling work.

> *Jesus sent us to the world. So that's something, I mean, it's not just integrating counseling, but integrating all the things that work with me. I play golf. I try to integrate golf with Christianity. So to me, it's a life, it's an attitude, integrating. I integrate my work-place, I try to integrate everything that is part of me into Christianity.... Because if there's no integration, then why am I doing that, why?* (Coe et al., 2007, p. 105, Christian, Hong Kong).

Developing a personal R/S identity was a process of experiential learning, ongoing reflection and overcoming challenges moving towards a place of being comfortable with the transpersonal (Scott, 2013). Participants drew from their own spiritual journeys in their work with R/S clients (Magaldi-Dopman et al., 2011; Ocampo-Hoogasian & Gloria, 2015). Personal spiritual growth was viewed as necessary if one was to help another to a different place in their spiritual life (Tillman et al., 2013). One Christian participant illustrated how they drew on their own spiritual experiences to support their client.

> *What did I do for him? I listened to him. There's nothing magical, or profound, that I'd put out a video on therapy, but I gave him an ear. . . .And the empathetic thing is, come sit down, take a load off your mind . . . l guess it always comes out of story, doesn't it, because somewhere along my own faith journey, I was rescued. And the whole aspect of prayer, you mumble words, blah blah blah blah blah . . . and God is the great listener, he answers prayers, the listening God. . . . But it's good to know that somebody eternal is listening to us. And that does something to us at a spiritual level and oftentimes at a very emotional level as well. It encourages me as a counsellor that that's at least what l could do, if somebody-as grand a concept as God is-or another human being is able to give me their ears . . . we pass it on. And hopefully, he will be able to pass it on as well.* (Morrison & Borgen, 2010, p. 36, Christian, Canada).

Another Christian participant working in the area of addictions was able to relate to the client's journey through their own spiritual journey.

> *People in recovery from addictions are walking on a long slow painful road, and I guess for me that's what my spiritual walk is, has also been like a long slow painful road with lots of unexpected detours. I can really empathize with their-the marathon aspect of recovery.* (Morrison & Borgen, 2010, p. 36, Christian, Canada).

A number of participants sought out information regarding how aspects of R/S relate to psychological understanding through their own personal theological study and research (Gubi & Jacobs, 2009; Scott, 2013; Tillman et al., 2013).

> *With my own research I have worked out how psychodynamic very much interrelates with biblical teaching . . . with the unconscious, Paul says, ''things I want to do that I don't and vice versa.'' And this happens in psychodynamic counselling, it deals with the things that you keep doing that you don't really want to do.* (Gubi & Jacobs, 2009, p.201, Psychodynamic, Christian, UK).

3.4.6.2 Experiences on Training

There was a shared understanding that R/S should be addressed on training (Coe et al., 2007; Gubi & Jacobs, 2009; Mcvittie & Tiliopoulos, 2007; Ocampo Hoogasian & Gloria, 2015), however many participants reported that R/S in clinical training was "*…something that's never, ever been addressed…"* (Crossley & Salter, 2005, p. 303). Other participants used words like "*absent"* (Mcvittie & Tiliopoulos, 2007, p 522), or *"...excluded..."* (Gubi & Jacobs, 2009, p. 200) to express the lack of R/S aspects in training, in spite of their beliefs that R/S was *"….such a big part of therapy…"* (Elkonin et al., 2014, p. 129). One participant reflected on how it was implied in training that R/S was something you did not discuss in therapy.

> *…we were taught, and I say ''taught,'' it was by implication that um religion and spirituality is never used, you don't, go that way, that was the message that*

> *I got.…you come back to your training and that's why it is a, a sensitive issue because certain people are told don't bring in religion…* (Elkonin et al., 2014, p.129, South Africa).

Where R/S was addressed on training it was viewed as a feeble addition (Blair, 2015; Ocampo Hoogasian & Gloria, 2015). Perhaps as a consequence of limited opportunities to discuss how R/S related to therapy, some participants were of the view that the two were opposed to one another (Jackson & Coyle, 2009; Miller & Chavier, 2013). This view was particularly the case when considering the psychodynamic approach (Brown et al., 2013). It was highlighted that psychotherapy was about inner drives and desires, whereas spiritual beliefs were about giving self over to God's will and His desires (Jackson & Coyle, 2009). These messages on training impacted R/S participants in various ways. One participant described how their spirituality felt comprised due to the seeming incompatibility of the psychodynamic training with their spiritual identity;

> *There was a big cost and the cost was my own spirituality to a degree was, yeah, diminished or damaged or whatever, compromised in some way... When I was doing my integrative training, it was very heavily psychodynamic, and it almost killed off the spiritual part in me, l could almost feel it because it was so intellectual, so academic.* (Blair, 2015, p. 167, Spiritual, UK).

Another participant explained how training that neglected R/S, caused them to fear addressing R/S in clinical practice when it could have been beneficial to the client.

> *I knew it [prayer] in my heart that it would have helped my clients but I was almost afraid because I thought "oh, therapy and prayer and spirituality, they don't go together." That was my training and that was my readings and all of the things that I was learning, there was not a lot of mention of it in the curriculum so even though I believed it would help people come through challenges and help bring about change and all of the things that they desire, I wasn't using it as much.* (Miller & Chavier, 2013, p. 86, Muslim, USA).

These findings suggest that for those participants with these kinds of training experiences, they may well be less likely to explore R/S material in their work, even when it may potentially benefit the client.

A limited number of participants described positive and helpful experiences of R/S being addressed on training. Aspects of R/S came up in exercises around individual difference (Gubi & Jacobs, 2009) and working with the whole person (Gubi & Jacobs, 2009). Training was an opportunity to engage with R/S (Blair, 2015) and some Christian therapists described how person centred training in particular, provided them with a framework to support their own beliefs (Scott, 2013).

> *In the person-centred side of the training we did a lot of exercises around accepting people and where, you know, and what their background was, and looking at the whole person, not just the physical, emotional but also the soul, with the soul came spirituality . . . I just saw that as normal and obvious and didn't even question that it wouldn't be in the course, for those people who weren't used to that I think it was quite a strange concept. (*Gubi & Jacobs, 2009, p. 200, CBT/Solution-focused, Christian, UK).

Some participants described developing R/S competencies through experiential learning, though it was not clear whether this was during or after training. Participants learnt from the various R/S populations they worked with, be it clients or colleagues (Tillman et al., 2013).

> *I'm always learning something from my client. I've got a far broader mind from what I've learned from them really about spirituality because ...There are some very spiritual people out there who are searching.* (Blair, 2015, p. 165, UK).

Other participants talked about how they would use supervision or the supervisory relationship to explore issues of R/S.

> *My supervisor is a very spiritual man, a lovely man. He's not from an evangelical background but he's kind of a mish-mash of things, but he's such a*

> *spiritual man, very spiritually aware. So the interface between the psychotherapy and the spirituality is well attended to.* (Gubi & Jacobs, 2009, p. 200, Gestalt, Christian, UK).

For some individuals R/S was addressed in their clinical practice as a direct result of R/S being a developing part of their identity. Bringing R/S into the clinical work context was simply an extension their everyday life. The majority of participants reported that R/S issues were not addressed in training with some disclosing views on R/S and psychological therapy as being incompatible. Messages like these are likely to leave therapists with limited opportunities to develop expertise to engage with the R/S material in professional practice where appropriate, which may well lead to less than desirable outcomes.

4 Chapter Four: Discussion

The current literature review aimed to provide a qualitative exploration of research on psychological therapists' experiences of addressing R/S in therapy. A comprehensive search yielded 22 studies which were included in the review. To date, no-one has yet compiled, analysed and reported on the qualitative findings in the format of a systematic review. The thematic analysis identified one core theme: Integrating R/S into Therapy; and five super-ordinate themes: The Conceptualisation of R/S; Approaches to R/S Material; Conditions for Integration; Overcoming Challenges; and Learning to Integrate. Each of these super-ordinate themes contained several sub-themes. It is acknowledged that the emergent themes are interlinked throughout the process of integrating R/S into therapy.

4.1 Thematic Summary

The core theme, 'Integrating R/S into Therapy' highlighted various factors that impacted on the process of addressing R/S in psychological therapy. These aspects will be discussed in turn in light of the existing literature.

The superordinate theme, 'The Conceptualisation of R/S' emphasised participants' varied understandings of religion and spirituality as contrasting. Religion was generally associated with organized external practices, and spirituality with relationship and connection with a higher power. This is consistent with previous literature differentiating religion and spirituality (Gill, Minton & Myers, 2010; Post & Wade, 2009; Worthington & Sandage, 2001). R/S were constructed as nebulous concepts, with spirituality in particular seeming more difficult to make sense of. Indeed, Fontana (2003) reported fewer attempts being made to define spirituality due to it being more difficult to define. This review revealed that whilst talking about religion fostered feelings of anxiety for therapists, discussions about spirituality felt safer. It is possible that as definitions of spirituality tended to be less specific (e.g. connection /relationship to 'other'), that as a result, they seemed more inclusive. Participants understood R/S to function in clients' lives as a positive source of meaning, purpose and hope; and as a strength and a resource that could be drawn upon in therapy. Positive associations like these have been reported in a review conducted by Bonelli and Koenig (2013) where better mental and psychological health was linked to religious involvement.

Additionally, having good spiritual quality of life has been associated with better psychological well-being (O'Connell & Skevington, 2010).

The superordinate theme, 'Approaches to R/S Material' described how participants made sense of, and worked with R/S oriented clients as well as presenting problems that intersected with R/S. Some participants incorporated R/S into established secular models including CBT and psychodynamic models, whilst others favoured R/S orientated approaches to formulate deeper understandings of client issues which informed interventions. Secular approaches modified to include R/S content have been reported in the literature (Anderson et al., 2015; Goncalves et al., 2015; Hook et al., 2010) as well as those approaches originating in R/S practice (Chiesa & Serretti, 2011; Oh & Kim, 2012; van der Velden et al., 2015), all indicating varying degrees of success. Approaches like these that seek to incorporate R/S are an important practice as practitioners are recommended to be considering R/S in service delivery (APA, 2003).

Whilst there was an emphasis on the use of R/S adapted CBT in the existing literature (Hodge, 2006; Lim et al., 2015; Paukert et al., 2011), there was no apparent emphasis on this particular psychological model in the current review. Both R/S and non- R/S participants used a variety of secular models to make sense of their clients' presenting problems. It was noted however that, the majority of participants adopting R/S approaches were those with R/S beliefs or affiliations, suggesting an association between the two. A number of participants highlighted the additional benefits of using prayer in their work, both implicitly and explicitly. Indeed, one of the most commonly used R/S interventions reported in previous literature was prayer which was seen to yield statistically and clinically significant results (Harris et al., 1999; Oh & Kim, 2012; Townsend & Mulligan, 2002). It has been noted that R/S interventions can be superior to or at least as effective as secular interventions for religious clients (Post & Wade, 2009; Worthington et al., 1996; Worthington & Sandage, 2001). What is unclear is how therapists come to the decision to use secular or R/S orientated approaches to accommodate their client's religion or spirituality in psychological therapy.

Using R/S material to enhance therapeutic relationships was recognised as having a positive impact on the work (i.e. therapist using R/S language to enhance the relationship). Ardito and Rabellino (2011) found that the quality of the client–therapist

alliance was a consistent predictor of positive clinical outcomes independent of psychotherapeutic approaches and outcome measures. Baker and Wang (2004) reported a possible religiosity gap between therapists and the population they serve, and it is possible that where this gap exists in therapeutic dyads, enhanced therapeutic relationships may help to bridge this.

The superordinate theme, 'Conditions for Integration' explored the setting conditions highlighted by participants which made it more likely that R/S would enter into the clinical work. Conditions centred on client, therapist and environmental factors. R/S was addressed in therapy where presenting problems, intersected with R/S beliefs, clients' R/S beliefs and practices were deeply rooted in culture and tradition, or where R/S was of significant value to therapist and/or client. There was an expectation that R/S would be significantly addressed in therapy when working in faith based organisations, and thus R/S was explicitly addressed in these contexts. Understanding the value of R/S for clients is important in terms of ensuring client centred care and tailored service provision. Therapists are encouraged to accommodate clients' R/S where possible as documented in healthcare policies and guidelines (APA, 2003; BPS, 2009; NHS, 2009). Determining how clients are religious or spiritual (e.g. extrinsically/intrinsically) (Allport & Ross, 1967), may help in considering the degree to which R/S might enter into the work.

The superordinate theme, 'Overcoming Challenges' shed light on some of the difficulties experienced by therapists integrating R/S into their therapeutic work. These included experiencing clients' R/S beliefs as rigid or conflicting with their own beliefs, thereby hindering the therapy process. Participants described feeling bound by ethical principles such as their responsibility to respect a client's right to hold a particular belief, even when it might be experienced as unhelpful by the participant. Challenges like these were overcome through various means which included taking an accepting and empathetic stance, and meeting the client where they were at. Indeed, Post and Wade (2009) reported that this kind of open, respectful and willing attitude resulted in congruence with the client and positive outcomes. Participants described supporting clients to re-examine their understandings whilst others avoided R/S discussions, choosing to refer to R/S directors for specialist intervention. The value of therapist self-care was also important in overcoming challenges in the work which is key as therapists

are obliged to look after their own emotional health (BPS, 2009). These findings add to the limited literature base in terms of drawing together some of the process issues underlying therapy that addresses R/S aspects, however further research is needed to make sense of these challenges.

The final superordinate theme, 'Learning to Integrate' centred on participants' experiences of becoming competent in addressing R/S in psychological therapy. R/S participants described this process as a natural extension of R/S being firmly integrated into their personal lives, thus they drew on personal R/S in their work. To the author's knowledge, these findings have not been reported in previous reviews. Experiences of developing this R/S competency in training differed and whilst some participants recalled opportunities for experiential learning, the majority reported that R/S was neglected. Limited opportunities for therapists to explore and understand R/S beliefs on training were found in other reviews and it was proposed that this was likely to impact therapists' engagement with R/S issues in their professional practice (Post & Wade, 2009). For example where therapists were less familiar with a client's religious belief system, they were more likely to pathologise it (Post & Wade, 2009). Instances like this may have negative impacts on the course of therapy therefore it is important for therapists to adequately develop this competency, be it through personal or professional experience.

4.2 Review Strengths and Limitations

The papers included in the review were deemed to provide an exploration of psychological therapists' experiences of addressing R/S in therapy within the existing qualitative literature. What follows is a consideration of the strengths and limitations of the review. A significant strength of the review is that to the author's knowledge, no one has yet compiled analysed and reported on the qualitative findings of research in this field. The inclusion/exclusion criteria may have prohibited relevant studies which either did not fit within the stated timeframe (i.e. 2005-2015), or did not explicitly state that participants were certified/licenced therapists. However, it was ultimately felt that a ten year time frame would provide a comprehensive range of the most up to date literature. Additionally, those papers which did not state the main focus of the study as exploring experiences of addressing R/S in the context of psychological therapy, may have still

contained factors that were relevant to the current review. The review included only English language articles in peer reviewed journals, with unpublished papers being excluded, which may have introduced a publication bias. Furthermore, only one researcher conducted the literature search, which may have led to a bias in study selection.

The quality of papers to be included in reviews has been determined in some of the literature using structured checklists comprising inclusion criteria aimed at assessing trustworthiness and reliability (Dixon-Woods et al., 2006a). Some researchers have argued that using this approach when making sense of complex qualitative literature is of little advantage and that intuitive expert judgement holds more value (Miller et al., 2007). Others have highlighted the potential for relevant studies to be discounted for the sake of superficial errors (Sandelowski, Docherty & Emden, 1997). It is argued here that using a structured appraisal tool such as CASP enabled a detailed assessment of study quality as well as transparency in appraisal of studies thereby reducing subjective bias, given that only one researcher appraised the quality of the papers. Also the aspect of relevance to the review of the paper was considered when deciding on inclusion so as not to discount important papers. The researcher was new to thematic analysis and therefore followed published guidance (Braun & Clarke, 2006) maintaining reflective notes to support transparency, discussing the analytic process in supervision in an attempt to reduce learner error and maintain a stance of reflexivity. This added to the strengths of the review.

The majority of papers explored the experiences of Caucasian females from the USA which meant that there was a lack of participant diversity, thereby limiting the extent to which findings can be generalised. Comparison across studies was complicated by diversity in samples including participants' understandings of R/S, which is likely to have created variability in how they viewed themselves as either R/S affiliated or non-R/S affiliated. Differences in methodology across studies added further complications. A strength of this review was that the terms religion and spirituality were defined to aid interpretation of the findings as well as any potential comparisons with existing literature. Despite these limitations, the current review provided a useful synthesis of the research focusing on psychological therapists' experiences of addressing R/S in the clinical context.

4.3 Clinical Implications

The review indicated that R/S are concepts difficult to define and for some, unsafe to talk about in therapy, yet they were considered a strength in peoples' lives as well as a resource in therapy. The findings also suggest that R/S was more likely to be included in the work where R/S was of significant value to either the client or therapist. Therapists need to be mindful of their own perspectives, attitudes and preferences towards integrating R/S into therapy, and as impacting on their therapeutic work. Additionally, they should be careful to check out clients' individual meanings and relevance of R/S, and whether clients would like to discuss R/S beliefs, or practices as part of the therapy. Given the potential for R/S to be a strength in clients' lives, therapists would benefit from making use of this as a resource in the therapeutic work where appropriate, thereby enhancing the quality of therapy. If R/S is significant to the client, yet neglected by therapists, the overlooking of this core resource may lead to longer treatment programmes, inadequate service provision and less desirable clinical outcomes.

Themes connected to the variety of psychological approaches in use when attempting to integrate R/S into therapy, suggest that therapists may well prefer approaches that they are most familiar or comfortable with. Whilst this may ensure that clients are provided with a therapist well versed in a particular approach, it may not be the approach most suited for the client. It is important for therapists to be mindful of client centred care and where possible utilise approaches which aid in developing the most useful understandings of client problems, which can effectively go on to inform interventions thereby enhancing clinical outcomes. It is important for therapists to remain flexible in their approaches as well as the degree to which R/S is integrated into therapy. Paying close attention to the significance of R/S in client's lives (e.g. deeply rooted in culture, a place of safety in times of difficulty), may help determine which kind of approach they use.

The findings of this review indicate that therapists are likely to experience a variety of challenges when addressing R/S in the clinical context, compounded by a lack of attention paid to R/S in their training. There is a need for therapists to be confident in

their own expertise, skills and abilities to overcome these challenges, making use of what they personally bring to the therapeutic dyad where appropriate. However, therapists need to be mindful of practicing within their role as certified psychological professionals, recognising and developing knowledge of other resources available to them (e.g. spiritual directors). Given the significance of R/S in people's lives, it is important that clinical training programmes support therapists to develop competencies in addressing R/S in psychological therapy. Practitioners are ethically mandated to exhibit cultural competence in their work with clients and this extends to aspects such as R/S (NASW, 2000; NICE, 2010).

4.4 Research Implications

More research is needed to strengthen the findings evident within the existing literature. The experiences of those involved in R/S accommodative therapy should be explored further to more deeply understand how it is being made sense of and integrated into clinical practice. The concepts of religion and spirituality remain somewhat elusive, thus future research should seek to operationalise R/S to aid understanding and comparison across studies. There remains limited research on what R/S accommodative therapy looks like from the perspective of the therapist and more studies are needed which explore how therapists own attitudes and R/S or non- R/S orientations are impacting the work. There is particular scope for exploring the challenges of addressing R/S in therapy, and whether specific strategies can be utilised to overcome specific issues.

Future research should consider widening the scope of recruitment to include participants from a range of different countries, cultural, ethnic and R/S backgrounds to explore demographic variance. It is possible that participants from different societies, working within diverse kinds of healthcare systems may have contrasting experiences and attitudes towards R/S, compared to those included in this review. Research methodology needs to be robust inclusive of considerations of researcher bias on the process of data collection and analysis. Additionally, authors should seek to be transparent about their epistemological positions so that readers can fully appreciate the rationale for the methodology as well as research design decisions.

4.5 Conclusions

There is evidence to suggest that incorporating R/S into therapy benefits clients in terms of meeting their preferences to have R/S beliefs acknowledged and also in terms of producing better outcomes. Practitioners are called to respect clients' individual differences with respect of their R/S beliefs and practices. This literature review sheds further light on the relevance and importance of psychological therapy that addresses R/S. The literature found that integrating R/S into therapy is a complex process involving a range of client, therapist and environmental factors which impact the therapy process and likely clinical outcomes. Integrating R/S into therapy is not without its challenges and the relevance of religion and spirituality in psychological therapy warrants further investigation.

Part Two: Empirical Research Report

Exploring Clinical Psychologists Experiences of Addressing Religion and Spirituality in Clinical Practice

5 Chapter Five: Introduction

R/S beliefs and practices are an important influence upon human behaviour and experience. The very fact that R/S has flourished for many years and across different cultures, is an indication of its importance to individuals and society (Fontana, 2011) and there is a considerable amount that psychology and R/S can learn from each other. Nelson (2009) believed that psychology could offer deeper insight into the nature and effects of religious belief and practice in therapeutic settings, whereas religion could help psychology break down some of the continuing constraints of reductionism and positivism. The aim of this study is to explore using qualitative methodology how Clinical Psychologists address R/S in clinical practice. In order to provide some context to the study this section begins by highlighting definitions of R/S, followed by a discussion of the enduring interplay between R/S and psychology. The grounds for considering R/S in professional practice will be set out, and attention will be drawn to some of the challenges faced by psychological therapists addressing R/S in practice. Finally, a rationale for the present study will be presented with attention to the choice of qualitative methodology. The literature referred to in this chapter draws on relevant papers found through the formal literature review (Part One), as well as literature specific to the discipline of psychology.

5.1 Religion and Spirituality

There has been much discussion in the published literature on the meaning of R/S with analysts conceptualising the terms in a variety of ways, a fact which alludes to the inherent complexity and ambiguity surrounding these concepts. The expression 'Psychology of Religion' (e.g. Paloutzian, 1996) is most often used in the psychological literature pertaining to inquiries into the interplay between psychology, and what is

understood to be religion inclusive of spirituality. Contrasting definitions of the same terms make interpretations and study of these concepts complex from the outset.

Whilst there is some convergence of understanding about the concept of religion (e.g. an institutionalised system of morals, beliefs and activities (Kelly, 1995)), spirituality appears more difficult to define. Spirituality has loosely been understood as an awareness of a force (e.g. ultimate power, or divine being) that gives a sense of connectedness to the universe, as well as purpose and meaning (Harris et al., 1999). (See also Chapter One; Section 1.2; *Defining Religion and Spirituality*). Such variance and discussion of aspects of R/S make developing a further understanding of these concepts, including the roles they play in client's lives, a primary concern for exploration by psychologists.

5.2 Relationship between R/S and Psychology over Time

5.2.1 Past

Ideas about the role and relevance of R/S in the understanding of human thought, emotions and behaviour have changed over time. Religion (including spirituality) is a pervasive social institution in human history, yet its relationship with mainstream psychology and psychotherapists has been variable (Fontana, 2003; Nielsen & Dowd, 2006). Influential psychoanalysts Sigmund Freud and Albert Ellis considered religion to be an underlying form of mental illness (Nielsen & Dowd, 2006). R/S have been viewed as representing beliefs and practices understood in terms of self - delusion, primitive conditioning, magical thinking, father fixation, and the like (Fontana, 2011). In contrast, Jung (1938), one of the first psychologists to recognise the relevance of faith and religious practice, believed that people had an innate unconscious need to find God. Other influential schools of thought in psychology have attempted to understand R/S. Behaviourists have historically rejected religion considering it a supernatural influence that cannot be observed, whereas a more humanistic approach was to value religion as something that satisfies an individual's need for fulfilment, growth, and meaning (Paloutzian, 1996). Social-cognitive psychologists interpret religion as a good example of social psychological processes operating in real life (Paloutzian, 1996).

Despite or because of these theoretical understandings, R/S has largely been neglected by mainstream psychology, perhaps due to seemingly opposing ideas about what constitutes meaning. R/S seems to be contrary to the teachings of science and the two have at times actively opposed each other as competing systems for creation of meaning (Fontana, 2003; Nielsen & Dowd, 2006). Another reason for the neglect may relate to the idea that scientific methods historically favoured by psychologists may be considered inappropriate for the study of such fundamentally subjective and elusive concepts as R/S. In the 20th century, psychology as a discipline became dominated by positivist and naturalistic paradigms, and it appears there was somewhat of a disconnect between psychology's tools of enquiry, and religious epistemology (Miller & Thoresen, 2003; Nielson & Dowd, 2006). The tendency of many psychologists of religion has been to use psychology's tools for scientific inquiry (predictions, testing, and experimentation) focusing upon what is measurable by appropriate scales (Fontana, 2011; Nielson & Dowd, 2006). Qualitative approaches (e.g. narrative) that allow individuals to express their inner experiences of complex phenomena such as R/S, have been less favoured (Fontana, 2011). A third reason for the neglect of the examination of R/S relates to discussions about R/S being experienced as taboo or embarrassing, and something that should not be talked about; akin to that of discussions about sex or death (Crossley & Salter, 2005; Miller & Chavier, 2013), which may have led to an avoidance of such discussions.

5.2.2 Present

The advances made in the study of the psychology of religion over the last three decades are promising and perhaps due in part to more investigators shifting to qualitative methods to explore the lived experience of R/S. Importance has been placed on researchers creating and employing methods appropriate for their object of study, and in the psychology of religion, many of these methods would necessarily be hermeneutical (Emmons & Paloutzian, 2003).

Shafranske (2016) reported an advance in PsycINFO citations (using the keywords religion/religious, spirituality/spiritual) comparing searches in 1981 and 2015. In the

USA there is the APA publication, Handbook of Psychology, Religion, and Spirituality (Pargament, Exline, Jones, Mahoney, & Shafranske, 2013) and the establishment of two APA journals; Psychology of Religion and Spirituality, and Spirituality in Clinical Practice, as well as numerous professional organisations that regularly address issues related to R/S in therapy (e.g. AACC). Within the UK however, there is less of an advance in scholarship in this field with fewer UK based studies being published (See also Chapter Three; Section 3.1; *Sample Demographics)* and limited professional forums for discussion of this topic. The BPS devotes only a small section of the society to transpersonal psychology and to the author's knowledge, there is only one British professional association devoted to discussions on this topic (i.e. BACIP). Constructive dialogue between psychological study, practice and R/S perspectives is a pressing matter if this important aspect of human experience is to be more fully recognised and understood.

5.3 Considering R/S in Professional Practice

5.3.1 Professional Responsibility

One influence responsible for shifting psychology toward accommodating R/S was the specific call to encourage psychotherapists to respect, accommodate and integrate their clients' religious values during treatment (Neilson & Dowd, 2006). Published professional codes of practice from the Department of Health (2009), BPS (2009) and APA (2003), encourage professionals to respect their client's religious beliefs and practices. (See also Chapter One; Section 1.1.2; *Healthcare Policies and Guidelines*). Psychologists are responsible for becoming aware of religious diversity, how it may manifest in their clinical work and understanding and respecting clients' beliefs as part of their role (Nielson & Dowd, 2006).

5.3.2 Importance of R/S in the population

It is important for practicing psychologists to have a greater understanding of their R/S clients given that they constitute a sizeable number of people (Gallup, 1995; Hackett et al., 2012). Vieten et al. (2013) report that polls of the general public suggest that religion and spirituality are important in most people's lives. In England and Wales

59% of the population identified as Christian with the second largest religious group being Muslims at 5% of the population (Office for National Statistics, 2013). There is also evidence that clients would prefer to have their spirituality and religion addressed in psychotherapy (Vieten et al., 2013). This is of particular importance given that psychologists remain much less religious than the population they serve (Delaney et al., 2007). As a result, it has been proposed that this 'religiosity gap' may position psychologists as being out of touch with their clients regarding the importance of R/S in their lives (Baker &Wang, 2004). (See also Chapter One; Section 1.3; *R/S Prevalence in the Population).* Pargament et al. (2013) observed a substantial part of the world's population looks at life through a "sacred lens that colours, filters, and clarifies their view of reality" (p. 269). Shafranske (2016) observed the importance of spirituality in the lives of the majority of his patients facing trauma and psychological conflict, and how religious traditions and personal spiritual experiences, offered narratives that contextualized human suffering and enhanced treatment. There have been a number of studies investigating treatment outcomes where R/S has been integrated into treatment.

5.3.3 Integration of R/S into Therapy

Another reason for considering R/S in therapy is that such integration may be associated with greater efficacy. The integration of R/S issues into psychotherapy has received more attention in the literature recently; a number of reviews have compiled outcome research on studies integrating R/S into clinical practice. R/S accommodative therapy has frequently been linked to better psychological and well-being outcomes particularly for those clients identifying as religious and/or spiritual (Worthington & Sandage, 2001). Much of the research has been conducted with populations outside of the UK, thus it is unclear to what degree these findings would reflect themes and ideas within UK based populations. Additionally, the prevailing methodologies used are quantitative and nomothetic in nature thereby limiting exploration of underlying processes at work, and deeper understandings of the actual components contributing to the clinical outcomes. (See also Chapter One; Section 1.5; *Reviews on Psychotherapeutic Processes and Efficacy of R/S Accommodative Therapies*).

5.3.4 Challenges Experienced by Psychologists addressing R/S in Therapy

Whilst there is evidence of the importance of R/S in the general population, support for R/S accommodative therapy, and a responsibility on therapists to address R/S, religious and spiritual issues are not regularly being addressed in therapy, including areas such as assessment (Vieten et al., 2013). The following section summarises some of the challenges experienced by psychological therapists addressing R/S in therapy, which may be contributing to the neglect of R/S discussion in clinical settings.

Psychologists have reported challenges in therapy due to experiencing their client's beliefs as rigid or different from their own. For example clients would appear to use their beliefs as a defence and a way of avoiding deeper issues which presented as a hindrance to progression in psychological therapy (Jackson & Coyle, 2009). A recurrent theme was how therapists found differing belief systems a source of tension which at times presented as a barrier to the therapeutic work (Brown et al., 2013). Psychologists also reported challenges related to adhering to ethical codes of conduct, namely around respecting clients autonomy. There is a shared understanding amongst therapists that it is unethical to impose one's own beliefs onto a client and that the clients right to choose what they believe should be respected (Brown et al., 2013; Elkonin et al., 2014). However, some psychologists reported finding it difficult to respect clients' beliefs and their right to hold them, when the beliefs seemed to contribute to the client's distress (Crossley & Salter, 2005). Ethical dilemmas arose around the use of R/S practices such as prayer in therapy. Therapists were concerned that if religion and religious practices became the focus of therapy, the sense of therapy could be lost (Brown et al., 2013). Additionally, that if there was a lack of a shared understanding about what constitutes an R/S practice such as prayer; harm could be caused to the client and therapeutic work (Scott, 2013), causing therapists to shy away from more R/S oriented approaches.

Though therapists made attempts to overcome some of these challenges by using empathetic and accepting approaches (Elkonin et al., 2014), re-examining understandings (Jackson & Coyle, 2009), or referral to a spiritual leader (Crossley & Salter, 2005), the challenges still persisted causing some to avoid discussing R/S all together (Blair, 2015). Whilst avoidance may be effective for clients presenting with a

religion or spiritualty more detached from themselves, this may prove near impossible for those clients who are intrinsically religious and spiritual, and for whom R/S guides everything that they do.

Psychologists also reported challenges related to internal experiences of personal R/S in their work. It was difficult for some to find the balance between remaining professionally ethical, as well as true to their own R/S guiding belief systems (Jackson & Coyle, 2009), highlighting the need for psychologists to be aware of how their own R/S or non-R/S beliefs might impact the work. Magaldi-Dopman et al. (2011) reported how psychologists described their own religious and/or non-religious identity surfacing in response to clients' own conflicts and constructions of R/S. This was challenging at times and had the potential to have a negative effect on the therapeutic alliance. Though frameworks for clinicians to consider their own and clients' religious positioning are emerging, there is still a considerable shortage of therapeutic and conceptual models to guide therapists regarding R/S issues (Golsworthy & Coyle, 2001).

Baker and Wang (2004) hinted at the challenges psychologists faced when raising discussions about R/S with their colleagues; namely that discussions were not always invited or well received. Shafranske (2016) reported on how discussions of R/S were for the most part lacking during his training experience or, if raised, were met with a degree of scepticism or curiosity as to their relevance. It is important to note that there have been formal attempts (for example Vieten et al., 2013) to develop clearer guidelines to support therapists in addressing R/S more effectively in clinical practice, and discussing R/S issues in training. Vieten et al. (2013) recognised R/S competence as a form of multicultural competence that could advance the field of psychology and quality of clinical practice. They proposed a sub-set of 16 competencies in the area of attitudes towards R/S and the R/S committed client, knowledge of R/S beliefs and practices, as well as skills in addressing R/S in practice. The latter included an awareness of one's own limitations. However, Vieten et al. (2013) reported that further work is required on these proposed competencies before they can be adopted into training guidelines and professional practice.

Despite a flourishing body of empirical research, which has established the relevance of R/S variables on health and treatment, psychologists generally receive quite limited

education and clinical training on the topic (Shafranske & Cummings, 2013; Vieten et al., 2013). The subsequent lack of attention paid to this area could pose further challenges to addressing R/S in clinical work in that clinicians are lacking opportunities to develop understanding, a knowledge base and literacy for addressing R/S. Additionally, if 'messages' from training and within the mainstream profession of psychology imply that R/S is not compatible with psychological therapy, where does this leave therapists who view R/S as a fundamental aspect of their work with regard to their personal identity, and the lives of their clients?

5.4 Summary and Rationale

The discipline of psychology has a history of neglecting R/S due to the complex and ambiguous nature of these concepts, which can appear contrary to the scientific ethos of psychology. R/S has endured through the ages as being concerned with humanity and it is important to much of the general population as providing purpose, meaning and structure to their lives. A renewed interest in R/S in the therapeutic context has been prompted by a call for practicing psychologists to be culturally competent. This has provoked a need for relevant and up to date study in this area. There has been a recent rise in R/S and psychology related publications and research pointing towards increased efficacy when R/S is integrated into therapeutic work.

Psychologists report that challenges persist in adhering to codes of conduct. There are conflicts in how they experience their own beliefs in their work as well as limited opportunities for useful discussion and learning about how to address R/S in therapy. This points to a need for research to examine how clinicians are currently engaging with such issues in the context of their work. Failure to incorporate relevant R/S issues into therapy may have a negative effect on the therapeutic alliance and treatment outcomes. There is little detailed evidence of how Clinical Psychologists in the UK are actually including R/S issues in their clinical practice, and it is unclear whether the challenges reported from within other countries are those being faced by psychologists practicing within the UK. It is believed that exploring the perspectives of Clinical Psychologists would provide not only opportunities to examine their understandings of R/S, but also

their experience of addressing R/S in the clinical setting. Findings could inform developments in policy and practice, as well as clinical psychological training.

5.5 Research Aims

The proposed research aims to address the following questions:

How do Clinical Psychologists experience and interpret interactions with religiously and/or spiritually committed clients in the clinical context?
How do Clinical Psychologists experience the religious and spiritual beliefs of their clients impacting on therapy?
How do Clinical Psychologists experience their own R/S or non- R/S identities[4] in relation to their clinical work?

5.6 Objectives

The proposed research has the following objectives;

- To provide in depth accounts of how Clinical Psychologists have worked with one client for whom R/S beliefs have been important.
- To produce a piece of research that builds on current literature with particular attention to providing UK based research evidence on the topic.

[4] R/S or non- R/S identity refers to the presence or absence of any religious or spiritual self, identity or affiliation.

6 Chapter Six: Methodology

6.1 Research Design

6.1.1 Qualitative Design

This study aimed to explore how Clinical Psychologists experience and interpret interactions with religiously and/or spiritually committed clients in therapy. A qualitative approach was deemed to be most appropriate as it allows for exploration and detailed understanding of complex phenomena (Emslie, 2005; Thomas & Harden, 2008). Qualitative approaches have also been suggested when researching topics involving complex interpersonal processes (Elliot, Fischer & Rennie, 1999). Qualitative approaches can account for contextual factors in that they acknowledge that our perceptions and experiences are influenced by what is going on around us culturally, politically and historically. It allows for exploration of the individual's subjective experience within their social world (Smith, Flowers & Larkin, 2009).

An idiographic approach was used whereby participants discussed one piece of clinical work therefore allowing for detailed explorations (Fade, 2004). This type of approach takes a closer look at individual cases allowing for rich and detailed information about a particular occurrence to be gathered, thus improving our understanding of 'what is going on' in a particular situation (Willig, 2008). No previous studies on this topic adopting this type of case-study approach have been found.

6.1.2 Interpretative Phenomenological Analysis

Interpretative Phenomenological Analysis (IPA) was the particular form of qualitative approach used as it is a method considered useful when one is concerned with the complexity of human lived experience (Smith & Osborn, 2003, 2008). The idiographic and phenomenological nature of IPA places emphasis on the individual's personal perception of an event or experience within their particular context (Pietkiewicz & Smith, 2012). Additionally, the meaning these particular events or experiences hold for them. IPA is able to capture individual experience as well as illuminate common conceptual frame-works across human experience whilst allowing for the nuances between participant reports (Smith et al., 2009). Given that the reviewed literature on religion and spirituality alludes to the complexity of these concepts, an interpretative

phenomenological approach seemed appropriate to use in the current study in order to shed some further light on some of the deeper levels of understanding.

IPA is an iterative approach grounded in hermeneutics, requiring the analyst to move between the part and the whole, at a series of levels (Smith et al., 2009). Hermeneutic frameworks suggest participants filter and interpret their experiences during interview in order to make sense of them within their personal context (Smith et al., 2009). In IPA, a twofold interpretation process, or a double hermeneutic is involved in that the researcher attempts to make sense of the participants making sense of their experience of an interaction, in this case, with a religiously and/or spiritually committed client in therapy.

6.2 Participants

6.2.1 Participant Sample

When using IPA it is recommended that a small sample size is used as a thorough case-by-case analysis of individual transcripts is required, in order to retain idiographic focus and therefore reveal detailed perceptions and understandings (Smith & Osborn 2003). In order to facilitate the development of sufficient and meaningful comparisons within and between respondents, the final sample size comprised five Clinical Psychologists recruited from two National Health Service (NHS) trusts. Details of the participants included in the study are summarised in Table 3. To protect participants' anonymity, pseudonyms were utilised and NHS trust names have been removed.

6.2.2 Homogeneity and Inclusion Criteria

Maximising sample homogeneity is important (Pietkiewicz & Smith, 2012), when using IPA so emergent individual differences are less likely to be influenced by demographics, and are more likely to be about how individuals relate to an event. Participants consisted of a homogeneous sample in that all were qualified practicing Clinical Psychologists working within the NHS. Participants were included on the basis of having worked with a religiously and/or spiritually committed adult client, where issues or discussions around R/S came into the work. Another basis for inclusion, was that the piece of work must have been completed. Participants were not included or excluded on the basis of R/S, therapeutic orientation or client presenting problem. This

was because it was believed that these kinds of criteria would have limited the amount of participants that may have been eligible to take part in the study to a level unsuitable for effective analysis and production of useful findings.

Table 3: Summary of Participant Demographics

Participant	**Gender**	**Age Group**	**Ethnic Origin**	**Religious**	**Spiritual**	**No. Years Experience**	**Trust**	**Work Setting**
Charlie*	Male	60+	White British	Neither Agree or Disagree	Strongly Agree	23	1	Physical Health
Graham*	Male	40-49	Irish	Strongly Agree	Strongly Agree	7	1	Physical Health
Kathy*	Female	40-49	White British	Strongly Disagree	Agree	7	2	Mental Health
Brian	Male	50-59	Irish	-	-	25	2	Neurology
Jane	Female	40-49	White British	Strongly Disagree	Agree	7	1	Physical Health

*Indicates participants who had a follow-up interview
- Indicates missing data
NB: Participant names are pseudonyms

6.3 Materials

The materials used in the current study included a Participant Information Sheet (PIS) (Appendix F) detailing the nature of the current study, a consent form (Appendix G) and participant background questionnaire (Appendix H). A semi structured interview schedule (Appendix I) was used during the interview process. Further information regarding their use is provided below.

6.3.1 Interview schedule

The semi-structured interview schedule (Appendix I) was used to guide the interviews. Smith et al. (2009) stressed that both the participant and the researcher play an active role within the research process. Semi-structured interviews facilitate this mutual process, by enabling the researcher to set a flexible agenda which can adapt to the participant's concerns should unexpected issues arise (Smith et al., 2009; Pietkiewicz & Smith, 2012). The schedule contained broader questions alongside questions that permitted more detailed enquiry, as well as additional prompts (Smith & Osborn, 2003). The schedule was designed to offer structure and guidance yet it remained flexible and evolved throughout the interview process allowing for exploration of relevant areas relating to the research questions (Smith & Osborn, 2003). The original schedule began with more abstract questions around the meaning of R/S; however it was later observed that asking initial questions requiring more of a descriptive response from participants (e.g. tell me about your work with this client?), helped to facilitate rapport in the early stages of the interview. The interview schedule incorporated three main research questions which prompted participants to talk about how they experienced and interpreted their interactions with a religiously/spiritually committed client; how they experienced their own R/S or non- R/S identity and that of their client impacting on the work, as well as what R/S means to them. The interview schedule was piloted on the researcher by the researcher's supervisor and vice a versa to allow for the refinement of the schedule, familiarisation with the audio recording equipment and practice of interview technique.

6.4 Procedure

6.4.1 Research Proposal and Ethical Considerations

The research proposal was peer reviewed by staff at the University and a lay summary (Appendix J) of the proposed research was submitted to a local Service User Reference Group for feedback. See appendix K for service user feedback. Ethical approval was sought and granted from the University ethics committee and further ethics approval was required and granted for recruitment of participants from one of the trust Research and Development (R & D) departments. All relevant correspondence is provided in Appendix L.

Applications to the University ethics committee and Rand D department focused upon issues around gathering written informed consent, maintaining confidentiality which also extended to others discussed in the interviews, as well as the participant's right to withdraw from the study. It was acknowledged that being interviewed involves self-reflection and is likely to stimulate thoughts and feelings that the participant may not have experienced otherwise (Willig, 2008); therefore the potential for participant distress was also considered. As participants were required to discuss an individual case in detail, clients were disguised in a number of ways including asking participants to discuss closed cases and keeping the focus of the research on the clinical work and not the client details. Goldberg (1997) highlighted that it is important to safeguard the privacy inherent in privileged communications with clients, but also to allow free exchange of information for clinicians to develop the science. All participant information was stored confidentially in accordance with University regulations.

6.4.2 Participant Recruitment

In order to recruit participants from within the first NHS trust, the current research was presented at a local Clinical Psychology area meeting following which PISs (Appendix F) were circulated. Interested parties were also encouraged to express their interest in the study by providing their contact details. Participants were recruited from the second trust following an email circulation of the PIS to all Clinical Psychologists practicing within the trust. Clinical Psychologists wishing to take part in the study were encouraged to contact the researcher to make this known. All those expressing an interest were contacted by the researcher to discuss further details of the study, and to set an appropriate date, time and place to conduct the interview.

6.4.3 Interview Procedure

Clinical Psychologists who met the inclusion criteria were invited to attend a face to face interview lasting approximately 50 minutes. All interviews were conducted by the researcher at an agreed location (i.e. participant place of work or the University). Prior to the commencement of the interview, participants filled out a short background questionnaire (Appendix H) and gave written informed consent (Appendix G) to being

interviewed and recorded. They were also prompted to re-read the PIS with further opportunities to ask any questions where necessary. The interviews were recorded using digital audio recording equipment. Follow-up interviews were conducted with three of the participants in order to gain a more in-depth understanding of their experience. Following the interviews participants were asked if they wanted to receive a written summary of the overall research findings, to which all five participants expressed an interest. The researcher completed a written reflection of the interview process.

6.4.4 Transcription and Analysis of Interviews

All of the interviews were transcribed by the researcher in order to promote familiarity with the data. The interviews were transcribed verbatim and included significant non-verbal communications including laughter, in breaths and out breaths. Pauses, mis-hearings, and speech dynamics as well as apparent mistakes were transcribed where these seemed significant (Biggerstaff & Thompson, 2008). Data were anonymised during the transcription process by giving the participants pseudonyms, and disguising or omitting details that would compromise their anonymity or that of the client they discussed (e.g. name of the hospital, personal details that may reveal identity).

The researcher followed recommendations developed by Smith et al. (2009) to guide the analytic process, which was iterative, complex and creative in nature. The analysis began idiographically analysing one transcript at a time. The first stage involved reading and re-reading the first transcript a number of times and at least once alongside the audio recording, to facilitate active engagement with the data and to notice anything of interest within the transcript. The aim of the next stage was to produce a comprehensive and detailed set of notes and exploratory comments on the data via line by line coding. Descriptive comments focused on describing the content, whereas more interpretative linguistic and conceptual comments focused on the use of language, and engaging with the data at a more interrogative and abstract level (Smith et al., 2009).

The following stage of the analysis involved the researcher working primarily with these notes to identify emergent themes by simultaneously attempting to reduce and cluster the volume of detail whilst maintaining complexity (i.e. interrelationships, connections and patterns between exploratory notes). Emergent themes capture what

was crucial at a particular part of the text but also with inevitable influence from the whole of the text thereby exemplifying the hermeneutic circle discussed earlier, where the part is interpreted in relation to the whole and vice versa (Pietkiewicz & Smith, 2012; Smith et al., 2009). This iterative process helped ensure emergent themes were grounded in the data.

The final stage of the analysis involved searching for connections across themes, and clustering related themes which were represented in a thematic map. The thematic map helped to foster a sense of 'gestalt' for each participant before moving onto the next. An annotated summary of each theme with the page/line on which it was located as well as a key quotation, was produced in order to remind the researcher at later stages of analysis of the source of the theme. This process was repeated with the remaining individual interview transcripts in accordance with the ideographic nature of IPA. For each new transcript it was important to remain open to new ideas and to 'bracket' off ideas as far as possible, that had already emerged from analysis of previous transcripts (Smith et al., 2009). An example of the analytic process including initial coding, clustering of themes and annotations, as well as a thematic map for one participant are presented in Appendix M.

Once the individual analyses had been completed, themes across all five transcripts were reviewed to discern convergent and divergent patterns in the data. This process of comparing and contrasting clusters across respondents involved the re-labelling and reconfiguring of themes which helped to synthesise the data and move the analysis to a higher level of abstraction. During this stage it was important to ensure that the identified themes and connections remained embedded in the primary data. As a result of this process, three super-ordinate themes, with underlying themes and sub-themes were identified, which captured and organised data relevant to the research aims. The final themes were then translated into a narrative, interpretive account during which the researcher's interpretations continued to develop (Smith et al., 2009).

6.5 The Researcher

6.5.1 Epistemological Position

The epistemological stance adopted by the researcher was most closely aligned with a social constructionist framework[5]. The stance acknowledges that participants' understandings of their experiences with R/S oriented clients, are likely to have developed through the way in which they interpret and associate these experiences within the context of their lived world (e.g. personal experiences, interactions with others and their environments). This approach was fitting given the idiographic and phenomenological nature of IPA which places emphasis on the individual's personal perception of an event or experience within their particular context (Pietkiewicz & Smith, 2012). The researcher used reflexivity (Shaw, 2010b) as well as supervision to bring light to her own assumptions, as this position acknowledges that the researcher's personal understandings and experiences of R/S in the clinical context, could impact interpretation of participant experiences.

At the beginning of the research, the researcher was a 27 year old female who identified as a Christian and acknowledged that she has been influenced from the Christian faith in her personal and work life. Her interest in the role of religion and spirituality in relation to healthcare begun prior to commencing this piece of research, however it was her own experiences in clinical practice with clients who brought R/S issues into the work, that prompted further exploration into this area. Although the researcher has used qualitative methods prior to this piece of research, IPA had not been used.

6.6 Quality Checks

Yardley (2000) proposed that good quality qualitative research should be sensitive to context, have commitment and rigor, be transparent and coherent, and should enrich understanding.

[5] The social constructionist epistemological position adopted, is of a 'less strong' form, more broadly in keeping with a critical perspective (Smith, Flowers, & Larkin, 2009).

6.6.1 Sensitivity to context

Prior to the study the researcher reviewed literature around R/S and clinical practice including previous related empirical work which brought awareness to differing perspectives and arguments A review of the literature was also helpful in developing the researcher's awareness of the socio-cultural setting of the study. The social context of the relationship between the researcher and the participant was also considered in terms of the general and specific effects of the researcher's actions and characteristics (e.g. gender and religious identity) (Yardley, 2000). Furthermore, questions deemed more sensitive or abstract, for example, what R/S meant to the participant, were asked later on in the interview so as to build rapport in the interview context (Smith et al., 2009). Confidentiality and anonymity procedures were reiterated to remain sensitive to participant data. The researcher recognises that being new to IPA could have hindered detail elicitation in some of the earlier interviews which prompted follow-up interviews with some of the participants, in order to enhance the depth of their accounts.

6.6.2 Commitment and Rigour

The Smith et al. (2009) IPA method provided an established framework to guide data collection and analysis. IPA emphases the interactive and dynamic nature of the research process, with the interpretations of the researcher playing a critical role (Smith & Osborn, 2003). The researcher attended a workshop on reflexivity in research and used reflexivity to maintain rigour throughout the research process through the use of reflexive note keeping, as well continuing discussions in supervision. It was important to be continually reflecting upon interpretations regarding the researcher's experiences in relation to the phenomenon being explored (Shaw, 2010b). To reduce bias in the data collection stage, the researcher's supervisor was involved in developing questions and prompts for the interview. The researcher also conducted a pilot interview, and was interviewed by her supervisor in order to develop interview skills and techniques. As all interviews were transcribed by the researcher; it was felt that this helped to immerse the researcher in the data thereby enhancing engagement with the topic.

The researcher discussed findings with the supervisor at each stage of the analysis process so as to ensure rigour and enhance thematic validity. The researcher and supervisor differed in terms of R/S background which was also helpful in reducing inappropriate bias during the analysis stages. The researcher spent extensive amounts of

time reading up on the methodological approach, published research using IPA, and attended two one day training workshops on IPA to develop competence in the application of this methodology.

6.6.3 Transparency and coherence

The researcher aimed to provide a transparent account of all stages of the study. Aspects of the research process have been disclosed, and accounts of the data collection and data coding process have been provided (Appendix M) in order to promote transparency. Additionally, providing excerpts of transcripts to support the emergent themes enhanced 'trustworthiness' in the findings. Rather than seeking to lessen the researcher's role, IPA positively acknowledges and explores the role (Biggerstaff & Thompson, 2008). Researcher values and beliefs need to be considered as adding to the process of making sense of the experience of others; thus engaging reflexivity also enabled these aspects to be rigorously challenged. As the researcher was interviewed by her supervisor, her own views and experiences emerged and this provided greater insight into any conscious biases (Chamberlain, 2004; Fade, 2004).

6.6.4 Impact and importance

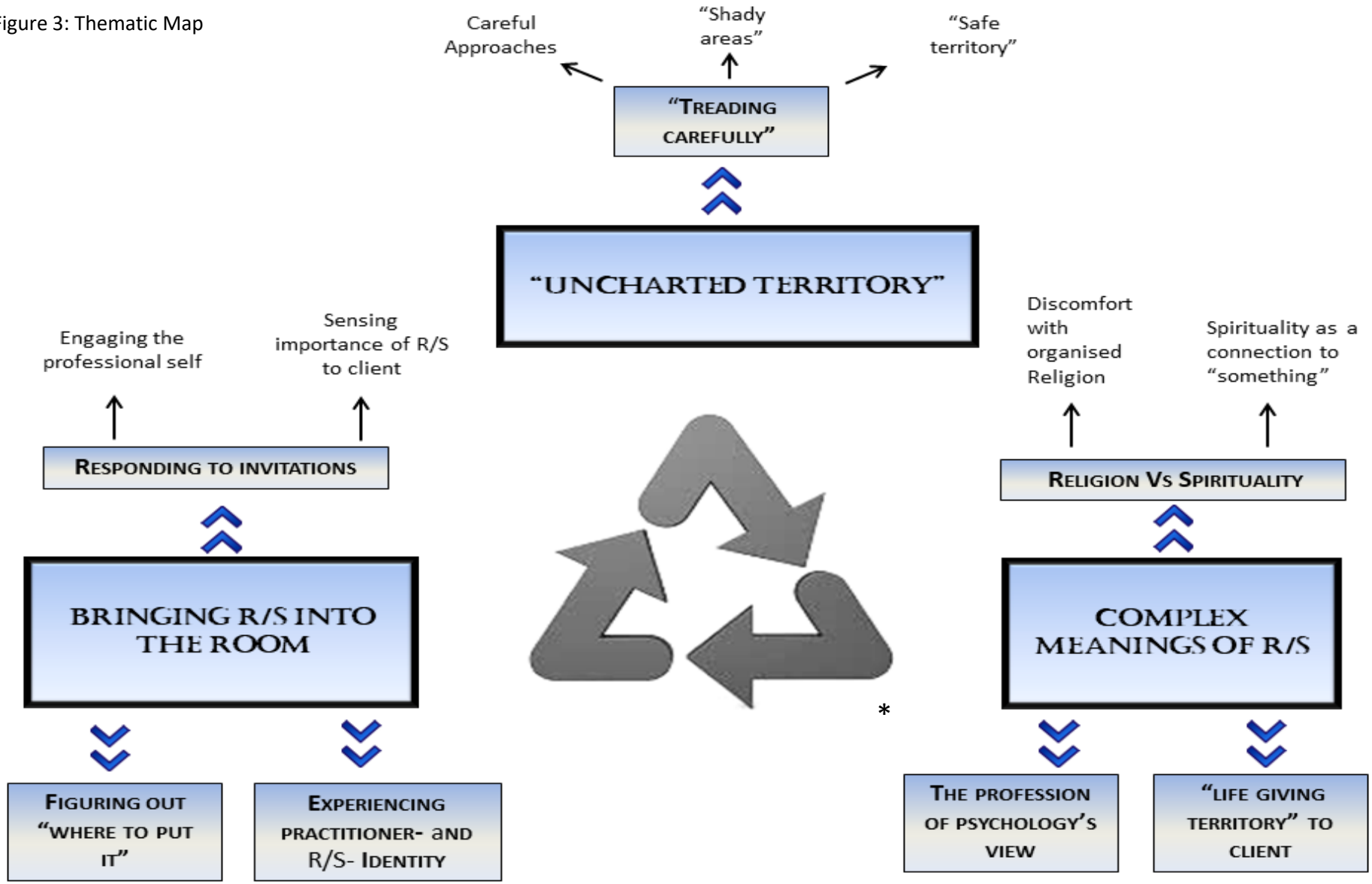
Yardley (2000) states that the decisive criterion by which any piece of research must be judged is by its impact and utility. This study provides implications for both future research and clinical practice which are suggestive of the study's theoretical as well as practical impact and importance within the academic literature. Implications are examined further in the discussion section.

7 Chapter Seven: Analysis

7.1 Overview of themes

The data from each participant were analysed individually before tentatively looking across themes to identify convergence and divergence across cases to develop a final set of themes. This process arrived at three super-ordinate themes: “Uncharted Territory”, Complex Meanings of R/S, and Bringing R/S into the Room. These three super-ordinate themes have underlying themes and sub-themes and are presented in Figure 3. The positioning of themes in the diagram emphasises the dynamic relationship of connections between them. The three superordinate themes introduce the character of the participants’ accounts of engaging in R/S matters in their clinical work as complex and difficult to navigate. All participants contributed to all themes in different ways highlighting the idiographic nature of IPA, and how it allows for the retention of complexity.

Figure 3: Thematic Map



*Arrow Image downloaded in December 2017 from https://arrows-free.com/02-picture/132-3d-image.html

7.2 Super-ordinate theme: "Uncharted Territory"

This is a central theme as it characterises the nature of the participants' experiences of working with R/S in a clinical setting as uncertain, and has dynamic relationships with the other two superordinate themes. The image of "*uncharted territory"* arose directly from one of the participants' accounts regarding addressing R/S in clinical practice; "I *felt err...(Long Pause) cautious, because I, err... apprehensive maybe a little bit... it's err, it's a little bit of uncharted territory, for me as a, as a psychologist, it's something I don't really kind of, erm...not…I (Pause) I wouldn't say I have any expertise "* (Graham, p.11). This comment conveys a sense of traveling into the unknown as a psychologist in a professional setting; into a domain that is unfamiliar and not yet mapped out, and implies an anxious experience. Participants were concerned with whether they were "*going in the right direction"* or "*taking the right path*" (Charlie, p. 12). Integrating R/S into therapy was not discussed adequately in training; *"training really lets us down"* (Jane p. 8), which left participants with little guidance and having to develop their own maps, skills and knowledge base, to guide their work. Jane explained "*doing a lot of kind of reading, around, other areas of psychology and, and therapy is helping me to think about how I might integrate that* [Spirituality]*"* (Jane, p.14).

The nature of the work with R/S as uncharted, is connected to the *complex meanings of R/S* in a dynamic way. The lack of any context of clear guidelines on how to engage in this work, informed participants' struggle to make sense of R/S. In turn, the complex and difficult task of defining R/S feeds into the difficulty of navigating the territory of working clinically with R/S matters. There is a similar dynamic between the feeling of working with R/S as *uncharted territory*, and working out how to go about *bringing R/S into the room* without any clear guidance. This super-ordinate theme of "*uncharted territory"* is therefore a connecting concept that is distributed throughout the other themes. However, it has been presented as a superordinate theme in its own right in order to highlight the anxious feeling of being all at sea that permeated the other themes and is an important characteristic of the experience of working with R/S in clinical practice. Links to this superordinate theme are found throughout the analysis, but one thematic area is developed here that of "*treading carefully"* which is a response to being in 'uncharted territory'.

7.2.1 Theme: Treading Carefully

This theme explores further participants' thoughts around the need to 'tread carefully' as well as their experiences of doing so. Participants described difficult discussions with their clients, which for some required an element of risk-taking, explored in the sub theme "*shady areas"*. Participants adopted gentle, respectful and open-minded approaches in their engagement with their clients in R/S discussions, these approaches are explored in the subtheme *careful approaches*. The sub theme "*safe territory"* describes participants' experiences of a safe space within the context of the therapeutic relationship, where R/S discussions could be had openly.

Participants described feeling *"cautious"* (Brian, p. 19 Graham, p.11) and as one participant put it, *"fearful"* about what might come of discussions about R/S (Graham, p. 19). Participants emphasised a need to 'tread carefully' for reasons such as not wanting to "*excessively psychologise, a, an area of a person's life which is intrinsic, intrinsically spiritual, in nature↑"* (Graham, p. 22). R/S ideas were viewed as being central to the client's makeup, (i.e. core) therefore it was important to be careful with this part of the client's identity (Brian, p.19). Kathy was concerned with not wanting to make assumptions about the meaning of her client's R/S beliefs and practices. Jane feared being *"seen as kind of pushing a religion"* onto her client if she were to enter into R/S discussions in a therapeutic setting (p. 19). Charlie emphasised the need to be careful when incorporating R/S into clinical work as one was working with the whole person (i.e. physical, psychological and spiritual). His emphasis on the word "everything" in the quotation below conveys the magnitude of taking on such a complex case which included that spiritual dimension; *"your taking on the, the whole of the person 's life […] we have to be really careful, I mean because this was (Laughs) <u>everything</u> in a sense […] better get it right"* (p. 12). Being careful is developed further in the following sub-theme.

7.2.1.1 Sub-theme: Careful Approaches

Graham and Kathy described careful stances they adopted when bringing R/S into the work.

Graham spoke about always adopting a gentle approach or stance that was also marked by acuity. A gentle approach was key regarding his suggestions about the direction his client might want to take in terms of moving forward.

> *I think I was probably quite, gentle, and always taking an, an offering stance, 'this is just something to consider', rather than being a definitive 'you should'…so no, not a diagnostic approach…this is just a, 'this might be helpful', idea, so I think err… that's the only, that's what I would stick to, I °wouldn't kind of, digress from that°. (Graham, p.36).*

Kathy spoke about taking a *"not knowing approach"* (p. 41), being *"led by what people bring"* (p. 4) and *"taking the position of curiosity"* (p.40) as she knew very little about her client's particular religion. She was happy to adopt the position of 'student' by which she could learn from her client describing how *"that person who does have more experience than me becomes my teacher"* (p. 40).

> *:...Er:r, well well we'd quite often, I would ask her, what does, erm, your Buddhist teacher tell you about such and such or what do Buddhist writings tell you, what do you learn about ....such and such a problem, from, the Buddhist practice that you do, you know, I would ask her about how, so we would be talking about, maybe a problem in her, relationship, erm, and she could be talking about a way of responding to that, and then we'd think about what would your, religious beliefs tell you, how would they guide you, to relate to this, you know, what would they make of this problem, and how would they, what would you learn from your religious beliefs erm, as a way of dealing erm, with this problem erm (Kathy, p. 32).*

Brian explained how he waited till later in the sessions to broach the topic of R/S, after he determined the appropriateness of the discussion and whether discussing something core was a risk worth taking.

> *I didn't comment on, her,* [R/S] *attire, until well into the relationship… so I let… but I… I did… flag it up as something that, in my mind as something I would come back to…or have… make a decision… see how things go, but err, I made a decision that I'd come back to this at some point, prob- probably, I'd revisit in my own head, I might not talk to her about it, if it didn't seem to be appropriate, erm so I, yeah, so it was <u>well</u> into the relationship actually, before we, I felt, you know that there, was enough, for me to <u>risk,</u> […] I suppose that I was probably being cautious, yeah, I mean I was being cautious because in case, erm, you know, because this is core, and, we don't talk, about core, things, in the interview, with somebody we've just met for the first time, erm, we generally wait for well into the relationship before we get into, maybe some of the more important business (Brian, p. 19).*

Participants conveyed a need for reassurance in their work and there was very much a sense that it was important for them not to enter into such 'uncharted territory' on their own. Both Charlie and Graham spoke about the involvement of God in their work as well as support from spiritual counterparts. Charlie spoke about the importance of seeking God's will in his clinical work.

> *we were always determined to make sure that we we we did what God wanted, we we, it seemed to us that God had brought us together […]we were always clear we needed to to seek His guidance and His wisdom and a a a talk about things very carefully to make sure she was, err doing the right thing… (Charlie, p.10)*

Charlie described a considered and careful approach composed of talking to God about the work, which provided reassurance they were moving in line with God's will and that they were doing the right thing. The idea that both would "*have a few words of prayer at the end […] in a sense it just, <u>cemented</u> things*" (p.35), conveyed a sense of almost committing what they were doing to God. This seemed to help settle any uncertainties and firmly establish that what they were doing was right in the eyes of God.

Graham said "*I have reasonably, frequent discussions, erm…with, with people who work in the area of spiritual direction* (p. 15). Charlie described the value in the support his client was receiving from her church, which appeared to be a form of indirect support for him.

> *I would have felt…you know erm… (Pause) far less sure of myself had there not been the support outside, I don't think I I'd of felt comfortable, being the only person who was, you know helping her forward in the direction she was going really*…(Charlie, p.12)

The quote above conveys some underlying feelings of anxiety, and desire to find a space in this 'uncharted territory' which felt protected and one which did not leave him exposed to danger (i.e. doing the wrong thing, or helping his client forward in the wrong direction). The outside support gave Charlie much needed confidence and assurance that he was on *"fairly safe ground*" (p.39).

Kathy, Jane, Graham and Charlie spoke about confiding in and seeking reassurance from other psychologists in various professional forums. Kathy and Jane both spoke about how they would make use of supervision, Kathy to check out whether she might be making any assumptions about her work or her client, and Jane to relieve herself of any concerns about *"getting into trouble*" (p.17) for addressing R/S in a clinical setting.

Jane said of her supervisor, "*I think for her, from her I wanted the reassurance as well, that, it was ok for me to have these conversations" (p. 19),* Jane described an occasion where straight after a session she went for supervision, conveying the sense of urgency and need for immediate reassurance.

> *Erm, well again it was at the end of a session anyway, so we, we kind of finished and I actually went, straight away, my boss was in, erm luckily, and so I went straight away and talked to her about it […]she's got a strong Christian faith, so she… I think I would struggle if I had…erm…a supervisor or a manager that didn't, I'm not sure what, what I would have been able to, I think I'd feel, quite…erm…worried about going and discussing it with them* (Jane, p. 16).

There is a sense in the extract above that in order for someone to be able to understand and contain her anxiety, they too must have a faith and it is likely Jane also has concerns about being misunderstood and thus *"told off", "mocked"* or *"punished"* (p. 17) for her engagement in spiritually orientated therapy. It seemed important for her to talk to someone who could relate to spirituality, and who would understand her emotions and desire to discuss.

Graham, Charlie and Jane mentioned various other forums where they would regularly speak with colleagues and other therapists. Jane regularly spoke to a group of psychotherapists outside the NHS which she found really helpful (p.14). Graham commented on how he would also regularly speak with people in his own private life more generally about the role of a psychologist when addressing R/S in clinical settings (p.15). Both Jane's and Graham's comments are suggestive of the fact that they may have had to seek out opportunities for discussion, as there are no readily available or suitable forums within the NHS. Charlie emphasised how difficult the work can be a times and the value in speaking with others to reassure him that he was practicing in safe way. It was important to think deeply and carefully about his work with others, to learn from others and he placed value on the trusting relationship required when discussing such matters.

> *you do have to….you know think very clearly and reflect on things and discuss it with colleagues and all the rest of it,[…] I I I've talked a lot with people, I mean I I I've got erm let me think (Pause) probably about 10 people erm, at the moment that I I I meet with, erm… or talk to in in various ways in various sort of forums, erm, that that's been quite an important part of my professional life actually, to to, just to sort of compare notes, and to, to just just confide in colleagues that I see,* (Charlie, 24).

7.2.1.2 Sub-Theme: "Shady areas"

Participant's discussed difficult conversations and positons that they found themselves in; some of the more tricky territory and *"shady areas"* (Charlie, p. 25) that they had to navigate in their R/S orientated discussions. At times it involved placing themselves in

positons that felt unsafe where they were faced with making difficult choices, and having difficult conversations. Jane found herself feeling vulnerable and in a *"quite threatening"* position (p. 7), "*feeling incredibly overwhelmed*" (p. 9) with the presence of her clients *"really strong faith in the room"* (p.12). She also commented on how "*panicky*" (p.10) she felt, which left her questioning her ability to provide psychological support for her client at that point in time. She described how increasingly over time she was able to "*just accept that, this is what, is coming up in the session, this is what we're talking about, and actually, I don't need, to, erm…take this anywhere else"* (p.16) with the help of supervision.

Both Charlie and Graham spoke about their experiences of disclosing their own spirituality to their clients with Graham describing it as *"a risk worth taking"* (p. 36)*;* it was a position that seemed to leave him feeling particularly exposed to danger and vulnerable in this 'uncharted territory'. Also of interest in his account was what seemed like a tendency to down play his level of disclosure as if talking about self-disclosure alone was also risky. His use of the phrase *" a little bit"* (p.36) was commonly used when discussing how much he shared about his own spiritual beliefs and or experience in his work, and the pauses in the excerpt below convey the *"careful line"* (p. 37) he walked in considering the issues of self- disclosure.

> *(Breathe In) I think that there are risks for any, anybody in my position in, in sharing of their own view, or ideas, in sharing of themselves, sharing of of their own, erm, values or ideas, […]sometimes it's helpful, and sometimes, you just don't do it, erm, and it's it's a careful line, I think, I think it's a careful line one has to, want, to tread* (Graham, p. 37).

There is very much a sense that it is a considered approach that Charlie believed could be helpful in encouraging clients to talk about things that are important to them. Charlie emphasised that self- disclosure of spirituality has to be *"valid*" and *"relevant" (p. 5)* and although it can feel *"strange at first"* and somewhat uncomfortable (p. 25), it can become more comfortable when you witness how helpful it can be to clients; "I *think, I felt fairly comfortable with it, and more comfortable as time went on and it did seem to be working"* (p.11).

Kathy described a *"difficult conversation"* (p.18) resulting from what appeared to be a clashing of belief systems. She described the *"western individualised society"* and NHS *"way of looking at the world"* (p.16), which she represented in her role (e.g. CBT ideas), and how this seemed to clash with her client's eastern way of looking at the world. Although Kathy was unable to recall the details of this particular conversation, she expressed how they were able to work through the *"rupture"* by coming to "the *position of agreeing to disagree, rather than, either one of us persuading the other"* (p. 19). On another occasion, Kathy described being faced with an ethical dilemma; namely being supportive of her client making her own choices (which appeared to be motivated by R/S beliefs and practices), despite her discomfort that the choices had the potential to be more harmful than helpful. Ultimately, Kathy *"bracketed off"* (p.14) her discomfort, yet it seemed that her decision to do so continued to leave her feeling unsettled.

> *that, kind of, presented a dil-, a dilemma to me really, you know is, that, there are circumstances when…bracketing my own stuff and, respecting somebody's choice is ok, but, erm…I'm sure that bracketing discomfort can be part of the problem as well, when it comes to, abuse of power (Pause).(Kathy, p. 45).*

The client's decisions were influenced by something that was very important to her and seemed to be of some benefit to her wellbeing. Where do clinicians stand in terms of challenging these choices when they suspect that in the long term, they may be detrimental to their client's psychological health? Also, it is important to consider whether this issue presents as a dilemma, primarily due to a difference in beliefs systems and experiences of R/S (e.g. R/S life giving for client *versus* general discomfort with organised religion for participant). In light of this, Kathy's discomfort may be more about a general discomfort with organised religion, rather than her client's choice per se; a choice that may well actually benefit her client even in the long term.

7.2.1.3 Sub-theme: "Safe territory"

There was a need for "safe territory" (Graham, p.36) in this uncharted terrain. For most of the participants, this appeared to be within the context of the therapeutic relationships. This theme describes the nature of these therapeutic relationships and how each member of the therapeutic dyad contributed to it.

Both Charlie and Graham spoke about the benefits to their work of discussing shared Christian beliefs (e.g. belief in relationship with God) and how this was important in building rapport and helping their clients to open up and move forward. Charlie said, "*…the fact that she knew where I stood and what I believed, and that we had such similar beliefs, really helped her to to open up* (p. 6). Graham commented on how he drew from his own profound experience of creating a space and offering time to allow God to speak (p.15) and shared this as a possibility for his client to think about. He described a *"preparedness"* and *"openness"* in his client to take up this suggestion (p.34). Graham described how being on *"the same page"* (p.36) with his client led to enhancement of rapport which contributed to the comfort he felt in moving into this uncharted terrain.

> *(Breathe In) I think the relationship really, that err, I had with the patient, it was err…talking about spirituality and, and there being, a safe, safe territory erm…you know, life giving territory to discuss, err, with her, so I think, I think when you're on the same page, or when you feel that your kinda getting one another↑, it can, it can kind of create that kind of rapport, it you like, so, erm…it, it didn't take us away from rapport, in fact, what it did is orientate us more towards rapport, erm, so, that was, that's what kind of contributed to the, to the comfort, that actually you can, you know you feel that there is a, a, a thickening and a, enhancement of, rapport, not a disruption to it, and I think that's what probably, kind of contributed to the err, comfort* (Graham, p. 36).

Brian commented on how validating his client's core beliefs created emotional warmth that communicated to his client that it was ok for her to be herself, which included discussing her R/S beliefs, in this setting. He noted her willingness to discuss this part of her life once that emotional warmth had been established.

> *I just see it really as, that there's one individual, me, who's validating, another individual's, core beliefs, hers, I think you know, it was as simple as that, and from that there was an emotional warm- you know that helped create a sort of emotional warmth, erm...or it deepened the emotional warmth, between us*

because.... I think, she felt I think she felt, you know, this is important to me and this person is saying you know, it's ok to be this way, in this place (Brian, p. 16)

The purpose of this sub-theme was to highlight an important characteristic of the participants' experiences; namely the value of the therapeutic relationship as a place of safety for both client and therapist. However, it is also important to note that participants seemed to find a safe space to have R/S orientated discussions in the context of relationships outside of the therapeutic dyad (e.g. with spiritual colleagues, supervisors as well as in relationship with God), as highlighted in the previous sub theme, 'careful approaches'.

7.3 Super-ordinate theme: Complex Meanings of R/S

Participants' experienced defining religion and spirituality as difficult. Descriptions were vague, for example Graham described these concepts as *"a mystery"* (p. 25) and Jane spirituality, as *"something else in the room"* (p. 7). Participants appeared to struggle at times finding the language to describe R/S, and this was conveyed by non-verbal communications and changes in speech (e.g. repeated hesitations). One of the challenges of making sense of R/S was that it was viewed as subjective in nature, with the notion that religious and spiritual beliefs are so *"individually held"* (Brian, p. 9). Kathy said "*I assume that everyone, interprets their religious, religion differently"* (p. 5). These ideas are explored further in the theme *Religion Vs Spirituality,* where the participants talked of how they tried to make sense of R/S for themselves, which included understandings of religion being something different from those of spirituality.

Participants also talked about how they understood the profession of psychology's views towards R/S. This was complex, with some regarding it to be a topic that generated anxiety for the profession, which resulted in an avoidant or dissociated relationship between the profession and this area of practice. These issues are discussed in the theme, *the profession of psychology's view*. This theme is strongly connected to the *uncharted territory* theme, as the participants present their experience of the profession as one that lacks a clear idea of R/S and how to engage with it.

Another area of complexity in defining R/S is that of making sense of the clients' relationship to R/S. Some participants found R/S matters to offer important therapeutic

potential for clients. This is developed in the theme *R/S as "life giving territory" to client*. These varied and subjective experiences of R/S, feed into the difficulty of navigating the territory of working clinically with R/S material 'in the room'.

7.3.1 Theme: Religion Vs Spirituality

This theme encapsulates the complexity of participants' definitions of R/S as distinct concepts. Religion was frequently described as organised religious institutions. These were seen by some as potentially negative and having the power to take advantage of vulnerable people. This is explored in the sub-theme *discomfort with organised religion*. In contrast, spirituality was seen as offering something potentially useful to participants, and this will be expanded upon in the sub-theme *spirituality as a connection to "something"* (Jane, p.7).

7.3.1.1 Sub-theme: Discomfort with organised religion

This sub- theme describes participants' definitions of religion and their personal feelings towards it. There was convergence in participants' understandings of the concept of religion as being associated with external organisations that influenced individuals. For example, participants referred to "*organised religion"* (Jane, p. 20) or "*institutional religious type forums"* (Brian, p. 11) that seemed to exist outside of the person. Kathy described the accompanying religious practices as mechanical, with rules and rituals that individuals were expected to partake in.

> *religion, I associate more with something that's organised, erm…so like a church or, you know, kind of, something that's… erm, an institution in society […]…Yeah or a temple, or just something to do, like you know, it's an institution isn't it with, with erm, different rituals and practices, and erm scriptures or readings associated with the religion, there's a, there's a lot of erm (Pause) mec- you know mechanics attached to the ….attached to the practice […] expectations and rules around what happens* (Kathy, p. 2).

Kathy's use of the word "*mechanics*" (p.2) conjures up ideas of religion as represented by a machine-like institution, being unthinking, void of feeling and uniform in practice. Participants expressed concerns about how these 'unthinking/uncaring' type organisations related to thinking and feeling individuals.

Brian, Jane and Kathy voiced a discomfort with religion; a *"discomfort with how religious organisations relate to people"* (Kathy, p. 14), and Brian described "*concerns about how they [R/S] might be expressed...erm through...institutional religious type forums"* (p. 11). Jane described a lack of keenness towards religion and experienced it as somewhat controlling and dictatorial of how individuals should live their lives, which may not always be helpful to the person.

> *what I find difficult about some religion… erm, is that kind of very strict doctrine about how you should behave, or should think, or should feel and actually, that's not really that helpful...*(Jane, p..22).

Kathy experienced religion as a powerful external influence with the means to increase or decrease a person's sense of their own power, or access to it. Her specific discomfort was with the way religious organisations might engage vulnerable persons, through covert or *"cloak and dagger"* (Kathy, p. 25) approaches. She talked about the possibility of religious organisations having *"ulterior motives"* to recruit people into their particular religion (p. 44), under the pretence of helping them.

> *I find it uncomfortable when I think about organised religion is is when it, its, it…it, it, might take advantage of people, who, are…you know really desperate for help, and, erm, and really desperately need help, but it's not done in a very transparent way…* (Kathy, p. 15).

Kathy experienced this lack of transparency as taking away from an already vulnerable individual's power, making them *"power-less"* (Kathy, p. 25). There was a sense that religion was something involving secrecy, thereby indicating something to be suspicious of.

Some participants' discomfort with religion appeared to result in a desire to distance themselves (Graham, Charlie & Brian) from religion evident not least in their prevalent use of the term 'spirituality' over that of 'religion' throughout their accounts. This may imply a preference for the idea of spirituality rather than religion. For example, Graham used the word religion/religious belief only three times compared to spirituality/spiritual, which was used approximately 32 times throughout his entire account in spite of questions being asked of him regarding both religion and spirituality.

Kathy described her understanding of religion as based on assumptions, *"from an outside perspective"* (p. 3), suggesting that she had very little to do with religion in her personal life. Charlie's reluctance to associate with religion is evident in the excerpt below; his desire to distance himself from religion or not to see himself in that way, is expressed in his hesitant speech pattern as well as his words. Charlie also emphasised his preference for spirituality.

> *erm (in breath) religion I I I I guess… as I've tried to indicate before, I have difficulty with that, I'd I'd… I'd like to say I'm not religious, because I don't want to be part of…..that sort of culture that just… holds onto all the forms, and and the worship with no… spirituality behind it so […] I I I'm much more…comfortable with this form of sort of spiritual than religious, 'cus it feels better to me,* (Charlie, p.21).

7.3.1.2 Sub-theme: Spirituality as a connection to "something"

Definitions and understandings of religion seemed to be easier for participants to pin down despite a preference for spirituality. Understandings of spirituality tended to be more imprecise and rooted in subjective experiences of spiritual phenomena. This theme relates to participants' personal understandings of spirituality, and their struggle to make sense of it.

Kathy, Brian, Jane, and Graham described and/or expressed a difficulty in making sense of spirituality; Jane explained that "*it's still kind of being made sense of in my own head"* (p. 15), and she regularly referred to spirituality as the *"something in the room"*

(p. 7). This was something unspecified, unknown and therefore difficult to put into words. Participants' explanations about spirituality were marked with terms like *"I guess"* (Kathy, p. 1; Jane, p. 15) suggesting a level of uncertainty surrounding these concepts. Brian took to "*loosely"* (p. 13) describing spirituality, 'loosely' perhaps because spirituality and spiritual beliefs were so personal and *'individually held"* (p. 9), and could mean *"a whole, raft, of different things to different people"* (p. 12). There were also non-verbal communications that were illustrative of difficulty in finding the words to talk about spirituality (e.g. pauses, uncomfortable laughter, hesitations and marked changes in breathing pattern). When asked to define spirituality, Graham clearly struggled with making sense of the concept exclaiming his surprise at being asked to define something so difficult (even the root word 'spirit' proved difficult).

> *Oh, goodness me... err… pass. I, I, I don't have, a notion really, I don't, I don't, I couldn't even give you a definition of spirit […](Breathe Out)... I don't really know what spirituality actually is,* (Graham, p. 23).

In spite of the difficulties experienced by participants in their attempts to give a working definition of spirituality, Jane, Kathy, Charlie and Graham were able to describe their personal experience of spirituality emphasising its subjective nature. There appeared to be much more room for expression of individuality within spirituality as compared to religion. Spirituality at times seemed to be all-embracing, and yet perhaps by virtue of being so all-embracing, somewhat elusive.

Broadly, participants seemed to experience and understand their own spirituality either as connection with others or a higher power, or as a relationship and faith in God. Jane and Kathy described their spirituality as very much being about connectedness with themselves and the world. Jane described her deep inward experience of connectedness with people and beyond that to animals, the planet and the universe.

> *I guess, for me, it's, erm, about (Pause) something bigger, than myself, erm, which I tend to call the universe (Laughs, appears uncertain) just, because that seems to fit with me, […]I've had a real, sense of connection with other people*

and, animals and the planet and in the sense of really feeling whole and part of that, (Jane, p. 15).

Graham and Charlie's conceptualisations of spirituality centred around a connection with God. Spirituality was about giving time to allow that relationship to flourish and space for God to communicate. Graham placed emphasis on forming deep connections with God referring to the person of God as "*an active, element…dimension in your life, that seeks relationship"* (p. 18). Charlie described his personal spirituality as based on his faith and fundamental beliefs in God in the person of Christ.

for me particularly it's [spirituality] about having a faith in God you know and a a a, fundamental belief in Christ and and, that (Pause) guides everything that I do, and I mean everything it it's not just you know, a part time… interest, it it it it's all or nothing for me because there's no point in in in in being half hearted, about it (Charlie p. 21).

Charlie and Jane described the positive function of spirituality in their lives. In the extract above, spirituality for Charlie was a guiding principle for his entire life; his emphasis on the word *"everything"* (p.21) in the excerpt above signifies the importance of his spiritual beliefs influencing his personal and professional life. There is a sense that there is no area of his life that his spirituality and faith in God does not permeate.

Jane used imagery which strongly captured a sense of the power of her spirituality to keep her grounded and at peace in the midst of internal and external dis-order. Jane described her daily stresses as like a *"storm"*, a *"tornado"* and a *"whirlpool"* (p. 16), which conjures up images of immense natural forces that can be devastatingly destructive. She contrasted these images with the *"peace"* and *"calm"* (p. 16), she felt through a sense of spiritual connection. This is illustrative of the strength of her spirituality being powerful enough to withstand great forces.

If I stop my head being busy with every day nonsense and stress… and work…then I can feel that connection…and that makes me…able to cope with anything else that goes on around me…and…and then, I guess the image for me about this is really strong for my spirituality…is… the sense of…if I can connect

> *to that, I feel often like a… kind of like the eye of a storm in a whirl-, kind of like a whirl pool or something, that there's this sense of calm where everything is going on around you, and it's just chaos, and it's this huge tornado, but actually you can keep this…place of….centring, of grounding, within you… despite what else is going on, including your own emotions that might be also whirling around like that,* (Jane, p.16).

7.3.2 Theme: The Profession of Psychology's view

This theme is concerned with participants' views of how R/S is understood within their profession of psychology. How they make sense of the profession's view of R/S is important contextually for how they as professionals understand its relevance for practice. Participants (Brian, Charlie, Kathy) described psychology's*, "schizoid sort of, approach to the whole business of, reli- you know spirituality"* over time (Brian, p. 14) and its recent attempts to embrace R/S.

Both Brian and Kathy discussed the discipline of psychology and its historic lack of engagement with R/S referring to an *"anxiety"* and *"craving"* within the profession to be viewed as a science (Kathy, p.23). There was a sense that if psychology fully embraced R/S the discipline would be seen as less scientific.

> *(Laughs) It* [Psychology]*tends not to I think, well, yeah, it tends not to,* [engage with R/S] *I think it's, psychology is quite, anxious not to be seen as, some sort of hoodoo, and be scientific you know sort of, I think it's quite anxious about that, and I think it would be seen, and, you know there's a there's a big tradition within, isn't there, in err....err... you know, the evolution of psychology is very, important* (Brian, p.15).

In the excerpt above R/S is pitched as being incongruent with science. Brian described how psychology has historically been concerned with being perceived as a scientific discipline and it would seem almost absurd for it to now be engaging with something like R/S. Brian's use of the word *"hoodoo"* (p. 15) suggests that R/S may well be

viewed by the discipline as aligned with folk, magic or witchcraft which may seem antithetical to the practice of psychology.

Brian and Charlie discussed how the discipline historically attracted agnostics or atheists as well as those seeking to rebel against their Christian upbringings; they "*were glad to embrace psychology…which seemed to be very scientific and very rational, and very positivist in a philosophical sense" (*Charlie, p. 18). This seemed to compound thinking around ideas regarding the lack of compatibility between R/S and psychology. Charlie referred to a *"rejection by psychologists"* of R/S and described *"hostility"* (p.19) towards religion (particularly Christianity); explaining how historically the discipline of psychology was atheistic at its core.

> *I go back more than 30 years now and and I mean psychology, as a discipline... was, intrinsically atheistic, I mean you just…just did not go with Christianity,[…]there was a very strong feeling...err, back then... that, erm.....psychology and and atheism also, almost went hand in hand.. and I mean, erm... certainly in this country* (Charlie, p. 18).

All participants described how professional psychology had recently made attempts to embrace R/S and make sense of the R/S client. Charlie conveyed a sense of relief at the recent *"sea change"* in respect of the acknowledgement of R/S beliefs (p. 18).

> *the last few years has been a a <u>massive</u> change I think actually, much more open-mindedness, erm… […] it's a much healthier community now, there's a lot more openness towards spirituality and religion, and it feels, a lot more comfortable and you you can talk about your beliefs, without being <u>shot down</u> by people these days 'cos it, it's a bit more acceptable and, a little bit more part of the mainstream […] thank goodness we're we're bringing, a bit more wholeness into into the the discipline now and it's it's more acceptable to talk about faith* (Charlie, p.19).

Charlie placed emphasis on the enormity of the change regarding inclusiveness of R/S into psychology. He portrayed this image of being "*shot down"* (p.19) in the past for discussing R/S as a psychologist, which evokes a feeling of being attacked. He contrasts

this with a current community of psychologists that is much *"healthier"* (p.19) which implies a community that is functioning better. In spite of the changes Charlie uses the terms "*a bit*" and "*a bit more acceptable*" towards the end of this excerpt, suggesting that there is perhaps still work to be done in terms of psychology fully embracing R/S.

Both Brian and Charlie recognised subsections within professional psychology where R/S was being embraced. Charlie specifically referenced BACIP; a UK-based professional organisation for practitioners, academics and students within the discipline of psychology who share in the Christian faith.

> *I've been a member of that [BACIP] for years, I mean there's lots of really, sound, people who are, you know, I mean, quite well known psychologists, in some cases, who are openly Christian and they, they talk about it quite openly, it it's lovely that, we've got at least that that sort of, witness↑ if you like within the profession to say there are people who can, combine the two* (Charlie, p.18).

Charlie implies that high standing psychologists who embrace R/S, evidence that scientist practitioners can have a religious and/or spiritual identity and maintain credibility.

Other participants described the idea of psychology as a whole endeavouring to *"get a hold of R/S"* (Brian, p. 14). Jane and Brian spoke about the rise of mindfulness in psychology which was viewed as "*a fundamental, spiritual practice",* (Brian, p. 14) and yet a practice that could be utilised in a secular way. Jane commented, *"It can be done in a secular way, so it doesn't have to be attached to a religion*" (Jane, p. 20). This approach seemed to allow R/S practice to be incorporated in psychological treatment in a way that did not take away from the credibility of the discipline, or associate it with the negative connotations surrounding religion.

> *I think the whole rise of, mindfulness training is an interesting thing in psychology, […]it took CBT to get a hold of it (Smiles) in order for it to become, acceptable and, and it is and that is, arguably you know (Pause) a <u>fundamental,</u> spiritual practice* (Brian, p. 14).

Brian discussed the advance of mindfulness based CBT, and how mindfulness has been given more validity due to being encompassed by CBT. Brian seemed to be saying that R/S needed the addition of an evidenced based therapy in order to be taken seriously.

Kathy and Jane described the way clinical psychology engaged with R/S conceptualising psychological services as systems that pathologised R/S (Kathy, p. 40; Jane p. 11) in attempts to make sense of R/S clients' expressed beliefs. This appeared to stem from messages in training as well as the lack of opportunity to explore alternative understandings of R/S; *"this is where, our training really lets us down"* (Jane, p. 8). In Jane's case, there appeared to be a feeling of disappointment associated with her training experiences as not providing her with the tools to develop alternative, accurate and informed understandings about how her clients might experience their R/S beliefs. She goes on to say how ideas around pathologizing R/S beliefs does not fit with her worldview. These kinds of differences evidence the subjective understanding of R/S and complexities in this field as Jane is manoeuvring through a profession that in her experience, has an understanding of R/S that opposes her own.

> *Erm (Pause) well I think there's kind of a… a… a sense…I certainly feel there's a sense… within (Pause) I guess within… 'cos my background is clinical psychology and I guess, my sense is within <u>clinical</u> psychology, that, these experiences are often seen as pathological… erm…and that doesn't fit with my…world view* (Jane, p. 11).

7.3.3 Theme: "Life giving territory" to client

This theme describes participants' understandings of R/S in the lives of their clients. All participants recognised R/S as a potentially beneficial component in their clients' lives. Descriptions of clients' R/S beliefs and practices were often accompanied by words such as "*resource*" (Kathy, p. 5), "*support and comfort*" (Brian, p. 10) thereby exemplifying the associated gains of R/S for their clients. Graham described spirituality as *"life giving territory"* in the context of ill health (p. 37). Where significant trials seemed to have a debilitating effect on life, be it through physical or psychological trauma or life limiting/threatening disease, R/S appeared to have the potential to

revitalise clients. The influence of R/S ideas as guiding principles in clients' lives was generally viewed as life-sustaining as it provided clients with a sense of meaning and purpose in times of tribulation, as well as a way of coping with internal and external stressors.

Graham, Charlie and Kathy spoke about their clients R/S as a guiding principle whereby R/S beliefs influenced clients in their decision making. Graham parallels R/S to a global positioning system in his client's life; the *"GPS of their lives*" (p. 28). Kathy described how her client used Buddhist teachings as a resource to help her with decision making in times of difficulty.

> *...when, erm, things got difficult, she was able to, fall back to ok, what, what do the teachings that I know from Buddhism tell me about how I deal with this kind of situation* (Kathy, p. 5).

Charlie also spoke of the overall benefits of his client's R/S beliefs. He described the total transformation his client experienced after fully embracing her Christian faith. Her life took on a completely new direction from being physically, psychologically and spiritually damaged to being *"so at peace […] physically it was like like a sheen, on on her face and, the the level of peace and satisfaction and contentment was just <u>amazing</u>."* (p. 2). Charlie attributed her improvement to re-embracing her Christian faith in terms of prayer, doctrine and church fellowship.

> *her whole life took on a <u>completely new direction</u> actually, but erm, as I say she was just <u>totally</u> <u>different</u> […]very much because she embraced the faith fully and and and was prayed for by by the the, the* [Name of place of worship removed] *she attended that, erm... so she was prayed for, ministered to by by people there, and that was very important in her life, it gave her some structure, and some stability as well* (Charlie, p. 3).

Participants explained how R/S beliefs had helped their clients to understand or make sense of themselves, their life events as well as their current situation. Brian, Jane and

Charlie spoke about clients experiencing new-found purpose in life through understanding what was happening to them in the context of their faith.

Jane's comments encapsulate how her client made sense of his situation in the context of his faith which subsequently gave him a sense of purpose. Her client actively used his faith and spirituality to make sense of his difficult past, and present life experiences and as a consequence he was able to experience psychological comfort. His faith was powerful enough to provide hope, meaning and purpose in light of the suffering he had experienced.

> *He found solace in reading the Bible and reminding himself that, actually…just because you have a relationship with God, doesn't mean that your life is happy (Laughs) and that, you don't have any problems, but that actually there was reason for that and that maybe, part of this (Pause) there wa-, there was a reason that would be made, evident to him later in his life, that he didn't understand now, and I think that that really helped him to get through that, erm… so yeah, that faith was really strong for him that somehow, this, this, this trial, which was a real trial, was was meant to… erm (Pause) either…well to help others in some way, maybe not necessarily him, but to help others in some way* (Jane, p.3).

Jane attributed the sense of acceptance her client experienced regarding the struggles he was facing to the sense of purpose he gained from his faith.

Participants found R/S associated strategies were undertaken by clients as a way of managing the internal and external stress they were experiencing. Jane explained how she often talked with her client about his beliefs as a "*coping mechanism"* (p. 5). Clients used R/S practices such as the reading of scripture (Jane, p. 3) and meditation (Kathy, p. 6) as practical sources of support in times of difficulty. Kathy spoke about how her client would use alternative therapies such as crystal healing, reflexology and reiki to help her relax (p. 11).

Kathy described how her client used meditation to help her "*deal with the noise of everyday life" (*p.5).

her religious beliefs were erm….were use, you know, that she was using them to cope in lots of different ways, meditation <u>was</u> really helpful to her in getting space (Kathy, p. 6).

7.4 Super-ordinate theme: Bringing R/S into the room

This super-ordinate theme is concerned with how participants integrated R/S into their therapy and made sense of it 'in the room'. The *complex meanings of R/S* meant that participants had to think very carefully about how to address R/S in psychological therapy, integrating it into their work in a way that was professional and helpful for the client.

This thematic area describes the various ways in which R/S oriented discussions entered into clinical practice, and how the notion to enter into this *uncharted territory* came about and progressed. R/S entered through means of invitation as a professional obligation and duty of care on the part of the psychologists. Clients also seemed to invite psychologists to take up discussion of this particular area of their lives, through more subtle means. These ideas are discussed in the theme *responding to invitations*. Participants' experiences of the logistics of understanding R/S in relation to theoretical orientations and psychological models are discussed in the theme *figuring out "where to put it"*. Finally, attention is given to how participants experienced their own R/S or non-R/S identity as a result of bringing R/S into the room in the theme *experiencing practitioner and R/S identity*.

7.4.1 Theme: Responding to invitations

This theme encapsulates how participants felt 'invited' to bring R/S into their clinical work either through a professional duty explored in the sub theme *engaging the professional self*, or through client invitation, explored in the sub theme *sensing importance of R/S to client*.

7.4.1.1 Sub-theme: Engaging the professional self

This theme encapsulates participants' engagement with and consideration of professional issues that impacted on R/S entering the room. Participants discussed the importance of valuing R/S if it was important to the client, in light of their duty to provide the best service as well as maintain an appropriate level of professionalism in their work.

Graham and Charlie who both worked in physical health settings spoke about national government initiatives that invited clinicians to ask clients about R/S as a possible dimension of their lives. Graham referred to the Holistic Needs Assessment; a national form introduced by the government with a section pertaining to psychological health and spiritual needs. He explained that there "*is a duty of care within the NHS"* to assess for spiritual needs (p. 26).

> *I generally ask err people, erm, because...erm, in the, as as part of, the... erm… needs assessment of, of patients, and both, formally on wards and in a hospital such as this, or or elsewhere, erm, there is a section on, on, on spirituality, people are asked, erm, or, the health professional they are <u>invited</u> to ask, about that dimension of people's life* (Graham, p. 8).

Graham places emphasis on the word *"invited"* which conveys a sense of a polite request, suggesting it may not always be taken up. Indeed, Graham hints at R/S discussions being uncharted territory that some professionals will not enter into because it is deemed socially 'off limits'; "*for some, folk, it's a no go area, people choose not to, it's as taboo as asking about people's, as kinda sex life"* (p. 8).

Charlie also spoke about a previous government initiative called *"The Patient's Charter […] specifying that, health professionals <u>needed</u> to, erm, be, fully aware as as well as they could be of, all the issues in their patient's lives,"* (p. 15) which included spirituality, in order to provide the best possible service for clients. Charlie was motivated by the requirement to adhere to this initiative and offered himself as a Christian therapist to those clients requesting this type of service.

> *...telling my boss there that I was a Christian, so if anybody came along that was referred to us, who specifically asked, to be seen by a Christian therapist, I'd be happy to take that person on, knowing that we'd been told, this was the way to proceed to give people the chance, to...talk about these issues, if if if they thought there were important to them, or if someone had said that, you know, I'm a Christian, I want to be seen by a Christian Psychologist, or a Christian therapist, can you please try to arrange this for me, we had an obligation to do that* (Charlie, p. 15).

Charlie seems to be implying that a Christian psychologist would understand a Christian client best, and be best placed to facilitate R/S discussions.

Both Charlie and Graham worked in physical health settings and with clients likely to be experiencing life threatening or life limiting illnesses. Kathy considered whether discussions about R/S are raised with a clinical psychologist more easily when clients are faced with an existential crisis (p. 48) and whether associated settings might raise these issues more easily (p. 27). Graham seemed to echo this thought.

> *I think it's… it's a duty of care that that I sort of… ask about it…this area of peoples' lives…and and what they might be thinking about, because I think if you're facing a life limiting or life threatening disease, and it is interesting how that can actually bring to bear, erm certain questions about, 'what's it all about?' for people...erm and it… and its… I think it would be… remiss… to… to leave that out of the frame* (Graham, p.18)

All participants agreed that providing a professional service means that it was important to value what people bring and that included their R/S identities. All participants made attempts to address R/S either by considering or acknowledging it coming in to the work, and/or supporting clients to understand their problems in the context of their faith. Charlie explained "*if it's important to the client, it it needs to be important to us as well "(*p. 16), emphasising client centred care.

....bringing spirituality in, in into sessions with clients, isn't just something that you can do, I mean in a sense, you <u>have</u> to do it, to give that person a chance to explain, what they're all about, so that you could fully understand, the kind of people they are and what's important to them and how they actually function↑ and if it is important to them you <u>can't</u>↑ leave it out, it just just does make no sense psychologically (Charlie, p.22).

There is a sense here that Charlie is almost pleading with his colleagues to be more effective psychologists by bringing R/S into the clinical context when working with R/S orientated clients. They *"can't"* leave it out, they *"have"* to give R/S oriented clients an opportunity to be understood, and it's a necessity, where it is a guiding principle in their lives. For Charlie, it was very much about offering the *"best service"* possible, something psychologists are *"required"* to do (p. 24). Graham explained that asking clients about this area of their life was simply a duty of care; there was an obligation for psychologists to create a safe space for their clients to discuss those things that were deeply important to them in order for change to occur.

it simply being a, duty of care question for me, erm, and, and and an area that I think is, is is important, err, criteria for how people understand, or for people like me helping to, getting to a place of understanding of where my patient might be coming from (Graham, p. 26).

Brian, Graham and Jane mentioned the clinical interview generally conducted in the initial sessions, as a means to finding out about what is important to their clients. Graham and Jane specifically said that this was initially how R/S came into the work with their clients, and for Jane, not only did it come into the work, but the value that the client placed on his R/S identity was made especially clear as a part of this history taking process.

So as we took this history, as part of that history was, erm the fact that he had, been, rebo:rn, that he had heard the voice of God, that, he had, that was very much part of his experience that he needed to share with me as part of his history, so that's how it first kind of came up in <u>sessions</u>...(Jane, p. 5).

7.4.1.2 Sub theme: Sensing importance of R/S to client

This sub theme explored participants' experiences of how clients brought R/S into the work. Additionally, this sub theme encapsulates the dynamic process by which participants determined the value of R/S for clients, which resulted in R/S being integrated into the therapeutic work. Although clients were primarily referred with other issues (e.g. pain), participants described how R/S came to the forefront as a crucial aspect of the work.

Both Jane and Kathy explained that their clients mentioned their R/S beliefs from the outset; "*very early on when we doing the history"* (Jane, p.5). Jane's client was very open about his faith and made it clear that it was extremely important to him and very much a part of his identity (p.1). In contrast, other participants appeared to describe a gradual sensing of the importance and value their clients placed on their R/S beliefs and practices. These participants noted the need to be alert to client 'invitations' to consider their R/S further. For Brian, this involved recognising his client's R/S attire early on which he understood to be a communication of what was important to her in terms of her, understandings of herself and the world. Brian commented that "*she wore her core construct in a very visual way"* (p. 6).

> *Whenever someone makes that sort of statement, they are, I think that's something that's inviting, erm a conversation around that, and they can always tell you if that's not the case* (Brian, p.5).

> *...when people make that sort of statement, through their attire, they're saying something and they're inviting something and, I think at least I have to find out, if the invitation is welcome or not, and in this case it was, and was you know, a very important part of ...what she believes herself to be.* (Brian, p. 20).

Kathy, Graham and Charlie described listening over a period of time to how their clients spoke about their R/S beliefs and practices. Increasingly, R/S discussions came into to

the work prompting them to consider the value of R/S to their clients, and the appropriate direction to take in terms of incorporating it into the therapeutic work.

Charlie conveyed how his client would often talk about her engagement in her local church (p. 31), revelations from God (p.36), as well as how she was being prayed for and ministered to (p. 3). They *"touched on the spiritual side of things increasingly as time went on"* (p.38); R/S aspects gradually became crucial in the work. Kathy recalled her client discussing the benefits she received from numerous alternative therapies which Kathy experienced to be linked with her client's spiritualty. Kathy also described listening to how her client spoke over time about how "*her identity as a Buddhist influenced, the choices that she, made about her life" (*Kathy, p.4), which alerted Kathy to the importance her client placed on R/S, and its subsequent inclusion in intervention strategies.

Graham described how R/S started to come into the work and how by listening to the things that his client spoke about, it gradually came to his attention that an R/S orientated way of managing her issues, was worthy of reflection (p.5).

> *spirituality began to arise really, about how, how, how, what is the important factor in that in terms of her thinking about, erm...about...erm what was happening to her, and about...her, way forward.* (Graham, p.2)

> *our sessions, began to shift, err and she began to speak more, I asked her, and she began to speak more about, about her, her beliefs, erm, within the, the the church […]spirituality and prayer was definitely a feature of her life* (Graham, p. 3).

Kathy observed that it was important to invite the client to bring in more spiritual matters, as she observed that clients may be inhibited by apprehension that the therapist will not share their beliefs, or take them seriously:

> *…pleased that she could raise it with me, erm, I think sometimes people feel like, it's not, sometimes people don't want to talk about religion I think because,*

they're not sure whether the person they are talking to is going to share their beliefs, or what kind of assumptions they'll make, (Kathy, p.13).

Brian echoed this sentiment:

.... I think, she felt I think she felt, you know, this is important to me and this person is saying you know, it's ok to be this way, in this place (Brian, p. 15).

7.4.2 Theme: Figuring out "where to put it"

This theme is characterised by how participants made sense of their R/S clients and presenting problems in association with their theoretical orientations. Some participants were able to make sense of R/S beliefs within the context of 'secular' psychological models such as CBT, whereas some described additionally adopting spiritually focused frameworks. Participants considered a range of models in their sense making process which was dynamic and flexible. Participants described making use of their clients' R/S beliefs and practices when it came to intervention strategies given that all viewed R/S as a valuable resource for their clients. Participants described a process of figuring out where R/S seemed to best fit, and which model was able to hold such complex and subjective concepts.

There was a sense for many of the participants that R/S seemed to be awkward concepts that were at times difficult to work with as they did not seem to fit easily into any of the psychological models that they were most familiar with. For example Jane remarked *"well how do we work with this?*" (p. 7) when referring to her client's faith; how is faith managed "*within a therapeutic model, cus it doesn't fit* (p. 7). As previously discussed Jane appeared let down by training for not adequately equipping her with the tools to make sense of her clients' spirituality, thereby leaving her to almost figure out for herself where to put it. Jane described a process by which she had been led towards more self-directed study in an attempt to find a model that was able to grasp and "*hold it* [R/S]" more effectively.

what the whole, process which has included this client, erm, and lots of other things, erm, has made me look a little bit more to kind of transpersonal psychology and I'm doing a lot of reading around Jung and… John Welwood

> *and looking at how to kind of integrate my spiritual practice, into therapy, erm, I feel that this is done (Pause) in way that are more helpful maybe in different, models, so gestalt, might hold that a bit better↑ certainly Jungian psychotherapy holds that a bit better* (Jane, p. 10).

Some participants talked of incorporating R/S into psychological approaches they were most familiar with; to develop an understanding of their R/S oriented clients. It appeared that no special attention was given to the fact that the kinds of beliefs they were dealing with were religious or spiritual in nature. Kathy, who worked predominantly from a narrative perspective, described how she understood her client's R/S identity and use of meditation in times of difficulty, to be a helpful narrative in her client's life.

> *in terms of how her religious beliefs fit in with that, erm, they wouldn't fit in a particular, way, they would just be part of, her sort of network of stories* (Kathy, p. 43).

> *the narrative around her practicing meditation, that <u>may have</u> been, a counter narrative that might have been helpful in kind of, balancing out, the dominant problematic narratives …*(Kathy, p. 32).

Brian described being influenced by the *"Kellian tradition"* (p. 13), and personal construct theory, and as such viewed R/S beliefs as core beliefs, psychological constructs developed by individuals to help them make sense of the way the world works. Brian supported his client by validating how she might be feeling and by creating a space for her talk about the things that were important to her (i.e. core). Brian differentiated between the psychological language he used, and the *"religious language"* (p.9) his client used to make sense of the same set of beliefs; for him it was simply *"just a different way of putting it*" (p. 9), R/S remained a core construct, no different from any other kind of core construct.

> *that's what I construe, I mean she's talking about her core beliefs... it's talked about in religious and spiritual terms, but I I I <u>use</u> a different, you know I use a*

> *different language erm, in order to describe that, I I use psychological language,* (Brian, p. 9).

The idea of having a 'tool box' of strategies to help clients was developed by Charlie, Graham, and Jane, all of whom worked in physical health settings. Charlie described a *"tool box approach*" (p. 28) by which he decided on what might be helpful for his R/S oriented client, an approach he experienced as dynamic and intuitive.

> *they tell me their story, and I think 'ok', I think I know what might help there, I think that might be useful there, so and you just try to to to gi-, it's like a tool box approach, you just take out the right tool for the right job basically, and a number of tools if you need to, for various issues that they bring along* (Charlie, p 28).

After ruling out ideas about R/S beliefs being pathological (i.e. *"psychotic breakdown"* p. 9), Jane drew on a variety of models to develop a shared understanding of her client's problems. She understood her client's presenting problems primarily in the context of a CBT trauma focused model, and re-integration of new self. R/S beliefs and practices were viewed as helpful narratives and coping mechanisms which supported this re-integration process, and gave meaning to her client's new sense of self, following traumatic events. She also talked about the gestalt model as a way of 'being' with her client in therapy which enabled her to *"sit more in sessions*", and accept what was coming into the work and *"let whatever needs to unfold, unfold"* (p. 16). She described how she made sense of her client's beliefs.

> *aspects of his, religious experience, aspects of his, faith, erm, we would kind of break that down into different things that we could describe as coping really, or sources of support, or strength, so like, the relationship with the people that he had at church, like the fact that he has these messages for people is about meaning in his life,[…] his faith allowed him to understand that life is suffering[…] and, once you separate yourself from that, erm, in terms of expecting it to be anything other than that, then actually you can deal with that, so I think that's how we, kind of looked at his faith, in those ways…to kind of*

> *enhance his psychological wellbeing and adjustment to, this new self, and new life really* (Jane, p. 11).

Charlie and Graham who both identified as being spiritual, described a psychological understanding which drew on secular models, but also perhaps more explicitly than other participants, more deeply addressed R/S aspects. Charlie described how he understood his client's complex presentation in the context of what appeared to be a biopsychosocial- spiritual model. He attributed her physical pain to a communication of the underlying emotional and significant spiritual difficulties she was experiencing. Charlie also described *"going in first of all with a loving approach"* (p.44) explaining that there is "*a lot we can learn from that side of Christianity about the way we're supposed to behave … in loving others and, seeing the best in them* (Charlie, p.44).

Charlie later described how he moved away from 'secular' models as such saying, the "*spiritual side of things became the framework, the model if you like"* (p. 27), as he could not make sense of what was happening to her except in the context of her faith; he *"couldn't avoid the spiritual aspects, it was just so important in terms of her psychological presentation"* (p. 2). Given that they had a shared faith and understanding of the Christian gospel, Charlie was able to support her in accepting that her difficult and complex past had been forgiven. Having a shared faith seemed crucial in developing a shared understanding from a Christian perspective, and helping his client to move forward.

> *He's [Christ] made provision for <u>everything</u> that can happen to us in life, good good and bad and I mean I think she was able to.....<u>surrender</u> what had happened in the past because she knew that...it was all forgiven, it could all be put behind her and she could have a totally new life, and I think the fact that.....she knew I believed that encouraged her to to to truly embrace it as well, erm...and and and just to move forward and and completely change her direction which, which she did you know* (Charlie, p. 8).

Graham made use of Acceptance and Commitment Therapy (ACT) to understand the *"value"* of spirituality in his client's life, and how helping her to *"enact*" (p. 28) these values was *"an important factor in her thinking"* (p. 2) and key in her finding *"herself*

absolutely more grounded" (p.8). Graham described how this value based approach was more appropriate when working in physical health settings where goals for example *"to get better"* may not be appropriate. Supporting the client to enact her spirituality seemed key to improving her psychological health.

> *it's clear↑ that actually, her spirituality, in this case was a, was a very, significant value to her,[…]we know from resilience work and wellbeing work that actually people…erm, when they have that, that sort of ca-, capacity to enact their values, what's important, people feel richer, people feel better, erm, because they…are living authentically, I think, in a way that honours them…* (Graham, p. 28).

One of the ideas that came out of Graham's discussions about spirituality with his client was the idea of spiritual discernment, an activity he described practicing in his own life. They developed a shared understanding of what this meant and discussed ways in which to help this process happen, this involved "*actually almost stepping back from the world really, and taking, taking time away"* (p. 3), to discern God's voice in the midst of everything that was happening to her. This appeared to be a way in which Graham was supporting his client to enact her spiritual values.

> *Discernment from, from how, as I, as I, as how we, constructed it I guess, ...it was an err... an a... an activity....with the focus, and aim, of (Long Pause) allowing...the, sense of, God, allowing God, I guess, to, communicate, err, and, give, direction and purpose... erm...and, meaning, to to what was, was happening to her, erm, and err allowing that to kind of, become an influential erm...fe- feature of how she understood all of this* (Graham, p.3).

7.4.3 Theme: Experiencing Practitioner - and R/S - identity

This theme captures participants' experiences of their practitioner and R/S identities when addressing R/S in their therapeutic work. Whilst some participants described primarily experiencing themselves as scientist practitioners, others recalled how bringing R/S into the room included introducing the R/S part of themselves into the

work. Participants experienced challenges in managing boundaries between different aspects of their professional and spiritual identities. R/S oriented participants also described experiencing surprising spiritual and professional development, as a result of R/S being brought into the work.

Brian and Kathy remained primarily within their professional practitioner roles in their work and very much aligned themselves with their identities as psychologists. Kathy explained how she experienced herself as an NHS professional and representative who was required to provide evidenced based therapies that were influenced by an NHS orientated world view. She used the word *"filter"* (p.18) on various occasions to describe herself in her role, and this was linked to ideas about ensuring that what clients received from the service, was 'NHS approved'. However, as mentioned in a previous theme (i.e. shady areas), this may not always be helpful to clients who have different beliefs systems; in this case, an eastern way of seeing the world.

> *the information that was available in the NHS, space that I use, it is from a particular perspective so I am filtering stuff a little bit and it made me think about my own role, and censor-, censorship and what's ok for people to have and what's not ok* (Kathy, p.19).

Brian explained; *"my job is to understand her understanding"* (p.9) and it was about recognising what his own system of understanding was; the principles, procedures organisation of a psychologist, and using that to understand that of his client's R/S system. The extent to which Brian saw his role as a psychologist is evident in his prevalent use of psychological language throughout his account (e.g. R/S beliefs as psychological constructs). He recognised that his *"take on it [R/S beliefs] is very psychological…I'm a psychologist, so it's, a set of constructs"* (p. 13).

Jane, Graham and Charlie described two kinds of roles or identities within them that at times either appeared to compete or overlap with one another. Jane conveyed a struggle between two competing identities; the part of her that was a scientist practitioner, and the part of her that was spiritual. She described feeling *"split"* (p. 8) at times and struggled to integrate these two parts of herself together, and into her clinical work. She explained how the spiritual part of her connected with that of her client's R/S beliefs,

which provided that sense of comfort that she described experiencing from her spirituality. However, the scientist practitioner part of her was keen to rationalize, justify and come up with a more logical explanation for her and her client's spiritual experiences.

In the excerpt below Jane moves back and forth between understanding her experiences in the context of these two identities. She reflected on her experiences using psychological terms such as the possibility that she was colluding with the client, but then would revert back to more spiritual ideas about there being something bigger at work that had brought them together:

> *is this because there's something bigger than both of us that has brought us together at this time, or is this, actually, I'm a bit fragile, he's got a really strong faith and, that I'm buying into and there's a bit of collusion going on here and my boundaries are a bit blurred because I'm feeling a bit fragile and I need to… feel better, so… as I say there's, there's a part of me, that is that, kind of clinical psychologist who is trying to be a scientist practitioner, that is saying yeah, there was a whole host of, dynamics going on there, in the relationship, because we were both a bit fragile, and…and then the other part of me that has a strong spiritual belief, was like no, we, there was something else going on*…(Jane, p. 13).

Although Graham did not report any explicit tensions in being a psychologist who also identified as spiritual, it was evident that he did make efforts to remain in his role as a scientist practitioner. He emphasised that the role was a "*clinical role"* and that the work had *"clinical aims"* (p. 13). It seemed important to Graham to maintain boundaries between the role of the practitioner (i.e. his position in this context), and that of a spiritual director, the latter whose job it was to provide support for clients on religious and/or spiritual matters.

> *leave psychology to the psychologists...and I will have, due regard, for somebody who can, err, do spiritual direction very well […] I approach, the difference with, with humility and, due regard, because I think there is a difference* (Graham, p. 22).

In spite of this perspective, it was apparent that Graham did make use of the spiritual part of himself in his work despite seeming attempts to downplay this. Indeed, Charlie noted that there is often an overlap in the roles (p.27) and this seems particularly evident where psychologists also identify as being spiritual. In the excerpt below, Graham accounts for how he channelled discussions so as to provide something helpful for his R/S oriented client, as well as maintain his professional identity in his work by avoiding theological discussions.

> *my my role is, is not in an ev- evangelical role, it's a, it is a clinical role, and it's about, steering people in particular directions, rather than actually, erm....identifying what are, sort of dogmatic truths in Christian theology, or not, and, so I I didn't, I didn't, I didn't, my empha-, my emphasis, in my, in my sense, in my self was to actually, what was going to be productive for, for her, so...intres-, interestingly, it's it's possible then to, to, to hold, particular views, oneself or for one's self, but actually, in in in the plane, in the space between, there is possibility of, what a person can do, drawn on from their spirituality, and maybe a little bit of, a few ideas from me, as to, as to how it can be, informative and and, helpful, and that steps away from, a requirement of a belief in a particular...err, you know faith, or or theology,* (Graham, p.13).

Charlie and Jane spoke about the process of integrating their spiritual and practitioner identities. These involved periods of spiritual and professional development which were influenced by their interactions with their clients. Charlie experienced a *"turning point*" (p. 21), a *"breakthrough"* (p.23) and the beginning of "*the interaction between church life and work life* (p.40) when first praying for his client. In this instance, Charlie seemed to embrace and make use of both his practitioner and R/S identity in his work.

> *....it opened a door↑ for me and I realised, hang on the the there's scope here for, for Christian ministry to people within the sessions↑, erm that I had with people, I'd never thought of that before,* (Charlie, p. 23).

Charlie explained the benefits of work that addressed R/S, in that it was two way (i.e. benefiting both client and practitioner). He explained how his personal faith, confidence

and skill in integrating his spirituality into his work, appeared to get stronger as a result of R/S being brought into his clinical work.

> *in a way we sort of grew together and we supported each other in an odd sort of way, even though I was the therapist, I mean she was also, helping me*↑ (Charlie, p.34).

> *…it was a real blessing to have someone like that because she, gave me insight from her experience and I I, grew spiritually, as a result of working with her…*(Charlie, p. 4).

Jane similarly described a kind of personal "*spiritual awakening*" (p. 14) which was informed partly by the presence of R/S in her work with this client. The spiritual connection she experienced in her work prompted her to work through some unhelpful messages she had received in her childhood, with regard to her own spiritual experiences. Bringing R/S 'into the room' stimulated further reading and discussions with colleagues around how she might integrate the spiritual and practitioner parts of herself. Jane described how she moved from a place of conflict and need to rationalize her experiences, towards one that enabled her to *"sit more in the sessions and just accept that this was what was coming up in the sessions"* (p. 16). She explained; "*now I have a much stronger, sense of connection, with erm, with something bigger than myself…* (p. 9). Since completing the work, she was now "*a little bit more open to things"* (p. 16) regarding spirituality. Jane concluded that integrating spirituality into her clinical practice remained an ongoing process.

> *I feel like the last three or four years there's been a gradual kind of, erm, spiritual awakening in me, and, erm…I'm still struggling to manage it, in my practice, […] doing a lot of kind of reading, around, other areas of psychology and, and therapy is helping me to think about how I might integrate that,* (Jane, p. 14).

8 Chapter Eight: Discussion

The current study aimed to explore how Clinical Psychologists experience and interpret interactions with religiously and/or spiritually committed clients in the clinical context. This included how they experienced clients' R/S beliefs as well as their own R/S or non- R/S identity impacting on, and in relation to, their clinical work. A review of the previous qualitative literature revealed there was little detailed evidence of how Clinical Psychologists in the UK were actually including R/S issues in their clinical practice, therefore a phenomenological approach was chosen to explore this phenomenon at a detailed experiential level. The analysis identified three superordinate themes: Uncharted territory; Complex meaning of R/S and Bringing R/S into the room. Each of these super-ordinate themes contained various themes and subthemes (Figure 3). These findings will be discussed in regard to the main research aim in light of existing literature. Special attention is given to how participants experience their clients', as well as their own beliefs in relation to their clinical work. Clinical and research implications will also be considered.

8.1 Interactions with R/S committed clients in the clinical context

Participants experienced therapy with R/S committed clients as travelling into uncharted territory. This was dynamically associated with complex understandings of the meaning of R/S, and their experience of bringing R/S into therapy without any clear guidance. The experience fostered feelings of apprehension regarding the uncharted territory, and uncertainty concerning the diverging understandings of R/S. This necessitated careful consideration as to how to integrate such difficult concepts into the work in a way that was professional and helpful to the client. Previous research has reflected these findings to some degree with clinicians finding it difficult to make sense of R/S in therapy (Crossley & Salter, 2005; Elkonin et al., 2014), with concerns about having R/S orientated discussion (i.e. is it safe to talk about R/S in therapy) (Magaldi-Dopman et al., 2011; Miller and Chavier, 2013; Wagenfeld- Heintz, 2008). However, none have so explicitly highlighted or conceptualised the experience of R/S accommodative therapy as being akin to entering into uncharted territory, and how the feeling of apprehension

informs and is informed by a dynamic relationship between a lack of consensus regarding the meanings of R/S, and its effects on interactions with R/S committed clients.

The idea of R/S orientated therapy being akin to entering uncharted territory was novel, and depicted how participants worked carefully with R/S beliefs as core beliefs for their clients. This experience may suggest that R/S beliefs represent a unique kind of belief that is less familiar to clinicians, thereby requiring a cautious approach. The notion of treading carefully was reflected in gentle, open minded approaches and reassurance from others (e.g. colleagues, spiritual counter parts), to ensure the work was moving in the right direction. Previous findings have mirrored the benefits of adopting tentative and open minded approaches (Blair, 2015; Miller & Chavier, 2013; Scott, 2013), as well as working more collaboratively sometimes with spiritual leaders (Laher & Ismail, 2012).

The value of a good therapeutic relationship on the process of therapy was understood as safe territory. Discussing R/S, and participants sharing their own R/S beliefs enhanced the therapeutic relationship helping to build rapport within the dyad. Similarly, Blair (2015), Jacobs, (2010) and Magaldi-Dopman et al. (2011) found having open discussions about R/S enhanced the therapeutic alliance and thus clinical outcomes, leading clinicians to adopt approaches which primarily sought to enhance the therapeutic relationship. These findings suggest actually discussing R/S and making use of the R/S material where it appears relevant and important to the client, is beneficial to the work. As clinicians hold this in mind during their work, it may well help relieve any initial anxiety about entering into such uncharted terrain.

Interactions seemed to be complicated by differences in how participants understood R/S for themselves, their clients and the discipline of psychology. R/S was difficult to define and understandings were deemed to be individually held suggesting that each new client presented new uncharted territory. Similar to existing research, R/S were understood to represent different but related phenomena (Elkonin et al., 2014; Jacobs, 2010); and the idea for participants, of religion bringing about discomfort was supported (Magaldi-Dopman, et al., 2011; Wagenfeld- Heintz, 2008). Spirituality was particularly difficult to define in the current study (e.g. connectedness to ‘other’, ‘something’ in the

room) which was in line with previous findings (Crossley & Salter, 2005). Additionally, participants seemed much more comfortable with spirituality; indeed therapists are much more likely to describe themselves as spiritual rather than religious (Delaney et al., 2007). Participants recognised the life-giving value of R/S for their clients (i.e. R/S having the ability to impart life and/or vitality), whilst holding in mind the discipline's historical view of R/S being incompatible with the science of psychology. The tenuous relationship between psychology and R/S as well as the neglect of R/S in clinical training has been recognised by others (Blair, 2015; Brown et al., 2013; Elkonin et al., 2014). Such variety of attitudes and views towards R/S in the midst of interactions with clients, added a further need to tread carefully so as to avoid making assumptions about what R/S meant for each person. Participants experienced making sense of R/S concepts and how they relate to practice as an ongoing process, a process that could be supported through further guidance on a strategic and operational level.

Whether the subject of R/S was introduced as part of a formal assessment form or by the client, participants viewed this as an invitation that conferred a professional obligation for them to address R/S in therapy. Indeed, various professional codes of practice advocate this (e.g. BPS, 2009). Integrating R/S into therapy constituted a duty of care to value what was important to the client. Other findings report how clinicians respected the importance of R/S to clients by choosing to intensively address R/S in therapy themselves (Coe et al., 2007; Johnson et al., 2007; Scott, 2013), or by making the executive decision to refer onto a spiritual director (Crossley & Salter, 2005; Elkonin et al., 2014; McVittie & Tiliopoulos, 2007). Such variety of responses may well be informed by differences in level of competence in addressing R/S in therapy (Elkonin et al., 2014), personal significance of R/S to the therapist (Jacobs, 2010), or messages on training about R/S being incompatible with psychological therapy (Brown et al., 2013).

All participants sought to interact with R/S to the degree of including it in their understandings of their client, figuring out for themselves without any clear guidance how to integrate R/S into existing secular, or R/S orientated models. Both kinds of approaches have been discussed in the published literature (Anderson et al., 2015; Malgaldi-Dopman et al., 2011; Miller & Chavier, 2013). The participants who used a combination of secular (e.g. CBT) and specific R/S orientated approaches (e.g. prayer),

were those working within physical health settings. Clients here are likely to present with significant physical and emotional difficulties which in turn impacts social aspects of their lives. Such complex presentations may have elicited this kind of flexibility in approach to formulation and intervention; such a relationship has not been reported in the literature and would need to be explored further.

8.2 Clients' R/S beliefs impacting on therapy

Participants understood R/S beliefs and practices to be life giving territory for clients in terms of guiding them through difficult times and providing meaning and new found purpose in the midst of emotional turmoil. R/S has long been viewed as a potential resource for clients (Brown, et al., 2013; Laher & Ismail, 2012; Ocampo Hoogasian & Gloria, 2015). Clients' R/S material was utilised in the therapeutic work to inform formulation and intervention strategies (e.g. R/S useful framework for making sense of client issues, helpful counter narrative). Participants commented that for R/S committed clients, addressing R/S and seeking to understand client's issues in the context of their faith, was a useful way of understanding the clients better and supporting them more fully. This is perhaps particularly important where clients' R/S beliefs are deeply and historically rooted in culture and traditions (Bell-Tolliver & Wilkerson, 2011; Ocampo Hoogasian & Gloria, 2015; Vandenberghe et al., 2012). Clients' R/S practices were also enlisted to ensure therapy was moving in the right direction (e.g. prayer cemented work, guided decisions, reassurance from church fellowship). It has been noted that interventions that make use of R/S material can be superior to or at least as effective as secular interventions for religious clients (Post & Wade, 2009; Worthington & Sandage, 2001). These findings highlight the potential benefits of integrating clients' beliefs and practices into the therapeutic work.

Some participants experienced R/S clients as being confident in expressing the meaning of R/S in their lives whereas other participants described drawing out this meaning, through sensing and attending to clients' subtle cues and invitations. This approach by clients might be understood in terms of fears about how they might be received. Religious clients have expressed concern regarding secular trained therapists, fearing they might be misunderstood, experienced as pathological or ridiculed by agnostic or atheistic therapists (Worthington, 1986). Wagenfeld-Heinz, (2008) reported on how

clients sometimes would *"hint around to see if it's safe"* (p. 344) to discuss R/S. Where clients feel unable to discuss R/S, therapy may remain at a superficial level which is likely to lessen the effect of psychological therapy. Participants in the current study experienced clients as willing and open to discuss R/S once given 'permission' do to so, suggesting clinicians need to be mindful of the power dynamics at play giving ample opportunity for clients to discuss what is important to them.

For some participants, clients' R/S beliefs and/or practices contributed in part to ruptures or dilemmas during the therapeutic work (i.e. clash of belief systems). Brown et al. (2013), Magaldi-Dopman et al. (2011) and Morrison and Borgen (2010) reported how at times clinicians found client R/S beliefs a source of tension, hindering the therapeutic work at times particularly when client beliefs clashed with their own beliefs. In the current study, these 'Shady areas' were overcome with the use of supervision, authentic conversation with the client in the safety of the therapeutic relationship, as well as the use of therapeutic techniques such as bracketing. Indeed, other clinicians have reported using techniques such as person centred approaches (Brown et al., 2013), setting aside of assumptions (Blair, 2015) and supporting clients to re-examine their understandings (Jackson & Coyle, 2009) with positive outcomes. The use of these techniques suggests that psychologists have the skills available to them to manoeuvre through challenges brought about by client's R/S material in spite of any specific R/S teaching on training. Additionally, despite differences in R/S beliefs, therapy can still be effective where client's R/S beliefs are viewed as important within the work (Post & Wade, 2009).

8.3 Clinical Psychologists' R/S or non- R/S identity in relation to clinical work

Participants experienced their own R/S identity as helpful in their clinical work as it provided direction implicitly (e.g. guiding principle) and explicitly (e.g. praying aloud) for the work. Morrison and Borgen (2010) reported on how clinicians found they felt better able to support and relate to clients when they had a faith of their own. Participants explained how disclosing their own R/S beliefs helped clients to open up about issues and feel understood, fostering a sense of safe territory. Zenkert and Brabender, (2014) reported how clinicians self-disclosed to help clients feel less alone in their belief systems. This begs the question, are R/S psychologists better equipped to

provide therapy to R/S committed clients? One participant in the current study appeared to interpret his experience in this way (i.e. client therapist matching of beliefs is important). Existing literature suggests that where clients are highly religious, they preferred therapists with similar religious values (Worthington & Sandage, 2001). However, Post and Wade (2009) found that where the interventions were matched to the client's R/S orientation, client therapist matching was less important for better outcomes.

Coe et al. (2007) reported how Christian Psychologists believed that their faith added a beneficial and deeper level to their work (e.g. able to attend to spiritual as well as psychological health) that non-Christians psychologists are not able to achieve when working with R/S committed clients. It could be argued however that those therapists without a personal R/S commitment are in some ways better able to support clients in R/S accommodative therapy. Indeed, in other studies R/S oriented therapists have spoken of the internal conflict they experience at times in wanting clients to know a different God; their God, whilst recognising their responsibility to respect their clients own belief system (Jackson & Coyle, 2009; Scott, 2013). Those therapists without a personal R/S may be free of such conflicts leaving them in a position to better support clients to find their own R/S path in therapy. This is an area worthy of further exploration.

Participants who identified as most religious or spiritual took on a tool- box approach making use of secular as well as more spiritually focused approaches (e.g. transpersonal, Jungian, John Welwood, Christ –like model, spiritual discernment). This relationship was found in much of the qualitative literature exploring this phenomenon (Coe et al., 2007; Miller & Chavier, 2013; Morrison & Borgen, 2010). This may well suggest that for those psychologists identifying as spiritual, R/S was likely to be integrated into their work on a deeper level, as it was a part of their personal life, however this hypothesis would need to be explored further. R/S orientated participants expressed concern about bringing their own spirituality into their clinical work fearing their fitness to practice might be questioned or that therapeutic discussions may become too theologically based. In these instances, the very meaning or sense of therapy could be lost (Brown et al., 2013). Self- disclosure was experienced as risky with the possibility of having a negative effect on the work, as was having any kind of spiritual

experience in sessions; participants were keen to maintain boundaries and professionalism. Thus participants adopted strategies such as channelling discussions, discussing work with peers in the interest of accountability as well as finding ways to implicitly integrate their faith (e.g. sharing what they knew about R/S without explicit focus on their personal beliefs). Many of these concerns were echoed in the existing literature and were addressed by use of accountability as well as implicitly integrating faith (e.g. silent prayer) (Gubi, 2009; Jackson & Coyle, 2009; Miller & Chavier, 2013; Scott, 2013). It is possible that these concerns arose from negative messages on training and a general neglect of R/S issues by the discipline of psychology in the past (Elkonin et al., 2014; Fontana, 2003).

Participants reporting no R/S commitment experienced themselves primarily as scientist practitioners or NHS ambassadors, drawing mainly on the system of psychology (e.g. secular models or paradigms within the NHS) to understand their R/S committed client. Participants adopting this approach reported predominantly positive experiences and outcomes in their work, however the rupture described in the theme 'shady areas', appeared to be experienced as a clashing of world views; the NHS *versus* the client's eastern philosophical way of seeing the world. This exemplifies the need for clinicians to remain flexible in their approaches and mindful of the bigger systems at play. The idea of the NHS paradigm clashing with R/S orientated clients' world views, is one not previously discussed in the existing literature.

This idea of clashing of world views was experienced internally by those participants reporting R/S identities, as a tension between the scientist practitioner and R/S parts of themselves (e.g. how much can I draw from/experience my personal spirituality in the work?). Relief from such tensions was sought in part through discussions with other R/S committed colleagues. Various studies have highlighted the importance of therapist self-care when addressing R/S in therapy, where clinicians have sought to maintain their own spirituality in their work through holding fast to their own R/S beliefs and practices in their private lives (e.g. personal meditation) (Gubi & Jacobs, 2009; Miller & Chavier, 2013; Ocampo Hoogasian & Gloria, 2015). Therapist R/S beliefs and practices were helpful in aiding them to tolerate difficult emotions and difference in others (Vandenberghe et al., 2012), and holding these beliefs also enabled some to set aside assumptions about their clients (Blair, 2015), evidencing another way in which R/S

beliefs were helpful in the work. R/S oriented participants reported personal spiritual growth as a result of their work, a phenomenon not uncommon with other R/S oriented therapists (Blair, 2015; Tillman, et al., 2013), suggesting that not only can addressing R/S in the clinical context benefit the client, but also the therapist. For participants integrating the practitioner and spiritual parts of themselves, this remained a journey of personal and professional development influenced by their work with R/S committed clients, and the changing face of psychology as it seeks to embrace R/S.

8.4 Limitations

Utilising a qualitative, case study approach yielded detailed and rich understandings about how Clinical Psychologists experience addressing R/S in clinical practice, which contributes to existing knowledge in the field. However, the findings of the current research need to be interpreted with care and in light of the following limitations.

8.4.1 Participant Sample Characteristics

IPA methodology requires a sample that is homogenous which in this case was qualified practicing Clinical Psychologists employed by the NHS, working with R/S committed clients where discussions about R/S came into the work. One criticism of the current sample was the heterogeneity of the NHS services within which participants worked (i.e. physical health, mental health and neurology). Practicing in different service settings may have produced fundamentally different experiences for each participant. The current study employed a self- selecting sample; therefore participants' decisions to take part in the study may well reflect inherent biases. It is possible that participants in the study may have been those feeling most comfortable in their therapeutic role, hence the experiences of those clinical psychologists who felt most challenged, may have been under-represented. It is argued however, that responses in the current study captured the essence of some of the difficulties experienced by psychologists in therapy that addresses R/S. The proportion of male participants in this study is greater than might be expected given that the majority of individuals embarking on clinical psychology training, and subsequently professional practice in the UK, are female (BPS, 2004). However, there was no reason to expect that the responses to working with R/S would be gendered, and indeed there was no evident patterning of the data in line with gender

in the results. It is crucial to note that qualitative studies are inevitably limited in terms of generalising to other contexts (Smith & Osborn, 2003), therefore it is important not to over-interpret the experiences of the participants included in this study as being indicative of the wider population.

8.4.2 Data Collection and Analysis

There were two occasions during the interview process where participants requested further reassurance that their anonymity would be protected, as well as that of their client. One participant described being careful not to disclose too much about their client during the interview process to ensure client anonymity. Participants were reassured that the focus of the research study was their experiences of the clinical work and not client details; where client details were divulged these were removed or carefully disguised. It is possible however that those participants may have been selective about the information they shared in the interview impacting how much detailed information could be elicited by the researcher. In spite of this, it was observed that for all participants, the interview presented as a rare opportunity to discuss their clinical work which some described as therapeutic likely contributing to a richness of data. Whilst participants spoke about the more general difficulties of their work, it is noted that there were few specific examples of negative aspects of working with clients' R/S issues. As participants were being interviewed by someone in their profession, it is possible that they may have been reluctant to discuss negative aspects of their experience.

As the researcher was a novice in using IPA, the elicitation of rich data may have been hindered; however attempts to address this limitation were made through the practicing of interview techniques and regular supervision with someone experienced in IPA to a published level. Supervision was also used to check the plausibility of themes and reflexivity applied to bring awareness of own biases and assumptions. The interview schedule was amended as appropriate to enhance the quality of data elicited and follow-up interviews were conducted where it was felt more detailed data was required, and where time permitted. At times, the nature of working within a busy NHS setting put constraints on the time participants could give to being interviewed, which may have

impacted the level of detail elicited. Each participant was asked to discuss their work with one client. There is a possibility that participants may not have selected a typical case to discuss, so findings may not reflect work across their practice. However, IPA is a method seeking depth rather than breadth, and restricting accounts to work with one client, enabled greater depth.

8.5 Clinical Implications

Despite the limitations, the current study offered interesting areas for consideration with regards to clinical psychology training, service provision and professional practice.

The discipline of psychology has historically neglected R/S. More effective inclusion of R/S issues in Clinical Psychology training should be considered in order to develop trainee competence and foster helpful attitudes towards R/S, likely to positively impact professional practice. Trainees may benefit from having time to reflect on the profession as well as their own attitudes towards R/S as it relates to their clinical practice. This might include discussions around their personal R/S development and issues of self-disclosure. Teaching around the use of R/S orientated assessment and formulation tools as well as other aspects to consider when working with an R/S committed clients might also prove useful.

Evidence supports the integration of R/S into clinical practice, yet there is little guidance on how to do this and clinicians report finding it difficult. Whilst there are policies available that draw attention to the need to respect individual differences (e.g. BPS, 2009), there is a need for more detailed guidance to support clinical psychologists addressing R/S in practice thus promoting professional accountability. This could be achieved by applying changes to policies based on the findings of evidence based and peer reviewed published literature in the field. Additionally, policy providers could work collaboratively with existing professional organisations (e.g. BACIP) that are already having discussions about how psychology and psychological therapy relates to R/S, to enhance psychological health care services.

Clinical Psychologists may benefit from an ongoing space within the NHS to discuss experiences of addressing R/S in practice with other professionals who also have an interest in working with R/S, promoting continued professional development. For example this might be in the form of a reflective practice group where relevant research or case study material can be discussed, thereby keeping R/S as it relates to clinical work on the agenda. In general, Clinical Psychologists need to be mindful of how attitudes and views towards R/S; theirs and the clients, may impact the process of therapy, and benefit from making use of the resources available to them to discuss these issues. Whilst participants in the current study described an anxious experience of addressing R/S in the clinical context, they did make use of professional skills and knowledge likely gained on training in their work (e.g. developing therapeutic relationships and alternative ways of thinking, integrative formulation, and reflexivity). Therefore, whilst concepts such as R/S might be experienced as difficult or unfamiliar, psychologists should be confident in their ability to apply what they have learnt in training in spite of the presence of R/S material.

8.6 Recommendations for Future Research

The current study highlighted the inherent complexities associated with making sense of R/S as well as the challenging experience of addressing R/S in clinical practice. Whilst the findings add to the current UK based literature, they also highlighted aspects of this unique experience that may benefit from more detailed exploration for provision of effective psychological services within the NHS.

The current findings suggest that various factors might be associated with how, and to what extent R/S enters into the clinical work; these aspects might be worth exploring further in order to improve the experience of therapy for clients and subsequent clinical outcomes. Participants considered whether R/S was more likely to enter into the work where clients presented with life threatening/limiting problems, a common presentation in physical health settings. Indeed, the current study identified more explicit integration of R/S into clinical work by Clinical Psychologists working with clients in physical health settings; this may be of significance. Future research could explore this idea further to gain a greater understanding. Other areas for potential research linked to

clinical formulation include exploring how R/S oriented models compare to secular models in terms of making sense of the R/S orientated client and their presenting problem. Do R/S beliefs represent a unique kind of core belief that requires an R/S specific model to aid the sense making process? Another area to explore might be how clinicians having and/or sharing R/S beliefs of their own in therapy impact the process of integrating R/S in therapy?

The current study highlighted that those participants who reported holding R/S beliefs and engaging in R/S practices, more explicitly addressed R/S in their work. Future research could explore how such clinicians become confident in addressing R/S in therapy and how this relates to their own R/S development, as well as how they manage competing identities (i.e. scientist practitioner and spiritual). Participants described experiences of seeking out specialist supervision (i.e. peer supervision with Christian colleagues, clinical supervision with Christian manager) which begs the question, is specialist supervision a necessity when seeking to more deeply address R/S in psychological therapy? Research exploring the experiences of clinicians discussing R/S accommodative therapy in clinical supervision would be useful to better understand how clinicians can be supported further.

Finally, the current study identified that addressing R/S in therapy was an anxious experience for clinicians; participants also suspected that it may well be an anxious experience for some clients as well. Future research exploring in detail the experiences of clients in R/S accommodative therapy, in the context of the NHS, might be useful to inform improvements to their overall experience and therapy outcomes.

8.7 Conclusion

A renewed interest in R/S in the therapeutic context and a call for practicing psychologists to be culturally competent in terms of respecting their clients R/S beliefs and practices, has provoked a need for relevant and up to date research in this area. The current study explored Clinical Psychologists' experiences of addressing R/S in therapy using IPA in order to analyse in depth accounts. The findings revealed the complexity of the concepts religion and spirituality, which in turn was associated with a general sense of apprehension when addressing R/S in therapy. Whilst integrating R/S into the

clinical work brought about some challenges, R/S was also found to be helpful in therapeutic work when integrated with care. These findings highlight the need for further consideration of how psychological services are run, as well as how R/S competencies are developed.

The overall aim of this thesis was to explore how R/S are being addressed and integrated into therapy through understanding the experiences of psychological therapists working with R/S committed clients. This aim was addressed in two parts, via a systematic review of recent qualitative research on psychological therapists' experiences of addressing R/S in therapy, and more specifically through exploring Clinical Psychologists' experiences of working with R/S committed clients. It is believed that the overall aim of the thesis was achieved.

The review presented an analysis of the findings of qualitative literature on this topic, as well as a summary of themes exemplifying the experiences of therapists. This resulted in some research implications as it was identified that R/S accommodative therapy continues to remain somewhat elusive, and a challenging experience for therapists in light of their own R/S or non- R/S beliefs and attitudes. The review also emphasised the lack of research detailing the views of psychological therapists practicing within the UK. The empirical research addressed these implications by providing detailed accounts of what R/S accommodative therapy actually looks like from the perspective of UK based Clinical Psychologists. The empirical report highlighted how the complexity of the context within which such therapy occurs, can bring about challenges and a need to tread carefully. Whilst the empirical findings provide novel insights into some of the ways in which Clinical Psychologists in the UK integrate R/S into their work, further research is needed to build upon this.

8.8 Reflexivity

Within this section I will reflect upon my experiences of conducting my research project. These reflections are founded upon a reflective journal I kept throughout the project.

8.8.1 Background to Study and Project selection

As a Christian, R/S was an area that interested me and as an aspiring psychologist I often wondered about how these aspects might intersect with my professional practice. My own experiences in clinical practice with clients who brought R/S into the work prompted me to explore this area further, to find out more about how clinicians were addressing R/S in their work. I had some initial reservations about conducting a study in this field as I had some awareness of pre-existing narratives about R/S and psychology being somewhat incompatible. I wondered how my research might be received, and whether it would be taken seriously by those in the profession. However, as I began to immerse myself in the relevant literature I quickly found that interest in R/S and psychological wellbeing had grown in recent times. I experienced R/S and non-R/S committed peers and colleagues as interested in talking, and hearing about this as a topic. I also received positive feedback from SURG about my proposed research, and collectively these experiences inspired me even more to explore R/S in psychological therapy. At an early stage, I recognised that my personal experience of R/S, and my professional curiosity about the topic, could be a source of potential bias when it came to deciding on the research question, therefore I addressed this by questioning my choices and discussing these with my supervisor.

8.8.2 Research Design, Review and Participant Recruitment

As I wanted to know how R/S was being addressed in the therapy room in detail, a qualitative approach seemed the best fit. Framing the question around the therapists' experiences lead me to choose IPA. I was new to IPA and had some apprehension about using this method as I anticipated that the analysis would take a significant amount of time, given that each interview transcript was to be analysed individually before synthesising the data. However, I remained motivated and I was also excited about taking on a new challenge and the opportunity to develop as a researcher.

I experienced gaining ethical approval from the university and relevant trust R & D department as a relatively smooth process. I found feedback from SURG helpful as it strengthened my motivation to go ahead with my proposed research, and comments from a peer review helped me firm up my research plans. I had hoped to recruit

approximately six participants from within one trust, however I was only able to recruit two. I decided to extend recruitment to a second trust where I gained a further three participants to bring the number to what I felt was enough participants for an IPA study, and this was supported in the literature (Smith, Flowers & Larkin, 2009). My experience of recruiting participants emphasised the unpredictability of this process at times and how it is important to allow time for participant recruitment.

8.8.3 Interview Process

I developed my interview schedule through discussions with my supervisor, reading literature in the field and looking at other examples of interview schedules. I was keen to develop questions that were relevant to my research aims, and ones that appropriately guided participants, yet questions that were sufficiently open to enable participants to tell their individual stories. Piloting my interview questions helped me refine the schedule and as discussed in Chapter 6; Section 6.3.1, my interview schedule evolved over time. I recognised the importance of sensitivity to context and allowing for flexibility when developing interview schedules which carried through into the interview context where they served as an aid, as opposed to a rigid set of guidelines.

I was nervous going into my interviews, questioning whether I would be able to elicit detailed accounts. I also considered the dynamics between myself as a novice researcher and aspiring psychologist, and that of my participants who were qualified Clinical Psychologists with experience in conducting research and interviews. I wondered whether my participants would be making judgements about my interview skills. These thoughts became less of a concern to me as I progressed through my interviews, settled into my interview style and observed how participants appeared immersed in their accounts and reflections. It was encouraging to hear the rich and interesting accounts that participants shared as well as their feedback on how they had enjoyed the opportunity to reflect on their clinical work. In many ways, participants being Clinical Psychologists likely added to the depth of their accounts as they were well versed in adopting thoughtful and reflective approaches in their clinical work.

One way in which I developed my interview technique was to recognise differences between clinical interviews and interviews for research. When reflecting on my first interview transcript in supervision, I read occasions where I would summarise participants views and share my reflections as I might do in my clinical work. I realised

quickly how this was not necessarily helpful in a research context and as the interviews progressed I adopted a stance, of allowing participants space and time to reflect for themselves and tell their individual story. Smith, Flowers and Larkin (2009) described interviews as being like one sided conversations where the interviewer does not say much in order that the participants can tell their story.

Keeping a reflective diary throughout the research project was helpful specifically when it came to conducting interviews. Not only did it support me in developing my interview technique as discussed earlier, but it enabled me to acknowledge my own thoughts and feelings in relation to what the participants were saying. There were times where I felt that I shared similar views with that of my participants, and there were also times where my views strongly differed, and this was notable particularly regarding their views and understandings of R/S. Keeping a reflective diary helped me acknowledge and set aside my own biases, so that as far as possible they did not interfere with the dynamics of the researcher-participant relationship and subsequent data. I found it helpful to remind myself of my research aims, which were about finding out their individual experiences, understandings and interpretations which was ultimately what ignited my interest in this field in the initial stages. Reflecting on such experiences in this way enabled me to be more fully present in my interviews, meeting each participant where they were at as they shared their lived experience.

8.8.4 Analysis and Write Up

I transcribed my interviews which helped me become more familiar with the data and I found guidance from Smith, Flowers and Larkin (2009) useful in helping consider the content of these transcripts in different ways. On my first attempt at coding an interview transcript I coded everything in the transcript, which left me with a significant amount of codes that were not necessarily very interpretative in nature. Through supervision I learned the importance of coding what was relevant to my research aims, and that analysis was much more than just summarising what participants had said. I began to further understand my position as a researcher trying to make sense of the participant making sense of their experience, which led to codes and subsequent themes that were more interpretative in nature. With each interview analysis, I became more confident in making interpretations that I felt were evidenced by, and grounded in the data, which also included letting go of some initial interpretations that appeared to be unsupported.

As I immersed myself in data analysis, I felt overwhelmed at times, not least because this process took far longer that I had anticipated. At times I was concerned with how I was going to continuously move between the part and the whole on so many levels (e.g. between the individual interview, and the research project as a whole). I was simultaneously concerned that I might forget the main themes and ideas from previously analysed interviews, yet I was also aware that I wanted to understand the individual lived experience which meant bracketing off ideas from previous transcripts as far as possible. I found it helpful to employ strategies that in many ways almost freed me up to more organically engage in this iterative process which I found interesting. For example, I took breaks between each transcript analysis, and following each analysis I developed a thematic map as well as a written summary of the themes for each participant.

Having another person i.e. my supervisor involved in the research process was vital and I found this particularly important during the analysis stages, as well as when it came to writing up my research. My supervisor read drafts of my work, viewed interview transcripts, thematic maps and we regularly engaged in discussions about my findings to safeguard as far as possible against biases and unfounded interpretations. One of my biggest challenges in the writing up stage was communicating ideas in a concise and digestible manner. I attended academic writing classes held by the university, and found it helpful to read published literature. My supervisor provided helpful feedback on drafts of my work and encouraged me to find my voice as an academic.

8.8.5 Conclusions

On completion on my research, my findings have encouraged me to remain passionate about R/S and psychological therapy as an area where there is still plenty to be explored and understood on many levels. It has been an interesting journey, challenging, yet rewarding and motivating. This research has felt all consuming at times, and whilst my motivation to 'keep going' has generally been a strength, a significant learning point for me personally has been realising the importance of taking breaks and looking after my own well-being. Professionally, this experience has laid some significant foundations for me as a researcher in my own right, and I have also experienced the journey as positively informing and impacting my clinical work. I look forward to disseminating

my findings, pursing more research in the future, and ultimately helping to enhance the quality of psychological therapy.

9 Chapter Nine: Appendices

9.1 Appendix A: Data Extraction form

Article Title:	
Publication Date:	**Country:**
Participant Demographics Clinicians: Total No. Participants Gender: Male Female Religion/Spirituality (e.g. religion and/or spirituality?): Age Range: Ethnicity:	
Research Question/Aims:	
Context (e.g. therapeutic orientation, health problem, specific R/S intervention used)	
Methodology: **Data Analysis:**	
Key Findings (Explicit themes stated):	
Notes	

9.2 Appendix B: CASP Qualitative research checklist

10 questions to help you make sense of qualitative research

How to use this appraisal tool

Three broad issues need to be considered when appraising the report of a qualitative research:

- **Are the results of the review valid?**
- **What are the results?**
- **Will the results help locally?**

The 10 questions on the following pages are designed to help you think about these issues systematically. The first two questions are screening questions and can be answered quickly. If the answer to both is "yes", it is worth proceeding with the remaining questions.

There is some degree of overlap between the questions, you are asked to record a "yes", "no" or "can't tell" to most of the questions. A number of italicised prompts are given after each question. These are designed to remind you why the question is important. Record your reasons for your answers in the spaces provided.

These checklists were designed to be used as educational tools as part of a workshop setting

There will not be time in the small groups to answer them all in detail!

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Screening Questions

1. Was there a clear statement of the aims of the research?

❒ Yes ❒ Can't tell ❒ No

HINT: Consider

- What was the goal of the research?
- Why it was thought important?
- Its relevance

2. Is a qualitative methodology appropriate?

❒ Yes ❒ Can't tell ❒ No

HINT: Consider

- If the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants
- Is qualitative research the right methodology for addressing the research goal?

Is it worth continuing?

Detailed questions

3. Was the research design appropriate to address the aims of the research? ❒ Yes ❒ Can't tell ❒ No

HINT: Consider

- If the researcher has justified the research design (e.g. have they discussed how they decided which method to use)?

---

4. Was the recruitment strategy appropriate to the aims of the research? ❒ Yes ❒ Can't tell ❒ No

HINT:Consider

- If the researcher has explained how the participants were selected
- If they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study
- If there are any discussions around recruitment (e.g. why some people chose not to take part)

5. Was the data collected in a way that addressed the research issue?

❒ Yes ❒ Can't tell ❒ No

HINT: Consider

- If the setting for data collection was justified
- If it is clear how data were collected (e.g. focus group, semi-structured interview etc.)
- If the researcher has justified the methods chosen
- If the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews were conducted, or did they use a topic guide)?
- If methods were modified during the study. If so, has the researcher explained how and why?
- If the form of data is clear (e.g. tape recordings, video material, notes etc)
- If the researcher has discussed saturation of data

---

6. Has the relationship between researcher and participants been adequately considered?

❒ Yes ❒ Can't tell ❒ No

HINT: Consider

- If the researcher critically examined their own role, potential bias and influence during
  (a) Formulation of the research questions
  (b) Data collection, including sample recruitment and choice of location
- How the researcher responded to events during the study and whether they considered the implications of any changes in the research design

7. Have ethical issues been taken into consideration? ❒ Yes ❒ Can't tell ❒ No

HINT: Consider

- If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained
- If the researcher has discussed issues raised by the study (e.g. issues around informed consent or confidentiality or how they have handled the effects of the study on the participants during and after the study)
- If approval has been sought from the ethics committee

8. Was the data analysis sufficiently rigorous? ❒ Yes ❒ Can't tell ❒ No

HINT: Consider

- If there is an in-depth description of the analysis process
- If thematic analysis is used. If so, is it clear how the categories/themes were derived from the data?
- Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process
- If sufficient data are presented to support the findings
- To what extent contradictory data are taken into account
- Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation

9. Is there a clear statement of findings?

❒ Yes ❒ Can't tell ❒ No

HINT: Consider

- If the findings are explicit
- If there is adequate discussion of the evidence both for and against the researchers arguments
- If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst)
- If the findings are discussed in relation to the original research question

10. How valuable is the research?

HINT: Consider

- If the researcher discusses the contribution the study makes to existing knowledge or understanding e.g. do they consider the findings in relation to current practice or policy?, or relevant research-based literature?
- If they identify new areas where research is necessary
- If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used

9.3 Appendix C – Results of CASP Checklist

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
Screening Questions																						
1 Clear statement of the aims of the research?	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**
o The goal of the research	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
o Why it important	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
o Its relevance	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
2 Is a qualitative methodology appropriate?	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**
o Seek to interpret actions and/or subjective experience of participants	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
o Is qualitative the right methodology for addressing research goal	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Detailed Questions																						
3 Research design appropriate to address the aims of the research?	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**
o Research design justified	Y	Y	Y	Y	Y	C	N	N	Y	Y	Y	C	Y	Y	Y	Y	Y	Y	Y	Y	C	Y
4 Was the recruitment strategy appropriate to the aims of the research?	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**C**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**
o Explained how participants were selected	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y
o Explained why participants selected were most appropriate for study	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	C	Y	Y	Y	Y	Y	Y	Y	Y
o Discussions around recruitment	Y	Y	Y	Y	Y	Y	Y	C	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y
5 Was the data collected in a way that addressed the research issue?	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**C**	**Y**	**C**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**
o Setting for data collection justified	Y	Y	C	Y	Y	C	N	Y	Y	Y	Y	C	Y	C	Y	Y	N	Y	Y	C	Y	C
o Clear how data was collected	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
o Method chosen justified	Y	Y	N	Y	Y	C	C	C	Y	C	Y	C	Y	Y	Y	Y	Y	Y	Y	Y	C	Y
o Methods explicit	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	C	Y
o Methods modified during the study; if so how and why	Y	Y	C	Y	Y	C	C	C	Y	C	Y	C	Y	C	Y	Y	C	Y	Y	Y	Y	Y
o Form of data clear	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
o Saturation of data discussed	C	Y	Y	Y	Y	N	N	N	C	N	C	N	Y	N	Y	Y	N	C	Y	Y	N	C
6 Relationship between researcher/participants adequately considered?	**Y**	**Y**	**N**	**Y**	**Y**	**C**	**C**	**C**	**C**	**C**	**Y**	**C**	**Y**	**C**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**
o Researcher critically examined own role for bias and influence;	Y	Y	N	C	Y	C	C	N	C	C	Y	C	Y	C	Y	C	C	C	Y	C	C	Y
o Responded to events/implications of any changes to research design	Y	Y	C	Y	Y	C	C	Y	C	C	Y	C	Y	C	Y	Y	Y	Y	Y	Y	Y	Y
7 Have ethical issues been taken into consideration?	**C**	**Y**	**Y**	**Y**	**Y**	**C**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**C**	**Y**	**C**	**C**	**Y**	**C**	**Y**	**Y**	**Y**
o Sufficient details of how research explained to participants	N	Y	Y	Y	Y	C	N	C	Y	C	Y	C	Y	N	Y	N	N	Y	C	Y	Y	Y
o Researcher discussed issues raised by study (e.g. consent)	C	Y	Y	Y	C	Y	Y	Y	Y	Y	Y	Y	Y	Y	C	N	Y	Y	C	Y	Y	Y
o Approval sought from ethics committee	C	Y	Y	C	C	C	Y	C	C	Y	C	Y	C	C	C	C	C	Y	C	Y	C	C

8 Was the data analysis sufficiently rigorous?	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**C**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**
o In depth description of analysis process	Y	Y	N	Y	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
o If thematic analysis, clear how categories/themes derived from data?	Y	Y	Y	Y	Y	C	Y	Y	Y	Y	Y	C	Y	Y	Y	Y	Y	C	Y	Y	Y	Y
	C	C	C	Y	Y	C	N	Y	C	Y	C	C	Y	Y	C	Y	C	Y	C	C	Y	C
o Explained how data presented was selected from original sample	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	C	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
o Sufficient data presented to support findings	Y	Y	Y	Y	Y	Y	N	Y	Y	C	Y	C	Y	Y	C	Y	C	Y	C	Y	Y	Y
o Contradictory data taken into account	Y	Y	Y	Y	Y	Y	C	N	C	N	Y	C	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
o Researcher examined own role (e.g. analysis/data presented)																						
9 Is there a clear statement of findings?	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**
o Findings explicit	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
o Discussion of evidence for and against researchers arguments	Y	Y	Y	Y	Y	Y	Y	Y	Y	C	Y	C	Y	Y	C	Y	C	Y	C	Y	Y	Y
o Researcher discussed credibility of own findings (e.g. triangulation)	Y	Y	Y	Y	Y	Y	N	N	C	Y	Y	C	Y	C	Y	Y	Y	Y	Y	Y	C	Y
o Findings discussed in relation to original research question	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
10 How valuable is the research?	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**C**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**
o Discussed contributions to existing knowledge/understanding	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
o Identify new areas where research is necessary	Y	Y	Y	Y	C	Y	Y	N	Y	C	Y	N	Y	C	N	Y	Y	Y	Y	Y	Y	Y
o Discussed whether/how findings transfer to other populations	Y	Y	Y	Y	C	Y	Y	Y	Y	N	Y	C	C	Y	Y	Y	C	Y	Y	Y	Y	C

Key
Yes = Y
No = N
Can't tell = C

9.4 Appendix D: Example of analytic process

Critical Literature Review- Table of codes

ARTICLE TITLE	NO.	DATA – PARTICIPANT EXTRACTS	INITIAL CODES
Elkonin et al., 2014	6	I don't know how to define spirituality and what it really is because I think that that's a bit of a contestable kind of definition...	Spirituality difficult to define
		…they seem to be vastly different things. …the concept of religion, it would normally have some … label…where spirituality… can be more of a generic kind of term or experience that, people may have. That's what I would see, I would … see as basically the differences.	Religion and spirituality different
		I must say the word religion also conjures up rules and regulations and fixed ways of doing things and fixed people that you do it with ... ...religion feels so strict and impersonal. It is easier to be spiritual than to be a religious person.	Religion as rigid/difficult (rules, regulations)
		…religion is a structured, external framework… …it implies an organized faith and I suppose in, in essence it is what we've said that it is given a name and it is that implication of a certain kind of structure to it…	Religion as organised, external
		...I think spirituality is personal and private and internal. ...my sense of spirituality is very tied up in Christianity...I know many people would see it as a religion but...I prefer to see it as a relationship...	Spirituality tied up in Christianity Spirituality about relationship/internal
		…religion would be the philosophy that governs your values, your principles, your … way of life… …but spirituality, I see it as more identifying with a higher being, but not being prescriptive and saying who that higher being is, just knowing that there's a reason for things…	Religion governs life (external influence) Spirituality gives meaning
		...spirituality grows whilst religion might still stay the same. ...it doesn't necessarily change over time but your spirituality might change, it may grow and develop over time.	Religion and spirituality different
		...religion is an institution ... it provides a way to indoctrinate, whereas if you look at spirituality in its pureness, there isn't really any indoctrination that can happen. ...spirituality is being very, knowing myself and having a solid kind of foundation with who I am and then being able to connect some of that with people...	Religion and spirituality different Religion external influence, spirituality about relationship
		...how you capture them (religious rules) then becomes part of your spiritual make up....you internalize what you are doing so it might be different levels.	Relationship between religion and spirituality

ARTICLE TITLE	NO.	DATA – PARTICIPANT EXTRACTS	INITIAL CODES
		...spirituality would be the way you've internalized that religion that would then be the way you then practice it.	Relationship between religion and spirituality
		we can have the same religion, we can go to the same church, worship the same thing, but our level of worship or our level of understanding and belief in that differs. ...perhaps religion as well, it's, it's the whole practicing of different forms um, some people would, uh, combine traditional ways of belief systems, like you believing in ancestors and you still combine together Christianity and that forms the spiritual life...	Levels of religiosity
		...you take it at the client's pace. ...it's a similar view of you not initiating but if the client brings it to therapy, you are willing to go as far as they, they want to go.	Being led by the client
		...most of our clients also, um, have a sense of "what's my purpose?"' and you know, "where am I going?," "who am I?", and that has spiritual implications ...so I find, you know, its pretty difficult not to discuss those, those matters...	R/S discussion unavoidable
		...not to bring it (religion and spirituality) up unless the client approaches that area first or indicates that that is where they want to go. ...its that imposing that becomes the actual problem, when you've got your own agenda and your own advice or your own guidance is influenced by what you believe and not really what is best for that person.	Being led by the client Ethical considerations (hidden agendas)
		...it's the essence that people need, if you ... keep it like neutral, it doesn't matter what, religion they belong to, then you should be able to give a message and motivate and encourage and help them feel better...	Overcoming challenges (different beliefs)
		...if I was asked is it part of your psychological practice, I can't honestly say I'm trained as a Christian counselor or as a spiritual counselor so I don't even qualify to do such a job. ...we're psychologists, we have trained and have certain competence and ... if someone wants to read a scripture, to understand scripture, maybe we (are) not the best people.	Ethical considerations (considering competence)
		...but if it comes like maybe they are, and you feel like you can't cope with it then you have to kind of refer. ...referral to a pastor ... was actually quite something, because it brought our counseling into a whole new level when, when they came back.	Overcoming challenges (refer to pastor)
		...we were taught, and I say "taught," it was by implication that um religion and spirituality is never used, you don't, go that way, that was the message that I got. ...you come back to your training and that's why it is a, a sensitive issue because certain people are told don't bring in religion...	Messages from training (don't discuss R/S)

ARTICLE TITLE	NO.	DATA – PARTICIPANT EXTRACTS	INITIAL CODES
		...but you know I wasn't trained in, in this sort of context here...doesn't feature at all ...this is I think one of the areas that are, that isn't really taught or addressed and yet we've, we find that it's such a big part of therapy.	Messages from training (don't discuss R/S) R/S important in work

Example of codes blown up ready to be cut out and organised

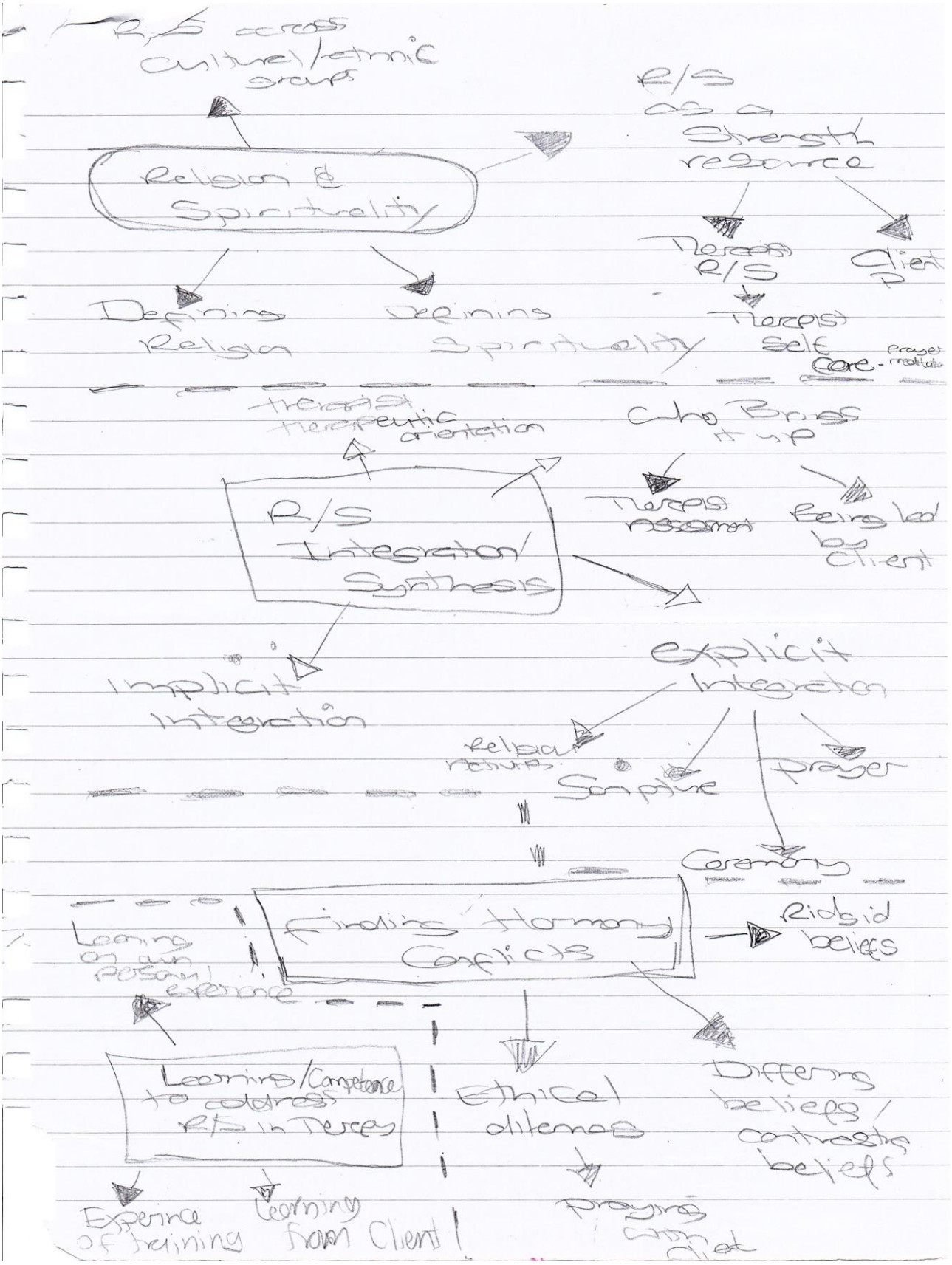
INITIAL CODES
Spirituality difficult to define
Religion and spirituality different
Religion as rigid/difficult (rules, regulations)
Religion as organised, external
Spirituality tied up in Christianity
Spirituality about relationship/internal
Religion governs life (external influence)
Spirituality gives meaning

INITIAL CODES
Religion and spirituality different
Religion and spirituality different
Religion external influence, spirituality about relationship
Relationship between religion and spirituality
Relationship between religion and spirituality
Levels of religiosity
Being led by the client
R/S discussion unavoidable

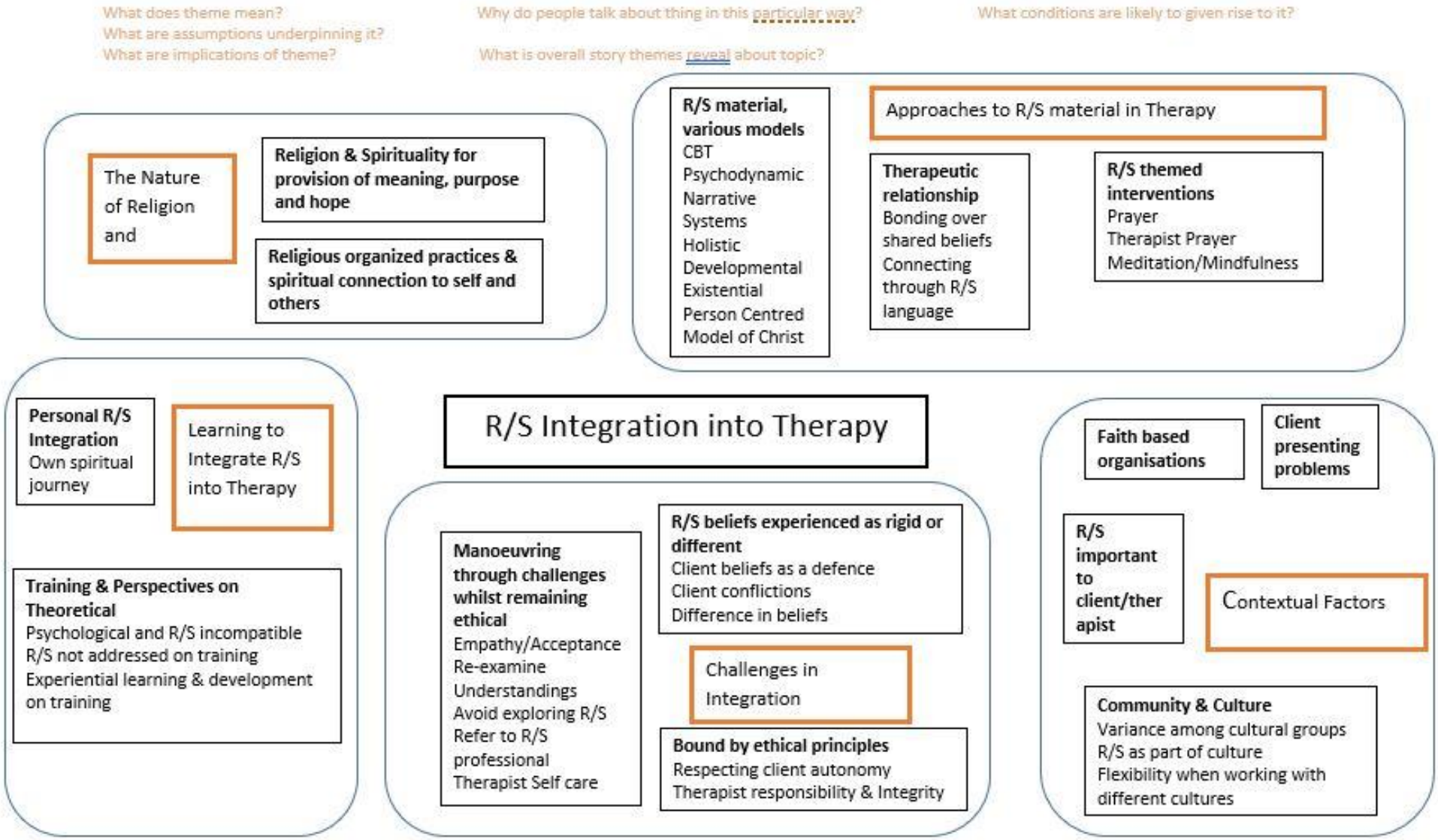
INITIAL CODES
Being led by the client
Ethical considerations (hidden agendas)
Overcoming challenges (different beliefs)
Ethical considerations (considering competence)
Overcoming challenges (refer to pastor)
Messages from training (don't discuss R/S)
Messages from training (don't discuss R/S)
R/S important in work

Organising Codes/ Initial theme board (colours represented different articles for easy reference of example quotations

Notes detailing some early thematic ideas



Early conceptual overview of thematic analysis



9.5 Appendix E: Participant Demographic Information for review papers

Demographic Results of Participants in review papers (Article Descriptors Used)

ID	Author(s)/Date/ Country	Total participant No.	No. female	No. Male	Ethnicity	Marital Status	Country /States Represented	Age Range (Years)	Therapeutic Orientation/ Approach	Years of Experience	Participants with R/S beliefs/ affiliations (No. or %)	R/S Orientation
1	Bell-Tolliver & Wilkerson (2011) USA	30	21	9	African American	NS	**Texas** Arkansas Kansas Georgina Indiana California	20-70 **46-55**	NS	2-30+ **11-15**	100%	**Protestant** Charismatic Pentecostal Christian Christian Scientist
2	Blair (2015), UK	9	6	3	NS	NS	UK	42-85 Mean 57.4	Psychodynamic Integrative Humanistic Person-Centred Transpersonal Psychoanalytic Rational Emotive Behavioural Therapy	6-35 Mean 17.3	100%	**Christian** Quaker Buddhism Spiritual
3	Brown et al. (2013), South Africa	15	NS	NS	**Caucasian** Xhosa Coloured Sesotho	NS	South Africa	NS	NS	Average 6.63	14 out of 15	**14 Christian** No R/S

ID	Author(s)/Date/ Country	Total participant No.	No. female	No. Male	Ethnicity	Marital Status	Country /States Represented	Age Range (Years)	Therapeutic Orientation/ Approach	Years of Experience	Participants with R/S beliefs/ affiliations (No. or %)	R/S Orientation
4	Coe et al. (2007), Hong Kong	15	12	3	Chinese	NS	Hong Kong	26-65	NS	1-35	100%	Protestant Evangelical Catholic **Christian**
5	Crossley & Salter (2005), UK	8	4	4	NS	NS	UK	NS	Eclectic Cognitive-Behavioural Person Construct Systematic Community Psychology	3 months-24 Mean 11.75	Unclear	Alignments with Religion Atheist Values distinct from transcendent
6	Elkonin et al. (2014), South Africa	15	NS	NS	**Caucasian** Xhosa Coloured Sesotho	NS	South Africa	NS	NS	Average 6.63	14 out of 15	**14 Christian** No R/S
7	Gubi (2009), UK	19	Unclear	Unclear	NS	NS	Great Britain	NS	Humanistic, Behavioural, Psychodynamic, integrative, solution-focused, neuro-linguistic programming, transpersonal, psychosynthesis	NS	NS	NS
8	Gubi & Jacobs	5	5	0	NS	Single **Marrie**	Great Britain, Greece	30s-60s	Person-centred transpersonal	5-25	100%	All Christian

ID	Author(s)/Date/ Country	Total participant No.	No. female	No. Male	Ethnicity	Marital Status	Country /States Represented	Age Range (Years)	Therapeutic Orientation/ Approach	Years of Experience	Participants with R/S beliefs/ affiliations (No. or %)	R/S Orientation
	(2009), UK					**d**			Existential Phenomenological CBT Solution focused Psychodynamic Gestalt			
9	Jackson & Coyle (2009), UK	11	10	1	**White British** German Descent	NS	**Great Britain** Germany	35-65 Mean-52	NS	9-26 Av. 15	Unclear	C of E Respect others Agnostic Buddhist Christian Atheist Humanist Belief in spiritual
10	Jacobs (2010) USA	40	24	16	**White** African American Hispanics Asian Biracial Unknown	NS	USA (Various States)	46-72 Mean 53	**Psychodynamic** **Psychoanalytic** Psychoanalytic Psychotherapy Plus various other orientations	2-35 Mean 17	Unclear	Religious affiliations and R/S practice
11	Johnson et al. (2007), USA	12	5	7	**White** Latino Cajun	**Married/ cohabiting**	USA (Oklahoma)	38-62 Mean 49.58	**Psychodynamic** **Family Systems**	12-30 Mean 21.25	Unclear	Buddhist Unitarian Episcopalian Presbyterian

ID	Author(s)/Date/ Country	Total participant No.	No. female	No. Male	Ethnicity	Marital Status	Country /States Represented	Age Range (Years)	Therapeutic Orientation/ Approach	Years of Experience	Participants with R/S beliefs/ affiliations (No. or %)	R/S Orientation
						Single Gay			**Eclectic** Holistic Phenomenological Constructive-developmental Cognitive			Disciples of Christ Evangelical Christian Non-affiliated Mennonite
12	Laher & Ismail (2012) South Africa	10	10	0	Unclear	NS	South Africa	NS	NS	NS	100%	All Muslim
13	Magaldi-Dopman et al. (2011) USA	16	11	5	Irish Polish-American Eastern European **European-American** Greek American Polish Latino Italian-American Caucasian	NS	USA	28-67 Mean 47	**Psychodynamic** Psychoanalytic Interpersonal CBT Integrative Eclectic	2-41 Mean 24	Unclear	**Jewish** Atheist Agnostic Catholic Eastern Philosophy Greek Orthodox Episcopal Spiritual

ID	Author(s)/Date/ Country	Total participant No.	No. female	No. Male	Ethnicity	Marital Status	Country /States Represented	Age Range (Years)	Therapeutic Orientation/ Approach	Years of Experience	Participants with R/S beliefs/ affiliations (No. or %)	R/S Orientation
14	McVittie & Tiliopoulos (2007), UK	6	3	3	NS	NS	Edinburgh/UK	NS	NS	5-18 Median 7	Unclear	Church of Scotland Atheist **No religious affiliations (Agnostic/Atheist)**
15	Miller & Chavier (2013), California	17	11	6	Latino **White** Asian African American Iranian American Afghani American White/Latino	NS	California/USA	NS	NS	NS	100%	Buddhist **Catholic** **Protestant** Hindu Muslim Jewish Latter-day saints
16	Morrison & Borgen (2010), Canada	12	9	3	European Canadian South African Hispanic Chinese Canadian	NS	British Columbia/ Canada	28-70 Mean 48	NS	5-24 M12.5	100%	**All Christian** Roman Catholic Protestant
17	Ocampo Hoogasian &	10	5	5	Latino descent	NS	Mid-Western-United States	28-73 M44.4	NS	4-33 M13.5	NS	NS

ID	Author(s)/Date/ Country	Total participant No.	No. female	No. Male	Ethnicity	Marital Status	Country /States Represented	Age Range (Years)	Therapeutic Orientation/ Approach	Years of Experience	Participants with R/S beliefs/ affiliations (No. or %)	R/S Orientation
	Gloria (2015), Madison											
18	Scott (2013), UK	22	16	6	White	NS	UK	35-70	NS	NS	100%	All Christian
19	Tillman et al. (2013), Nebraska	12	6	6	**Caucasian** African American	NS	Mid- Western, USA	26-82	NS	1-50	100%	**All Christian**
20	Vandenberghe et al. (2012) Brazil	27	27	0	Latina	NS	Central Brazil	NS	Behavioural CBT Psychodynamic Experiential	1-34 M 9.26	100%	**Roman Catholic** Evangelical Christians Logosophists Kardecist Spiritists
21	Wagenfeld- Heintz (2008), USA	30	14	16	NS	NS	Michigan, Mid-Western, USA	NS	NS	NS	100%	Jewish Christian Spiritual beliefs (Inc. Protestants, Roman Catholics, Jewish, Non-affiliated believers)
22	Zenkert & Brabende	14	10	4	NS	NS	Philadelphia Area, USA	NS	NS	4-30 Mean 20	NS	NS

ID	Author(s)/Date/ Country	Total participant No.	No. female	No. Male	Ethnicity	Marital Status	Country /States Represented	Age Range (Years)	Therapeutic Orientation/ Approach	Years of Experience	Participants with R/S beliefs/ affiliations (No. or %)	R/S Orientation
	r (2014) USA											

NS = Not stated

Bold =Majority

9.6 Appendix F: Participant Information Sheet

EXPLORING CLINICAL PSYCHOLOGISTS' EXPERIENCES OF ADDRESSING RELIGION AND SPIRITUALITY IN CLINICAL PRACTICE.

PARTICIPANT INFORMATION SHEET (VERSION 2)

Volunteers Needed

I am a Psychology research student; Master of Philosophy in Psychology (MPhil) interested in exploring how Clinical Psychologists address religion and spirituality in their clinical work. I am inviting Clinical Psychologists to take part in the study if they have previously worked with a client for whom religion and/or spirituality were important. Volunteers will be asked to talk about their work with this client as well as reflect upon how their own religious/non-religious/spiritual identity may have impacted on their work.

What is the study about?

Religion and Spirituality (R/S) issues are important to the majority of service users. Policy for service provision states this should be respected. However there is little focus on this in Clinical Psychology Training, and few guidelines on how to implement policy. Incorporating relevant R/S issues in therapy may have a positive effect on the therapeutic alliance and treatment outcomes. There are few detailed reports of how Clinical Psychologists address R/S issues in their clinical practice. This study aims to explore and provide in depth accounts of how Clinical Psychologists have worked with a client for whom R/S beliefs have been important. It is hoped that the findings will have implications that could inform clinical training and practice.

If I take part, what will it involve?

If you decide to take part you will have to opportunity to talk directly to the researcher about the study and have any questions answered. You will be invited to take part in an individual interview at the University of Leicester or at your place of work where possible. During the interview you will be asked to talk about your experiences of working with a client for whom R/S was important. Written consent will be obtained and will include permission to audio-tape and to use extracts from interviews in the study write up. The interview is likely to last approximately 60-90 minutes. Interviews will be

transcribed, analysed and written up in a final report. It is hoped that the findings will be submitted for publication in an academic journal and submitted to the University of Leicester as part of the principal researcher's MPhil programme. Participants and clinical colleagues will also be offered a summary of the findings. The study has received ethical approval from the University of Leicester.

Confidentiality of Information

The information provided by each participant will remain confidential and the anonymity of all involved in this study will be preserved. All participant and client identifying information will be carefully anonymised within transcripts and the finished report. The interview recordings will be stored on an encrypted memory stick and these along with the transcriptions will be stored by the principal researcher in a locked filing cabinet. Audio recordings will be destroyed following transcription. Consent forms will be stored securely and separate from interview material as not to lead to any identification. After the research has stopped all anonymous paper transcripts will be kept in a secure location at the University of Leicester for 5 years. After this period they will be shredded by the university.

What happens if I no longer want to be involved in the study?

You may choose to withdraw from the study at any time should you no longer wish to participate. You are not obliged to justify your decision and you will not be contacted by the researcher again. All information will be destroyed and will not be included in the study.

Contact Details

Principal Researcher: Venetia Williams (Psychology MPhil Student) vw41@le.ac.uk

Research Supervisor: Dr Sheila Bonas sb162@le.ac.uk, University of Leicester, 104 Regent Road, Leicester, LE1 7LT, Tel: 0116 223 1648 Fax: 0116 223 1650

If you are interested in taking part, please email me at vw41@le.ac.uk or contact me on 07815705065. I am happy to answer any questions you may have about the study.

Thank you for taking the time to read this information

9.7 Appendix G: Participant Consent Form

EXPLORING CLINICAL PSYCHOLOGISTS' EXPERIENCES OF ADDRESSING RELIGION AND SPIRITUALITY IN CLINICAL PRACTICE.

CONSENT FORM (VERSION 2)

Name of Principal Researcher: Miss Venetia Williams

Please initial box

1. I confirm that I have read and understand the Participant Information Sheet Version 2 dated January 2014 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time without justifying my decision. ☐
3. I understand how the information I give is going to be stored and used by the researcher named above and I give permission for this. ☐
4. I understand that my involvement in this study will be kept strictly confidential ☐

I hereby consent to participate in the study

Participant name (BLOCK CAPITALS): .....

Participant signature: ..... *Date: ……..*

Principal researcher name (BLOCK CAPITALS): .....

Principal researcher signature: ..... *Date: ……..*

(When completed: 1 copy for the participant; 1 copy for the principal researcher)

9.8 Appendix H: Participant Background Questionnaire

EXPLORING CLINICAL PSYCHOLOGISTS' EXPERIENCES OF ADDRESSING RELIGION AND SPIRITUALITY IN CLINICAL PRACTICE.

Background Questionnaire

Please answer the following questions before taking part in the interview:

> Age: 24-29 30-39 40-49 50-59 60+

> Gender: Male / Female

> What is your ethnic origin? …….....

> What client group do you work with?.....

>What is your work setting?.....

>What theoretical models do you use?.....

>How long have you been qualified?.....

> Do you consider yourself to be spiritual? (1= strongly agree, 5=strongly disagree)

1 2 3 4 5

Please comment:

……

……

> Do you consider yourself to be religious? (1= strongly agree, 5=strongly disagree)

1 2 3 4 5

Please comment:

……

……

Thank you for completing this questionnaire.

9.9 Appendix I: Semi- structured interview schedule

EXPLORING CLINICAL PSYCHOLOGISTS' EXPERIENCES OF ADDRESSING RELIGION AND SPIRITUALITY IN CLINICAL PRACTICE.

INTERVIEW SCHEDULE

Can you tell me about your experience of working with a religiously and or spiritually committed client?

COURSE OF THERAPY

- How did R/S **come into your work**?
- What R/S beliefs did your **client reveal**? EXAMPLES
- Clients' R/S Beliefs helpful in Work?
- Challenges?
- How do you feel this **impacted on therapy**? E.g. process/outcome/relationship

How did you experience your own religious/non- religious/spiritual identity in relation to you clinical work with this client?

- How did your own ideas/thoughts towards R/S impact upon your work?

What do the terms R/S mean to you?

Prompts:

Can you tell me more?

How did you feel/what were your thoughts at the time?

How do you feel/ what are your thoughts now?

How did you make sense of that/what did that mean to you then/now?

9.10 Appendix J: Lay summary of proposed research

EXPLORING CLINICAL PSYCHOLOGISTS' EXPERIENCES OF ADDRESSING RELIGION AND SPIRITUALITY IN CLINICAL PRACTICE.

SERVICE USER REFERENCE GROUP SUMMARY

WHAT IS THE STUDY ABOUT?

Previous research suggests that religion and spirituality (R/S) can have a positive effect upon mental and physical health. R/S issues have been shown to be important to the majority of service users. Policy for best practice encourages clinicians to respect clients' wishes to consider aspects of R/S in therapy. However there is little focus on this in Clinical Psychology Training, and few guidelines on how to address R/S in clinical practice. Failure to incorporate relevant R/S issues in therapy may have a negative effect on the therapeutic alliance and overall treatment outcomes. Few studies have explored the challenges faced by Clinical Psychologists in exploring R/S in therapy and there is little detailed evidence of how Clinical Psychologists are actually including R/S issues in their clinical practice. This study aims to explore and provide in depth accounts of how Clinical Psychologists have worked with a client for whom R/S beliefs have been important.

WHAT WILL THE STUDY INVOLVE?

Following research ethical approval, approximately 5 Clinical Psychologists will be invited to talk about their work with a client for whom R/S was important. Participants will be required to give written informed consent to being interviewed and recorded. All recordings will be stored on an encrypted data stick and any identifying information relating to the participant or client will be carefully anonymised. Participants will be informed of their right to withdraw following which data will be destroyed. Study findings will be written up as part of the principal researcher's thesis, and a summary will be fed back to participants and clinical colleagues. The aim is also to publish findings in an academic journal.

CONTACT:

Principal Researcher: Venetia Williams vw41@le.ac.uk

9.11 Appendix K: Service user feedback

SERVICE USER REFERENCE GROUP (SURG)
EVALUATION OF TRAINEE RESEARCH

TRAINEE NAME: Venetia Williams

TITLE OF STUDY: EXPLORING CLINICAL PSYCHOLOGISTS' EXPERIENCES OF ADDRESSING RELIGION AND SPIRITUALITY IN CLINICAL PRACTICE.

1. Is this a topic that has relevance to service users?

   YES – absolutely. What a fantastic topic for work. This is something that has come up obliquely in my own sessions and something that I think is really worth exploring. Any sort of spirituality that a service user feels is relevant can be a significant support/barrier/source of guilt/moral dilemma/ source of restraint and so on. It would be so useful if this was explored within sessions. Wow.

2. Is the research problem stated clearly?

   YES

   If no, please state what you feel is difficult to understand.

3. Is the background to the research clearly stated?

   YES – with the lack of current research clearly explained.

   If no, please state what you feel is missing

4.

5. Is the proposal logically organised and clearly written?

   YES

   If you wish to make any additional comments about the research, please give these below:
   As stated above I think this is an amazing idea for a piece of work. I would love to hear how this goes.

9.12 Appendix L: Ethics Correspondence

Email notification of ethical approval

From: Flowe, Heather [hf49@leicester.ac.uk]
Sent: 18 April 2013 11:16
To: 'vw41@le.ac.uk'
Subject: Ethics approval vw41-e2ceb

Dear Venetia,

Your ethics application has been reviewed and approved. Good luck with the research.

All the best,
Heather

Heather Flowe, PhD
Lecturer, School of Psychology

Venetia Williams

[redacted]

Psychology Student

University of Leicester

University Road

Leicester

[redacted]

31 July 2014

Dear Venetia

Name of project –Exploring Clinical Psychologists Experiences of Addressing Religion and Spirituality in Clinical Practice

I am writing to inform you that the [redacted] Trust's Research and Development Group has approved your study and hereby gives local R&D approval for your research to begin, on the basis of your research application and proposal approved by the University of Leicester.

Approval is subject to adherence to the conditions set out by the ethics committee in their letter to you dated 18 April 2013. Should you fail to adhere to these conditions or deviate from the protocol reviewed by the ethics committee, then local approval for this study will be withdrawn. Permission to conduct research is also conditional on the research being conducted in accordance with the Department of Health's Research Governance Framework for Health and Social Care.

I would like to wish you every success with your research and look forward to receiving a copy of your completed report in the future.

Yours sincerely

[redacted], Research & Innovation Manager

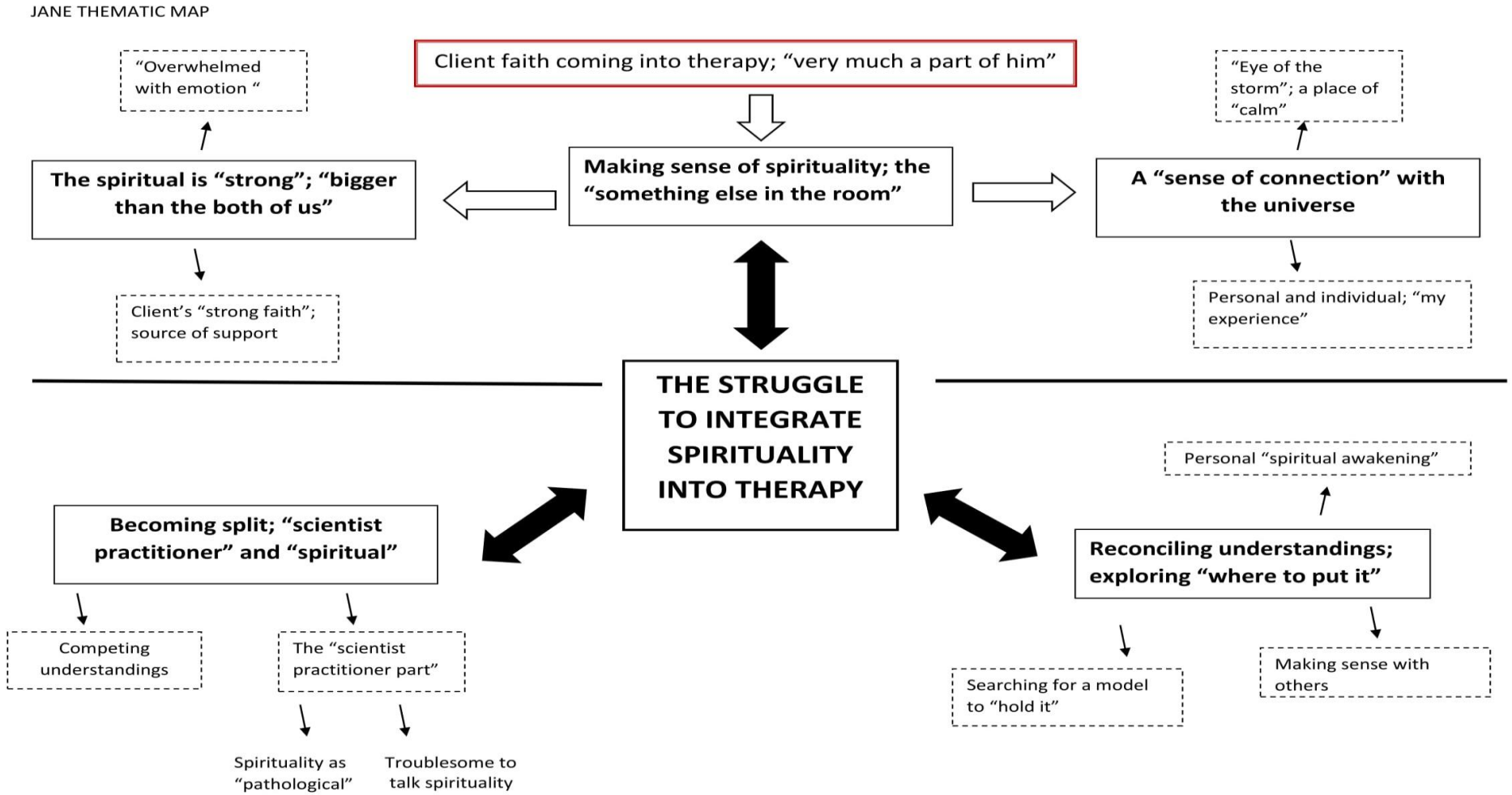
9.13 Aappendix M: Example of analytic process

Empirical Research Report

Emergent Themes	Interview Transcript	Exploratory Comments
"Very much a part of him" Competing understandings Exploring "where to put it" Practitioner Self Spirituality is strong Making sense with others	I become very split in that, well is he really having some messages there?... o:r… is this something else being played out? And you know, is this something that we maybe need to think about mental health? a bit more or, and I think this is where, our training really lets us down, because we have this sense that, you know when somebody starts talking about voices, then, we start thinking about, psychosis, erm… and often kind of the beginning, of a psychotic episode, might be quite nice for somebody and they might have these voices that are quite helpful↑ and, erm…but how does that fit with people who have a very strong faith (Pause) so… R: How…sounds like you have lots of sort of… P: [Laughs] R: …theories I guess or hypotheses? I was just wondering how, what sort of conclusion you came to about, how did you make sense of it I guess? P: I think, erm… with the help of my boss, erm…	Not wanting to invalidate client's faith- wanting to respect his beliefs- difficult to make sense of client's spirituality in a logical way without invalidating his faith Become "split " break forcibly into parts- Jane forced apart by spirituality in the room Competing understandings Questioning-how to make sense of clients spirituality, where does it fit? First hypothesis around psychosis- practitioner led initial hypothesis. Ideas from training do not seem to fit presentation? Training inadequate in helping therapists "us" make sense of client's spirituality "Let down "disappointed; training did not do something that it was expected to do. Training let us down; how does hearing voices fit with people who have a very strong faith Difficult/struggle to make strong faith fit into therapeutic work- Due in part to a lack of training? Concluded with boss no evidence of psychotic breakdown Needing support of Christian manager to make sense of spirituality in work

Practitioner Self Reconciling "where to put it" Practitioner Self Spirituality; source of support	w:e…concluded that there was no evidence, to suggest that there was any kind of psychotic breakdown going on, and that this is something that erm, he and his family described to be pre brain injury, so it didn't suggest that this was to do with a physical brain injury either, that this was not causing him any distress, that he was a regular attendant at church, that he had people at church, as well who shared these beliefs with him, so in terms of risk, I guess, there was nothing that we needed to do, erm…and that to continue to kind of work with this, as a coping mechanism, erm.. would be the most appropriate way of continuing the therapeutic work	Using the psychologist/scientist part (gathering, weighing up evidence, info. From significant others, assessing/managing risk risk) to make sense of clients spirituality Figuring out where to put spirituality Risk-scientist practitioner part Work with spirituality as a coping mechanism Coping mechanism- supportive, enhances control over behaviour, provides psychological comfort. "Most appropriate"-suggests under different circumstances (different context/person) spirituality may have been interpreted/understood differently. Spirituality to be explored/understood on a case by case basis –Spirituality is individual?

Example Participant Thematic Map



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