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A spiritual dimension:
Psychological therapists' narratives of spirituality within the context of their clinical practice

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Submitted in fulfillment of the requirements of:

Doctor of Psychology

City University of London Department of Psychology

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p. 213-232, Client Study

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Declaration

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Preface

This portfolio comprises three separate pieces of work that are brought together in two ways. Firstly, each piece provides evidence of core skills and knowledge relevant to my profession as a counselling psychologist. Secondly, the pieces are tied together by the same broad theme, which I have chosen to call 'mapping a path'. The first major piece of work is a narrative research study that explores psychological practitioners' understanding of spirituality within their clinical practice. The second piece consists of a publishable paper that summarises the findings of my research. The final piece is a clinical case study. This provides an account of a therapeutic encounter with a client, and demonstrates a joint process of finding helpful ways to move forward and overcome challenges. The theme of the portfolio can be located in the ideas of Frankl (1986) who purported that there are three dimensions to human existence: spirituality, freedom, and responsibility. By tapping into these dimensions, the individual has the capacity to locate resources that allows them to find a meaningful path to their existence. In particular, the spiritual dimension represents an important component of counselling psychology in that it can be seen as the basis for human development, recovery and resilience (Wong, 2010).

In formulating the research project and the portfolio, I was immersed in ideas that permeated my work, the quest for meaning, the striving for self-transcendence, and the overcoming of life obstacles in the pursuit of wellness. These ideas were primarily located in my own story of ill-health and my attempts to make sense and manage my own spiritual growth in the face of adversity. My narrative on spirituality includes finding ways of meaningfully tuning into my inner resources and being resilient to changes that are beyond my immediate control. Frequent questions posed include: 'How can we be supported to find our own resourceful path in life?' 'What is the nature of our lifelong quest for meaning?' and 'What are the ingredients to a more fulfilling life?'

A narrative inquiry approach was employed in the research study to explore psychological practitioners' understanding of spirituality within the context of their clinical practice. The focus of the study was to examine and understand the inner world of the individuals (Lieblich

et al., 1998), whilst considering how their personal narratives on spirituality are contextualised within more broader narratives, such as those located in the world of psychological practice. This was best achieved by engaging in the individuals' verbal accounts and stories so as to allow access to their experienced reality and their identities. Spirituality and counselling psychology have a complementary relationship, in that both focus on promoting personal well-being and strength, and my curiosity resided in the ways in which psychological practitioners understood this relationship.

An interesting parallel between narrative inquiry and the topic of spirituality is the multiplicity of meanings that are attached to each, the several definitions available perhaps taking us to a different place with every new encounter. At one level, combining the two elements was initially overwhelming; my attempts to cover all angles and do justice to their multiple layers appeared to be an ingredient for confusion. On closer inspection, I recognised that narrative inquiry and spirituality offer a unique fit, in that fundamental to both is the emphasis placed on understanding experience from the individuals' own personal frame of reference, and the importance given by both to moving towards meaning rather than establishing fact. My goal was to become attuned to the individual sentiments, goals, and purposes in the narrators' account of spirituality, and narrative inquiry offered me the opportunity to form an intimate relationship with these components.

There was little doubt that spirituality was a topic of interest prior to carrying out the research, but it wasn't until I began to engage in its rich tapestry that the motivation behind my choice became clear. Spirituality has been described as the 'forgotten dimension of mental health care' (Swinton, 2001), yet it is increasingly being brought to our attention that it offers the individual the unique opportunity to bring together the personal and the universal in ways that offer meaning, purpose, and direction. I often thought about how spirituality entered the world of psychological practice, e.g. ‘What ways do psychological practitioners represent and draw from spirituality in their practice?’ and ‘How might their understanding of spirituality influence their personal and professional paths?’

The second piece of work in the portfolio is a publishable paper that aimed to condense the findings of my research. The theme of ‘mapping a path’ entered this piece in two ways. Firstly, the paper inevitably provided a snapshot of the narrators' understanding of spirituality within the context of their work, and also demonstrated how the stories they told took on a spiritual dimension in that they provided a medium for which narrators could reflect on their

own spiritual values, beliefs and knowledge. Secondly, it relates to the process of writing a publishable paper. This was a new endeavour that required me to engage in my own style of writing, and to learn to express my ideas in a lucid and thought-provoking manner. This involved having confidence in my own knowledge and skills acquired throughout the research process. This, I hope, will be the stepping-stone to future publishable papers.

The final piece in the portfolio is a clinical piece of work with a young woman experiencing a lack of confidence in herself and her abilities, and who struggled in her attempts to make a positive impact on her parents. The therapeutic encounter brings to light 'the clients' feelings of stuckness', and her frequent doubts that she would be able to learn to value herself, and further, understand her relationships in a way that would allow her to 'move on'. The case study was chosen because it nicely illustrates ways in which we make attempts to trust our own decisions regarding the paths we take, and the many negative and unexpected events we strive to resolve along the way. A key aspect of the therapy was about working together to identify the tools and 'road map' that facilitated the client's quest to create her preferred way of being, and not those chosen by others.

References

Frankl, V. E. (1986). *The doctor and the soul* (2nd ed.). New York: Random House.

Lieblich, A., Tuval-Mashiach, R., & Zilber, T. (1998). *Narrative research: A new model for classification of approaches to reading, analysis, and interpretation.* Thousand Oaks: Sage Publications.

Swinton, J. (2001). *Spirituality and Mental Health Care: Rediscovering a Forgotten Dimension*. London: Jessica Kingsley

Wong, P. T. P. (2010). Meaning Therapy: An Integrative and Positive Existential Psychology. *Journal of Contemporary Psychotherapy*, 40(2), 85-99.

Part one: Research

Narratives of spirituality in clinical practice

Abstract

The qualitative research study used narrative inquiry to explore psychological therapists' understanding of spirituality within the context of their clinical practice, and how their understanding reflects their spiritual sentiments, purposes, valuations and judgments. Narrative interviews were conducted with six individuals, and analysed using the categorical content approach of narrative analysis. The narrative text revealed three broad categories with several subcategories, used descriptively to formulate a picture of the psychological practitioners' stories. The first broad category is 'identifying a meaning', its subcategories includes definitions of spirituality, personal and social, and distinctions between spirituality and religion The second broad category is 'well-being', its subcategories includes coping in the face of adversity, and sense of purpose and meaning. Finally, the third broad category is 'applications to practice'; its subcategories include self-awareness, and therapeutic alliance. Applications to counselling psychology and implications for research were considered.

Introduction

In the present study I hope to further elucidate how psychological practitioners understand spirituality within the context of their clinical practice. Spirituality plays a demonstrable role in philosophy, theology, and human sciences, and is a term used in early years education, psychiatry, psychology and palliative care, and in a broad range of health settings (Ross, 2016), yet contemporary literature reveals a specific need to examine its role in the disciplines of psychology and counselling, the spiritual dimension of counselling and psychotherapy seen as being too important to the client and therapist to be ignored (Psaila, 2014). Spirituality is situated within a variety of disciplines, however recognition of the need for further understanding the connection between spirituality and psychological practice directed the focus of my study.

Overview

This chapter begins by outlining the main purpose of the study, and provides a brief account of spirituality within the context of psychology and counselling. Further, in reviewing the vast amount of literature on spirituality that explores how psychological practitioners understand the concept, it was necessary to place it within the historical context from which it has evolved; contemporary literature has unveiled a need to demonstrate the role of spirituality in particular theoretical orientations of psychology and counselling, and so this will provide a starting point for the present study. In reviewing the broad range of literature on spirituality and psychotherapy, it became evident that providing comprehensive accounts of the array of literature that focuses on spirituality undoubtedly goes beyond the parameters of the study. Discussion therefore focuses on those dimensions of spirituality that have received a great deal of attention within the field of psychology and counselling, and have been topics of interest to psychologists in recent decades of research. The literature is thus categorised into four overarching themes felt to be pertinent to the present research. These include locating spirituality within therapeutic practice, spirituality and religion, spiritual transformation and growth, and culture and spirituality: understanding spirituality within diverse cultural

expressions.

Principle focus of the study

In the present study psychological therapists' understanding of spirituality is based on how spirituality is contextualized within their clinical practice. Spirituality is a complex construct, and its conceptualisation forms an inevitable part of therapists' consideration of its role in therapeutic practice. Providing an all-inclusive definition of spirituality has proven to be an uphill struggle, located as it is in an array of terminology (Connelly & Light, 2003; Mercer, 2006). I have chosen to provide a description of spirituality for the purpose of setting the foundations for the study, and this is with the knowledge that the description is by no means an exhaustive one. Spirituality can be described as: 'meaning and purpose in one's life, a search for wholeness, and a relationship with a transcendent being' (Hage, 2006), or similarly: 'a personal quest for knowledge, love, hope, connectedness, and compassion (Hood et al., 2003). Such definitions of spirituality are inherently distinguished from those of 'religion', with a movement within psychology consciously clarifying and defining the differences for the benefits of research. Fukuyama and Sevig (1999) and Richards and Bergin (1997) argue that precise definitions of either do not exist, with other theorists such as Miller and Thoresen (2003) surmising that differentiating the two may not be beneficial for the believer. The reality is that conceptual differences have emerged, and are evident in the field of research (Hathaway et al., 2003). Generally speaking, religion can be defined as: 'the adherence to beliefs, doctrines, ethics, rituals, texts, traditions, and practices' (Hood et al., 2003), with many people locating their spirituality in the context of religion, but not exclusively. In the present study I have chosen to acknowledge that, whilst both terms are not totally interchangeable, they do have overlapping meanings, although reflection is given to claims that spirituality and religion are unrelated, thus demonstrating respect for how they are commonly referred in the literature. When reviewing the literature, I employ the discourse of the researcher, as I believe it serves to capture the multiplicity of meanings that exist within the field of psychology and counselling.

Spirituality as a complex construct

The basic premise of most psychological theories of understanding spirituality is that a lack of a clear conceptual framework has created general feelings of uncertainty, with the activity of attempting to provide a clear and coherent definition often meeting with resistance. Connely and Light (2003) propose that the ambiguity of the language that surrounds the concept is fluid, and Lines (2006) supports this view by claiming that definitions of spirituality at best, can only ever serve as working hypotheses.

Hill et al. (2000) posited that, given our limited understanding of spirituality, it is perhaps ahead of our time to proclaim a single comprehensive definition and thus a number of researchers have proposed that viewing spirituality as a multidimensional construct permits the inclusion of several distinct but related dimensions of spirituality (Spilka, 1993; Elkins, Hedstorm, Hughes, Leaf & Saunders; 1988; Miller & Thoresen, 2003). LaPierre (1994) offers his own multidimensional framework of spirituality that includes components such as a search for meaning in life, an experience with transcendence, a sense of community, and a search for ultimate truth. This links with Spilka and McIntosh's (1996) idea that including these elements within a multidimensional framework may serve to offer a more effective approach to the study of spirituality. In a similar vein, Plante and Thoresen (2012) address their version of the many facets of spirituality, positing that it comprises social, emotional and cognitive components, together with multilevel concepts including processes within the person and within local organisations.

Crossley and Salter (2005) propose that attempts within psychological literature to define spirituality have brought to light a range of concepts that differ in focus and attention, resulting in a competing framework that on the one hand attempts to offer a refined view of spirituality and, on the other, a more broad, relativistic understanding that takes into account individual differences. On similar lines, Miller and Thoresen's (2003) approach to spirituality suggests that attempts at providing a discrete model of spirituality that respects its many facets are ambitious, largely owing to the breadth of contradictory meanings that prevail. These ideas are echoed by Hill et al. (2000), who proposed that identifying a completely inclusive and all-encompassing definition of spirituality may prove to be an insurmountable task with a term that has such a complex history of meanings and affiliations. In taking his own position on defining spirituality, West (2011) suggests that value should be given to the 'experience' of spirituality, which at many levels exists outside of a definable discourse.

Theoretical understandings: Psychology of spirituality

Spirituality expands many disciplines, and scholars assign a range of meanings to spirituality according to the perspective taken and the values and assumptions made. For example, the concept of spirituality in the bounds of sociology, whilst historically linked to the discipline of theology, has shifted from a firm focus on what may be described as an adherence to external authority, to placing at its centre the liberation of the individual in their search to understand personal feelings and to find meaning in their own life (Giordan, 2012). Thus, the sociological view of spirituality is consistent with the idea of spirituality as it presents itself in the discipline of psychology, in that a central tenet of both disciplines is the focus on understanding how individuals make sense of their worlds and operate through them.

There is undoubtedly an impressive display of understandings of spirituality spanning early and contemporary psychological theorists that have multiple implications for practicing clinicians within the realm of counselling and psychotherapy (Mack, 1994). Previous lack of attention given to spirituality and religion within psychotherapy can be traced back to the professions historical precedents who detached themselves from non-empirical disciplines (Shafranske & Gorsuch, 1984). An example of this dissociation is located within a variety of psychodynamic approaches to therapy, religion and spirituality. Perhaps most famous is Freud's antipathy towards the concept of religion, claiming that it provides people with an inaccurate explanation for life's unpredictable events (Rizzuto, 1998).

Whilst it would be futile to deny that Freud's ideas influenced many psychodynamic clinicians' attitudes towards religious and spiritual practice (Shafranske, 2000), literature suggests that many contemporary psychoanalytic theorists offer multiple approaches to understanding the benefits of both spirituality and religion to therapeutic practice. For example, Richards and Bergin (2005) highlight how contemporary psychoanalytic thinking overall is moving from a reductionist standpoint to one that is more receptive to the legitimacy of the spiritual domain. This gradual shift in thinking indicates a focus centralised on understanding spirituality (and religion) in a more nuanced and multidimensional way.

Arguably, within the domain of psychotherapy, the humanistic tradition is seen as offering a strong reference point to conceptualising the spiritual components of human nature within psychological theory (Mack, 1994), with proponents of its inclusiveness into the therapeutic

realm including Rogers (1961; 1980), Thorne (2012), Maslow, (1971; 1976) and Elkins et al. (1988), as well as other theorists known for their work in the evolution of existential psychotherapy, including Frankl (1967; 1946/1984) and his therapeutic approach of logotherapy, May (1958,1975), and his examination of the concepts of existential crisis and anxiety, and Yalom (1980), who examined the givens of death, freedom and existential isolation. Taylor and Martin (2001) stress that Humanistic psychology was made more robust by the inclusion of European Existentialism and Phenomenology, and what became increasingly apparent was Humanistic psychology's focus on the principle of self-actualising possibilities and its non-reductionist stance on values, love, culture and spirituality.

It was primarily Frankl's ideas on Logotherapy and its focus on the spirit and the spiritual effort of regeneration that aroused my interest in spirituality as a topic, and was the inspiration for my work. It was particularly the idea that people can hinder the effects of despair in harsh circumstances by the creation of personal meaning through attitudes, experiences and behaviours (Schulenberg et al; 2008). Frankl's ideas on the meaning-dimension of human beings (otherwise referred as the *spiritual dimension*) are increasingly relevant in an age where values and traditions are arguably in the 'melting pot' (Thorne, 2012), and I, like many others, confront the struggle to make sense of life in the face of adverse conditions and waning traditions.

Frankl's most famous book, Man's Search for Meaning (2006), contains a narrative of his concentration camp experience, and includes some of the fundamental elements of Logotherapy. Frankl's wartime experience in Auschwitz provides an illustration of the benefits of connecting spirituality with the search for meaning, and it was here Frankl identified the spiritual nature of relationships (Bryson, 2004). The survivors of the death camps was not necessarily understood in the context of their physical strength, as much as it was owed to the belief in the loving dimension of life. Frankl suggested that the love we have for one another promotes a form of hope, transcendence and connectedness. His personal experience of torture and his theoretical ideas on Logotherapy place spirituality within the context of freedom and responsibility, and as it will later be addressed, are ideas that have been carried through to modern day. Further, Frankl's experience served to demonstrate how feelings of emptiness, meaningless and struggle promote a desire for guidance and direction by learning to access and trust one's internal resources, and potentially open up the spiritual path of actualisation and fulfilment (Schulenberg et al., 2008). So if it is argued that

these feelings of emptiness exist in modern times of upheaval and 'existential vacuum', how might Frankl's concept of spirituality translate to society as we know it today?

In reading Frankl's works and making attempts to understand his existential philosophies and ideas on the spiritual dimension, I frequently questioned if the nature and purpose of spirituality remains the same in today's socio-cultural climate, and if not, in what ways our understandings of it have shifted. For example, are Frankl's ideas on spirituality and meaning-making considered relevant in a secular, multi-cultural society where personal meaning no longer relies on the discipline of religion or social rule?

The state of 'existential vacuum' in the context of boredom, pain and emptiness are widespread in contemporary life as a result of industrialisation, a loss of traditional values, and the 'unravelling of communities' (Wong, 2010). It would appear that in an increasing secular public arena, spirituality and meaning-making continue to have equal significance as they did in a era informed by religion, in that many people undoubtedly value the process of discovering what is right whilst striving to make a better life. I would however argue that what is different is how such meaning is achieved. Logotherapy in a modern society in which the individual receives little support from his environment, including a lack of moral guidance that was once sought by common (religious) values, might focus on ideas of promoting empowerment, and supporting the individual to feel at ease within themselves and the world at large. Interestingly, in today's socio-cultural climate people are drawing from ideas located in ancient traditions as a means of finding answers and achieving happiness, for example, by attending yoga and meditation classes. This perhaps demonstrates modern ways of understanding and managing our existential angst. Further, spirituality in the general sense of meaning and values as described in Logotherapy is becoming increasingly pertinent in modern psychotherapy and medicine, associated as it is with positive health outcomes (Seeman, Dubin, & Seeman, 2003). Therefore its application to clinical practice cannot be dismissed.

Located within the humanistic tradition is the Transpersonal approach to spirituality, a term first employed by Jung when referring to the collective unconscious (West, 2000), and with reference to his concept of individuation. Others however have since referred to the transpersonal in the light of 'peak experiences' (Maslow, 1976). Rowan (2005), one of the pioneers of Transpersonal psychology, describes spirituality as relating to a world of personal

discovery, and speaks of a sense of connectedness with other people and the world at large. Critiques of the Transpersonal approach include Walsh and Vaughan (1993), who advocate that the greatest limitation of Transpersonal therapy is that it is not an approach that is easily open to investigation, and therefore is arguably experimentally untested. There is evidence to suggest that spirituality does not need to be isolated from empirical testing, with approaches such as Cognitive Behavioural Therapy (CBT) demonstrating a move away from the traditional framework and towards newer forms of practice that employ concepts drawn from Buddhism, including Dialectical Behaviour Therapy, Mindfulness-Based Cognitive Therapy and Compassion-Focused Therapy (Waller et al., 2010). (See Gilbert, 2009 for further examples).

Locating spirituality within therapeutic practice

The position of spirituality within the field of psychology has been unsettled, and has been attributed to a number of factors, including a questioning of its relevance to clinical practice. Further, some mental health professionals continue to demonstrate a reluctance to link spirituality and psychotherapy because of the historical tensions between the dimensions, and due to the challenges faced by the therapist in attempting to manage such issues in their clinical practice (Psaila, 2014). This has lead to disengagement with the concept at a professional level. The literature that focuses on theoretical understandings of spirituality as it relates to clinical practice has taken many angles, from understanding the common denominators and points of divergence from religion (Lines, 2002; Cashwell, Bentley & Bigbee, 2007), understanding the nature and role of spirituality as it relates to coping (Mills, 2002; Vader, 2006), and understanding spirituality within diverse cultural expressions (Pargament, 2011; Gilbert, 2014). Though there is not the space to examine them here, other theoretical components as they apply to therapeutic practice include approaches to integrating spirituality into practice (Kahle & Robbins, 2004; Plante, 2007), the effects of therapists' spiritual and religious beliefs on the therapeutic relationship (Frazier & Hansen, 2009; Bartoli, 2007), and spirituality and clinical competence (Shafranske & Malony, 1990; Russell & Yarhouse, 2006).

Spirituality and religion

Religion and spirituality have played a role in human existence for centuries (Fieser, 1995), and in recent years, many mental health professionals, including psychologists, have shown an increasing interest in integrating spirituality and religion as part of their professional work (O'Hanlon, 2006). Much of the literature concurs with the view that challenges inherent in defining the two concepts have led to confusion within the profession of psychological therapy, and to some degree, have resulted in neglect in patient care (Cobb & Robshaw, 1998). On a similar note, Lines (2006) proposes that both the terms spirituality and religion continue to be perceived as value-laden, so discussion of them within clinical practice may be avoided.

Some theories suggest that reaching clear definitions of religion and spirituality remains unachievable, owing to the ambiguity in the language employed to describe them (Connelly & Light, 2003; Lines, 2006), and this undoubtedly impacts its application to clinical practice. Attempts to overcome the challenges of integrating spirituality and religion into clinical practice include incorporating the meanings of both concepts within a biopsychosocial-spiritual model (Taylor, 2006), thus providing a conceptual framework that offers a more complete, holistic view of the individual-be it within more traditional religious philosophies, or within spiritual dimensions that promote inner well-being.

In reviewing the vast amount of literature on spirituality and religion, a broad definition of religion can be seen as an adherence to a particular group or to individual ritualistic behaviours through instructions, understood to be given by a divine source (Lines, 2002), whereas spirituality can be defined as a more 'general feeling of closeness and connectedness to the sacred' (Hook et al., 2012), but many would argue that it is not related to carrying out ritualistic actions. Swinton (2001) proposed that a view of spirituality that does not go beyond the parameters of institutional religion might run the risk of overlooking some very significant spiritual needs that are experienced by those with no religious investment.

Institutional religion has been perceived as alienating for some psychology professionals, due to its connection with a fixed set of beliefs and practices (Hage, 2006), whilst spirituality for practitioners has been described as motivational, directional, and comforting (Psaila

2014). Psaila (2014) argues that both religion and spirituality may be described as providing internal strength and social support, and clients have been seen to profit from their inclusion in practice. Richards and Bergin (2005) propose that attending to spiritual matters, be it within a religious context or not, has been viewed as an essential component to therapeutic progress. An earlier proposal was that of Pargament (1999), who suggested that all great faiths embrace spiritual practices that serve to promote inner well-being, arguing that many find the separation of spirituality and religion objectionable. Supporting this approach, Bloesch (2007) stressed that to define spirituality from a non-religious perspective, it is possible to overlook the transcendent and inherent components of personal transformation.

Spiritual transformation and growth

A large amount of more recent literature has sought to understand spirituality within the framework of a client's challenges, and Miller and Thoreson (2003) propose that counsellors are increasingly learning to prepare for clients who access counselling because of spiritual or religious concerns that are impacting on their mental health. Morrison et al. (2009) put forward the idea that in today's society many individuals are embarking on a journey of spiritual development, fitting with their view that spirituality is an essential ingredient for growth and for the management of life's problems. O'Hanlon (2006) argues that many clients who seek therapy often feel isolated, detached and disempowered in some areas of their life, and views spirituality by definition as being in contrast to this experience, in that it is a process toward connection with something that expands within or beyond oneself, and is often associated with wellness.

There is substantial literature that considers how practitioners might respond in regardful and constructive ways to clients' religious and spiritual issues, and it is largely agreed that one important way of doing this is by counsellors and psychotherapists engaging with their client's meaning-making systems and worldviews (Coyle & Lochner, 2011). Pargament (2007) suggests that it can be helpful to gain insight into a client's 'spiritual narrative', particularly if it is deemed relevant for the presenting problem or acts a means of understanding the client's challenges. O'Hanlon (2006) proposes that exploring 'the bigger picture' with the client it can allow them to situate the difficulties they encounter, which in turn can help them to move on or relieve suffering.

Park (2005) suggests that 'spiritual coping' occurs as a result of reorienting ourselves and using our own resources to discover a sense of meaning in our lives. Eliason et al. (2001) understand spirituality in the context of its curative force, which they claim can positively affect both counsellor and client. In adopting a humanistic standpoint, they argue the profound interconnectedness comes from one person being available to the other, and is characterized by empathy and unconditional regard. This in itself serves a remedial effect; offering spiritual enlightenment as it occurs within the therapeutic relationship provides the client with the opportunity to achieve purpose in the face of adversity and conflict. Thorne (2012) describes this powerful way of relating as having the potential to open the gate to a transcendental or mystical state that has a potent healing agent. Research also highlights that many practitioners regard counselling to be a spiritual process (West, 2000). This notion directs our attention to the possibility that sometimes there may not be a specific problem to solve, but that the most spiritual support we can offer the client is to be a compassionate observer to their suffering.

Culture and spirituality

The term culture can be seen as the sharing of norms, values, social roles and behaviours, and can include features such as a person's gender, age, ethnicity, class, race and sexuality. Spirituality may be expressed in culturally diverse ways, and in recent years, multicultural issues and spirituality have formed a significant part of the psychological therapy literature, with spirituality being viewed as an integral part of culture that needs to be addressed by the multi-culturally aware therapist (Fukuyama & Sevig, 1999).

An appreciation of how counselling and spirituality are inescapably connected with understandings of culture has encouraged authors to explore spiritual dimensions and perspectives within a range of cultures (West, 2011). Fukuyama and Sevig (1999), in examining the interface of spiritual and multicultural counselling competencies, suggest that psychological therapists are required to demonstrate religious, spiritual and transpersonal understanding from a range of cultural perspectives, claiming that this encourages an understanding of the client's worldviews, which may include those of spirituality.

What appears to be prevalent amongst the literature is the view that integrating or adopting a culturally and spiritually sensitive approach in therapy (e.g., self-awareness and an awareness of the client's spiritual views), does not call for the therapist to know all worldwide

cultural heritages and norms, something that is beyond the scope of the most competent practitioner (see West, 2011; Fukuyama & Sevig, 1999). In support of this argument, Miller (2003) shows an appreciation of the challenges facing therapists in their attempts to be the ideal multicultural practitioner who strives to work well with clients from all spiritual perspectives in an equitable way. As an alternative approach to practice, Leach, Aten, Boyer and Strain (2009) assert that what is helpful for the practitioner is to study diverse worldviews in an attempt to deepen insights into one's own worldview simultaneously through this comparison.

Gilbert (2014) highlights that, as a result of the UK becoming more multicultural, an understanding of the varied and perhaps interlacing modes of spirituality is becoming increasingly significant in allowing the client to move towards both psychological and spiritual integration. Fukuyama and Sevigs' (1999) ideas on spirituality suggest that, for the practitioner to develop their understanding of spirituality and multiculturalism as it exists within the context of their clinical practice, it is helpful to view these 'forces in motion' as ever changing within the self, which will offer the opportunity to appreciate the richness and complexity of the symbiotic relationship. Miller (2003) purports that counsellors need to be attuned to how spiritual and religious beliefs are imbedded within a cultural context, and must take heed when making assumptions regarding the spiritual dimension of a client's life. West (2000) concurs with this argument stating that therapists need to remain cautious when claiming to understand any client's culture and its impact on their life.

Review of relevant empirical literature [1]

As outlined above, the topic of spirituality covers a number of dimensions, each dimension offering valuable attempts to capture the complexity of spirituality by locating it within in a specific context. Hill et al. (2000) propose that many descriptions of spirituality give importance to one aspect of spiritual experience, at times, with the expense of overlooking other dimensions. Along similar lines, Baumsteiger and Chenneville (2015) highlight how the inconsistent attempts to conceptualise and measure spirituality may undermine the value of spirituality research, with the struggles of mastering an understanding of one dimension of

[1] The literature reviewed was obtained primarily via psychological search engines that include PsychINFO, PsycArticles and PsychNET. Search items include 'spirituality', 'therapy and spirituality', 'understanding spirituality', 'conceptualisation of spirituality, 'transpersonal' and narrative. Research reviewed was largely focused on the last fifteen years, although research up to 50 years old was reviewed if it served to inform the present study.

spirituality impacting the potential merit of others. Typically, literature has focused on a movement within the mental health professions that attempts to both understand and integrate spirituality within clinical practice. Whilst appreciating the challenges of its conceptualisation, Post and Wade (2007) purport that the practical question of *whether* spirituality is addressed in therapy is now redundant, since this has shifted to the more realistic and accepted question of '*when'* and '*how*' to address spirituality.

In the following review I have divided the literature into two main categories. Firstly, it is according to the multiple ways spirituality is conceptualised within the literature, and the challenges that exist within the attempts to offer a valuable definition. Secondly, I address ways spirituality is situated within the context of a psychological practitioners' therapeutic practice, focusing on psychological practitioners' spiritual beliefs and affiliations, and attitudes towards spiritual integration. These were chosen with the intention of demonstrating just some of the ways understandings of spirituality may be situated within current literature. Literature that addresses understandings of spirituality is unequivocally expansive, and this chapter by no means attempts to provide an exhaustive account of the literature available. Examples of studies that may serve to enhance our knowledge of the relevant literature on understanding spirituality that are not included in the present study include: Hyman and Handal's (2006) study that focuses on understanding psychology professionals' definitions and evaluations of religion and spirituality, a study by Vieten et al. (2013) that examines spiritual and religious competencies for psychologists, and Baker and Wang's (2004) study that identifies religious psychologists perceived challenges of coping with clashes in spiritual and religious values. Other topic areas that have been significantly addressed at an empirical level but have not been given a specific platform here include: spirituality and well-being (Plumb, 2011), and outcome measures of spiritual interventions (Hodge, 2006; Mattis, 2002; Wade et al., 2007). The empirical literature I have chosen to address will be explored within the context of the quantitative and qualitative research methods that have been employed to investigate each topic. There is an expectation that, by reviewing the literature in this fashion, understandings of spirituality within the field of psychology will be given a modest, but fair level of attention.

Conceptualising spirituality

Quantitative studies

Spirituality has long been excluded from scientific investigations on the basis that it is transcendent, too ephemeral, and linked to religion to be a researchable subject (Moberg, 2010). Moberg (2010) proposes that there are significant questions about the appropriateness of the different designs for spirituality research, with most quantitative studies using cross-sectional data that have been obtained in a specific time of a subject's life, thus overlooking the impact of life-changing events on how spirituality may be understood. Further, they are based on small samples that lack statistical significance. What's more, Moberg (2010) questions whether a rich topic such as spirituality can be captured statistically. These arguments are issues for concern when conducting quantitative studies on the range of dimensions of spirituality available, but quantitative research as it relates to spirituality also reveals a lack of studies that have the specific aim of exploring how spirituality as a concept is described. Whilst it is not feasible to locate the sparseness of studies in this area to Moberg's (2010) critical points alone, it may be notable that a topic that focuses on how practitioners interpret and make sense of spirituality as a concept demonstrates a bias towards more qualitative, exploratory designs, with data collection typically residing in the research method of interviews.

Research on how the construct of spirituality is conceptualised and measured remains uncertain, owing to the unpredictability inherent in the task of attempting to define it (Cashwell et al., 2007). Emmons and Paloutzian (2003), in reviewing theory and research over the past 25 years, have observed that the past decade has seen noticeable changes in how spirituality and religion are conceptualised, this not least being owed to the broadening perspective of how it is understood (Plante & Thoresen, 2012). There have been some early attempts to measure spirituality, and to arrive at a legitimate framework through which it can be understood (Hill & Pargament, 2003). Specifically, advances in research were being brought about by studies that focused on measures of spirituality and health, with multiple dimensions of spirituality and religion being identified (Hill & Hood, 1999; Fetzer Institute/National Institute on Aging Working Group, 1999). Progress has been made in the measurement of religion and spirituality, with research recognising that both concepts extend

beyond a uniform process, and are instead complex dimensions involving cognitive, emotional, behavioural and physiological components (Hill & Pargament, 2003). Typically, studies that have focused on understanding the multiple dimensions of spirituality have done so with some reference to the concept of religion. Studies have inadvertently revealed perceived differences between how spirituality and religion are understood based on a number of outcomes, including differences in psychologists' spiritual and religious affiliation (Delaney, Miller & Bisonó, 2007; McMinn et al., 2009), and willingness to integrate religion and spirituality into therapeutic work (Plumb, 2011).

The demanding task of attempting to conceptualise spirituality was demonstrated in a study carried out by Baumsteiger and Chenneville (2015). They surveyed a sample of 1,037 undergraduate psychology students online to investigate the challenges involved in the conceptualisation and measurement of spirituality and religion within mental health research. The survey contained demographic questions, basic questions about religiosity and spirituality, such as religious/spiritual affiliation (yes/no), their views on the relationship between the two constructs (e.g., are they the same, different, or related), and questions relating to their definitions. Descriptive and correlational statistics were used to analyse the data. They reported that the majority of participants (56.3%) agreed with the statement that 'religiosity and spirituality are two distinct concepts that have many crossovers'. Qualitative analyses also identified terms listed most frequently in the definitions of spirituality and religiosity. For example, the authors explained how spirituality was more associated with the terms' internal' and 'individual', whilst in contrast, descriptions of religion included terms such 'behaviours/actions', 'God' and 'belief'. Within this context, spirituality is defined as having little or no affiliation with religion. Others earlier studies have supported the idea that spirituality is perceived to be personal and experiential, whilst religion is perceived to be communal and codified (see Zinnbauer et al., 1997).

The findings from Baumsteiger and Chenneville (2015) study outlined above support existing literature (Schlehofer, et al. 2008), and strengthen previous findings with a larger sample size and with a younger population. Other findings from the study revealed fewer negatively loaded terms with religiosity definitions, while none were located in definitions of spirituality. The authors questioned however whether the findings were a function of the methods used. Definitions of religiosity provided by the participants may not include their perceptions of religion as positive or negative. Therefore, negative perceptions may not have been disclosed. It may also be noted that the sample consisted of college students, who may not

represent the views of the larger population. The generalisability of the findings is thus limited.

Research has largely revealed that psychologists are more likely to describe themselves as spiritual rather than religious in comparison to the clients they work with (Shafranske, 1996a, 2000, 2001; Delaney et al., 2007). For instance, Delaney et al. (2007) investigated the spiritual and religious attitudes of 258 clinical and counselling psychologist members of the APA. Survey participants included 109 women and 149 men, ranging in age from 36-90 years, with the majority of participants (93%), being non-Hispanic white. A brief 24-item survey was developed for the study to assess basic demographics and spiritual or religious variables, drawing from items employed in other surveys, such as the Bergin and Jensen (1990) survey and Gallup polls (Gallup, 2002; Gallup & Lindsay, 1999). The study revealed that American psychologists compared to the population they serve, were considerably less religious. Most psychologist respondents gave more importance to spirituality but less so religion in their lives, supporting earlier outcomes reported by Shafranske, (1996a). The majority of psychologists nevertheless regarded religion as beneficial (82%), rather than detrimental (7%). This concurs with a large amount of high-quality research that has found a positive relationship between religious involvement and beneficial health outcomes, including links between religion and physical health, (Powell, Shahabi, & Thoresen, 2003), the role of religion in coping and psychological adjustment to stress (Ano & Vasconcelles, 2005), and religion and positive mental well-being (Hackney & Sanders, 2003). Delaney et al. (2007) noted from their study that owing to the brief nature of the survey, it made it difficult to gauge the multidimensional nature of religiosity and spirituality, although as previously noted, there have been many advances in the conceptualisation and measurements of these constructs (e.g., Hill & Pargament, 2003; Hill et al., 2000). Further, it is important to note that another limitation of the study was that sample sizes did not allow for an exploration of differences across ethnic or racial subgroups.

Whilst varied opinions on religion and spirituality offer the potential to enhance and expand our understanding of the constructs, the differences amongst the various definitions available has had adverse effects on the advancement of research, and also has negative implications for clinical application (Hill et al., 2000). Lacking clear and conclusive notions of what spirituality and religion mean, Zinnbauer et al. (1997) argues, unequivocally poses a

challenge to knowing with any rigour or reliability what meaning researchers assign to them as concepts.

Qualitative studies

Like quantitative methods to analysing spirituality, qualitative methods have their limitations. For example, what they gain in depth, they lose in objective foundations, but qualitative methods for studying spirituality are highly relevant given the phenomenon's enormous richness and variation. Arguably, qualitative methods allow for an enriched understanding of relationships between subjects' interpretations of their own and others' spirituality (Moberg, 2010). There have been several qualitative studies that have revealed ways in which spirituality is conceptualised by psychological therapists (see Kahle & Robbins, 2004; Elkonin, Brown & Naicker, 2014). Crossley and Salter (2005) investigated how Clinical Psychologists understand and address spirituality within therapy. They employed the method of semi-structured interviews that were analysed using the methodology of Grounded Theory. The sample size was eight participants who were all employed within the National Health Service (NHS), working across a variety of settings. The findings of the study showed that there was significant diversity in understanding and clinical approach to spirituality within the practice of Clinical Psychologists. At a conceptual level, the findings pointed to spirituality as an elusive concept within the field of clinical psychology, highlighting that within the various definitions offered, there was recognition of the breadth of meanings surrounding spirituality. This suggested that constructions of spirituality could be understood in a multitude of ways, studies revealing that mental health professionals consider spirituality to encompass religious practice, while others describe it in terms of activities of self-fulfillment (Smith & Denton 2005; Koenig 2008).

One interesting finding from Crossley and Salter's study (2005) relating to spirituality at a clinical level, was that some participants were indifferent towards spirituality, and others actively chose to dismiss it as part of their clinical practice, largely owing to the influence of their personal backgrounds in the absence of training in the area. However, a number of studies have shown that the majority of mental health professionals believe spirituality and religion to be relevant to the therapeutic process (Carlson, Erikson, & Seewald-Marquardt;

Hathaway et al., 2002), and what is more, important in their own lives (Carlson et al., 2002). The exploratory nature of Crossley and Salter's (2005) study fruitfully revealed clinical psychologists' conceptual relationship with spirituality, and their clinical relationship to specific aspects of spirituality. The study for example highlighted how spirituality had been overlooked by some clinical psychologists owing it to the paucity of language available for discussing it. This points to the need for closer engagement with spirituality through increased discussion.

Psaila (2014) explored mental health practitioners' understanding and experience of spirituality and religion, and the implications this has for clinical practice. Using the method of focus groups, one formed with five participants, and another with six, the study focused on gaining in-depth information regarding mental health practitioners' beliefs and attitudes towards spirituality. Thematic analysis of the data revealed participants' need to move freely between definitions of spirituality and religion, whilst also highlighting participants' confusion about the two constructs. The oppositional distinctions typically corresponded with negative appraisals of religion and positive evaluations of spirituality. This reflects earlier studies that suggested that the two concepts are often polarised (e.g., Sperry & Shafranske, 2005). Psaila's (2014) study further revealed that participants described spirituality as a concept that is difficult to define, partly on the basis that it is very unique and personal. She proposed that understanding mental health practitioners' conceptualisation and experience of spirituality, religion and psychotherapy brings to light potential implications for psychotherapeutic practice, including recognising the importance of a spiritual component in psychotherapy, and the significance both spirituality and religion may hold for the therapist and the client. It is significant to note that study used a very purposive sample of Maltese mental health practitioners, and whilst producing valuable results, a potential limitation of the study is its failure to capture understandings and experiences of spirituality and religion from a wider range of ethnic groups.

Patel and Shikongo (2006) conducted an exploratory study on a small group of Muslim trainee psychologists that focused on their understanding of spirituality, its perceived role in therapy and their training experiences. Whilst also having the limitation that a select group of participants were chosen, the study nonetheless yielded some interesting results. The data obtained from semi-structures interviews was analysed using the Framework Approach (see Ritchie & Spencer, 1994), and can be described as a systematic method of sifting, charting and arranging material according to key themes (Patel and Shikongo, 2006). Like that of

Pasaila's study, when asked to share their understanding of spirituality, without hesitation participants made reference to the role of religion or the relationship between spirituality and religion. As noted by Zinnbauer et al. (1999), one of the ways in which spirituality and religion are polarized in contemporary usage is by describing religion as containing principles and rules, and spirituality as a dimension of one's self. The study also revealed that there was not a common understanding of spirituality amongst participants, authors stating the significance of this given that the participants were from the same ethnic group. Notably, Robinson and Howard-Hamilton (2000) state that making assumptions based on a monocultural perspective view may serve to neglect the individual's personal and social reality, thus raising issues about ethical practice. In contrast to the lack of common understanding of spirituality Patel and Shikongo found in their study, the study revealed the participants' agreement that spirituality plays a central role in a person's life, e.g., that of providing guidance for the individual. This finding supports ideas presented by Hill and Pargament (2003) who view religion and spirituality as a motivating force that provides direction for living for many individuals.

Using data from unstructured interviews analysed through the method of Grounded Theory, Vandenberghe et al. (2012) interviewed 27 Brazillian psychotherapists on their ideas about how religion and spirituality interface with psychotherapy. The study revealed that participants often used a number of terms interchangeably, such as belief, mysticism and devotion, and it was notable that some of the statements about these concepts describe rules of conduct and activities engaged in a group of people, typically epitomising the concept of religion. In contrast, other terms adopted a transcendental element and was thus ascribed the heading of spirituality. Such research is important in bringing to light ongoing shifts in psychological therapists' understandings of spirituality, moving towards a more inclusive approach that no longer denies the existence of an experience that goes beyond the everyday and normal (see Ragan et al., 1980). Of interest, each phenomenon the participants described had a distinct function, and was viewed somewhat differently. When applied to practice, Vandenberghe et al. (2012) findings reveal how religion and spirituality contribute differently, even in their collective role of positive resources and treatment aids. However, most participants in the study were either behaviour therapists or cognitive behaviour therapists, and thus present understandings of clinicians from a specific theoretical background. I suggest that a limitation of the study includes a lack of consideration of how other approaches to clinical practice may employ a different range of terms to describe spirituality and religion.

Spiritual beliefs and affiliations

Quantitative studies

Over the last ten years, quantitative research studies that have assessed psychologists' spiritual affiliation, beliefs and values have increasingly hinted at changes in psychologists' attention towards apparent interest in spirituality and religion (see Delaney et al., 2007). Past research has included surveys of psychologists on this topic (see Bergin & Jensen, 1990; Shafranske & Malony 1990; Shafranske, 1996b). Surveys have consistently found that when compared to the general population, psychologists are far less religious with regard to affiliation, beliefs and values (Bergin & Jensen, 1990). Although the rationale for this difference is not known, research has revealed that psychologists are more likely to dismiss the idea of a transcendent God (Shafranske & Cummings, 2013), whilst demonstrating a lack of clarity with regards to their religious beliefs (Delaney et al., 2007). This suggests psychologists' skepticism or disillusionment with traditional forms of religious discipline.

Recent studies have revealed that psychologists appear to have a closer relationship with spirituality than with organised religion (see Smith & Orlinsky, 2004; McMinn et al., 2009), corroborating similar outcomes proposed by Shafranske (1996a). Unfortunately, there is a dearth of comparable data on this topic in national samples (Shafranske & Cummings, 2013). Authors such as Shafranske and Cummings (2013) propose that psychologists may turn away from religion in general as a result of their education and training, although they argue that the impact of psychology graduate education and training on spiritual and religious affiliation have not been prospectively studied. The results from past surveys also indicate that some psychologists may have negative attitudes or experiences regarding both religion and spirituality, particularly within fundamentalist belief systems (Hook et al., 2012), which points to the importance of psychologists reviewing their own beliefs and values towards both experiences. Bergin (1991) outlines the importance of self-restraint in therapy when such emotional and often anti-religious views differ between the therapist and client. Beatty et al., (2007) proposed that what essentially matters is the real issue of whether a therapist is able

to use their values to the benefit of their clients without taking advantage of the power that exists in a client and therapist relationship.

In their study exploring a sample of over 400 clinical psychologists, Shafranske and Malony (1990) used the survey method consisting of a 65-item questionnaire to study the nature of clinical psychologists' religious and spiritual orientations, their attitudes toward religiousness and their utilisation of interventions of a religious nature. They found that 40% endorsed a personal, transcendent God orientation, and 30% an orientation that affirms a transcendent dimension in all nature. Participants appeared to give value to religious beliefs, with 53% rating religious beliefs as desirable for people in general, and only 14% rated this as undesirable. A key finding was that psychologists appeared to value the role religious and spiritual issues serve in an individual's life. The majority held religious beliefs and affiliated, with varying degrees with organised religion. Taken within the context of data from previous studies, Shafranske and Malony (1990) understood the findings in relation to clinical psychologists' appreciation of religious and spiritual concerns, with the majority agreeing that religious and spiritual issues are relevant to clinical practice. The authors note that the psychologists in the study had greater affiliation and receptivity to religious and spiritual issues than exists within the larger psychologist population. Such research may serve to illustrate ways in which psychologists' personal orientations toward religion and spirituality impact their approach to these issues in professional practice. In a study by Beatty, Hull and Arikwa (2007), a range of questionnaires were employed to examine the relationship between psychologists' religious attitude in therapy and conservatism, and data was analysed using a range of statistical tools. Findings revealed a positive correlation between religious affiliation and the reporting of a more positive attitude towards discussing religion in therapy. Findings further pointed to some of the inherent challenges involved in the inclusion of personal beliefs/attitudes/viewpoints in therapy, including personal differences, which may negatively impact on therapy, outcome, and ethical and legal concerns. The authors conclude that failure to acknowledge these factors may thus lead to ineffectual treatment.

Qualitative studies

Several qualitative studies have found that, relative to samples of other academics, psychologists have demonstrated lower levels of religious affiliation (Roper Centre, 1991),

and are less likely to declare a belief in a personal transcendent God (Ragan et al., 1980). However, many studies have found the large majority of psychological practitioners to believe that spirituality and religion are highly applicable to the therapeutic process (Carlson, Kirkpatrik, Hecker, & Killmer, 2002; Kellems et al., 2010; Cornish, Wade, & Post, 2012). This concurs with results in a study of 1000 members of the APA which revealed that psychologists respected the role spirituality and religion play in people's lives, and most felt comfortable addressing religious and spiritual issues in clinical practice (see Plumb, 2011). This gives value to evidence that reveals clients generally perceive discussing religious/spiritual issues in therapy as appropriate, and show a preference for doing so (Rose, Westfield, & Ansley, 2001).

Elkonin et al. (2014) support the idea that psychologists' awareness of their own limitations promotes recognition of when one is going beyond the boundaries of one's competence. Despite therapists' increased comfort with and preference for clients similar to themselves (Cummings et al., 2014), few studies have found evidence that suggested that therapists' own religious and spiritual affiliation affected the therapeutic relationship (Kellems et al., 2010). A study by Mayers et al. (2007) nonetheless found different results. Mayers et al. (2007) examined how clients with religious/spiritual beliefs experience psychological help-seeking and therapy. The study employed semi-structured interviews and was conceptualised with the framework of Interpretive Phenomenological Analysis (IPA). Mayers et al. (2007) concluded from the study that, for highly spiritual clients, preference is given to psychological therapists who share the same level of religious and spiritual understanding, echoing ideas outlined by Walker, et al. (2011). Research has further shown that psychologists award great importance to an empathic approach when respecting the client's spiritual beliefs, and this was best achieved through personal reflection, and by holding judgments about beliefs felt to be different to their own (Crossley & Salter, 2005). These studies indicate that a level of mutual understanding regarding spiritual and religious affiliations is seen to impact the therapeutic process.

Studies have linked the development of a client's spirituality with the therapeutic process (Brooks & Mathews, 2000; Habermann, 2004), with studies revealing that many psychologists believe spirituality to be an inherent part of the therapeutic relationship (Brown, Elkonin & Naicker, 2013a). In a narrative study that explored 12 clients' perspectives on spirituality in the therapeutic relationship, Gockel (2011) found that equal value was given to spirituality in the context of the therapeutic process, and in the context of the content of

therapy. Clients situated spirituality in the presence of the counsellor as communicated through interaction. This serves to shed light on studies that point to clients' spiritual gains in therapy, even when working with therapists who hold different spiritual values and orientations (Brooks & Mathews, 2000). The study was however retrospective, thus not allowing for participants' perceptions to change over time. A consideration may be how expectations regarding the integration of spirituality may shift for a given individual at a different stage of their life.

Attitudes towards spiritual integration

Quantitative studies

The past few decades have revealed an abundance of evidence for the importance of addressing religious/spiritual issues in therapeutic practice. Psychological practitioners have become interested in spirituality as an integral part of their professional work, and are finding effective ways to integrate spirituality into psychotherapeutic activities (Miller, 1999; O'Hanlon, 2006). Research studies have found that, when addressing spirituality and religion in treatment, therapists' attitudes and practices are mixed (Shafranske & Cummings, 2013). For example, Shafranske (1996b; 2001) and Frazier and Hansen (2009) found that whilst psychologists noted a strong approval of religious and spiritual integration into therapy, this did not match the extent to which they confronted spiritual and religious issues on a regular basis.

Much of the current literature indicates that most psychologists address spiritual issues at least sometimes through the application of basic therapy skills, such as demonstrating respect for their client's beliefs (Frazier & Hansen, 2009). Frazier & Hansen, (2009) report that it is less common for psychologists to use interventions that work with religious/spiritual material more openly, such as prayer and citing religious texts. Frazier and Hansen (2009) surveyed 96 psychologists to examine their perceived importance of religious/spiritual psychotherapy behaviours, and found that overall participants did not view the range of behaviours tested in the study as being important to practice. These included behaviours such as actively communicating respect for clients' religious/spiritual beliefs, evaluating when one's religious/spiritual values and biases negatively impact treatment, and actively seeking client feedback about the psychotherapy provided. What is more, participants reported, on

average, discussing religious/spiritual issues with only 30% of their clients, and whilst they generally reported the inclusion of spirituality at the start of therapy, only a third actually addressed spirituality as part of an ongoing treatment process. This study highlights that perhaps psychologists are at times reluctant to intervene in ways they believe to be important to competent practice.

In reflecting further on the process of integrating spirituality into practice, Hathaway, Scott and Garver, (2004) surveyed 1000 psychologists on their views as to whether client religious or spiritual functioning is adequately addressed in clinical practice. They found that 42% of psychologists asked clients about religion and spirituality at least half the time, but 12% never approached religious and spiritual beliefs with their client. What's more, they found that whilst over half of the psychologists gave significance to improving their clients' social and occupational functioning and assessed their client's religious and spiritual involvement, most clinicians have never or only rarely set religious or spiritual goals as part of a client's treatment plans. These findings may be understood in the light of Shafranske and Malony's (1990) research into clinical psychologists' religious and spiritual orientations and their practice of psychotherapy, with surveys revealing that many practitioners do not receive adequate training to meet the needs of clients relevant to issues of religion and spirituality. Similarly, most clinical psychologists describe the integration of spirituality in clinical psychology programs as rare (Shafranske and Malony, 1990).

Researchers have been interested in discovering what factors are associated with psychologists' attitudes towards and employment of religious and spiritual interventions (Shafranske & Cummings, 2013). In a systematic review of studies examining the relations between practitioners' religious and spiritual therapy attitudes and behaviours, Cummings et al. (2014) identified a positive association between therapists' spiritual and religious beliefs and attitudes towards integrating religion and spirituality in therapy. As with several authors who have examined this association, (Frazier & Hansen 2009; Walker et al., 2004), Cummings et al. (2014) noted that practitioners believed addressing spirituality and religion to be highly appropriate or significant if they had their own relationship with a spiritual/religious tradition. Frazier and Hansen's (2009) study supported the idea that those psychologists who have had negative past experiences with religion and spirituality have lower inclination towards their inclusion, thus indicating that integration of spirituality is

potentially based on intrapersonal experiences. This promotes discussion around the imposition of values, be it intentional or unintentional.

Several studies of various client populations have demonstrated that clients are enthusiastic about having their spiritual and religious values integrated into therapeutic practice (Mathai & North, 2003; Solhkhah, Galanter, Dermatis, Daly, & Blunt, 2008) and, in one therapeutic community focused on helping clients with drug and alcohol dependency, authors found that 84% of clients surveyed requested more involvement with spirituality in their treatment (Dermatis et al., 2004). In their quantitative survey of psychologists' religious and spiritual beliefs, Delaney et al. (2007) found that 82% of the psychologists recognised the positive correlation between religion and spirituality and mental health, thus having implications for psychologists' decisions to integrate spirituality and religion into therapeutic practice.
In a study addressing religious and spiritual treatment of rehabilitation psychologists, Shafranske (2001) found that nearly two thirds proposed that psychologists should not provide spiritual and religious resources unless the client willingly introduces them in conversation. Quackenbos, Privette and Klentz (1985) in a study that surveyed the opinions of 86 lay people about the relationship between religion and psychotherapy, found that clients may experience concern about how therapists respond to their religious beliefs, and this may influence a clients decision to initiate discussion regarding religious issues. 18% of participants in the study thought that nonreligious therapists would undermine their beliefs, whilst 21% claimed that they would avoid nonreligious therapy. Interestingly, Quackenbos, Privette, & Klentz (1985) found that 79% of participants thought that religious values were an important topic to be discussed in therapy, and 53% stated that they would seek counselling at a pastoral center if one were available. The study suggests that many people want religion to be included in psychotherapy, whilst recognising the potential hurdles to doing so. How people conceptualised religious beliefs was not addressed in the study, and thus it remains unclear if the concerns of the lay people in the study would also apply to the discussion/integration of spiritual issues in therapy.

Qualitative studies

There has been an increasing amount of research on the integration of spirituality within clinical practice that is grounded in qualitative methods of analysis, with researchers calling for detailed accounts of the ways in which psychologists address spirituality within clinical

practice (Plum, 2011; Fukuyama, 2003; Crossley & Salter, 2005). In their semi-structured interviews of psychologists' experience of integrating spiritual beliefs in therapy, Crossley and Salter, (2005) found that in addressing the spiritual beliefs of clients, practitioners described two core strategies, locating them within the context of implicit integration that promotes the idea of waiting for spiritual matters to be raised by the client, to explicit integration that indicates a more direct approach. The latter approach comprises a more routine enquiry about the nature of spiritual beliefs. The authors demonstrated that therapists' rationale for the introduction of spiritual strategies included making the invisible visible. Thus the benefit of explicit integration is its invitation to the client to meaningfully bring values and beliefs that would typically be overlooked. Crossley and Salter's (2005) study highlights that psychologists' logical basis for implicit integration was located in the understanding that a client would bring their spiritual beliefs to therapy without the need to prompt them. Similar research supports the idea that spiritual concerns often emerge as part of a gradual process (Johnson et al., 2007), thus paving way for a number of explicit spiritual interventions that are suited to the client's personal spirituality (e.g., meditation). Research has consistently found that therapists are more likely to participate in spiritual dialogue when clients openly express their beliefs in therapy (Kahle & Robbins, 2004; Patel & Shikongo, 2006), and this highlights the potential barriers to explicit integration, including fear around the imposition of values, anxiety related to conflicting beliefs, and practitioners' intentions to work within their level of competence (Brown, Elkonin & Naiker 2013b).

Richards and Bergin (2005) advocate strongly that clients benefit from an assessment at the outset of the therapeutic relationship that includes spiritual and religious dimensions, and this is supported by Byng-Hall (1995) who proposed that early inquiry makes way for deeper exploratory work to take place, as areas of conflict or unease can be revealed early in the therapeutic process. Others such as Mayers et al. (2007) have found that clients can be reluctant to reveal their spiritual and religious beliefs in therapy on the basis that they may be misconstrued, thus indicating the importance of therapists recognising the presence of stigma regarding clients' spiritual beliefs. Over time, participants noted that they gradually introduced their spiritual/religious beliefs in therapy, and observed the reaction of their therapist. Overall, most participants felt that their beliefs were respected and accepted. Significantly, participants recognised that their religious and spiritual beliefs need not be overlooked within the process of therapy, but rather be used to the client's benefit. The authors noted from the study that the sample was restricted to those still in treatment, or had

completed therapy. Clients who have discontinued treatment may have had a different experience of psychological therapists' willingness to discuss spiritual issues.

Rationale for study

Despite the claims that spirituality is considered to be a core component of a person's psychological make-up (Santana, 2006), and integral to professional practice (Plante, 2008), research continues to raise concern that issues relating to spirituality within clinical practice are frequently overlooked (Crossley & Salter, 2005). The present study specifically explored psychological therapists' understanding of spirituality at a conceptual and clinical level, with attempts to provide insight into the ways spirituality is storied. In light of recent research that has examined how practitioners understand and address spirituality within therapy, it was felt that insight into the multiple representations of spirituality that exist may be suitably understood by exploring the practitioners' personal narrative, with an appreciation of the broader context in which the narratives are told. Despite the narrative method being particularly suitable for investigating a topic area such as spirituality because of the way it focuses on how people construct meaning out of events (Lieblich et al., 1998), there appears to be a lack of studies that have focused on psychological therapists' understanding of spirituality using a narrative approach. This study hoped to provide the psychological practitioners with the opportunity to engage in the process of storying their understandings and beliefs around spirituality in ways that fruitfully contribute to the current literature.

Chapter 2: Methodology

Overview

The aim of this chapter is to provide an overview of the research process related to the study. Firstly, I outline the aims of the research. I then go on to describe my epistemological position addressing how I, as the researcher, believe the knowledge gained from the study is created and shared. I go onto discuss the methodological approach of Narrative Inquiry (NI),

and address why this particular approach suited the aims of my study, providing a summary of the specific methods chosen for the study. Finally, in my belief that the entire inquiry process is open to critical and systematic reflexivity, I inspect the potential biases that may have formed part of my study. I include an examination of the paradigm assumptions made, decisions made in collecting and analysing the data, and decisions around interpreting the findings of the research. I also reflect on ethical issues related to my study and how a consideration of these issues allowed for greater transparency of the entire research process.

Research Aims

The central research question is 'How do psychological therapists understand spirituality within the context of their clinical practice?' The objectives of the study include capturing some of the ways psychological therapists' represent the notion of spirituality in the telling of their individual stories, with attempts to gain access to the meaning the narrators assign to their lived experience of spirituality, and how in turn this experience is presented to others. Thus the research draws upon a paradigm that views narratives as a 'participatory activity in which a person can author (and re-author) their own meaning-making activities' (Hiles & Cermák, 2008, p. 151). Various dimensions of narratives exist, and can include the narrator's notion of self and the shaping and maintenance of personal identity, narrative as constituting an 'organising principle' and as being linked to the notions of co-creation and intersubjectivity. A key element of the research is investigating the participants' understanding of reality, and their own place in that reality within the context of spirituality and therapeutic practice. Ultimately, being privileged to the ways psychological therapists detail their understanding and experience of spirituality within their clinical practice may provide insight into the practitioners' awareness, knowledge, and skills in working with spirituality, and thus offer the opportunity to consider possible revision in the way it is addressed and accommodated to. My aim is to provide a suitable base for Counselling Psychology as a profession to work towards an understanding of spirituality that will serve to aid growth of spirituality in clinical practice.

A qualitative approach

I have chosen a qualitative approach to the research as it allows me to focus on the aims of my study. A qualitative approach enables me as the researcher to pay attention to the sense-

making process of individuals that is deemed fundamental to understanding human reality (Hiles & Čermák, 2008). In particular, by adopting a narrative oriented approach, it allows me as the researcher to gain access to the world behind the author telling his/her story (Riessman & Speedy, 2007), and to highlight their ways of being in the world (Murray, 2003). Qualitative research promotes the freedom of the participant to lay out how they as individuals experience events, and how they add their subjective meaning to such experiences (Bamberg, 2008). It also permits me as the researcher to be part of a process that is open to critical and systematic review. This means acknowledging that I have a participatory role in the inquiry, and that I form part of the situation in which the participants provide their narrative accounts. It also means having an awareness of my expectations that may promote certain narratives and restrain others (Murray, 2003).

Part one: Epistemological positioning and theoretical perspective

My epistemological position is located in my assumptions about knowledge and knowing, specifically referring to the position I adopt in relation to the type of knowledge my research generates. Typically, it involves posing the question of what and how we can know? (Willig, 2012). This position underpins the research design and strategy I adopt within the study. In reviewing my epistemological stance, I questioned several times the aims of my research, and the intentions behind the analysis of my data.

The criteria for evaluating my research stand strictly outside of a realist epistemology that promotes the idea that there exists a reality independent of us that can be known- a tradition that prioritises objective knowledge and established truths (Smith & Sparkes, 2008). This rejection is on the basis that it fundamentally contradicts the essence of the narrative approach. Narrative, (and indeed qualitative research), comes from an interpretive viewpoint that asserts that narratives-like reality-can be 'read, understood and analysed in extremely diverse ways' (Lieblich, Tuval-Mashiach, Zilber, 1998, p. 171), thus lending itself to the notion that there exists only versions of the truth or reality without there being a pure foundation on which the observer stands (Lieblich et al., 1998). Narrative inquiry (NI) as argued by Riessman (2000), is a method that does not assume objectivity, but instead positionality and subjectivity. Further, ontological realism dismisses the significance of the researcher's position in relation to the research that allows for the data to be subject to multiple interpretations (Bold, 2012).

A reaction to the idea of ontological realism is the social constructionist perspective. Narrative Inquiry (NI) has its roots in a social constructionist approach that announces that knowledge has a social-cultural (discursive) base, and meaning arises through interaction with our world. According to this approach, '…we share stories about our lives with each other, and we live within a web of family, community, and other stories' (Murray, 2003, p. 98). At the core of this approach is its announcement that knowledge is socially constructed, is contextual and subject to fluidity, giving much significance to the constitutive role played by language in our everyday lives (Crossley, 2003). Crossley (2000) asserts that the basic principle of narrative psychology is that people understand themselves through the channels of language, and it is through this process that individuals take part in an ongoing process of creating themselves. A relativist position such as that adopted by social constructionism rejects the realist notion that refers to a pre-existent self that stands outside of day-to-day interaction, claiming that this is a naïve and misplaced assumption.

Smith (1989; 1993) argues that people, (including researchers), are unable to separate themselves from their own social and historical standpoint to ascertain whether there is a world being reflected in an accurate way. According to social constructionist approaches, such as post-modernism, the task of making universal claims about the quality of human lives and experiences is futile, because such selves differ in relation to cultural and practical contexts (Crossley, 2003). Thus if there is no fundamental nature to identify, then the notion of the self must be discarded. In view of the argument that the structure of narrative accounts are context-dependent and are seen as being both fluid and adaptive, it is legitimate to say that the study can be widely located within a social constructionist (relativist) approach. The study advocates that the shape of narratives rely on a number of components including the narrator, the audience and the wider social context. Recent criticisms of this approach nonetheless argue that it loses touch with the phenomenological realities of everyday life, placing too much emphasis on the flux-like nature of self-experience (Crossley, 2003).

In the process of identifying my epistemological position I was confronted with a choice of perspectives that when initially consulted, seemed somewhat contradictory. However, when placed alongside each other, it provided what was deemed to be a more inclusive view of our knowledge of reality. Central to the aims of the research is to grasp an understanding of the narrators' experience of spirituality within the context of their clinical practice, with a focus on what may be described as the narrator's 'realm of interior personal experience'. This points

to the view of the narrator as a 'repository of inner feelings' focusing on subjectivity, and 'the private social world… of the individual' (Smith & Sparkes, 2008, p. 180). Arguably, whilst social constructionism offers us the opportunity to generate a rich description of the socio-cultural (discursive) environment, as a stand-alone approach, it can be said to overlook the phenomenological and experiential realities of everyday existence, thus the individual purposive-agent is somewhat absent. Crossley (2003) argues that certain social constructionist approaches have become un-attuned to the phenomenological and experiential realities of day-to day-life, and this has subsequently led to moving the focus on the changeable and somewhat unpredictable nature of self-experience. Augustinous and Walker (1995) purport that the 'individual purposive agent' is not present in the social constructionist studies of self, and so overlooks the notion that individuals have an 'internal sense of themselves as a self'.

In being faithful to the notion of stories being expressions of an individual's internal world, it is paramount that I, as the researcher, respect the experiential realities of the narrators everyday life, allowing for a participatory self that is actively and creatively engaged in processes of meaning making and personal discovery (Hiles & Čermák 2008). A phenomenological perspective seeks to obtain knowledge through a state of subjectivity, whilst remaining faithful to the values of thinking and reflecting (Moustakas, 1994). It allows for a focus on people's lived experiences, exploring the current moment as it presents itself as a lived story. For phenomenology, knowledge is 'cloudy', in that it is arguably neither realist (assuming the possibility of direct access to reality), nor relativist (assuming all knowledge is constructed) (Lawthom & Tindall, 2011). Unlike a social constructionist approach, phenomenology considers the crucial element of the individual's subjective account of reality, offering an investigation and description of phenomena as consciously experienced, without theories about their causal explanations or their objective reality.

It is not the intention of the research to demarcate a social constructionist approach from a phenomenological one, indeed, the boundaries between the two are considered to be somewhat fuzzy (Ashworth, 2008). Instead, the aim is to appreciate a layered ontology to social reality which respects the role that subjective understandings play in a variety of narratives, whilst recognizing that they cannot be understood without a consideration of the external reality that is independent of the interpretation of the individual. Thus my epistemological position is situated between both a social constructionist approach and that

of the phenomenological approach, both notions of reality being married in the study rather than being distinctly separated.

Part two: Methodology

It is the significance that narrative inquiry places on human existence relying on narratives as part of a meaning-making process that influenced my choice of approach. Whilst the notion of meaning-making as a process can be explored via the adoption of different methodological approaches, what makes narrative inquiry specifically relevant to my study is the ways in which meanings form part of a storied event. With focus on the individual's lived experience, their understanding of reality and how they position themselves within that reality, narrative inquiry allowed to me pursue the research aims which explore 'what' means the psychological therapists use to demonstrate their understanding of spirituality, and 'how' they story this understanding within the context of their clinical practice. What's more, the focus of the study was to examine and understand the inner world of the individuals (Lieblich et al., 1998), whilst considering how their personal narratives on spirituality are contextualised within more broader narratives, such as those located in the world of psychological practice.

Narrative Inquiry

In recent years, qualitative researchers in the field of psychology and the social sciences have become increasingly interested in narrative forms of inquiry (Murray, 2003; Polkinhorne, 1988; Sarbin, 1986). One explanation for this growing interest is the belief that human life is itself storied, and that 'narrative is a method of knowing, and an ontological condition of social life' (Smith & Sparkes, 2008, p. 169). For narrative psychologists, the stories people share and hear from others form a significant part of who they are and what they do. In reaction to the laboratory-experimental studies in psychology, which were viewed as dehumanizing participants, it appeared that narrative psychology emerged as a way of highlighting the meaning-making processes that take place for the individual, and to find a means of representing the stories people share about themselves (Crossley, 2000).

So what is narrative?

> *Narrative* is 'the organising principle for human action' (Sarbin, 1986, p.9).

The term narrative has a multiplicity of meanings and is used in a variety of ways by different disciplines, often seen as being interchangeable with the term 'story'. Riessman (1997) has addressed the complex journey that narrative has taken: the term having a level of regard that few researchers would have estimated 20 years ago. The term is an all-inclusive one that can be found in just about every topic of interest, from the political realm that identifies the need for 'new narratives', to the world of music in which jazz musicians speak of 'composing narrative'. Whilst the broadening of the term narrative has allowed for flexibility of its use, one could argue that the increasing popularity of the term has served to diminish any specificity around its definition (Riessman & Speedy, 2007).

To increase our understanding of the term, we may ask if there is any commonality in the range of definitions available? And how do we separate narrative from other forms of discourse? One answer may seem to be located in the notions of sequence and consequence (Hinchman & Hinchman, 1997; Morgan, 2000; Riessman, 2004): events are chosen, arranged, and evaluated as meaningful for a particular audience. Anderson and Kirkpatrick (2016) describe a story as: 'consisting of characters, a scene, a place or a context in which the story occurs and a crisis or event of some sort that can provide dramatic tension' (p. 632). Thus stories occur as part of a timeline with a beginning, middle and an end. However, they argue that narrative is not just a catalogue of events but an attempt by the narrator to connect them both in time and meaning. Describing events as individual entities out of context, they argue, may allow them to seem like simple suggestions, but when told as stories, the ways they are related give the plot meaning and make them intelligible.

William Labov and Joshua Waletzky's (1997) offer a clearly defined conception of narrative that refers to 'units that construct a temporal sequence of events that have two functions' (p. 18). These two functions offer meaning that can be located in the function of an individual's interest, and the evaluative role as it relates to the immediate physical and social setting. Similarly, Elliot (2005) situates narratives as having three main components, temporal, meaningful, and social. Each of these components allows for a story to take on a different meaning at a different time and in a different context. Thus this opens the debate about bringing to light stories in interviews, since they will be qualitatively different from stories that arise in other, more natural contexts. When we enter the world of psychology and research, personal narratives may be seen to comprise long accounts of lives within a given context that change over the course of single or multiple (therapeutic) conversations (Riessman &

Speedy, 2007). Counsellors and psychotherapists confront narrative all the time when they 'partake' in clients' stories about their lives and situations.

Referring to the notion of sense-making, Bolton (2006) claims that stories are 'tools' that help us to organise our lives, and like Elliot (2005), shows an appreciation that both the characters and perceptions relating to these stories are open to change. Bolton (2006) makes little attempt to assign narratives with a particular structure, but instead, directs his attention to the meanings that stories hold at both a personal and social level. Sikes and Gale (2006) offer a broad definition of narrative that is simply described as 'an account of something'. In research, the use of the term narrative is somewhat problematic owing to the vastness of meanings that surround it. This may serve to explain the non-specific description of narrative that Sikes and Gale (2006) offer.

According to Ricoeur (1984), we need narratives to help organise a world that is forever changing, and refers to how narrators attempt to organise sequences into meaningful events. Murray (2003) argues that the structure of narrative accounts is fluid, and relies on a variety of elements that include the narrator, the audience and the broader social and cultural context. In a similar vein to Murray, Elliot (2005) states that narratives are by nature temporal, meaningful, and social, and each of these components leads to the creation of stories that will vary in meaning depending on time and context. However, it can be argued that narratives are seen as providing relatively accurate representations of events and experiences through time, and the researcher, regardless of the analytical methods or techniques she adopts, is able to focus on what the core elements of the narratives inform us about the social world.

A major theme within narrative psychology relates to the self and our identities. Some researchers see the two as inseparable, that is, narratives and identity are so interlinked that each move into the conceptual field of the other (Bruner, 1990). Lieblich et al. (1998) comment that 'the story is one's identity, a story created, told and revised, and retold throughout life' (p. 7). Polkinghorne (1988) amongst others, states that personal narratives, in both content and form, 'are' people's identities. According to such an approach, stories replicate life and present an inner reality to the outside world, simultaneously shaping and building the narrator's personality and reality.

The narrative approach evidently places much significance on the ways in which the stories we tell help to inform our understanding of the self and the external world. Indeed, the research may serve to highlight how narratives are employed as a means of learning about the psychological therapist's understanding of spirituality, and how this has contributed to the establishment and development of their identity.

Narrative Analysis

There is appreciable diversity in how researchers employ the concept of personal narrative, and in turn, the methodological assumptions and strategies of analysis. Riessman (2008) argues that the choices made by the researcher are often linked to disciplinary background, emphasising the significance of matching the chosen means of analysis with the studies aims and objectives. According to Clandinin and Connelly, (2000), all narrative research is highly dependent on interpretation. They argue that the amount of data collected can be immense, and the meanings given to the data are open to interpretation by a researcher who adopts a specific position in relation to the research. Lieblich et al. (1998) agrees with this view, referring to an interpretation as always being personal, partial, and dynamic. They state that narrative research is suitable for researchers who are open to experiencing a degree of ambiguity. Despite theoretical differences and research focus, Riessman (2000) asserts that most researchers do share some fundamental understandings of narratives, and this includes for example the notion that narration is characterised by ordering and sequence, with one action inevitably impacting the next.

In her approach to narrative analysis, Riessman (1993) notes the importance of giving attention to the multi-layered meanings within narrative and the context in which the narrative is set. She suggested a tripartite division in relation to different analytic stances and differentiates between thematic, structural and dialogic/performative approaches. Thematic approaches explore within the content of the story emerging topics and themes. Structural approaches explore the linguistic elements of the story and the stories overall sequential make-up. The third, namely the dialogic/performative approaches combine aspects of both, whilst also taking into account the 'who' 'when', 'why', and 'for what purpose'.

The field of narrative analysis is changing fast, and no account can do justice to the many types of work that are evident. Arguably, the difficulty lies with the fact that narrative data analysis can vary, with some researchers focusing on the straightforward collection of stories to be categorised and classified, (e.g. into genres), through to a more in-depth analysis of stories (e.g. exploring underlying themes), to a more fine tuned analysis of the narrative sense-making process and the context within which this takes place (Hiles & Čermák, 2008).

In exploring the various possibilities for reading, interpreting and analysing life stories, two core independent measurements arise-those of holistic versus categorical approaches, and those of content versus form (Lieblich, et al., 1998). The first dimension, a holistic approach, refers to the unit of analysis that focuses on the whole story; the life story of the person is taken into account as a whole, and parts of text are interpreted in the light of other parts of the narrative. In contrast, a categorical perspective focuses on the themes/categories that make up the story.

Exploring the second dimension, content versus form, the content refers to the story account itself, and form refers to how the story is re-told. For some researchers, the focus is on the explicit content of an account, which includes what happened, or why and who participated in the event, all from the perspective of the narrator. At the other end of the scale, some researchers show little interest in the content of a story, but instead focus on its form, e.g. the structure of a plot, the sequencing of events and the feelings that emerge from the story. These two dimensions listed above may be seen as intersecting, creating four main approaches, namely holistic-content, holistic-form, categorical-content and categorical-form. The point is that these approaches can be used as isolated means of analysis, or indeed in any combination. The approaches may be connected to different types of research question, different modes of text, and different sample size (Hiles & Čermák, 2008).

Part three: Methods

Recruitment

Prior to the recruitment of participants I was required to complete an Ethics Release Form that outlined the aims of the research and methodology prior to commencing the research work. This was signed by the supervisor overseeing the research to allow for approval to

carry out the research (see Appendix A). Participants were then recruited using a variety of methods that initially involved advertising via email to members of the sub-division of transpersonal psychology. I outlined my research focus and aims, whilst attaching a copy of the flyer used in the research (see Appendix B). The flyer used in the study was clear and not misleading, and provided brief unambiguous details, including what the study involves. I also advertised for participants in my current place of work (a counselling service), by placing a flyer in a communal area of the workplace, and by also contacting employees from my previous place of work (an IAPT service). Further, I recruited participants through the technique of snowballing. This was a particularly effective method, as a majority of the participants were recruited via recommendation from others who worked in a similar profession. The recruitment process was a steady one, and took six months from the point of advertising, to carrying out the interviews of six participants. Once the participants gave their consent to take part, then it was up to myself to contact them to arrange a suitable time and place for the interviews to take place.

Interviews and interviewees

A total of six semi-structured interviews were carried out, and this consisted of five women and one man. The gender imbalance in my participant group can simply be owed to more women forming part of the snowballing effect, and were not specifically targeted on the basis that they formed the focus of the study. Biographical accounts of the six participants can be found in the analysis chapter of this study. The participant groups consisted of psychologists, psychotherapists and counsellors. My original aim was to solely focus on counselling psychologists, as a significant part of the evaluation of the study is its applicability and profitableness to counselling psychology practice. However, whilst effort was made to recruit counselling psychologists, I decided at the early stages of the research process that limiting the participants to those in this profession would place too many demands on the recruitment process, given the restriction of time and the availability and response rate of practitioners overall. I therefore opened up my target audience to include other practitioners, recognizing that allied professions would potentially provide me with information that could later be applied to the specific profession of counselling psychology.

Six participants was considered a sufficient number to allow me to address the research aims, and a big enough sample that permitted the development of a thorough relationship with the transcripts within the time I had. Efforts were made to recruit participants from

diverse ethnic backgrounds; all participants regardless of their background described themselves as British citizens. The participant's ages ranged from 32-55, and were practitioners with a wide range of clinical experience in a variety of settings. All participants shared the belief that spirituality was a key feature of their life, both at a personal level, and at a professional level. Whilst the psychological therapists' theoretical orientation does not form the focus of my study, the research will be open to exploring any evidence of how variations in understandings of spirituality may impact practitioners' clinical practice (Richards & Bergin, 2005).

Interview Settings

Interviews were carried out in a variety of locations, and decisions were made based on a number of factors, and included a setting that was most convenient for both parties in terms of location, a place that was deemed quiet and confidential. The setting also considered my safety throughout the interview process, and interviews took place during working hours that guaranteed the presence of other members of staff in the building. It is worth stating that at no point did I feel intimidated or vulnerable. Most interviews were conducted in the workplace of the interviewees, and this was partly owing to room availability. One interview was carried out via Skype, and this decision was made on the basis that the participant lived too far away, and being the only male in the study, it was felt that this may add an interesting dimension to a study dominated by female participants.

Narrative interviews

When participants are asked to share their experiences, or to explore some aspect of their life, they invariably use a narrative mode of organization. The accounts participants provide arguably take on a story structure (Hiles & Čermák, 2008). Within the research context, the primary means of obtaining narrative accounts is through interviews (Murray, 2003), and the nature of such interviews can vary depending on the type of research question and the aims of the research. The narrative interview can take the form of an open invitation, or a more topic-oriented style of open questioning, both generating different types of accounts (Hiles & Čermák, 2008). It was essential that I continually reminded myself of what it was I hoped to gain from the interview, as I was aware that the kind of questions I asked, and the ways they

were structured, provide a basis within which participants shape their accounts of their experience.

How was the narrative method followed in the interview and in the interpretation of the data?

The first question of the interview was: ‘maybe we can start with what you understand by the term spirituality’. This was a deliberately broad question that offered the narrators the opportunity to begin the interview by expressing their thoughts freely. By providing an open start to the interview, it created the space for the interviewees to express their real thoughts and feeling about spirituality without being led in a specific direction. From this point onwards the interviewees provided comprehensive responses throughout. My role as the interviewer was not to be passive or directive, but instead to sit alongside the story-tellers as the dialogue unfolded. The interview process combined active listening with various points of questioning, using the interviewees own language to fill any gaps or to pursue a line of interest. Subtle invitations and few interruptions helped to generate narrative-like responses in that it communicated to the interviewer that I was keen to hear their story in their own words. As a result, myself as the interviewer and the narrators created connections between stories and experiences that encouraged the process of meaning-making (Bold, 2013).

At all times I was aware of my research question, and the questions that I had created as part of the semi-structured interview process. The semi-structured style of interviewing nonetheless offered the flexibility to take a different path at any point, and to be open to new ideas in the narrative as they unfolded. I observed that with this approach to the interview, the answer to one question merged naturally with the content of the following question (Bold, 2013), therefore allowing me to naturally cover all of the ground. At times I made a conscious effort not to disrupt the flow of narrative, but instead made a mental note of those areas I hoped to pursue further on in the interview. I also recognised the impact of my responses when interviewing; achieving a mid way point between providing non-committal encouragement for the interviewers to talk, whilst wanting an active role in the discussion was a challenge. From the way I asked the questions to the choices I made when tuning into to aspects of the narrative over others undoubtedly influenced the story-line. Further, on many occasions an interviewee told a story about an event that I could relate to, for example, when discussing their own secular views of spirituality, and whilst this at times distracted my line of thought in that I began reflecting on my own views, I also believe that it created the

space for a shared understanding of such events which elicited more comprehensive responses. This 'empathy' better equipped me to tune into the stories being shared.

Establishing rapport and trust with the interviewees was paramount, and this was achieved by the use of non-verbal encouragement and smiling to help create a platform to talk. External contextual influences were taken into account, and this was particularly significant when carrying out the only interview on-line. The same interview techniques could be applied, but there were obvious limitations that I felt interrupted the flow of the co-creation of narratives. Whilst I was able to capture the gestures and facial expressions of the narrator, technical interruptions meant that communication at times was broken and unclear, and therefore at times threw me when trying to maintain my line of focus and partake in an open dialogue. Of course, this works two ways; the interviewer asked me to repeat questions that he didn't hear, and this may have influenced his flow of thinking and perhaps disrupt specific dialogue he considered to be of relevance.

In interpreting my data it was my aim to capture the person's story throughout, and this was achieved by paying close attention to the relationship between the narrator and the context of their story. In line with Reissman's (2008) ideas on narrative interviewing, my aim was to focus on the events as they were narrated, how the story was structured, and the meanings assigned by the narrator. In the process of pulling out phrases and creating themes that I felt represented a narrators' experience, I asked a number of narrative style questions that helped me to contextualise the content of the story. This included reflecting on the tone of the narrator's voice; was it optimistic or did it indicate something else? This was relevant for example when the narrators spoke of the dichotomy between spirituality and religion and when reflecting on the benefits of spirituality on well-being. I also questioned whether there was a social/moral element to their story? This was a pertinent question throughout given that the topic is typically associated with values, meaning, principles, and conduct. Was there a political element to the story and what was the significance of this? This was most relevant when narrators positioned themselves as open and free, but were also keen to describe themselves as secular practitioners. This prompted questioning around why it was necessary for them to 'sell' themselves in this particular way. For example, were they influenced by current trends or what is deemed more acceptable?

Reissman (2008) claims that narratives are ambiguous and represent unfinished representations of people's experiences. She highlights how researchers are 'invisibly

involved' not only when conducting the interview, but also at the stage of analysis. My challenge was to do justice to the data that the line of argument and interpretation are compelling and illustrative of the narrators' experience, whilst locating the findings in the relevant theoretical data. Representing and interpreting another's voice is not an easy task and needs to be done with respect and modesty.

Vital questions I asked throughout the entire research, and significantly the analysis was: what are the effects on me as I approach my research? How are my reactions impinging on the way I analyse the stories? For example, as I approached the stories my sense of self was both emerging and changing as I continued to reflect on my own relationship with spirituality. I was aware that my understanding and values as they relate to spirituality place much emphasis on going within and seeking understanding and direction through reflection and insight. Further I give much importance on the active process of meaning-making in encouraging growth. Whilst engaging with the narratives (both at the interview and in the analysis), my attention was particularly drawn to these ideas, and so this influenced where much of my attention was given. Thus I continually questioned how my expectations shaped the outcome.

What is more, in reading the transcripts, certain feelings about spirituality became evident that I was less conscious of during the interview process, such as my curiosity around the transpersonal elements of spirituality. This potentially influenced the routes I had taken and my reactions when asking the questions, and undoubtedly, my invested interest in the transpersonal during the analytical process. It is perhaps helpful to consider at all stages of the interview process what alternative routes I might I have taken, and why I didn't choose these alternatives? I was aware that the answers to both of these questions were potentially influenced by my own specific research interest.

Prior to the interviews, participants were provided with an information sheet outlining the research aims and procedures, and were asked if they had any questions relating to this (see Appendix C). Contained in this information sheet were details on confidentiality, and an outline of the exceptions to the material remaining confidential. The interviewees were also reminded that they could withdraw at any stage of the process, and they did not need to provide a reason for their choice. Interviewees were advised that the nature of the topic might result in sensitive issues being addressed, but that it was their choice if they preferred not to expand on any details that may cause unease. Interviewees were also made aware

that the interview could stop at any time, and the recorder could be switched off. They were informed that a brief time period was available once the interview had finished to discuss any issues they felt required further reflection. They were informed that such reflections often allowed the participant to process some of the points that had been addressed, and to help bring the interview process to a close. They were made aware that this stage of the process was not recorded.

Following this, interviewees were presented with a consent form that outlined their rights within the interview, confirming that their participation was voluntary. Both the interviewee and myself signed the consent form (see Appendix D). The participants were also asked for permission to record the interview using a Dictaphone. Recording the interview allowed me to give full attention to the interviewee, rather than needing to pause to take notes. Participants were reminded that pseudonyms are used in the write up of the study.

As a narrative researcher it was important to encourage the participant to provide an account of their experience in a way they felt comfortable and free to do so, with no major restrictions on what they wanted to share as part of the interview process. However, I was also aware that I had a particular research questions in mind, and set out to gain access to the narratives that related to the topic of study. Before commencing the interviews, participants were presented with a narrative interview guide outlining the research aims and procedures (see Appendix E). I chose to conduct semi-structured interviews that comprised open-ended, topic-oriented questions, and I began the interviews with a brief outline of the study. This allowed me to encourage a point of direction, both at the start of the interview and throughout, keeping my research aims in mind. The questions were not however asked in any order, and this was vital in allowing the participants the freedom to lead the narrative. I recognised that for most part, topics were covered spontaneously within the participant's narratives, and new areas not considered often followed from this. However, when a particular area related to my research was not outwardly addressed, I would take it upon myself to add the question to the interview to elicit further information, always respecting the current dialogue whilst gauging the participant's emotional state as they tell their story.

It is argued that the very nature of interviews has an inequality about them, often promoting a power dynamic between interviewer and interviewee (Clandinin & Connelly, 2000). Whilst I made a conscious effort to avoid such an imbalance, I was attuned to the possibility that it still existed. My role as a researcher, and how this may have affected the relationship

between the interviewee and myself will be considered as part of the reflexivity account provided below. I also reflect on my role in shaping the narrative that enters the interview process.

Whilst the nature of the semi-structured interview I used was not based on a specific model, Crossley's (2000) semi-structured interview protocol employed for narrative interviews was used as a means of encouraging me to think about how to conduct an interview. I began with a question that Crossely (2000) described as a 'personal ideology question' that sought to gain insight as to what the participant understood by the term spirituality. Stemming from this type of question arose belief systems and values about spirituality. My intention was to begin with a broad question to set the scene, with the rationale that having reflected on the main topic area, more specific questions that entered the interview may be somewhat easier for the participant to place into context. Other questions focused on key events such as when the participant identified a time they integrated spirituality within therapy.

Mishler (1986) gives much significance to allowing the participant to feel comfortable and at ease when answering questions, and argues that the role of the interviewer is to empower respondents, and to be with the participant in ways that allow them to find and speak their own voices. As an interviewer, I made a conscious attempt to provide a space in which the interviewee was able to express their thoughts and ideas, and this was achieved by being empathic and non-judgmental. The interviews lasted from 40 minutes to an hour in length.

Narrative analysis of the interviews: rationale behind my chosen approach

Narrative inquiry stood out for me as the most suitable method of research because of its natural fit with the topic of spirituality. Like spirituality, narratives arguably tell the events of human lives, reflect human interest, and encourage our sense-making processes. They also have the power to transform our lives and the contexts in which we live (Bold, 2012), always taking us to new places whilst helping us to define our own sense of reality. This may be through the people we meet, through our professions, or simply guided by our personal philosophies. On close inspection of the areas of spirituality and narratives, I recognise that both provide the tools to help organise our lives, and have the significant role of shaping our views, in understanding the characters that form part of our world, and in influencing how our perspectives change. Further, both capture how we as humans re-present experience without assuming a 'truth' to our understanding of our experience, and in positioning myself

both in a narrative frame, and within the frame of my spiritual beliefs, this was important as it served to compliment my way of seeing and knowing the world. Marrying the principles of narrative inquiry and existentialism was an easy task, both placing pivotal significance upon the how? what? and why?, the interrelational aspects of human experience, and our search for a sense of identity. To add this is, my role as a practitioner undoubtedly played a role in my choice to use a narrative approach in that in the microcosm of the therapy room, narratives are continuously being (co)created; these narratives representing love, pain and loss, and provide vital clues as to the ways people live their lives. To summarise, the narrative approach allowed me, for the purpose of the study, to gain access to the topic of spirituality in a way that 'made sense' to me, whilst providing the framework to unpick the narrators' own understanding of spirituality. Further my philosophical stance on life is imbued with ideas that appreciate confrontations, chaos and journey taking, and narrative inquiry focuses on how the stories we tell help us to make sense of these challenges.

As a novice to narrative analysis my first steps included familiarising myself with the various forms of narrative analysis, holding my research aims and objectives in mind. This was a lengthy task, as I became increasingly attuned to the fact that there is no 'singular or best way to study to define and study narrative' (Hiles & Čermák, 2008, p. 151). Pioneers within the field include Riessman, (1993), Mishler (1986) and Gee (1991), all of who have conducted a number of studies on narratives. I examined several models of narrative analysis within psychology, open to exploring approaches such as Hiles and Čermàk's Narrative Oriented Inquiry, (2008), Emerson and Frosh's (2004) Critical Narrative Analysis (CNA) model, and Labov and Waletzky's (1967) Structural Model of Narrative. Whilst these approaches did not specifically form the basis of my analysis, it was evident that there were many interpretive overlaps within the different perspectives. This was not viewed as a problem, but on the contrary, was seen as a positive quality that allowed for a deeper understanding of narrative research.

It was Lieblich et al. (1998) categorical-content perspective that I chose to guide my research analysis, arguably the most comprehensive approach to narrative analysis available (see Appendix F for the categorical-content model and the steps of analysis). In searching for an analytic approach that suited my research aims and objectives, I became increasingly aware of how each type of analysis within the model potentially brings a subtly different perspective to understanding narrative research. In my attempt at making a decision, I read through each

of Lieblich's et al. approaches to analysing data, so that I could gain a clear idea as to what approach best suited the purpose of my research.

My initial choice was to take a holistic-content perspective to my data as I was initially drawn to the idea of focusing on specific segments of the text to help shed light on the entire story. The approach aims to explore and understand the inner world of the individual (Lieblich et al., 1998), with a focus on 'what' is being said rather than 'how' it is being said. As in a phenomenological perspective of the individual's narrative, the holistic-content perspective does not make claims that stories are an accurate representation of reality, but instead views the narrative as forming a picture of an evolving story that continues to change through the life course. However, the holistic-content perspective is typically suited to research that focuses on the 'life-story' of the individual, and on identifying core patterns within the life-story narrative, which was not the aim of my research. The approach also explores change in the context of one person's life, rather than exploring a phenomenon across several interviews with a group of people with a shared experience-a goal that is more akin to categorical analysis (Earthy & Cronin, 2008).

The aim of my research was to explore participants' understanding of spirituality as it presented itself in the moment, appreciating the notion of change, but not with the intention of engaging in a chronological account of the participant's experience, as would occur in a life story interview. It was not my intention to interpret the entire life-story of the individual, nor is my study focused on accessing the early memories of an individual as a means to capture the overall pattern in the individual's life- something that is typically characteristic of the holistic-content approach to analysing data (Wells, 2011). It was therefore necessary to find an alternative approach.

In reflecting on my research question, it was suitable that the study focused on obtaining information that related to the content of the narrative, subjecting the narrative to a rigorous analysis that involved breaking down the text into relatively self-contained areas of content, and identifying themes that ran through the text (Hiles & Čermák, 2008). The creation of categories and core themes relevant to the research initially acted as a means of formulating a general description of spirituality as presented by the participants. In turn, the defined categories served to aid understanding, and to generate knowledge of the participant's stories by focusing on the particularity and specificity of their understanding of spirituality (Lieblich et al., 1998). This meant identifying the meaning-bearing utterances that emerged

from each of the categories. It is the categorical-content approach to analysis outlined by Lieblich et al. (1998) that allowed for this specific process to occur. Unlike traditional approaches to analysing content (e.g. content analysis), the categorical-content perspective adopted within the study did not aim to generate a conceptual model of spirituality as a phenomenon.

The breaking down of the text into free-standing areas of content served to highlight the text that was specifically relevant to my research. However, whilst this approach provides the opportunity to formulate a valuable picture of the 'content universe' of spirituality as an area of study, the wider social context in which the story is told is typically not accounted for. Conrad (1990) and Riessman (1990) in reflecting on the specific categorical content approach to narrative analysis, state that the approach detaches the analysis from the whole experience of the participant. To overcome this challenge, whilst also respecting the aims of the categorical-content perspective, I have chosen to identify the core themes without feeling the need to detach such themes from the contexts in which they emerge. This includes taking into account how the stories are presented, what purpose the story serves, and why narrators have chosen to present their account in the ways they do way (Earthy & Cronin, 2008). This arguably allowed for a more comprehensive account of the narratives told, and respected the epistemological position adopted within the study.

The categorical-content perspective has many variations depending on the purpose of the study and the nature of the narrative materials. Deciding on which analytical method was most suited to my study meant initially questioning if my adherence was to an objective and quantitative approach to my data, or to a hermeneutic and qualitative approach. Owing to the focus of my research being on the participants' subjective understanding of spirituality, with no aim of applying statistical treatment to the data, I adopted a qualitative approach within the categorical-content perspective to understanding participants' accounts. The rationale for subjecting the data to this type of treatment included how the data is viewed and approached. It is argued that this way of approaching data is more impressionistic-interpretive, and is in complete contrast to a more quantitative approach to viewing the data. So how did this specific approach to analysing data fit with my research aims and theoretical perspective?

Unlike the holistic-content approach, the categorical-content approach afforded me the luxury of focusing on the content of the narrative, whilst also enabling me the opportunity to extract

sections of the text that are specifically related to my research question. This meant identifying relevant subcategories/themes that run through the text. The categories identified were not predefined but instead developed as part of an *open coding* procedure. This meant that categories from the material were allowed to emerge from the narrative data in a grounded and iterative manner (Bold, 2012). It is significant to note that, whilst the chosen method of analysis focused on the selected subtexts that are initially withdrawn from the total context and explored separately**,** interpretation of the results were also achieved by referring to the remaining text. This arguably served to add depth to interpretations and allowed for contextual factors to be considered where it was felt appropriate. Owing to NI being by nature interpretive work (regardless of theoretical orientation), my self-awareness of the decision process relating to the creation of categories and the process of drawing conclusion from the material formed a key part of the analytical process. Further, interactions between myself as the researcher and the interviewees was considered at all stages of the analysis, but were only referenced when it was felt to add to the richness of analysis.

The process of analysis began with the individual's own narrative, initially treating each narrative as independent stories; the first step involved repeatedly reading the narratives in an open and circular fashion to familiarise myself with the content. Extracts from the texts that were deemed relevant to the research question were selected, and became known as the content universe of the area of interest (Lieblich et al., 1998). Core themes that cut across the text became the main focus. Marginal themes that appeared to have some relation to the research question were not dismissed, but instead placed to one side with the premise that they may be referred to at a later stage if they served to further enrich the analysis. Units of analysis such as phrases and episodes that related to the themes were highlighted (see Appendix G for sample of a narrative). On completing the analysis of each participant, the next step in the process was to bring together all of the identified categories across the data that related to the research aim; the purpose being to descriptively create a number of broad categories that also did justice to the complexity of the texts (see Appendix H). It will be noted in the discussion that that in order to do justice to the research, a combination of approaches within Lieblich et al. (1998) model of narrative analysis is somewhat inevitable. Reflecting on Mishler's (1995) point, I would argue that there is no singular or more mature way to study narrative, but instead to be open to other approaches in the search for the one that befits the research.

The aim of the research was to bring together the narrator's individual accounts on the topic of spirituality within their clinical practice as a means of establishing a broader understanding of the topic, and to stimulate further reflections. I don't however claim that this will generate an overall objective account. Unlike the traditional content analysis perspective that promotes a consistent application to all selected material of overtly defined procedures of analysis, the aim of the study is not to produce impartial and unbiased results. However, my aim is to remain faithful to an epistemological position that prioritises both the socio-cultural environment, and the subjective experience of the individual, with the intention of using this experience to provide new insights on how spirituality may be understood. It is significant to note that, whilst the process of identifying themes included a cross analysis of participants as a means of identifying any homogeneity that exists between them, variation between individual accounts was by no means overlooked, as this helped to preserve the importance given to the subjective nature of each experience.

Methodological reflexivity

I was attuned to my effort to become 'autobiographically conscious' of my own reactions to my work, and this began with an examination of my paradigm assumptions, my selection of research strategies, selection of participants, and steps taken in the collection and analysis of data. Hiles & Čermák (2008, p. 12) emphasise that reflexivity underlines that the researcher has 'a participatory role in the inquiry, is part of the situation, the discursive context and the phenomenon under study'. This reflexivity can be a way of critically reviewing the entire research process.

A crucial element of the research process was my ability to reflect on my role in shaping the narratives shared within the interviews. I was aware from the start of the research that I brought a set of expectations that arguably may have encouraged certain narratives and possibly inhibited others. My beliefs, values and ideas as they relate to spirituality recognises the central importance of philosophy, and I draw from philosophy as a source for understanding spirituality both at a theoretical level, and as it applies to clinical practice. My standpoint meant that it was highly possible that I implicitly tuned into narratives that reflected issues of moral choices, existential crisis and the challenges of daily reality, and that this may have influenced the direction the narrative took. Perhaps at some level I steered the narratives to focus on both the intra and inter personal dimensions of human

existence as they relate to the meaning-making process. The notions of freedom, choice and responsibility feature highly in my own narrative on spirituality, so these ideas when approached by narrators in the interviews and throughout the research process were undoubtedly given a higher platform. My belief is that these assumptions cannot be 'bracketed', but instead, I could at best, as a reflexive researcher recognise the process as imperfect and open to the influence of the self on the entire research process.

Murray (2003) argues that our very presence as researchers can mould the interview in many ways. It was important that I acknowledged the role of my own personal history, my connection to the topic of spirituality, and my level of engagement with the participants and how this influenced the ongoing sense making of the research process. I describe myself as having secular views on spirituality, so whilst I would not dismiss non-secular views when approached, and indeed be drawn to learning more about them, I was unable to identify with them at the same level. Perhaps my own position influenced what I gave importance to when narratives of spirituality were being constructed and thus at times directed the flow of the narratives.

Arguably, my profession as a Trainee Counselling Psychologist promotes the ability to explore, without inhibition, aspects of myself, and I undoubtedly employed these skills of personal reflection to understand the potential impact of my presence as an interviewer. However, I also recognised that the nature of my profession may have led me to promote deeper responses from the participants, and this may or may not have influenced what they felt the need to share.

As a novice researcher, it was important that I aided this ongoing reflective process by keeping a journal that allowed me to monitor my growth, and develop my own 'internal supervisor' (Etherington, 2004). This space allowed me to consider my thoughts and beliefs throughout the entire process, and how these thoughts and beliefs may have influenced the narrative. I recognised that they were not fixed thoughts, and remained open to change and possible uncertainty. This aspect of the research process was an essential element to remaining faithful to the epistemological position I adopted within the research.

Many researchers advocate a reflexive approach to research in which the interaction between interviewer and interviewee are understood as constituting an important part of the research evidence. Lieblich et al. (1998) and Reissman (1993) refer to stories as being co-

constructed by interviewers and interviewees, and Mishler (1986) refers to the interview as involving the joint construction of meaning. It is my belief that storytelling is a relational activity and a collaborative practice that assumes tellers and listeners interact with each other. It is on this basis I remain open to questioning how much of the narrative shared by the participant is a purely subjective account that I as the researcher have access to.

As previously noted, all narrative inquiry used within a qualitative approach has an interpretive element to it, and as Bold (2012) suggests, points to a reconstruction of the data obtained. According to Bold (2012) 'there seems to be much reordering, interpretive analysis of the text, and resynthesising as researchers make sense of narrative data from an interview' (p. 123). This inevitably evokes questions around the level of subjectivity in the analysis of narrative. A reflection of how the process of interpretation and reinterpretation employed within my chosen method of analysis impacts on how each narrative is understood, is considered a vital part of the analytical process. The epistemological position I adopt in the analysis of my research also undoubtedly impacts the interpretive process, and what I may create and select as being purposeful categories that suit my research aims.

Part four: Ethical Issues

Ethical approval was obtained from City University prior to recruiting participants. Further approval from outside agencies was not required. The BPS Code of Ethics and Conduct (The British Psychological Society, 2009), and the Ethical Principles for Conducting Research with Human Participants (The British Psychological Society, 2004) provided the ethical guidelines to follow for the entire research process. The research was carried out in line with the BPS Code of Ethics and Conduct (2009), and the City University London Ethics Committee.

Ethical considerations in narrative research

Narrative research consists of obtaining and then reflecting on people's lived experience, and it is typically a relational endeavour. It is self-evident that researchers in this field have an ethical duty to protect the privacy and dignity of those who share their stories, and whose material may serve to contribute to knowledge in the chosen field (Josselson, 2007). The ethical practices and ethical codes set out in the guidelines allowed me to think through these matters throughout the research process, ensuring that I took responsibility for the

dignity, privacy and well-being of the participants who took part. This meant building a trusting relationship with the participant that came from my ability to be empathic, non-judgmental, tolerant and emotionally responsive, and in my ability to contain sensitive material that arose within the interviews when the participants addressed meaningful aspects of their experience. Clandinin and Huber (2010) state that this way of being is to be maintained throughout the analysis and the representation of texts.

After the process of disguising the material and ensuring anonymity of the participants, I was then left with the task of working with what was once the participant's story, to one that became a co-constructed text. In representing the participant's lives through what were essentially reconstructions of their data, I remained aware of the role my interpretations played in the analysis process and the outcomes. I recognised and respected the idea that interpretation framed a core ethical problem in narrative research in trying to achieve an accurate representation of the participants' story, whilst appreciating the control and ownership the researcher has over the material (Clandinin & Huber, 2010; Squire, 2008). Ongoing reflections and evaluations of my interpretations allowed me to attend to my own potential biases and values, together with the impact this had on the interpretative process. Hiles and Čermák (2008) argue that 'transparency'- that is openness about the methods being used and the assumptions being made, is a basic requirement of all qualitative research. I worked with the material in a way that attempted to accurately represent the participants' experience, and used excerpts from the transcripts to support my claims. I also communicated throughout the analytical process that there is no certainty in narrative research, but the aim is to apply tentativeness to the various interpretations that were offered.

Confidentiality & data protection

The principle of assurance of confidentiality and privacy is fundamental to narrative research. As outlined above, all measures were taken to protect participant confidentiality when storing interview data. Identifying information such as the participants name was changed in the interview transcripts with the use of pseudonyms to increase anonymity. The issue of offering total confidentiality was challenged by the very fact that the participants' narrative about their experience was ultimately unique, thus offering more chance for potential identification. The

steps taken to protect the participants' identity included at times, changing identifying aspects of their particular situation, thus encouraging further anonymity.

Interviews were recorded and transcribed verbatim using Microsoft Word. The transcriptions (audio files), were stored on the hard drive on my PC, and backed up by a memory stick that could only be accessed by a password. The data gained from the study was safeguarded during and after the study, and was stored in a confidential location. It was made clear to the participants that the data may be made public at a later date when the research is published, and be retained for use in future studies. In relation to data retention, the BPS's Good Practice Guidelines require that the data is kept for up to 5 years.

Part five: Evaluation of methodology

Reliability and Validity in narrative research

In its most common forms, narrative research does not require replicability of results as a criterion for its evaluation. Lieblich et al. (1998) suggest that 'readers rely more on the personal wisdom, skills, and integrity of the researcher' (p. 10). They argue that interpretation does not imply complete freedom for speculation and intuition, but instead intuitive processes are employed to aid comprehension and should be tested repeatedly against the narrative material. Every effort was made throughout the analytical process to avoid making wild interpretive decisions, but instead justifying any claims made by identifying verbatim quotes within the transcripts. This allowed my interpretations and evaluations to be placed in context.

Narrative inquiry by nature requires self-awareness and discipline in the ongoing examination of texts, and the role I played in interpreting the data formed a crucial part of the research process. The aim of my research was not to replicate the results of my data, or to provide an objective account of the participants' stories, and neither was it my aim to generate a collection of facts (Elo & Kyngäs, 2008). Instead, my intention was to increase understanding and provide new insights into spirituality through the participants' narrative accounts. Significantly, my interpretations were supported by theoretical ideas related to the topic of enquiry.

Reliability in my study does not mean that findings and interpretations are generalisable to a larger population, as my priority is gaining detailed descriptions and contextualised data rather than focusing on breadth in the form of large samples. Neither is the study aimed at enabling someone else to follow the exact process and procedures of the inquiry, as might be typically associated with some forms of categorical-content analysis. Instead, the aim was to 'construct a representation of a slice of social reality that promotes a sense of an enhanced understanding, and contributes to new ways of seeing that reality' (McLeod & Lynch, 2000, p. 403). An important aspect of this process was making every attempt to distinguish between narrators' views, and those of my own throughout the entire research process.

Successful categorical-content analysis requires that the researcher analyses the data and forms categories that reflect the topic of inquiry, and the credibility of the research findings refers to how well the categories cover that data (Polit & Beck, 2004). A necessary part of the research process was my ability to form a strong relationship with the text by reading it several times over, whilst having the aims of my study in mind at all times. Several headings were also written down in the margins to ensure that I described every aspect of the content.

Chapter 3: Narrative Analysis

Overview

This chapter addresses the multi-layered process of analysing my data employing a categorical-content approach (see Lieblich et al., 1998) to understanding interview transcripts. It formed part of an iterative process that included careful reading, the creation of categories, sorting the subtext into categories, and generating ideas for additional categories. Synthesising and reorganising the data was a circular process and required complex decision-making at each stage of the process. The aim of analysing the data was to explore and better understand the narrators'[2] lives and experienced reality through the stories they presented. My initial hope of gaining an insiders perspective was challenged by the significance of the relationship between the storyteller and myself as a researcher, the story

[2] The term *narrators* will be used interchangeably with *participants* and *story-tellers*

development being a co-created experience. Thus, narratives were created by an exchange, whilst interpretation was according to my own frame of reference. In analysing the participants' stories there was the inevitability of bringing my own assumptions, biases and beliefs to the process, with the entire research process offering another way of telling a story. I begin by reflecting on the relational component of the research topic as this formed a critical part of the analytic process. Further, I provide an outline of the six narrators, with a brief overview of the narratives they shared. Finally, I provide my account of the findings generated from these narratives.

Research as relational: The storytellers and their audience

Clandinin (2007, p. 537) proposed that 'narrative research is founded in an encounter embedded in a relationship', and this is defined by a contract between the researcher and narrator which is both explicit and implicit. The former contains the open role of the relationship between both parties, such as relaying the purpose of the study, whilst the latter is defined by the personal and intimate relationship that is bound by assumptions, expectations and contingencies. This approach provided the platform for me to reflect on my dual role of researcher and psychological therapist, and how such roles impacted on the process of how I storied the narratives. Further, I reflect on the parallel process that involves drawing my attention to the fact that I too was being storied throughout the interview process, revealed by how the narrators spoke with me.

I became aware that I was bringing to my role as a researcher my curiosity about the human condition and the experiential realities encountered by individuals as they occur within their social context. It became most apparent that my intrigue could be located in both my role as a social science researcher, and my role as a psychological therapist, and that these roles inevitably crossed over throughout the research process. Inherent in both roles is the belief that every encounter is itself a re-search activity enveloped in a co-created process. In making the link between both roles, there was an attempt to position myself in relation to the story-tellers as someone who did not assume an 'expert' position, but instead entered the process from the standpoint of 'not knowing'. However, I was also aware that positioning myself as a 'naïve interviewer' who has little insight into the world of the narrators was both

unrealistic and disingenuous. My position in relation to the participants was thus not entirely neutral, and at each stage of the research process, reflecting on my role in shaping the narratives was seen as crucial. Conscious effort was made to be sensitive to and aware of the subtle processes that occurred within the shared experience, while rendering 'transparent' the process by which the understanding of the narratives and stories had been reached (Earthy & Cronin, 2008).

In reflecting on how I perceived the narrators, there was perhaps an assumed like-mindedness on my part, given that we shared the same profession and interest in the topic of spirituality. Owing to this, I was aware of my expectations of the story-tellers, and how this may have encouraged or inhibited particular narratives. I was also aware of my motivation to present myself as a learned clinician who both understood and empathised with the stories they shared.

In exchanging narratives, the language both the narrators and I used was inevitably situated in the world of therapeutic practice, but I appreciated that we were all influenced by own background and acquired knowledge that made us all different in some ways e.g. our experiences influenced how we framed our understanding of spirituality. What was interesting however was my recognition that at points in the interview process I 'colluded' with the interviewees story-telling, because I believed we had similar ideas and values around what spirituality represented. For example, there was a time when I directed a response by posing to one narrator that spirituality was clearly to be located in personal values, a 'typical' standpoint of a secular practitioner. Further, I expected the narrators to have a leaning towards spiritual values over and above that of religion, and so at those times a distinction was made between the two concepts, I implicitly, and perhaps on one or two occasions explicitly, reinforced this distinction by my affirmative responses. There was also curiosity around whom and what I may have represented to the narrators. Was I seen as a fellow therapist who was in a position to understand their narrative because of a shared therapeutic dialogue? What impact did this have on the story they told, the terms they employed? For example, perhaps they didn't feel a need to expand on terms such as 'life-force' and 'transcendent' because they assumed I knew what they meant**?** I also wondered if the 'alliance' between the participants and myself might have created interview bias, participants providing desirable responses to fit with their role as forward thinking, reflective practitioners. This potential bias was acknowledged throughout, but I also considered another dimension to the linked role between narrators and myself, and this was viewing the

reciprocity as a tool to improve engagement and trust, and ultimately improve the depth of the interview content. Story-tellers may have used the strength of this shared role to open up and be honest about their understanding and experience of spirituality.

Narrators and their narratives

I will offer a brief introduction to the six individuals who participated in the narrative interviews. I do not make the claim that the information provided is an exact mirror of the narrators' 'true selves', instead, attempts are made to portray a general sense of the narrators' identities, shaped as they are within an interpersonal and social context. I also provide an overview of the narrators' backgrounds, including events and experiences as they have occurred over a period of time. Throughout the research process, I have undertaken to preserve the anonymity of the narrators involved through the use of pseudonyms, and altering any specific details as necessary.

Sally

Sally is a woman in her forties who described her ethnicity as white-Irish. She is a registered Counselling Psychologist whose clinical training focused on an integrative approach to working. Her career expands 20 years and she currently works in private practice with adults, children, and families. Alongside this, Sally works in a CAMHS[3] setting that consists of a specialist multi-disciplinary outpatient team.

Sally's narrative began in a particularly reflective tone when considering what the term spirituality meant to her, seeming positively challenged by what she regarded as a term with an esoteric definition. Her tone was dynamic and she appeared to enjoy 'working out' what key terms came to mind. Sally's narrative was told from the viewpoint of a learned professional who throughout reflected on the positive elements of spirituality in relation to clinical practice, particularly the role it serves in the client's well-being. In her attempts to understand spirituality, Sally repeatedly returned to the 'transpersonal', and seemed to gain much pleasure from describing a reality that promoted the exposure of deeper meaning and

[3] CAMHS is the acronym for Child and Adolescent Mental Health Services.

purpose in life. I was invited to understand the wisdom of 'ancient traditions' and the knowledge these traditions provided on discovering a deeper self. There was a vibrant quality to Sally's narrative when sharing her views on how spirituality 'fits' within clinical practice. Sally conveys a sense of hope that 'shifts' in the application of spirituality to clinical practice will move forward to a place where its inclusion in practice is accepted, and practitioners can add richness and depth to the treatment of their clients. Reference to the role the development of research and theory on spirituality plays in promoting evidence-based practice permeated the narrative.

Ruby

Ruby is a British-Asian woman in her thirties who is a registered Counselling Psychologist and has been in practice for over 10 years. Ruby's training focused on Cognitive Behavioural Therapy (CBT), but she also draws from other third wave approaches such as Compassion Focused Therapy (CFT), and Acceptance and Commitment Therapy (ACT). Ruby also draws form principles of Person-Centred Therapy. Ruby works in a Primary Care setting with clients who experience a range of mental health difficulties.

When reflecting on the notion of spirituality within clinical practice, Ruby's narrative was decisive throughout, having clear ideas as to where she positions spirituality in relation to her work, as well as feeling confident about how she currently defines it. She was open to the idea that its definition is both fluid and subject to opinion. Her narrative frequently encompassed the social element of spirituality, presenting as someone who gives value to its role in promoting a sense of connectedness with another. Her tone throughout is affirmative, and is most apparent when she addresses the notion of the 'responsibility' of the individual to choose their spiritual path. Looking outside of the self was deemed to be healthy pursuit, but permeating the narrative was a fear that by doing this alone, reality can be lost. This belief was transferred to the therapeutic setting in that integrating spirituality within therapy was highly regarded owing to its therapeutic benefits, but the narrative was ultimately cautious in that both client and therapist must, according to Ruby, remain grounded and not lose sight of what was understood to be the 'real' problem.

Ophelia

Ophelia is a woman in her thirties of European origin. She was the youngest of the six narrators. She is a registered Counselling Psychologist who since completing her Doctoral

training has completed further training in Dialectical Behavioral Therapy (DBT). In describing her therapeutic modality she refers to a number of approaches that include Mindfulness, CBT and CFT. Ophelia currently works in a Community Mental Health Centre with people who experience severe and enduring mental health problems.

Ophelia's narrative at many points focused on her own relationship with spirituality, particularly her journey towards greater clarity as to how she approaches and integrates spirituality into her clinical practice. Ophelia's tone was reflective throughout, and whilst she pondered about many examples of how spirituality may be viewed, regularly referring to it in the context of 'energy', 'rituals' and a 'state of being', her narrative conveyed that she sits comfortably with the indefiniteness of its meaning. Ophelia's narrative gave prominence to the idea that her own belief system formed part of an ongoing journey that has developed with maturity. Throughout her narrative therapeutic techniques she associates with spirituality were addressed with confidence, placing herself amongst those practitioners who are open to learning new ways of working. Ophelia notably gave value to the role spirituality plays within therapy, positively linking it with emotional well-being. With embracing the new also came a tale of caution; Ophelia was anxious about relying on spirituality as a stand-alone approach as this was seen to be both naive and potentially harmful. Her narrative was essentially one that approached spirituality with a vigilant welcoming.

Joan

Joan is a white British woman in her fifties who has worked as a counsellor for over 12 years. Joan's original training was in integrative counselling, and following this she completed a specialised training course in working with children who have experienced bereavement and loss. Her career has spanned many years of working in a variety of settings that include working as a volunteer counsellor with young people and working with individuals and couples who have experienced loss and trauma in pregnancy and childbirth.

Joan's narrative throughout the interview positioned spirituality as a set of experiences that are personal and internal, repeatedly referring to the individual's 'inner core'. Spirituality offered a positive experience for the individual and was placed within the context of a personal quest for meaning, as offering hope and transcendence, and as a tool for the resolution of problems such as loss. Alongside these views of the subjective quality of spirituality was Joan's positive acknowledgment of spirituality as a universal phenomenon

that is significantly influenced by social contexts. Joan did not underestimate her valuable role as a counsellor in encouraging clients to find their own 'spiritual path', but her position was portrayed as modest, frequently locating the 'spiritual journey' in the client's own meaning-making system.

Elsie

Elsie is a White British woman in her seventies, and is a qualified Systemic psychotherapist. Elsie works in independent practice with adults, couples, families and children. Her area of expertise is working with looked after children.

Elsie presented as someone whose extensive experience has helped to richly inform both her personal and clinical development. Her manner suggested someone who was mostly at ease with what she had to bring to the interview, but at times questioned her own understanding of spirituality, asking permission to re-visit her ideas so she can further reflect. As her narrative progressed, repeated patterns as to the meaning of spirituality emerged, and it was painted as a phenomenon 'beyond oneself' with its principle quality being that it is something that allows a sense of connection with the self, others and the 'cosmos'. Elsie gave much significance to the agency of the client in discovering what is 'precious' to them, and cultural differences were well-respected. It seemed important to Elsie to communicate her strong belief that spirituality should form a key part of therapy, with 'sparking moments' offering a new form of connection for both therapist and client. These moments were not a given in Elsie's experience, and her honest and perceptive narrative revealed that 'having a nice time with a client' does not equate with a spiritual connection and thus may not lead to anything 'useful'.

Steven

Steven is a white British male in his forties, and was the only male participant in the study. Steven trained as a Person-Centred therapist and has been practicing for ten years, currently working in private practice offering both face-to-face and on-line counselling to adults with a variety of presenting problems.

Steven's manner throughout was calm and reflective, and his identity as a therapist appeared to be grounded in his person-centred values and approach to working. Spirituality was linked to 'autonomy' and the process of 'self-actualisation', but the role of the community in the spiritual also highly influenced his understanding. Steven's narrative highlighted the

significance he gave to the client's own ability to make meaning of their experiences, though modestly appreciated his role as someone who supports the client in their spiritual journey. Evident throughout Steven's narrative was the influence his own upbringing has had on the ways in which he views both spirituality and religion, and he openly discussed how his 'strict' religious upbringing has served to strengthen his relationship with spirituality. His decision to move away from his past felt comfortable, but his tone suggested a certain kind of respect for what he and his religion formerly represented.

Narrative inquiry and analysis: the individual's realm of experience

Analysing the narrative accounts

Findings are arranged into three periodic categories with several subcategories that cut across the relevant subtext (see Illustration 1). By arranging the material into various subcategories, my aim was to capture the richness and variation of the text. The contents gathered in each category were used descriptively to create a picture of psychological practitioners' understanding of spirituality within the context of their clinical practice. After careful selection, the most relevant categories to emerge included: 1). Identifying a meaning: definition of spirituality, personal and social, beyond everyday experience, and distinction between spirituality and religion. 2). Well-being: coping in the face of adversity and a sense of purpose and meaning. 3). Applications to practice: self-awareness and therapeutic alliance.

I have provided comprehensive narrative accounts as examples, including units of analysis such as utterances and phrases that could be assigned to these categories. In addition, to add further substance to the identified categories, the potential purpose the story serves for the narrator, together with how and why the stories are presented in the way they are, form part of the analysis. In view of the argument that the structure of narrative accounts is context-dependent, and is seen as being both fluid and adaptive, the narratives in the present study were considered with an appreciation of the wider social context within which they were told. This allowed for the consideration of an external reality. It is of major importance to recognise that story-tellers presented with their own ideas of reality, and the stories are also thus seen as expressions of the narrators' internal world. Both positions on reality are equally respected, so as to do justice to the epistemological position adopted within the study. The rationale for the employment of the categorical-content approach to

analyzing my data (as outlined by Lieblich et al., 1998) was manifold, but can be broadly located in its ability to be a flexible and useful 'research tool' that provides a comprehensive and complex account of the data.

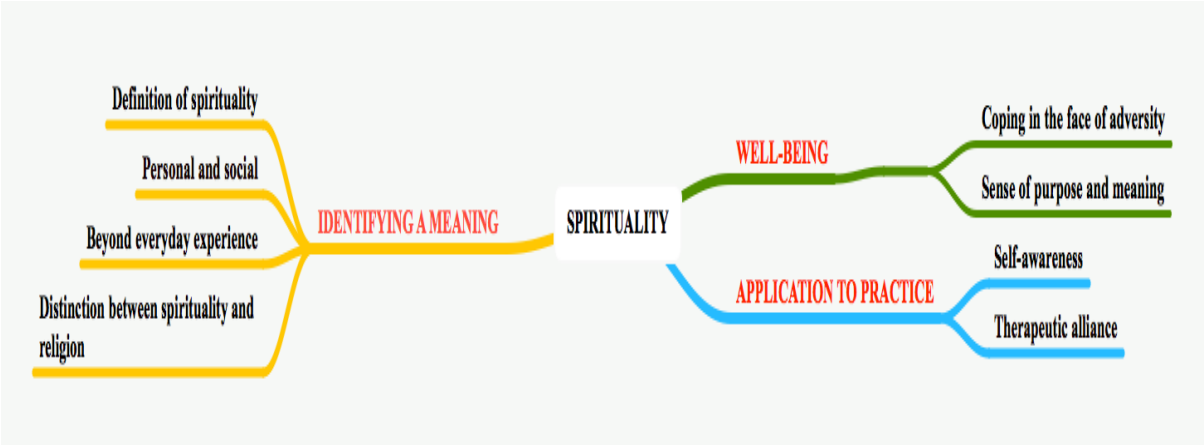


Fig 1: Diagrammatic representation of content categories

Content categories

Identifying a meaning

The scene was set by inviting the story-tellers to share their understanding of spirituality, a purposefully broad question that allowed the narrators to construct responses in ways they found meaningful. Identifying a meaning of spirituality involved considerable reflection, and whilst there was an implicitly expressed need to establish a 'clear' definition, the hurdles encountered in this process were largely accepted on the basis that spiritualty is an expansive topic. There was little claim on the part of the narrators to have 'expert knowledge' of the area or on ways in which spirituality 'should' be construed. Most often, participants were involved in a process of (re) evaluating what they considered to be its principal qualities.

Definitions of spirituality

The story-tellers appeared to position the task of defining spirituality as a work in progress, and many identified the challenges they faced in their attempts to do so, not least for them was the task of narrowing down what they pinpointed to be a very broad term. Many attempted not to feel intimidated by its vastness, unhesitatingly providing their own account of how spirituality can be explained, spirituality intentionally being brought to life rather than avoided. The participants' personal experiences of spirituality and knowledge of spiritual techniques and practices appeared to help orientate their thoughts and ideas. Focusing on these elements, narrators began to connect with a variety of terms that were used to gain access to their own definition.

Elsie begins her interview by explaining how spirituality for her equates with a person's 'values', and goes on to position these values in relation to what cultivates a person's needs and interests. She continues her story to reveal her appreciation of nature, and thoughtfully considers spirituality in the context of our being in the world. Elsie's descriptions are heartfelt, but, throughout her narrative her tone frequently shifts between one that implies confidence in her account of spirituality, to one that suggests a slight apprehension. Her caution is explained by her admission that she is still 'working it out'. Shortly after her initial description of spirituality, Elsie immediately feels it necessary to ask for permission to come back to her thoughts, seemingly reluctant at this stage to commit herself to anything conclusive. She appears to be caught in a process of deciding what definitions feel most right.

> **Elsie:** So um, it's it's, I would, I connect it with people's values, with things that are precious to them in terms of values and um a sense of uh awareness and um, let's, it maybe-, um develop this, my definition as we go on. (1:25)

Further on in her story it becomes necessary for Elsie to question if her ideas on spiritualty are 'adequate'. I detected that she was keen to do the term justice. Nonetheless, her light-hearted tone suggests that she tentatively accepts the challenge.

> **Elsie:** In terms of um, in terms of, I'll, I'll go back to the word values, which I don't think is quite adequate, because it's something more than just values, but the things that in life that um, that are important to people, um. (19:537)

Ruby explains how a definition of spirituality belongs to and affects the individual, and there is little expectation that there exists an objective definition. What's more, in her attempts to arrive at a definition, she makes a conscious effort to move away from any religious connotations.

> **Ruby:** I suppose I define spirituality on the personal level, as something that doesn't conform, or a set of ideas or philosophy about life and how you should conduct yourself, or how you decide to conduct yourself in life that doesn't conform to religion, essentially. (1:13)

Ruby distances herself from the notion that spirituality can be forced on someone, and her defiant tone suggests a fear of connecting it with any form of external control. She explicitly positions spirituality as something that offers guidance, and, according to Ruby, whilst it provides a person with appropriate and helpful rules, these rules are built around the notions of choice and agency.

> **Ruby:** I think spirituality is a way of being, a way of perceiving the world, that kind of dictates how you behave essentially. Things like personal morals and ethics, and what's right and wrong, rather than have this imposed upon you. (1:18)

In defining spirituality, participants used a range of interchangeable terms such as God, Cosmos, Higher Consciousness and the Transpersonal. At times I questioned if narrators were eager to demonstrate an awareness of the available discourse, or whether moving between the terms simply formed part of an ongoing debate with themselves. Ophelia implies a strong acceptance of the multiple forms spirituality may take, and she draws attention to the fact that the value given to spirituality as an idea is a decision based on what feels most accommodating for the individual.

> **Ophelia:** My understanding is it is a state of being. If you believe in something, whatever that is, and then you do something to either respect whatever it is or to get calmness from that state... Now, whoever that is, it can be energy, it can be angels, it can be God, it can be fairies because people believe in that as well. (1:23)

Most story-tellers accepted the fluid nature of spirituality, often making reference to how its meaning has shifted over time. Sally locates these definitional shifts within the range of perspectives available. What's more, Sally implies that the process is made more difficult because an understanding of spirituality is so often contextually based.

> **Sally:** Um…I think it's very hard to put a set definition because I think that would depend on…um…from what perspective…your…you know that the spirituality is presented {yep}…and in what context. (1:17)

Sally's narrative of spirituality reflects a concept that is wide-ranging and at many levels subject to personal evaluation. Reference to the 'transcendent', a person's 'life force', and 'spirit and soul' creates a definition that encompasses the duality of a person's mental and physical health.

> **Sally:** I think it's a very broad term actually um... I think it's about a person's life force, their life energy, spirit, soul. It's what makes them. It's the combination of mind and body um... I think it's a very, very difficult term because it means different things to different people. (1:7)

Sally goes on to reinforce the notion that understanding spirituality goes deeper that the vocabulary used to describe it. As a professional, Sally assigns herself the role of being able to confidently sit alongside the meanings presented by her clients. By questioning if she has 'tuned in' to the client's narrative, it appears to allow her to gauge how far her own definitions differ from those of her clients.

> **Sally:**… so not just understanding what the word is or how it connects in terms of our views as professionals, but also how that presents and is expressed by the client. Do we understand that? Is it the same narrative as ours? (15:409)

In their attempts to unearth understandings of spirituality, participants negotiated the task of being able to define it as an 'inner experience'. 'Getting to grips' with spirituality for story-tellers frequently meant going to the level of emotion, as this was for many a welcomed

alternative to finding the 'right' language. Accepting the idea of this feeling state was an easy task for most narrators and was considered to be a natural component of their role as psychological practitioners.

Joan was determined to convey the message that the challenges of defining spirituality did not pose a problem for her; her contemplative tone implied a level of acceptance of something that 'just is'. At one point in her narrative Joan talked about spirituality in the context of her work with a couple, and this provided an example of how a lack of clear definitions can be justified when spirituality inexplicably 'worked'.

> **Joan:** I suppose that's it with spirituality. You can't always explain it. Something happens, something moves, and you can't, "what was that?' and I still don't know what it was, but it helped them as a couple. (13:434)

Joan attempts to gain access to a clients' understanding of what spirituality may 'feel' like by the use of some reflective guiding questions which she employs as a way of making sense of spirituality at a deeply felt level. There is sincerity in Joan's account, and I discerned a strong desire to position spirituality as being something that is particularly intuitive by nature.

> **Joan:** Yeah I suppose I sort of say to them "What is your heart telling you to do here?" and "Does that feel right for you to do that?" I am asking them I suppose to go into themselves and what is the inside of them telling, what does it feel like? (2:57)

Steven questions whether spirituality is something that is capable of being visualized. There is a type of connection that he locates in a relationship with a god or a kind of subtle reality of human existence. By framing spirituality as an unknown entity, it seemed to warrant framing spirituality as a more abstract experience.

> **Steven:** And then there's the, I suppose spirituality in terms of our connection to what we can't see. Whether this is our relationship with someone we can't see. A god perhaps, or a kind of alive universe. (6:152)

Sally's narrative moves back and forth between a spirituality that is a felt experience, and a

spirituality that can at some level be categorised. Shortly after speaking about spirituality as a physical experience, Sally reveals her support for the idea that an understanding of spirituality can sometimes be accessed by 'fitting' it into a system of definitions. Perhaps this offers her some form of grounding. Positioning this idea of a system of definitions in her clinical work was nonetheless a cause for reflection for Sally, in that she questioned the reality of being able to do so. She thus wonders whether spirituality in its vastness can ever be reduced to a point that it fits with her role as a scientist practitioner. Her reflections on this idea prompted my own thinking on the topic, and reignited my questioning around combining science and practice. For example, is spirituality something that can ever be measured? If so, what current tools are available to measure spirituality and how can they help us as psychological therapists to improve our practice? Perhaps they can be used as a way of developing spiritual interventions? These are all important questions that the research process brought to light and were certainly food for thought.

Sally's narrative reflects a conflict in her need to marry what is variable with what is quantifiable. She states:

> **Sally:** We don't have the ability to explain it fully and I think that's part of the problem with the professions because they can't measure and explain it fully. Therefore there's a grey area. There's something about quantifying that, possibly, knowing what it means. Is it going to be dangerous if we think this way? How would it affect our profession? Would it change our identity? (32:1007)

She again moves from this scientific mind-set and returns to the notion of a spirituality that describes a felt sense.

> **Sally:** I think it's a very felt, atom-level connection, I think. It's not something that we can talk about, find themes, find codes, always compartmentalise. We do it as a way of explaining it and giving ourselves a narrative, but I think there's elements of it that we can't explain. (32:1004)

A number of participants turned to their upbringing as a means of locating an understanding of spirituality, and many became aware of how their understanding was often linked to what felt familiar. Ophelia's tone below when describing the significance spirituality has for her is

passionate, and I detected that she was inviting me to recognise the reasons why spirituality was so important to her; her orthodox background playing a key role in her positive view. She links ceremonial practices such as going to church with a real sense of enjoyment.

> **Ophelia:** Possibly because I grew up in a spiritual and religious environment where we did enjoy, in my old days, gone to church every week or because in Greece we have…that I absolutely love the rituals, the churches, the services, I love it. (12:421)

Sally draws from a past that she describes as being both open and personalised; her upbringing undoubtedly invites a positive understanding of spirituality. Sally gave me the impression that without this level of open-mindedness within her family, spirituality would take on a different understanding. She stated:

> **Sally:** I think that has impacted slightly because I think if I hadn't had those experiences, I think with my upbringing, that's probably ... I'm from a quite close family. They're quite spiritual. They're very open-minded, in a very personal way. (27:815)

Assuming the existence of a 'right' definition for participants ran the risk of overlooking how it alters from person to person. What's more, having an open approach to making sense of spirituality meant that their understanding lacked formal boundaries, which served to provide space for new and alternative ideas. Most participants presented themselves as sitting comfortably with the idea of the unknown, and I wondered if by creating this notion of a 'feeling state' it further legitimised the idea that there does not need to be an assumed or given definition of spirituality, in other words, 'it is what it is'.

Personal and social

Locating the spiritual both within the personal and the social was deemed a necessary task for narrators. Moving between the two dimensions was common, and appeared to form part of an ongoing exchange. I initially questioned whether narrators felt in a state of limbo, attempting to ascertain what was a more befitting description. On reflection, it appeared that they openly entertained the idea that an accepted understanding of spirituality involved appreciating both elements, as implied by Joan.

> **Joan:** It is individual but I think it can be…I don't think you can separate it entirely from the social, from other people. I don't think you can because I think the energy, if you like, the spirituality, does go between people. (15:512)

Such thinking seemed characterised by a need to appreciate how spirituality is embedded within our social worlds, story-tellers identifying the importance of linking subjective understanding with its social counterparts. In relaying episodes with her clients, Sally becomes aware of the link between a persons' experience of a crisis and the surfacing of a meaningful personal and social spiritual self.

> **Sally:** I've found that there's elements where I've met people, whether children or adult, in a very, very different, almost like a crisis, a point of life or death emotionally… and it's often been the things that the connection with their sense of self, their spirituality and their culture. You know, you can't really separate it. (13:367)

Elsie referenced the many dimensions of the social and implicitly argues that, only after these dimensions have been explored, can we then work towards understanding spirituality in its entirety. She offers a thoughtful reflection:

> **Elsie**: …it's very important to us to look at people's social differences, and we have a mnemonic for that that reminds us of… so includes gender, social class, religion, ethnicity and culture. (3:67)

Participants felt a little cautious about addressing the personal and the social separately so as to prevent the assumption that they are to be seen as independent, but they often did so for ease of description. Central to the personal component of spirituality was the story-tellers' emphasis on searching 'within' as a means of seeking spiritual direction. This frequently directed narrators to a place where spirituality relies on self-governance.

> **Joan:** I would describe it as a light that's within me, that is a guiding force within me, so I suppose it's like a god figure but not necessarily a religious figure. It's a god figure that is your own god, not necessarily anybody else's. It's about being an individual within that. (1:25)

Joan's narrative advocates personal choice when it comes to a spiritual understanding. External influences are by no means disparaged in her account, but personal agency appeared to offer the opportunity to look inside and discover what feels purposeful, as she articulates below:

> **Joan:** I think it {looking inward} has been helpful because it allows the person to feel empowered that they are making their own decisions. Although they are guided by probably people around them, actually at the end of the day they make the decisions that's right for them because that's what feels right. (3:84)

A feature of Ruby's narrative is her emphasis on the role 'responsibility' plays in the individual's ability to make effective use of the spiritual, a term she repeatedly uses throughout her narrative. Ruby unhesitatingly invokes an image of an independent woman whose overarching ethos is to 'get on with it'. In her interview, Ruby presented as someone who holds strong spiritual beliefs, and there is a need to equate spirituality with self-control and personal accountability, ideas I could locate in my own narrative of spirituality in that from an existentialist perspective, the notion of responsibility for one's own actions is given the utmost importance. In providing her understanding of spirituality, Ruby adopts a fair, but firm standing.

> **Ruby:** We're responsible for our actions and what we do in the world, and I think another part of it is taking responsibility for yourself and your life, rather than God will fix things and make things right for you all the time. (1:23)

The individuals' achievement of their own sense of spirituality was something the story-tellers perceived as being a robust predictor of positive enhancement; spirituality was often situated as an intimate and unique experience. Equally, across the narratives, there was a pervasive need to link spirituality with a human's capacity to connect to another. Steven tells of how shared customs and beliefs of particular cultures enhance a sense of unity, and I sensed feelings of hope in Steven's narrative in that 'by being one' it served to promote a healthy coexistence.

> **Steven:** …cultures that are based on the idea that actually we are all the one being, you know, the planet, the universe. (46:1220)

Sally presents spirituality as encouraging personal and social relations.

> **Sally:** [spirituality] is a life force if you like, um…living in a certain way, um connecting to the self and others. (1:24)

All story-tellers allude to the ubiquitous nature of spirituality; spirituality represented something that we all have the privilege to be a part of. Narrators storied it as something that knows no boundaries, and it was presented as being relevant to all spheres of human contact. I discerned that a common thread throughout the narratives was showing an equal appreciation of both the personal and the social aspects of spirituality, spirituality viewed as a synthesis of both elements.

Beyond everyday experience

In their attempts to configure an understanding of spirituality, most story-tellers described a level of experience that extends beyond the binary boundaries of the personal and social. Many narrators implicitly referred to an 'existence at large', and this appeared to be an expression of something that is greater that a persons' every day experience. Sally has a very strong narrative that positions spirituality within the broad context of the transpersonal. The transpersonal is located within ancient traditions and wisdoms, which provides her with ideas of what the experience of spirituality looks like. She unequivocally uses a collection of positively loaded terms that are features of a deeper level of experience.

> **Sally:…**because to be spiritual, living being is about experiencing that which may be about um, you know the presence of a higher consciousness, um that could be God for some people, that could be a collectible unconsciousness, like me only in perspective, but there's something about being joined or connected… (3:67)

This state of higher consciousness presented by Sally links the personal and the social, and this state of being extends beyond what we can normally access. At various points in her story Sally drew my attention to the idea of a 'collective unconscious', which she framed within the context of 'meaningful coincidences'. She goes on to describe a collective unconscious that represents a form of connection, employing the term 'synchronicity' to express her view that things are meant to happen at a given time and place. Furthermore, this connection is expressed as a need; a need that all humans possess and one Sally

believes can be fulfilled unexpectedly in the simplest of circumstances.

> **Sally:** Going back to the collective unconsciousness, that there's something about our connection and our need and we find things as we need them, or people help people. People find people in terms of what they need or people are put somewhere to help someone at that moment. It could be a 5-minute chat with someone at the train station or it could be something about that synchronicity that that person needs something, our interconnectedness as people, which is a spiritual thing, I think. (31:987)

Ruby locates this 'higher state' as being 'beyond the self'. This higher state for Ruby has a nurturing quality, and like Sally, Ruby interprets it as materialising at significant points in a person's life. Her reference to 'divine intervention' describes a god that can offer direction at the 'right time'. Her soft tone conveyed how she takes solace from something that has the potential to offer a sense of comfort.

> **Ruby:** I do believe in sort of, these ideas that there is a higher force out there, to guide you, love you, and intervenes at the right time, so divine intervention, I do believe in divine intervention. (1:27)

I found Ruby's reference to divine intervention initially somewhat confusing, as it appeared to be located in seemingly opposing ideas. Immediately before pointing to this idea of a divine intervention, Ruby explicitly resists the idea that 'God will fix things' and 'make things right' and so it left me questioning what this divine intervention really is and what purpose it serves. Perhaps it deviates from her own understanding of what a 'god' represents? Further, is she attempting to offer a balanced argument that on the one hand suggests that the divine intervention serves to safeguard us, whilst remaining faithful to her belief that this should not overlook the idea of 'taking responsibility' for ourselves? Later in her narrative there is the implicit message that the higher force to which she refers serves the purpose of bringing like-minded people together, and, as with Sally's notion of synchronicity, it creates a special kind of union.

> **Ruby:** It's almost synchronistic because it resembles this pattern that's been occurring. The universe bringing it to my attention. What does this mean, what is it trying to tell me, what do I need to work on? In that respect, we sort of used it there,

for example, in therapy. (3:71)

Spirituality and a connection with something greater than ourselves pervaded the narratives. Ophelia made sense of this connection with reference to contact with the 'divine self'. Interestingly she does not disclose what this divine self looks like in her narrative or how it may be accessed, but she reveals in earlier parts of her story that this is not for her to decide, illustrating her need to remain open-minded. She nonetheless, credits it with the potential to promote psychological growth. Like Ruby, Ophelia positions responsibility as a key ingredient to this.

> **Ophelia:** Spiritual as you said, is a connection with divine. It's not just practicing on a daily basis and do things. It's about things that you do to connect with your divine self. It's not that God or saints. It's as I said, it's time to get closer to the divine you. (3:85)

Ophelia describes how contact with the divine self is an active process, and she alludes to the fact that there is choice in how it is reached. Many story-tellers tended to orientate themselves towards the idea that contact with the divine self is a conscious process, rather than something that occurs beyond our level of awareness. Nonetheless, others perceived this higher entity as being somewhat outside of a person's limits. My own standpoint on the notion of a 'divine self' wasn't clear for me, so why I gave much importance to the idea, I too was 'caught up' in the process of deciding what this other existence looked like. Is it something beyond our immediate awareness? I questioned for example how the idea fitted with my existential principles of authentically engaging with what it is 'to be'. For now, I resigned to the fact that I remain am open to learning and experiencing.

In describing this higher level of connection, Steven distances himself from his strict religious upbringing and avoids framing his understanding within the context of a god. Instead, answers may be seen to be located in laws of physics, as illustrated below.

> **Steven:** ... electromagnetic energy and, um, and so we, you know, if I was up close to someone and I was getting like a body heat off them. That makes sense in the kind of physical way we experience the world. But, uh, what else might be leaking out of us energetically that doesn't, um, that doesn't, so like, sound, that, you know, if we switched the Skype off, you wouldn't hear me talking, will you? (44:1144)

Connection is seen as both far-sighted and other-worldly, and Steven presents his desire for me to understand how this connection is ultimately physical. Elsie uses the phrase a 'connection with the greater' that she later places within the context of a client's Hindu spirituality. The term 'atma' has evoked interest for Elsie, and she makes attempts to explain it. She describes a process of making a connection with the 'soul' and with what is 'immeasurable' and this was presented as a contest. The Hindu philosophy appears to help her locate a clearer understanding of spirituality.

> **Elsie:** And um, some of the ah, the sort of the ways that she was sort of helping us to think about Hindu spirituality, actually I found quite helpful and interesting and um, ah, yes, I haven't brought any of it into my therapy practice. Yes, except that she was talking about um, in a sense generally mankind's struggle to make a connection between what she called the atma with the small 'a', save the soul. Yeah, and the Atma with the capital 'A" which is the incommensurate, the immeasurable, the infinite, the um, the unknowable…(24:707)

An 'outer world' is portrayed in Joan's narrative as appealing for a sense of engagement with something larger yet to be discovered. Her use of the term 'whatever' suggests that at some level it doesn't matter what terminology is employed as the experience itself takes on a subjective meaning.

> **Joan:** Whether you call it the sun, or I don't know, whatever, it's just individual and within you, but it's linked somewhere to some big thing we don't know about. I think it's bigger than us, I think, but again, that is my view. (5:139)

Joan reaches a point in her story where she not only recognises the magnitude of this larger experience, but also surprises herself with the depth of her thinking. Joan's dream-like manner appears to take her to this 'other' experience.

> **Joan:** Yeah, I think it links us as people, I think, the psyche, and I think it's both individual but I think we do get it from others as well. Gosh, I'm going very deep here. (5:145)

This 'other connection' for Sally is frequently situated within the 'transference space'. It can

be seen to exist within a given relationship and is understood to be physical, material and sensual. What is more, Sally describes this space as a place of restoration, her story intending to highlight a process of healing.

> **Sally**: …you can't separate it from the working alliance or um, person-to-person or transference. You know, it can't be separated. I think it's an integrated part of being who we are as people {Hum hum}. You know to me, um, that mind-body union connection within ourselves, our spirit. Um if we're meeting with a human being, there's something quite sacred about this space of actually healing… {Yep}… and the evolvement of healing…and recovery, and I think um, you know, whatever happens in that space, that is an aspect of transpersonal spirituality. (15:429)

The idea of a ‘space’ between therapist and client charaterised by a level of ‘transpersonal’ energy is an idea that Ruby alludes to, and she willingly charts many instances when this has occurred. These experiences are described by Ruby as being mystical. Despite this, the presence of this space is not seen as a given for Ruby and she feels it necessary to draw my attention to a time with a client when this higher level of experience was noted by the client, but was not felt by herself.

> **Ruby:** You're doing lots of work in that space. You're not sinking, it's a bit deeper than a mediation. But anyway, I was looking at her and she looked a bit like her body was throbbing, because she was doing this. And I was sort of looking at her, I was thinking it almost feels like there's energy pulsing through. {Okay, did you feel it between-} No I didn’t. I was just looking at her and the way her body was moving. (6:197)

What struck me about Ruby’s narratives in particular was that she appeared to be caught between a battle of on the one hand accepting the ‘transpersonal and ‘higher self’ as an otherworldly experience to be embraced, and, on the other, giving the impression that a certain level of caution must be taken, given that we also exist at a physical level. For Ruby, there is expressed anxiety when things feel ‘ungrounded’, ‘vague’ or ‘fuzzy’, dismissing the idea that one should rely on this 'outer world' for solutions.

Distinctions between spirituality and religion

Little discussion of spirituality occurred without some reference to religion, specifically the tentative relationship between the two dimensions. Story-tellers commented thoughtfully on the potential boundaries between the two, invariably negotiating whether spirituality can be understood independently of religion, or whether its status could only be recognised when placed alongside it. There was an expressed need by participants to award spirituality with a platform of its own, but it still felt necessary to resist making too many assumptions given what they identified as the many crossovers. Very few participants began their story without an immediate need to position the two concepts together, as illustrated by Ophelia below.

> **Ophelia:** When I hear the word spirituality, my head came universe, and energy. I've been hearing people saying that spirituality is different to when you are spiritual, then you're not religious, and when you're religious you're not spiritual, and there's some other people who contradict that. I think spirituality is a state of being. Either you are, or you're not. As a psychologist, it doesn't have ... It can be related to religion, but also it doesn't actually have to. (1:9)

Ophelia recognises that an understanding of spirituality and religion is frequently situated within a given perspective. As with many other story-tellers, she alludes to the idea that aligning the two concepts for some people 'fits', whilst for others it may be necessary to keep them apart. Ophelia's language reveals her awareness of the existence of a dichotomous discourse, but she does not commit herself to a particular standpoint. I was struck at this point by her reference to her role as a psychologist, appearing to award herself with some leeway in how she positions herself with regards to the relationship between the two concepts. It becomes evident to her that she continues to be caught up in her own personal debate. Speaking in a somewhat reflective tone, she states:

> **Ophelia:** I know I kind of accompanied spirituality with religion, but sometimes in my head they're the same. For other people maybe not because there's a clear distinction between being religious and being spiritual but it depends on how you see religion. If you see religion as a way, as I said at the beginning, to get closer to your divine self and grow psychologically and emotionally, then it's the same I think. If you see that as a way to be punished for the things that you have done and go to hell, then that definitely is not linked to spirituality. (19:657)

Being able to positively gain from religion in terms of encouraging personal growth is instrumental in Ophelia's decision to link spirituality with religion, unequivocally attributing religion with what appeared to be a 'conditional acceptance'. Thus if punishment were seen as being linked with religion, then dissociating spirituality from religion becomes a necessary task.

Story-tellers implied their relationship with spirituality was unconditionally positive, and the expression of taboos as they relate to spirituality were often seen to be located within religious discourse, something I was consciously aware sat with my own secular ideas. Their personal awareness of the potential negative association between spirituality and religion was deemed necessary for effective clinical practice, and there was an expressed need for narrators at times 'to tread carefully' with clients to minimise the chances of disengagement. Spirituality is not placed to one side in the story-tellers' clinical work, but there is a need on behalf of the story-tellers to tune into their clients' own biases. Elsie states below:

> **Elsie:** It might, for some, be a bit off-putting, they, because they might, they might, because I think it's often associated with religion and faith. (6:176)

The idea that both religion and spirituality offer the opportunity for a person to be 'held' features highly in the story-tellers' narratives. How this containment is achieved for Joan is a matter of personal choice. What's important in her mind is being able to both locate and employ the internal resources available. Below, she ponders whether such resources are privy to religious culture alone:

> **Joan:** I think it can do. I think it depends. Some people do. Some people don't. I think it depends how you want to see it. Some people experience that inner part through religion, and I think religion holds them in that. Others find it in other ways, other ways like for example, I don't know, meditation and things like that. I think the spiritual side of us has to be held in some way after we can't hold it ourselves, so I think religion maybe does that for us, or for people that go that way. That's how I see it. (1:32)

Joan appears not to distance herself from the idea that an understanding of spirituality and religion can be located within a given mindset, yet, despite acknowledging that one may hold

more significance for some than the other, it is the ‘inner part’ of the self she frequently refers which allows her to purposefully bring the two concepts together. Joan later provides an account of her work with women who have miscarried, and who have turned to religion as a safeguard. The significant relationship between mother and baby is pervasive in Joan’s narrative, and it appears that by locating this 'spiritual connection' within religious discourse, she feels better equipped at being able to describe it.

> **Joan:** I suppose, I guess it's making me think about the connection or the spiritual connection between mother and baby that's there, which of course religion, doesn't it, in a big way at Christmas with the birth of Christ, Mother Mary, and all that. Religion, I suppose, attempts to explain it. (15:523)

Joan is aware that her understanding of spirituality can mean something different to some of the women she has worked with, but this by no means diminishes her respect for the women who have drawn from religion at times of distress.

> **Joan:** I guess it depends on what your beliefs are, I suppose. If you believe that spirituality is about religion, then you fall back on that maybe in times of trouble. If the client wants to do that, that's fine because that's where they are. I personally don't believe that. (7:204)

Being part of a community promotes inner strength and cohesion, and many story-tellers pointed out how these could be achieved through a religious group. Whilst story-tellers clearly acknowledged the potential struggles that may arise from being a member of a religious group, the narratives also pointed to an acceptance of the benefits a religious affiliation can serve. I questioned at this point whether religion was seen at times to offer something qualitatively different to spirituality. Speaking as someone well-versed in what it feels like to be part of a religious group, Steven outlines its benefits.

> **Steven:** I mean, I don't have the research, but I have a sense of the research base that says that actually being in the religious community of any kind gives, increases sense of well being, overall, you know as a general thing. Um, so like a community like Jehovah's Witnesses ...(30:790)

Interestingly, at this point in his narrative it seems helpful for Steven to attempt to frame the benefits of a religious group within some kind of established facts, and this appears to offer a means by which he can distance himself from something that is so personal. Shortly after this part of Steven's story, he makes further reference to his religious upbringing, and implicitly links this with a 'restriction of personal freedom', implying that he has taken himself away from the religious community he once belonged to. Perhaps his dialogue reflects a battle between recognizing what he gained from his religion, for example a sense of belonging and also wanting to position himself as someone who has 'moved on'.

Sally situates religious groups within the context of their ability to offer guidance and, again, like the sentiment of many of the story-tellers, she offers the rationale that negative connotations associated with religious groups often lie within personal evaluations that may come about from a failure to understand it correctly.

> **Sally:** Religion is often the narrative of the story versus and describes…so people often sit within norms of that kind of story, if you like, or that way of being or whatever. It's often a collective community that adheres to that. That can give people guidance. It's not a negative but it can be a negative. It depends on how it's misconstrued, how it's presented…(19:535)

Being able to offer a confident account of religion and its many facets was important to participants, and it appeared that narrators felt it necessary to draw my attention to the level of transparency with which they spoke. Two of the participants provided a particularly animated account of their relationship with religion, both illustrating in their own way a need to somehow distance themselves from it whilst carefully making attempts to remain respectful of its potential advantages. I felt that Ruby in particular wanted to make it clear to me the significance that rejecting the norms and imposed rules of religion has for her, and it appeared that, by not complying with prevailing ideas or practices of religion, she could adhere to her own agenda and maintain her role as an independently minded counselling psychologist.

> **Ruby:** I was never into religion in any real sense. I've become more and more anti-religion as time has gone by. On a personal level it seems like I will not follow a set of rules or ideas or principles that people have come up with themselves. Because of that I'm a little bit wary of Buddhism, but I don't see it as being a religion. I like the

> philosophy around compassion and all the rest of it. I think as time's gone by I'm doing more and more workshops, spiritual workshops of a personal nature. (10:329)

Not adhering to a religion does not appear to be an uncomfortable reality for Ruby, and her choice not to do so appeared not to require any justification. Embracing spirituality over and above that of religion fits with her identity as a forward thinking psychologist, who willingly takes part in 'spiritual workshops'. Her later promise to remain 'very spiritual' implies that spirituality for her bears little constraints, and offers something that she is not ready to let go of. Ruby explained that having little knowledge of a client's religious and cultural background nonetheless negatively impacts the therapeutic process, and so conscious effort is made to learn from the beliefs of her clients. I felt inspired by Ruby's idea of increasing our knowledge of religious beliefs via a comprehensive assessment, and wondered why this was not more commonplace in clinical practice.

> **Ruby:** Somebody who doesn't know very much about other religions or cultures or spirituality isn't going to be very attentive to how it might be present in the room. And if you have that grounded in those things, it impacts how you assess. You do a more thorough assessment and you know it's an area you need to assess, perhaps, or integrate into your assessment, and let's talk about doing an interview about some belief. But you're attentive to it, so somebody's from a Catholic background, somebody's from a Hindu background, a Muslim background. (12:396)

It was brought to my attention from the start that Steven positions his identity as a person-centred therapist who values autonomy over and above that of a religion that typically contains restrictive boundaries, as he illustrates below.

> **Steven:** You know, our community has a very fixed way of looking at the world. And of course, the person centred modality is a much more fluid, and that's a theory isn't it? (16:409)

Steven emphasises how his ideas around 'spirituality' have shifted. Speaking within the context of his religious upbringing he becomes acutely aware that he hasn't ever really known where he fits. He uses terms such as 'unhooking you from the system' and 'destabilising spirituality' to describe the fears and threats from those close to him. Steven believes that he is part in a non-static process in which his 'spiritual beliefs' are continually

changing. He has proudly made active choices that seem imperative in allowing him to find his sense of self, but again, I am repeatedly drawn back to a past which he appears to use to help orientate himself, despite recognising the strong feelings and tensions that surround it.

> **Steven:** And, of course I spent a lot of time thinking about how I grew up as a Jehovah's Witness. And it was, it's very fascinating because if you read material about that community the majority of it is written by people who have exited the community. And it's very charged. It's very emotionally charged. (22:576)

Spirituality and religion as separate but overlapping concepts permeated the narratives. They were at times polarised, but whilst the distinctions between religion and spirituality were stronger for some participants than they were for others, the narratives for the most part did not adopt a ‘good versus bad’ stance; participants’ understandings were that both concepts were purposeful and had the potential to nurture growth and offer meaning and purpose.

Well-Being

All participants engaged in discussion around the connection between spirituality and well-being, with a majority of them recognizing its potential benefits in promoting positive mental and physical health. Learning to cope with negative life events and confronting existential challenges were seen as key components.

Coping in the face of adversity

Descriptions of spiritual coping varied amongst narrators, moving between ideas of a more problem-focused approach to a more emotion-focused approach. Participants appeared to negotiate their own understanding of which approach felt more befitting, whilst also being engaged in a discourse that gave credit to the client’s capacity to determine the most constructive course of action.

Reflecting on his experience of trauma in his work with clients, Steven draws my attention to a mutual relationship between a more pragmatic approach to managing life hurdles, framed as a behavioural response to a stressor, with an active process of thinking about the meaning of a problem. Managing the emotional aftermath of an event for Steven is located in

the ways a practical approach can serve to aid the process of learning about the self and the experience.

> **Steven:** So when they were bringing perhaps, um, the trauma of their, their death. Or perhaps they were bringing like the chaos that then ensued in their family or ... and then they were maybe reading or connecting into spiritual community, or I think someone started to run, you know, become a runner. And that was kind of facilitating their existential exploration. (12:300)

Ruby presented an equally positive view of the role 'creative behaviours' play in promoting a connection to an internal state of being. She compassionately recalls the story of a client who found her own innovative ways of managing her chronic depression, and it seemed important to Ruby that I understood the value she gave to the client's chosen path in the attainment of her spiritual well-being. She told me affectionately of the personal encounter with her client.

> **Ruby:** She was seeking very very different things. She suffered from depression, and all going kind of chronic depression. She, I think accessed her creativity, or vice versa. Either way, the spiritual path for her was a very, very creative path. She would use that to process a lot of her emotions, through, she was an actress, through singing, writing lyrics about how she felt emotionally… (2:55)

Authentic to Ruby's identity as a somewhat realistic practitioner, she calls into question the governing of an emotional strategy over and above a pragmatic one. She reminds herself of her need to 'touch base' and cautions both herself and her client that drawing from creative behaviours alone is 'not enough'. Ruby appears to base her ideas on the fact that beyond these strategies lays a real world. Her account below signifies a conflict between valuing what is authentic and intimate, and thus at many levels spiritual, with what is realistic.

> **Ruby:** At some point I felt that I had to bring structure back into the room again, because it was a little bit ungrounded at times. One of the things I said to her was, "It's great connecting to spirituality, and being able to meditate, being able to express yourself through art, and poetry, and music, and all this is great, but at the end of the day you're still left in this spot where you're not particularly happy, even though you're going through these processes." I was kind of referring to the spiritual

> aspect of things, and how engaged she is in that in terms of problem solving in her life, and it wasn't necessarily bringing her concrete results. (4:109)

Ruby explains that creatively-based responses to difficult events, such as those to which she refers, only have impetus when bound by realistic goals. I detected Ruby's own sense of unease in moments when valuable outcomes, defined as 'concrete results' in the clients' well-being, are threatened because pragmatic solution are overlooked. Ruby appears to define herself by her ability to produce noticeable results in her clients, and perhaps this is not surprising given that she works in a service that values measurable outcomes. As she progresses, she returns to a point in which she makes attempts to defend the benefits of the transpersonal in spiritual coping, but she unequivocally discloses her need to be both 'sensible' and 'rational' in her thinking. Her manner is rather plain-spoken.

> **Ruby:** I guess I felt at some point that I kind of had to say something right about that. All of this is true and I believe it, and I believe it, that we are spiritual beings and there's more to us than just here, what we see, hear, feel, all the rest of it in this concrete world. But at the end of the day we live in this world, and we need to function in this world, and we need to take certain actions and behave in certain ways and think in certain ways in order to function well in the world, essentially. (4:118)

In the spirit of promoting client-led practice, some of the participants brought to light the issue of respecting the clients' own ability to make choices around what are deemed to be helpful buffers against stressful events. This view appears to be based on their experience that there is not a 'one size fits all' approach to managing stress. There is a 'what works for the client works for me' discourse, and narrators offer support to the client when making their own decisions.

Ophelia illustrates her own need to tune in to and accept the client's specific efforts to master and minimise stressful events. She implies that, by knowing the meaning such resources hold for the client, it allows her to pursue a form of enquiry.

> **Ophelia:** I had a client who loved to meditate, he used to love to meditate and he used to go twice a week to a Buddhism centre and that was part of his coping

> mechanism. I knew that and that question is always a part of my assessment. (11:405)

Joan illustrates a strong need to give agency to the client in the midst of their trouble, and suggests that her experience of offering ‘solutions’ over and over again simply sets things up to fail. It appears that allowing the client to choose their own coping method is fundamental when working with grieving clients, as she describes below:

> **Joan:** Yeah, and the loneliness, and all of those things you often can't put right or they can't put right. You can keep giving resources and resources until you're blue in the face. Actually I realized very early on that putting coping structures in or helping them to put coping structures in is not always the answer. It has to be something from here as well because I think grief is about the heart anyway. It's about the loss of something very precious, and I think it goes with it. (9:289)

Joan’s reaction to working with loss and grief is filled with emotion, and it appears to be a topic that holds great significance for her. My attention was frequently drawn to the positive part spirituality plays in learning to come to terms with loss. Her use of the terms ‘heart’ and the ‘within space’ appear to represent a form of spiritual coping; as though by listening to the heart a person can make sense of how they feel in the midst of their grief. Once more, she locates the spiritual within the context of her work with women who have miscarried.

> **Joan:** They've done all their dusting their selves down, and they come and they go, "What's left?" That's the helplessness of it: "I've tried everything, so where do I go with this?" That's when I say, "It's about going within. What, at a deep level, does this mean for you?" You've done all the, "It could be this. It could be that, awful statistics about losing babies, and all that. (10:315)

Story-tellers frequently framed ‘spiritual coping’ as a personal pursuit. Like Joan, Sally charts spiritual coping as being crucial when coming to terms with loss.

> **Sally:** I have to say that before I was a counselling psychologist, intensive care nurse. I dealt a lot with life and death, children, with babies, with older people, particularly with children. I think working with that and with other professionals, when you're dealing with people's end of life and their journey and working with them,

> spiritual ideas often becomes important to people at that stage of life when maybe it mightn't have been earlier in their life. (27:801)

Sally informs me that she was previously an intensive care nurse, and relays how her experience has positively impacted how she understands the management of grief. Sally is empathic towards her client's need to draw from 'spiritual ideas' at a stage in life when they are sought the most. Sally explains that her wealth of experience has allowed her to reach the ultimate conclusion that answers to ways of understanding and managing imminent death lie in the unfolding of our personal wisdom.

In sharing a short story of a client whom she describes as 'going through challenges', Elsie contemplates the ways her client's resources can be both effectively employed and maintained, her tone is considerate but slightly uneasy, and her narrative is punctuated with questions around how she can encourage the client to make fruitful use of their practices.

> **Elsie:** But I'm able to um I guess I'm I ask, I'm curious about how she, how she can use those, let's call them skills, those um, resources, when she's having, she's getting over-stressed or having a, you know, a, a difficult time, er making having a difficult decision to make something like that. How she can um, mm, keep tho- keeps those practices alive really, because I think often when people are depressed, anxious, stressed, whatever, whatever, some of those, sort of practices, skills, connections whatever you call them um get sidelined, just when they're most needed. (12:338)

Elsie implies that a client's lack of orientation and effective 'strategies' may lead to the inhibition of effective coping behaviours, yet, in spite of this, credit is given to the client's ability to make sense of an event. Below she refers to a client who experienced a sense of detachment following the breakdown of his marriage. The client is represented as an active decision-maker, and she defends the decisions made when they serve to enhance spiritual well-being.

> **Elsie:**…Um, but anyway, the, the sense of it was that ha, he {client}, he hoped to look back at it in a way, at that this very difficult period in a way that he would not

> feel ashamed of how he reacted. That he would feel hap…okay about how he reacted, and that he would feel it had helped his growth. (8:235)

It is the realization that the use of such resources may be lost at times of upheaval that provides Elsie with the motivation to 'keep hold of them'. The choice around what strategies are employed is awarded to the client, but, like most story-tellers, Elsie implies an underlying desire and responsibility to nurture these strategies.

Sense of purpose and meaning

Many story-tellers identified a process that involved their clients making sense of their day to day lives, their relationships, and the self at times of mental and emotional stress. Narrators positioned both personal and societal unrest as a catalyst for a type of existential questioning, and this process of reflection felt familiar to narrators, and indeed myself. What is more, participants gave the impression that this process was a worthwhile and somewhat necessary pursuit for themselves, and was closely tied to their personal and professional identity as 'spiritual people'. There was little doubt that my own interest in 'existential angst' meant that my engagement with the narrative as these points of discussion shifted. I felt a desire to stay with the narrative as much as I could to elicit fruitful responses, almost adopting the method of Socratic questioning.

In locating the roots of this 'unrest', Sally contemplates the idea of a person lacking orientation and seeking a form of stability and fulfillment that has otherwise been misplaced. Implicit in her narrative perhaps is her own need to somehow fill this 'gap' and to successfully bring about meaning and change. She reflectively shares her ideas below:

> **Sally:** It's finding that sense of core philosophy or a sense of groundedness, I guess, as well for some people. People, I think sometimes want more, or are searching for more as well. As people, we often search for something, I think in some way (24:692).

Sally further explains the inevitability of this disorientation that she locates in the fluid-like nature of things. At times it felt necessary to return to her beliefs and knowledge of mindfulness, explicitly offering this a solution to managing this state of uncertainty. Sally positively frames mindfulness as offering an opportunity to add meaning to the loss of one's sense of direction, and gives much credit to practices such as learning to 'be in the moment and 'letting go', giving me the impression she draws from these practices to create her own sense of purpose. She envelopes them with a sense of hope and being able to move on.

> **Sally:** If there's something that's happening in terms of life span-wise that they can't change at that moment in time, it's about being in that moment. I think also the Dalai Lama, a lot of his teachings and…sometimes those pearls of wisdom, they say a lot of it is maybe being in that moment, being happy in the moment, as well as you can be, or letting be or letting go if you can't change something. (24: 686)

Sally frequently questions what clients need in order to make sense of a crisis situation, and presents the client being at a point where they are desperately looking for something that offers guidance and a sense of purpose. She draws my attention to clients' need to be contained, and as possessing a desire to look forward. Her tone is one of contemplation and optimism.

> **Sally:** … Um, I think we're getting there and I think um... I hope that we'll lean more on these aspects, especially with life being so busy and fast and people needing more support and people tend to need something to look towards or something to hold them or contain them. (21:608)

Having an appreciation of the emotional and mental challenges when confronting death, both of a loved one, and in facing one's own imminent death, was a key feature of the narratives, and participants sensitively expressed the rationale behind why a form of spiritual questioning seemed most appropriate. Steven points to his role in supporting his clients through the grieving process, and offers the view that the meaning-making process is most prolific once the client has begun to process their experience.

> **Steven:** When they were really, um, in their grief. And this, as they were coming out, their ability to make meaning then increased. So what I would see with my role

> as therapist, I can support them in that journey. And they found other ways to make meaning of their experience…(11:261)

The knowledge of our own mortality appeared to be at the heart of Ophelia's philosophy on meaning-making, and she points out that much of her work with older adults has helped to inform her thinking. Ophelia imagines that in the process of facing imminent death there is a point of acceptance that becomes an emotional need. Meaning-making is something that is sought, and furthermore she charts it as something that offers hope in the face of despair. Ophelia portrays an image of someone who understands and cares about older adults' needs, and makes me aware of her frustration that such belief systems are most likely called upon when facing ones' own mortality, in contrast to the life stage of adolescence.

> **Ophelia:** When you work with older people, they have to believe in something sometimes because they're closer to death. They use different ways of accepting. Either they believe in God or whatever they're believing and compared to younger people who actually really don't care, teenagers for example, or in adults…(18:640)

Sally presented similar ideas around spirituality and death, as she illustrates below.

> **Sally:** It's just because it can be about finality and endings that can be hard or sometimes accepted, depending on their core philosophies. (27:807)

As implied by other story-tellers, the function of spirituality here is linked with an acceptance of our own mortality.

Applications to practice

All narrators considered the ways in which spirituality specifically applied to their clinical practice. Knowledge about the self and their own spirituality was deemed necessary for effective and ethical practice, and was thus a viewed as a given component of their work. An awareness of their own spiritual beliefs and attitudes around spirituality was linked to the establishment of a positive therapeutic alliance; creating the right therapeutic conditions allowed for spirituality to be actively invited into the therapeutic space. Story-tellers further positioned spirituality as an interpersonal process, the therapeutic alliance itself having a spiritual dimension.

Self-awareness

Several narrators gave precedence to their ability to be well-versed in their own spiritual sentiments before entering those of their client. Personal insight was deemed an essential component of effective clinical practice, with the explicit message that it laid the foundations for a flexible approach to spirituality as it presents itself within therapy.

Ophelia takes the position that being able to accept her clients' spiritual beliefs has been a process of development. Ophelia seemed to realise that only by having learnt to be in touch with her own inner values and physical self has she been able to effectively understand and connect to the spiritual beliefs of her clients. Like many other narrators, she became aware of how better equipped she feels and this was explained in terms of increased empathy.

> **Ophelia:** I think if I'm in touch with my own spirituality, the way that I define spirituality, that I can accept the client. I can be more accepting if that makes sense…when I am in tune with my own body, then I can introduce things to my clients. (2:62)

Ophelia is aware that she is now different both personally and professionally than she was five years ago, no longer feeling the need to portray a way of being, but instead, feels able to 'be herself' more easily. What came with life experience was a valuable process of self-exploration in which she has learnt to discover what spiritual beliefs and practices felt most comfortable. There is self-assurance in the way Ophelia relays her thoughts, and she implicitly describes a process whereby she has increasingly learnt to trust her own experience rather than perhaps doubt it as she had done earlier on in her career. Responsibility for her change was located in the transition from being a trainee to a qualified psychologist. Ophelia presents as someone who equally welcomes what she 'doesn't know'.

> **Ophelia:** I find that I have ... I'm not the same as I was five years ago. When I started I was a counselling psychologist who was trying so hard to prove herself and try to find my way around and say, "Yes, I know that. Yes, I know that. Yes, I know that." Actually, now, I can admit that there's so many things I don't know and I don't mind. (9:317)

In a similar manner to Ophelia, Ruby equated her own spiritual insight with an increasing acceptance of the spiritual beliefs of her clients. When discussing the 'spiritual role' of the psychological therapist, Ruby refers to the potential consequences of psychological therapists when they don't partake in spirituality in some form or another. There was a perceived distance between herself and the 'other' practitioners who do not engage in spirituality, and this distance proved to be important for maintaining her own identity as a therapist who willingly participates. Ruby alludes to the idea that spiritual connection between herself and her clients lies in her ability to simply appreciate what spirituality encompasses. She told me:

> **Ruby:** If a therapist isn't really in touch with their own spirituality, if by that you mean they're not really connected to it or don't have much idea of what is spiritual, they just don't pay too much attention to that aspect, then I would say I'm not quite sure how you would connect with somebody. (14:478)

Narratives of personal insight were often anchored in stories of learning to value clients' spiritual beliefs, with a strong acceptance that they may present as being different to their own. Sally draws my attention to her own need to be 'open', framing it both within the context of accepting her client's different belief system, but also in terms of being attuned to what makes her feel unease. She discusses a time with a client who had a 'strong faith', and accepted his faith even at times when she felt slightly threatened by his attempts to 'convert' her. In disclosing her ability to 'accept' her client, she presents as self-approving, her own ability to be honest evidently informing her work. She recognises that the obstacle to understanding spiritual beliefs does not lie in a lack of knowledge alone, but also in the denial of what feels uncomfortable.

> **Sally:** I think, again, just going back to our own awareness in that is it about working? Some counselling psychologists will work with whatever the clients bring. Some people have very specific choices about certain types of client groups. They might struggle with what they're willing to work with, which is a reflective practice as well. It's being honest. (26:785)

Shortly after this point in her story, I felt that Sally wanted to reiterate to me the value of psychologists recognising the ethical responsibility of self-reflection, and this was never more evident than when she spoke of learning about her clients' different spiritual and religious beliefs. Her discourse was filled with carefully balanced reflective questions that were perceived as being crucial in the process of identifying potential anxieties and biases in spiritual beliefs.

> **Sally:** There's something about, because we're psychologists, it doesn't mean we have to work with everything that comes our way. We obviously have an ethical responsibility to our clients but it's also about well, if this does come up, an element of religion, spirituality, transpersonal, whatever frame it might be in, will that be comfortable? If not, what do you do about it? Is it any different to other things? Maybe that's something, again, exploring as part of training, what I am, what I'm not comfortable with. Why is that? (34:1094)

Like Sally, Ophelia addresses a time when she encountered a difference in her own spiritual and religious beliefs with those of her client. There is a need for Ophelia to engage in a process of evaluation in which she ultimately recognises the precariousness of her situation, questioning whether she should have temporarily placed her existing beliefs to one side to serve the needs of her client, as she highlights below:

> **Ophelia**: I have a client who believes in reincarnation. That's part of being spiritual because you believe in past lives and future lives. That brings that to the session. It's tricky because then I have to rid of my own beliefs. Do I believe in past lives? Don't I believe in past lives? (2:38)

Later in her interview, Ophelia tells of a time when the displacement of her beliefs simply felt too much of a challenge. Her honesty and personal insight led to an awareness of her own need to 'pull herself away' from her client, her rationale based on the idea that it served to protect both herself and her client from any form of rupture.

> **Ophelia**: I used to have a client who was Muslim, right? Their belief, according to her, was of course the wife, the woman was inferior, and that's a part of their religion. Well, at that point, I didn't know anything about their religion, so that really got in the way because I don't think God perceives women inferior and men not.

> That really got into the way of therapy and I couldn't accept that. Because I couldn't accept that, I have to admit the therapy didn't really work out because I was trying to convince her that may be something else. I was trying to introduce doubt and actually was fixated on that. (4:111)

Ophelia seemed to realise that she was in fact attempting to rid the client of her religious affiliation because it felt so far from her own belief system. Her 'fixation' became detrimental and her solution was to end the therapy. Shortly after this account, Ophelia appears to unconsciously invite my understanding of her decision, stating affirmatively that things 'didn't end on bad terms'. As a fellow practitioner I empathised with Ophelia's position, and undoubtedly wanted to reassure her, but I knew that in my other role as a researcher, this was not really the space to do it. This duality of roles meant that at certain points, some things were said, and at others, some things were simply laid aside. Ophelia presents herself as someone who has moved to a place of self-acceptance and to respecting the needs of her client. Her account allowed me to question if she felt threatened by her client who exhibited a strong difference in spiritual beliefs, or whether it was simply a decision that came about by knowing and appreciating her own limitations.

Therapeutic alliance

The theme of the therapeutic relationship was pervasive throughout the narratives; appreciating the relational in spirituality was both an accepted and presumed aspect of the story-tellers' work. Separating spirituality from the working alliance was a redundant task for Sally, her narrative repeatedly suggesting that one undoubtedly serves to inform the other. In response to my question as to whether spirituality becomes more apparent at given times in therapy, Sally defends the idea that it is irrelevant to assume that spirituality is always borne out of a crisis, but is more accurate to appreciate it as a given component of the therapeutic relationship.

> **Sally:**… It's almost like someone saying to me: to take the spiritual out is like taking out the working alliance or taking out the person-to-person. It's taking out an important facet if you like. (26:753)

When participants talked about the therapeutic relationship their attention was often focused on some basic principles, and they understood these basic principles to be the link between

spirituality and the therapeutic alliance. Joan asserts that her ability to understand sensitively what the client is feeling, and further being able to communicate this understanding, makes way for spirituality to be part of a shared experience. This 'empathy' was fundamental to the process of bringing her self into the relationship.

> **Joan:** I was hoping that my empathy, and I suppose that's another thing, isn't it, within spirituality. I think that is part of spirituality, empathy. I think so, yeah. {Say a little bit more}. I think if you can give of yourself within empathy, you are giving part of your spirituality, your soul, however you want to call that. You're giving that over to your client…(13:454)

Like Joan, Sally discloses her feeling that what matters is her relationship with her clients, and this is placed within the context of empathic understanding, valuing the clients in their totality, and allowing them to experience her as she really is. What's more, Sally is prepared to be congruent with her client about aspects of their experience that she may not fully understand. Sally seems to suggest that spirituality is invited into the therapeutic space via her healthy attitude towards her client, and this gives definition to her identity as a therapist.

> **Sally:** There something about if a client actually been heard, been respected, and someone saying, actually, I don't understand. This is my area of expertise or competency, whatever. This person may be a better person, but actually, I respect what you're saying. I acknowledge it and because it's important, this is why. (36:1161)

Sally locates her perspective within her integrative training, which she explains allows her to consider all aspects of the therapeutic alliance. It is the transpersonal element of her work that she gives most attention to as it allows for a kind of spiritual relationship that promotes a more creative and holistic way of being. Describing how his own approach reflects his way of being with his clients, Steven explained:

> **Steven:** So, so you got around from your client and of course being a person centred therapist, I'm right, like even when, you must learn it from the clients. You know, yeah. The client being the teacher rather than the therapist, so to speak. (25:640)

Steven's narrative is punctuated with examples of how spirituality is often situated within the relational. The person centred approach to understanding the therapeutic relationship appears to provide him with the language that he can relate to, and thus understanding spirituality is made easier when interpreted within this framework. Steven questions how he can best fulfil his role as therapist, and it appears that spirituality in itself is linked to his ability to facilitate the personal growth and relationships of his clients. He compassionately notes:

> **Steven:** So we might, as a therapist, be coming from " Well how can I help this individual actualise". And well-being is rooted in their ability to be autonomous. (30:773)

Of those participants who specifically made reference to these therapeutic conditions, it was interesting to note that all identified with a humanistic mindset. This was not to dispute the fact that other story-tellers also considered such conditions to be a significant ingredient of spirituality, but repeatedly describing spirituality using discourse found typically in this approach implied that the narrators' understanding of spirituality as it occurs within the context of the therapeutic relationship was evidently informed by their theoretical orientation. This inevitably drew my attention to how my own theoretical orientation influenced my understanding of spirituality and the therapeutic alliance. Like many of the narrators, my belief was that the foundations for all spiritual and reflected experience could be located in the inter-relational. My existential approach to therapy and spirituality meant that the therapist represented someone who promoted the client's own values, beliefs and choices regarding what it means to exist and engage with themselves, others and their world. Interestingly, when narrators addressed these same principles, it served to prompt further reflection.

Instances of what were clearly relationally deep encounters with clients were eloquently described in several narratives. There was little doubt in the participants minds that the word spiritual should not be reserved to moments in therapy when spirituality was outwardly addressed, but also when the therapeutic encounter itself becomes, or is sensed as being, in some way spiritual. Elsie is keen to point out that spirituality transcends a form of negotiation between therapist and client, and seems to pertain to something more prolific. Not being able to locate this process did not appear to be limiting in any way, as her relaxed approach suggested that she simply accepted it for what it is.

> **Elsie:** It's not just me and you, you know, having, sort of, exchanging information. It's, it's a creative process, that's happening somewhere here. {Mm-hmm}. And I think that that's that would, that's got a spiritual element. (26:771)

Evident in her narrative was her awareness of a state of being that she located in those first moments with her clients. Elsie invites me to understand what these moments look like, and speaking with great sentiment she positions these moments as a welcomed source of intimacy.

> **Elsie:** And sometimes those sparking moments in therapy when I think they've got a…magic is the word that that comes to mind, but do you know what I mean. Those first moments um, when a new connection is made often and there's something a bit spiritual there isn't there? (26:746)

In addressing a particular time with a client, Ruby illustrated the frequent challenges of ascertaining the real nature of the spiritual experience that occurs between psychological therapist and client. Whilst positioning herself in an approach that she feels familiar with and which she can relate to, namely CFT, this does not appear to offer the opportunity to reach a conclusive decision as to the meaning of this interaction. Like Elsie, she identifies a space that was ultimately created between herself and her client, and this space evidently signified a deeper spiritual moment.

> **Ruby:** I was using an approach that I really connect with, but I had a question mark around what actually happened in there. And was there more than what was happening in the interaction. Because I believe that there's other stuff that goes on. (7:236)

Ruby, later depicted spirituality as being the sharing of two subjective states, suggesting an implicit process that has the potential to take on its own meaning and dimension in the process of interaction. Sally also drew my attention to this person-to-person spiritual contact that she alternatively explained in terms of an unconscious process. Interestingly, there is an assumption on her part that perceiving the spiritual within the relationship from this perspective is often met with skepticism.

> **Sally:** You might think that's hocus pocus but that's transference beyond…that's spiritual connection, if you want to call it that, about connection of two people, person to person, about that. (30:917)

Most narrators described the potential for this level of interaction to occur across all therapeutic encounters, but understood the nature of each interaction to be unique. A feature of the story-tellers' narrative is that spirituality cannot be separated from the working alliance, and many consider the relationship between the two to be a given part of therapy.

Sharing their understanding of spirituality by drawing from a range of discourses and personal experiences was important to participants, and it was necessary to explain and describe their understanding of the spiritual dimension of therapeutic practice. Their own affiliation with spirituality and the way spirituality is brought into their clinical work meant that story-tellers felt unable to ignore it. Many participants recognised an ethical obligation to pay attention to spirituality in their work, but they also framed it as being an integral part of a person's emotional and psychological development and thus a vital aspect of being human.

Chapter 4: **Discussion**

Overview

In this chapter, I begin by merging and discussing the findings obtained through a specific branch of Narrative Inquiry (NI), namely the categorical-content method of analysing interview transcripts (see Lieblich et al., 1998). The resulting themes below are taken from findings across the thematic categories specified in the previous chapter, and build from relevant empirical literature. The narrators' understanding of spirituality was systematically approached within the context of their clinical practice. In the second part of the chapter, I provide an overview of the relevance the ideas have to Counselling Psychology, identify the limitations of the study, and outline potential implications for future research.

Part One: Amalgamating the findings

Narrative analysis is by nature interpretive work, an interpretation that is subjective, biased, and dynamic (Lieblich et al., 1998). My self-awareness in the decision process relating to the creation of categories and the process of drawing conclusions from the material formed a key part of the analytical process, taking the viewpoint that the narrative material in the study has the potential to be read, understood and analysed in a number of ways (Lieblich et al., 1998).

In line with Bochner (2001), I accepted the idea of there being a multiplicity of meanings in the narratives, thus inevitably interpreting them from my own frame of reference (coming from the perspective of a psychologist). Further, I was under no illusion that the narrative text was static, and thus as a researcher I was open to the idea of confronting both fluid and ambiguous stories.

Narrative research is based on an encounter embedded in a relationship, and thus it was paramount that I respected that the narratives disclosed by the interviewees were built on trust and a rapport with myself as the researcher (Clandinin, 2007). Interactions between myself as the researcher and the story-tellers were considered at all stages of the analysis, paying particular attention to how their stories are created, told and revised throughout. Adhering to the notion that stories are multi-level (Andrews et al., 2008), I was acutely aware that in the process of trying to understand what was being told, I was bringing my own level of interpretation to the participants' events. However, as the researcher, I am working on the premise that I am not in search of the truth, but instead acknowledging a personal experience as it occurs in the moment (Bochner, 2001). What is more, my task is to effect change in my understanding of the subject of interest, namely learning about a psychological therapists' understanding of spirituality within a therapeutic context.

Emergent categories

The discussion section that follows includes an examination of the content categories that emerged from the analysis of the participants' narratives. The categories I have created arguably formulate an accurate picture of what narrators considered the essential features of understanding spirituality within the context of therapeutic practice, and further, I demonstrate how narrator's locate this understanding within a contemporary socio-cultural climate. The categories include: Presenting a description of spirituality, Coping, meaning-making, and spiritual growth, Spirituality as content and process, and Spiritual awareness, reflection and increased potential.

Presenting a description of spirituality

The current research proposed the question of how psychological therapists understand spirituality within the context of their clinical practice. The participants' sentiments, purposes and valuations as they relate to the current research was frequently located in the task of being able to offer a description of spirituality, particularly within the context of providing a definition. Story-tellers described the multiple dimensions of spirituality and typically drew from discourses of spirituality that were located in their personal and professional experiences, narrators employing a number of key terms and phrases. Discussion of spirituality was 'immersed in the fray of terminology' and narratives hinted at its dynamic and impermanent nature. Throughout the categorical content method of analysis, I became attuned to the ways story-tellers positioned their definitions of spirituality, several giving examples of a spirituality of the self, the other, and the transcendent, and what's more, narrators located spiritual definitions within a social context (Pargament, 1999).

Story-tellers presented themselves as being well-versed in a range of discourses on spirituality, and proclaimed to offer authentic, and meaningful accounts of their experience. Narrators implicitly positioned their beliefs and affiliations within the bounds of their theoretical orientation, and thus a given perspective was used to generate a particular definition. Participants were under no impression that understandings of spirituality were limited to a given framework, but it nonetheless appeared to help them structure their experience. The notion of there being a connection between a psychologist's theoretical orientation and spiritual affiliation was supported by Bilgrave and Deluty (1998) who found that Eastern mysticism was most often linked to a preference for Humanistic and existential orientation; the spiritual dimension of my own work certainly involves combining the unknown and unrecognised self with finding meaning and facing voids. Several of the narrators, regardless of their theoretical orientation, tacitly expressed a readiness to embrace an approach to spirituality that was located in Eastern philosophy, in that a key ingredient of their work involved recognising the freedom of their 'higher self', all respecting the idea of the 'transcendent' (Rogers, 1980). The narrators' stance in the current study supports efforts over the past few decades to integrate Eastern psychologies and mind training practices within Western forms of psychotherapy (Gilbert, 2005). The pursuit of mindfulness practices by people in modern society is on the increase, offering one way of achieving self-transcendence that may have otherwise been lost in an age of an all-embracing materialism. This searching for fulfilment can be linked back to the importance Frankl (1986) gives to our

need to fill inner emptiness and manage pain. In the light of increasing secularism of the modern day and the threat of rising terrorist attacks, these feelings of disorientation and struggle that Frankl talks about continue to be a part of our life, and are thus located in the current socio-cultural-political climate. As evidenced by the narrators in the study, both the decline of religious beliefs and our increasing attempts to adapt to a multi-cultural society has meant that many of us are searching for meaning via alternative means, with attention directed towards goals, purposes, tasks, values, and what's more, personal choice, and responsibility (Indinger, 2008).

Further, a number of studies have found that psychologists perceived nature itself to be divine, narrators in the present study at times pointing to this suggestion (Shafranske, 1996b; 2001). For all narrators, spirituality fundamentally represented the human experience of connectedness and depth (Mahon, 2012) that also signified a sense of belonging and universality (Psaila, 2014). In addition, story-tellers gave value to human qualities of choice and self-determination matched by a recognition of human interdependence.

An interesting finding from Bilgrave and Deluty's (1998) study included the connection between orthodox Christianity and cognitive behavioural orientation, tying a more pragmatic approach to spirituality with specific taught principles. This deviated from the current study, which suggested a less conclusive link between these ideas. This is played out in Ruby's narrative, her approach to spirituality combining a more pragmatic approach with one that can also be located in the transpersonal. Ruby showed an appreciation for a 'higher force' and 'divine intervention', and it felt important to give validation to the role a higher self played in a person's emotional expression. Nonetheless, Ruby sat firmly within a traditional CBT model that promotes a goal-oriented approach to therapy. Perhaps this supports the possibility that spiritual beliefs can be modelled in a way that is familiar to CBT therapists, adding value to several newer forms of CBT such as spiritually augmented cognitive behaviour therapy (SACBT) (see D' Souza & Rodrigo, 2004), and Compassion Focused Therapy (CFT) (Gilbert, 2009).

Story-tellers' definitions of spirituality moved freely between the three levels of understanding, (e.g., the self, the other, and the transcendent), signalling an acceptance of a spirituality that is located within the personal, the social, and the out of ordinary experience; narratives gave each dimension equal importance. This is consistent with ideas proposed by Plante and Thoresen, (2012) who positioned spirituality as a multi-level concept. Narrators

admitted that spirituality goes deeper than the language used to describe it, but, counter to findings in previous studies, participants did not struggle with the limitations of language (see Gockel, 2009), giving voice to the concept by using a variety of interchangeable terms. These terms echoed a broad range of literature, narrators investing in definitions that pointed to a spirituality that consists of an assortment of interwoven beliefs and experiences. Participants gave value to terms such as connectedness, spirit, soul, relationships with self and other, God, Cosmos, Higher Consciousness, and the divine self, and described a spirituality that encompasses and extends beyond the duality of a person's mental and physical health. Perhaps by doing so, they could safeguard the notion of an all-inclusive term. I questioned at this point in the research where I stand in terms of my construction of spirituality and my own 'spiritual autobiography'. I am acutely aware of my belief that all people are spiritual, but the research brought further attention to the idea that my understandings of spirituality sit within a secular framework. Further, like the narrators in the study, I was tuned into my need to position spirituality as a multi-dimensional and multi faceted concept that also includes an expression of spirituality through conventional religious understandings. The narrators own position on how to frame spirituality allowed me to recognise that I am also caught in the struggle of finding a 'healthy' definition that makes sense to me, to others, and is a definition that has positive implications for clinical work and research. It stimulated thought around the idea that it is perhaps helpful to tune into definitions that are broad and all-inclusive, but not too expansive that the depth of meaning is diluted, both for spirituality and religion as constructs.

In the narrators' view, spirituality is understood as not just being a 'thing' or as a form of practice (Belzen, 2004), but also represents a 'state of being' that is intrinsically relational in nature (Gockel, 2011). Earlier theoretical literature suggests that definitions of spirituality are by and large functional in nature (Pargament, 1999), but the current study perhaps demonstrates an existing need to include the notion of a 'feeling state' within the boundaries of definitions available. It appears that, by excluding this element of spirituality, important aspects of spirituality may be overlooked.

Well-marked across the narratives in the present study was the listing of positively loaded terms in the narrators' definitions of spirituality, spirituality signifying growth, development, and motivation. From an existentialist perspective, one could perhaps argue that spirituality today is located less in traditional existentialism, frequently perceived as harsh and

depressing, to a new form of existentialism that recognises the realities of life, but explicitly embraces our capacity for happiness (Wachs, 2011).

What's more, narrators perceived it to be both directional and progressive. Definitions regarding spirituality in the literature reflect the views of the story-tellers in the present study, for example, that it is the core dimension of life and represents a sense of belonging and closeness (Connelly & Light, 2003). Contrary to research that reports that psychologists view spirituality as a good thing, while religion is perceived in a more negative light (see Pargament, 2007; Baumsteiger & Chenneville, 2015), participants in the current study largely steered away from dichotomising the two concepts in this way, and this may be explained by findings from a study that points to a lack of clarity surrounding their definition (Hermsen & ten Have, 2004). Narrators were keen to avoid splitting spirituality and religion into 'cool versus uncool' (Marty, 1996) or 'internal versus external' (Hyman & Handal, 2006) on the grounds that whilst they are to be viewed as distinct concepts, there also exists many overlaps (Kapuscinski & Masters, 2010). In discussing both spirituality and religion, the assumed position to take by narrators was one in which spirituality was viewed as a term that includes, but is not limited to religion. This appeared to offer the story-tellers some leeway in their description of both concepts. An interesting point to note is that whilst Frankl himself held his own religious views located in Jewish faith, he did not adhere to any religious understandings when discussing his public views on spirituality (Haynes, 2016). This perhaps indicates that divisions between the two concepts for ease of description may not be a new idea.

Consistent with research, narratives in the present study for most part revealed a benign attitude towards religion (Delaney et al., 2007), and both religion and spirituality were awarded with the function of contributing to a sense of being part of something greater than our own self (Plante, 2008). For Steven, this was presented at the level of increased community support, which he was able to identify. Furthermore, research has supported the idea of a positive correlation between religion and mental health, including its association with optimism (Mattis, Fontenot, Hatcher-Kay, Grayman, Beale, 2004), and resiliency (Kase, Gameroff, Weisman, 2012), cognitive appraisals, increased social support, and healthy lifestyles (diet, less alcohol and drugs) (Dein, 2006). This positive link was, for example, supported by Sally's acceptance of religion's role in allowing clients to express emotions such as anger. Contrary to some suggestions, both religion and spirituality were viewed as

being emotional containers when a person is faced with challenging experiences (Fukuyama, 2003).

The narratives nonetheless did contain paradox. On the one hand narrators were keen to counteract traditional attitudes of psychologists that regard religion as being detrimental to health (Ellis, 1988), but on the other, negative mental health outcomes of religion were acknowledged, narrators admitting their potential association of religiosity with feelings of guilt and punishment (Dein and Littlewood 2005). When this negative association was identified, a conscious effort was made by narrators to dissociate spirituality from the construct of religion. Both Steven and Ophelia reported their own struggles with religious tensions and conflicts in their personal and family lives, recounting stories where religion has been consciously abandoned. For example, Steven affirmed his view that religion has the potential to reduce personal freedom, and this recognition represented a turning point in his own beliefs. Distinctions between spirituality and religion for narrators in the present study were thus at times influenced by personal experience, appraisals at times located in the story-tellers' own disenchantment with the institutional aspects of religion (Psaila, 2014). This certainly brought to light for me the unquestionable change in the social fabric of our communities in the latter part of the 20th century (Thorne, 2012). Whilst I believe these social changes cannot be attributed solely to one factor, I know from my own belief system and those I encounter in my clinical work that there is growing scepticism around more traditional forms of spirituality that adhere to certain rules and structures. This has meant that as a clinician I am increasingly encouraged to reflect on my own attitudes to spirituality and those that are brought into the therapy setting. Undoubtedly, there is a manifestation of existential needs of clients that can no longer be ignored.

In listening to the participants in the present study I was attuned to their desire to present as competent and forward-thinking psychological practitioners who possessed a conscious awareness of their own expressions of spirituality and those of prevailing narratives. Showing respect for diversity in all forms, including values, world views and experiences as they relate to spirituality, was seen as an ethical responsibility, particularly as they continue to appreciate that conceptualisations of spirituality have evolved and continue to do so (Pargament & Saunders, 2007). Participants understood and respected the idea that the meaning of spirituality must increasingly be placed within a multi-cultural context if we are to apply it to the modern day. Participants agreed that the concept of spirituality is found in all cultures and societies, and involves the process of creativity, growth, and the development of

a ‘value system’. Narrators appeared to suggest that the cultural dimension to spirituality allows for differences of understanding, as well as being located in a variety of perspectives, including psychospiritual, religious and transpersonal. Thus, as Wong & Wong (2006) argue, spirituality is shaped by one’s historical-social-cultural background, and influences our understanding of what is meaningful, as well as what is painful.

For the most part, story-tellers felt comfortable with their own explanations of spirituality, even when appreciating the web of terminology available. Not naïve to what are considered to be the more ‘acceptable’ spiritual terms used within psychotherapy, Sally recognised alternative terms that she considered to be ‘less threatening’, such as ‘compassion’, ‘connection’ and ‘respect’. Spirituality under these umbrella terms appeared to lessen the opportunity for it to be misconstrued or even feared. What this appears to suggest is an awareness that there continue to exist ideas of spirituality that are more readily approved than others. The perceived anxiety identified by Sally in relation to spiritual discourse is supported by research highlighting clients’ own fears that their spiritual expressions may be stigmatised (Gockel, 2009). This points to the benefits of practitioners’ ability to normalise understandings and remain attuned to what feels ‘comfortable’.

The picture that emerges from narratives that decisively spoke about definitions of spirituality was one in which story-tellers made attempts to avoid getting ‘caught up in arcane arguments about what spirituality is or is not’ (West, 2011). Narrators implicitly proposed that this was a redundant task given that no single comprehensive definition would allow for the inclusion of its multiple characteristics. The theoretical literature provides support for this view (see Spilka 1993; Elkins, Hedstorm, Hughes, Leaf, & Saunders, 1988; Miller & Thoresen, 2003). There is a growing area of research that points to the challenges of arriving at a conclusive definition of spirituality on the basis that a single definition is likely to present a limited perspective or interest (Hill et al., 2000), that there may never exist a single definition of spirituality (Watts, 2001) and that as a concept, it remains too vague (West, 2004). Story-tellers gave value to the multi-various definitions that exist (Crossley and Salter, 2005), perceiving the process of understanding spirituality as non-static and open to change. We know that popular views of spirituality have shifted in that, to an increasing extent, the boundaries of its definitions are continually being broadened (Zinnbauer & Pargament, 2005).

Narrators largely accepted a general conceptualisation of spirituality that embraces the many different accounts available. In paying closer attention to the narratives of the present study, I discerned that story-tellers welcomed the idea that their own definitions potentially formed part of a work in progress, in that there was no assumed right or wrong meaning attached to spirituality. The idea that definitions of spirituality serve as a 'working hypothesis' (Lines, 2006) was played out in Elsie's 'progressive narrative', as she became aware of her need to re-visit her conceptualisation of spirituality, at times wondering whether she would be able to do justice to its many expressions. Re-evaluating her definition appeared to represent a welcomed, ongoing exchange with the diversity of definitions available, rather than a 'struggle' to arrive at a conclusive definition. I did wonder whether providing a uniform definition of spirituality might serve to contravene the narrators' role as reflective practitioners whose relationship with spirituality might be expected to be open to change and negotiation.

Coping, meaning-making, and spiritual growth

'In short, we are all on a lifelong journey of quest, but we are all beset by obstacles along the way and shadowed by the prospect of death' (Wong, 2010, p. 87).

The content-category of well-being as it relates to spirituality permeated the narratives in the present study, and largely focused on meaning-making within the context of two main events, the adjustment to tragic occurrences, specifically loss, and the confronting of existential challenges, described by many narrators as the times when our established values and beliefs are most often threatened, leading us to search for a sense of purpose in our lives.

Several story-tellers were keen to draw from their own experience with clients to illustrate ways spirituality and coping strategies have served to help their clients confront adversity. Of interest, several of the narrators gave much significance to the use of coping strategies at times of loss, and when a person confronts their imminent death. Narrators often awarded these coping strategies with a spiritual dimension, largely due to their beneficial effects on a client's well-being. The coping strategies were given the task of aiding the management of feelings of emptiness and emotional devastation, and they were reported to provide comfort and inner strength to the client at times of distress. Whilst this idea was supported by

narrators, participants also recognised that spiritual well-being was frequently the 'outcome' of the application of helpful resources.

Sally illustrates the significance of spiritual resources for people approaching death by sharing her experience as a nurse, where her exposure to people's suffering brought to light the reality of finality and endings. Sally paid attention to older adults for whom spiritual matters were perceived to be of utmost importance, as they offered hope to the client whilst also alleviating their distress. Spirituality in later life can be placed in the context of finding core meaning in life, and being in a relationship with God/higher power has been linked to the promotion of spiritual expression (MacKinlay, 2006). The current study highlights the possible differences in meaning that coping strategies may have within a given culture. Although this consideration is not new, when taking into account the 'management' of death for example, for some cultures, specific 'coping strategies' are deemed unnecessary, as death may be welcomed as a relief (e.g. within Hindu culture), or there may simply be an acceptance of 'what is', (e.g. in Islamic culture) (Alladin, 2016). In this way, knowledge of such differences for practitioners would challenge assumptions and promote increased awareness.

In describing their clients' experience of suffering, participants' narratives shifted from a place of helplessness and despair expressed by the use of terms such as 'what's left?' and 'I have tried everything', to a place of reflection and hope, in which narrators spoke about clients' ability to both reflect on their situation and access helpful resources. This shift in the narratives may represent a parallel process of loss as it occurs in reality, the individual swinging along the pendulum of grieving despair and peace (West, 2011). Gockel (2009) describes this idea of a positional change in the face of adversity as a process in which clients move from a place of experiencing themselves as victims, to a place of experiencing themselves as creators. Whilst participants in the study did not specifically refer to the term 'victim', they supported the idea that clients are able to consciously move from a place of helplessness, to a place in which they can choose more accommodating ways of managing their distress. Perhaps unlike Frankl's torturous experience of the holocaust in which spiritual meaning was sought out of a very raw and painful experience, in the contemporary era, spiritual meaning is located both in individual's experience of mental and physical well-being, as recounted in therapy and counselling sessions, whilst also being reflected in the consequences of greater social, economic, technological, and political strain.

Self-efficacy and responsibility was repeatedly demonstrated in narratives of spiritual coping in the present study, story-tellers describing spirituality as a process bound by an intention and purpose to move towards positive experiences of future events (Haugen, Ommundsen, & Lund, 2004; Lysne & Wachholtz, 2011). Certainly in my own experience, and in my work as a practitioner, the ability to create meaning out of a stressful situation promotes coping, a coping that encourages independence, agency and creativity.

Many story-tellers in the present study engaged in the task of working with the client to re-evaluate existing spiritual beliefs and practices in the face of loss, and this perhaps highlighted the importance psychological practitioners gave to 'spiritual reappraisal' in the transition from crisis to healing (Gall, Charbonneau, Clarke, Grant, Joseph & Shouldice, 2005). This idea of spiritual reappraisal is reflected in Joan's narrative on 'situational meaning' (Park & Folkman, 1997), in which she works with her clients to make sense of their specific circumstance based on the clients' own spiritual beliefs, e.g., the loss of a child. For Joan the client can make an attempt to explain the situation by a process of reflection and reevaluation. The significance given to the role of reappraisals when facing a loss of a child is supported by Hawthorne et al. (2016), who described a parent's need to redefine their values and priorities as a way of giving meaning to their experience. The idea that reevaluating promotes successful coping, adaptation and well-being is further supported by Emmons (1999), who also, in contrast, claims that a lack of meaning-making at times of stress is related to doubt and psychological distress. This brings to light the potential relationship between a lack of meaning-making regarding an event and the inhibition of effective coping strategies (Emmons, 1999).

Spiritual coping has predicted well-being over and above the role of general coping (Gall, 2000), and findings from this study, together with the growing body of literature outlined in the introduction, gives further support to the increased use of spiritually-based resources (Pargament, 2011). Further, existing research suggests a strong acceptance of the mental health benefits of spiritual involvement, linking its engagement with reduced stress and depression, and greater perceived well-being and self-esteem (Koenig, McCullough, Larson, 2001; Plante & Sharma, 2001; Thoresen, 2007). Thus research suggests that spiritual people may be healthier and experience better psychological functioning. Despite the abundance of research on the issue of spiritual coping, few studies have explored or tested the effects of the various spiritual elements that can be implicated in the process of coping with life challenges (Gall et al., 2005). Several researchers have proposed that more needs to be

done on ‘how’ spirituality functions in the improvement of coping and well-being (Simoni, Martone, Kerwin 2002). What’s more, whilst we know that people often employ a number of coping strategies at any one time (Pargament, 1997), Gockel (2009) proposes that what remains unclear is how these strategies are consolidated and combined with other mediating variables such as health behaviours.

Whilst the findings in the present study relating to how spirituality functions as a beneficial force are preliminary, the findings nevertheless point to an incompatibility with recent research findings that suggest that such attempts to understand the functional element of spirituality are to a degree being overlooked. Story-tellers engaged with the many coping strategies available at times of perceived stress, and conscious effort was made to understand how clients put spiritual coping strategies into action. Narrators moved from discussing specific behavioural strategies such as running, meditation, connecting with a spiritual community and accessing creative arts, to more emotion based strategies that gave value to the process of ‘searching within’ as a means of understanding and seeking direction through spiritual reflection and practices (Gockel, 2009).

There is an appreciation of both internal and external spiritual strategies across the category of coping in the face of adversity, with some narrators giving more significance to a problem-based approach, whilst others gave more value to an emotion-based approach that involves following one’s inner guidance in the process of accepting and potentially resolving a problem. This latter approach is played out in Joan’s experience as a practitioner who has learnt that she can ‘keep offering resources to the client until she is blue in the face’ but putting coping strategies in place only serves to diminish the client’s sense of self-reliance. The idea that ‘spiritual meaning-making’ is located within a client’s interests and values rather than being imposed by the therapist, (see Fontana & Rosenheck, 2004), was mostly supported by narrators. Research in line with that of Swinton (2001, 2005) and Macmin and Foskett (2004) propose that working on understanding the meaning that beliefs have for the client in therapy, and how they explain spirituality in their life, is good ethical practice and what is more, therapeutically effective. The current study highlights the potential need for clinical practice to accept the clients’ own configurations of spirituality, given that coping strategies appeared to be selected on the basis of what feels most befitting for the individual confronting a troubled situation. This idea of a tailored response to spirituality for me is highly important. Whilst my own belief about spirituality is centred on what makes sense to a

person, what speaks out to them and what offers direction, how these are defined and achieved can vary from one person to the next.

Nonetheless, narrators did not undermine their role in facilitating the client's experience of spirituality, particularly if it was felt that the client was moving away from managing their struggles, or, as played out in Ruby's narrative, if a client's spiritual experience undermined certain problem-based coping (Slattery & Park, 2011). Ruby's narrative was rooted in a spiritual coping that occurred within the context of specific behaviours, and gave value to the role activities such as dancing and singing played in allowing her client to manage her chronic depression. Ruby frequently framed the benefits of these creative behaviours within the context of them being bound by realistic goals (Folkman & Greer, 2000), and this was possibly with the aim of remaining faithful to her identity as a practitioner who works towards achieving the targets set by her practice. However, she recognised the limitations of her commitments, and she subtly challenged these specific ways of working by integrating spiritual elements into her practice that often went beyond behavioural interventions.

The findings from the present study suggest that the psychological practitioners are aware of the many forms spiritual coping may take, drawing attention to both traditional and non-traditional spiritual practices. Interestingly, what I was distinctly picking up in the narratives was that, whilst particular attention was given to some coping strategies over and above others, pervasive throughout the narratives was the importance given to the client's level of engagement, their sense of motivation, and their purpose throughout the process of healing. It brought to my attention the role of 'intentionality' in achieving an awareness and understanding of a problematic situation, and the significance of working towards a desired outcome (Schlitz, 1995). Perhaps it is not simply the coping strategy alone that contributes to the healing process in a client, but also the intentionality of the client to create positive experiences that in turn manifest in effective outcomes. Certainly the intentional process of self-exploration is supported by literature that points to its key role is the promotion of well-being and development (Mahoney & Tarakeshwar, 2005). I would argue however that for some, the role of intentionality can be confusing if you are unsure about what you may be working towards in terms of 'spiritual goals'. Further, the current study also opens up the debate about the possible interrelationship between the application of external and internal coping strategies, and prompts the question of whether for example the absence of an external strategy may prompt the individual to draw from their inner resources. What's more, we also know that some people maintain a state of hopelessness when facing challenges

(Alladin, 2016), so this adds a different dimension when questioning the effects of various spiritual coping strategies.

Throughout the analysis, spirituality formed the foundation of a person's meaning-making systems, both at a day-to-day level and at an existential level. Story-tellers understood this meaning-making within the context of finding purpose in a life fraught with existential challenges, and making sense of events such as confronting death. Narrators placed much value on a person's desire to belong (Shevellar, Sherwin, Barringham, 2014), and to fill a void (see Frankl, 1986) and linked the fulfillment of these needs with emotional and psychological well-being. The present study supports findings from a recent study exploring the relationship between spirituality and mental health which demonstrated that people who reported higher levels of existential well-being also reported fewer mental health problems, such as that of depression (Brown, Carney, Parrish & Klem, 2013). Indeed, bringing the ideas embedded in Logotherapy forward to the current day, there is great emphasis on the importance of meaning, faith, hope, and adaptive functions, and the positive role they play in managing mental health (Schulenberg, 2008). Many narrators in the study when in their role as practitioners promoted the idea that the client is active and participatory, and holds the responsibility to change maladaptive patterns that result in common mental health problems ranging from depression and anxiety to addictions. This is a real challenge given that we live in a climate dominated by the promotion of power, wealth and fame.

An increasing need to 'belong' was played out in Sally's appeal for more social stability, a need that was perceived as being greater given that we continue to be immersed in a society bound by chaos and growing isolation. I could identify with Sally's point here. I believe that people are feeling more vulnerable than ever owing to a lack of certainty. I would argue that we now live in a society where our views and knowledge are located in points of view, and whilst this at some level reflects a place of freedom, it can also potentially create isolation and confusion. As a practitioner, I can, at best create a place where the client is not shy to enter discussions around their existential moral struggles, and that I too, simply by being human am on a similar journey.

There is a body of literature that speaks of the value of belonging to everyday, community life, and the negative impact on the individual's life if these needs are not fulfilled (see Armstrong & Shevellar, 2006; Wolfensberger, 2012). Participants' experiences demonstrated this growing desire for spiritual connection, and the prevalent need for 'containment' and a

sense of ‘groundedness’. Narrators’ solution to resolving these feelings of insecurity and stuckness were located in a person’s ability to engage with their present life (Alladin, 2016), narrators giving value to practices such as mindfulness. These findings unite existing theory by highlighting one pathway that individuals may take in managing existential issues.

Spirituality as content and process

It is widely held that spirituality is intrinsic to the content of therapy in as much as it focuses on the psychological therapists' sensitivity to the clients' spiritual concerns, and to the employment of specific spiritual interventions (Gockel, 2011). Story-tellers in the current study negotiated the many ways spirituality entered the therapeutic setting. Effectively navigating the many paths of integration involved being alert to principles of competence, integrity and ethical practice, several story-tellers giving example of times when these principles were called into question, such as when facing the limitations to their knowledge, and encountering differences in spiritual beliefs and values. The narratives did not speak of spiritually-led interventions per se, however many narrators agreed on the idea that spirituality entered therapy via their own intrapersonal experiences, philosophies and beliefs (Frazier & Hansen, 2009; Walker, Gorsuch & Tan 2004). Findings from a study by Cummings et al. (2014) pointed to the implications that therapists, who for example held strong spiritual beliefs, may inappropriately integrate spirituality into their practice. The idea of ‘unintentional imposition of values’ (Plum, 2011) was indeed open to question in the current study, but narrators spoke about their respect for a client’s worldviews, and shared their attempts to recognise the potential impact their own beliefs had on the counselling process. This is played out in Ruby’s attempts to place her ‘own spiritual stuff’ to one side in order to safeguard the client. This level of reflection was seen by story-tellers to be an ethical consideration.

Research on explicit spiritual integration asserts that the process of addressing spiritual issues in a session should rely on an informed decision made by the client (Barnett, 2016), and narrators supported this idea by willingly suggesting spiritual issues that were congruent with the client’s experience, aware that such suggestions may or may not be refuted. Participants negotiated the idea that waiting for the client to bring their spiritual beliefs to therapy may at times serve to inhibit potential opportunities, and whilst initiating its discussion was not assumed to promote greater exploratory work (Byng-Hall 1995), narrators

in the study considered the idea that it may serve as an invitation to the client to express their views. Harborne (2012, p. 27) proposes that: 'in the absence of direct questioning, clients may well be reluctant to volunteer information about their faith because they fear that this may be considered part of their 'problem' rather that something that can potentially make a positive contribution to a successful outcome'. The majority of story-tellers gave merit to discussing spirituality as part of the therapeutic process; the degree to which they addressed it was based both on the client's willingness to introduce it into therapy, and the clients' desire to respond to the practitioners' spiritual guidance.

Story-tellers recognised the effectiveness of dealing with spiritual matters using ordinary, rather than specific spiritual language, presenting their aim to meet with the clients frame of reference. Joan's narrative was rooted in her ability to 'work with their way'; the clients' capacity to access their spirituality was located in her confidence with her own spiritual beliefs. Research shows that therapists who are in tune with a personal sense of spirituality experience less effort in entering conversations regarding spirituality in therapy (Brown, Elkonin & Naicker, 2013a). Whilst Joan did not refer specifically to the proposal that making suggestions that fitted the clients' experience increased the likelihood that clients will implement treatment recommendations (Sue & Sue, 2008), she did agree that it strengthened a client's sense of ownership.

There was little doubt in the story-tellers' minds that the word spiritual should not be reserved to moments in therapy when spirituality was overtly addressed, but also when the therapeutic encounter itself becomes, or is felt as being, in some way spiritual. Such 'magic moments' (Thorne, 1998) experienced through the therapeutic relationship were felt to promote a deep sense of connection. Ruby used her own experience with a client to describe what she understood to be a unique form of interaction that took the form of an 'existential revelation', an encounter which she struggled to describe. Elsie illustrates this connection by recounting what she described as 'sparking moments' in therapy in which something new is created between herself and her client. Gendlin (2003) argued that these 'felt experiences' have the capacity to bring amount meaning. Further, the narrators' view that these moments are 'uniquely personal, and transpersonal' is supported by Madison (2010) who describes the therapeutic relationship in these moments as 'experientially alive'. The idea of the 'relational' in therapy is by no means a new one, with scholars such as Bowlby, (1998); Yalom (1980); Wong, (1998) all recognising our need for belonging and attachment. Narrators' emphasis on rapport and alliance however gives further credence to ideas within Logotherapy and their

current application to the therapeutic approach of Meaning Therapy. In Meaning Therapy, the relationship is seen to provide an antidote to loneliness and displacement, and has the potential to renew connectivity and find comfort in a place of loss and despair, feelings increasingly relevant in a society where there is little sign posting for the avoidance of chaos and uncertainty. Perhaps narrators' sentiments reflect the wider world of psychologists and their desire to become increasingly attuned to our need to relate, and at some level, to be made to feel secure.

Spirituality as being linked to the 'process' of therapy in relation to the therapeutic alliance is supported by both theoretical and empirical literature (see Thorne, 2012; Psaila, 2014), with much attention given to what has been described as a 'relational encounter of transcendence' (Lines, 2002). Narrators' ability to get onto the clients' wavelength and be part of a harmonious and responsive relationship seemed to encourage a spiritual alliance that was perceived to be effective in as much as it facilitated the process of connecting to a spiritual self and practices. Narrators did not deliberately and consciously bring about the experience of 'presence' (Rogers, 1980) as much credit was given to the agency of the client in their own self-exploration; narrators promoted a therapeutic relationship in which the 'transcendental core' of therapist and client can be powerfully combined.

Story-tellers were uniform in their beliefs that spiritual integration is 'here to stay', there being little option but to skilfully and mindfully include it as part of their practice. Furthermore, the narrators' emphatic support for its inclusion gives credence to earlier claims that spiritual and psychotherapy integration is more than just a trendy fad (Miller, 1999). Spirituality featuring highly in the story-tellers personal beliefs and values meant that it was an unavoidable component of their clinical work, narrators collectively agreeing that its omission from therapy would serve to leave unnoticed a significant feature of therapeutic practice. This level of commitment demonstrated by practitioners was supported by ideas proposed by Frazier and Hansen (2009). They found that psychologists who identified as spiritual/religious were more likely to devote time to spirituality within therapy. The findings of the current study suggested that the process of trying to separate spirituality and therapy is a futile operation, as the two components shared so many dimensions, not least the promotion of personal growth and healing (Psaila, 2014). For the story-tellers, its inclusion resided in the practitioners' ability to exhibit facilitative qualities such as warmth, empathy, and acceptance, qualities long associated with effective counselling (Lambert & Barley, 2002). Attention has been given to the significant role an empathic and non-judgmental attitude can have on effective spiritual

engagement (Mearns & Thorne, 2007). Perhaps what was slightly different in this study was that many story-tellers supported the idea that these qualities were also specific components of their spiritual make-up (Gockel, 2011).

Spiritual salience was uniformly high amongst the story-tellers, but story-tellers reported notably lower levels of religious salience, supporting findings from a number of studies (Shafranske, 1996a; McMinn, Hathway, Woods, Snow, 2009). Studies have revealed gaps in belief systems between psychologists and the general population ranging from 18% to 40% (See Delaney, Miller, & Bisonó, 2007). This prompted me to question if including a spiritual component in therapeutic practice was largely facilitated by the fact that all story-tellers in the present study predominantly considered themselves to be spiritual. It also drew my attention to the possibility that the levels of spiritual salience may vary across samples of different disciplines and specialisations and thus psychologists from another sample may reveal a more or less inclusive way of practicing.

As previously noted, the narrators' open approach to spirituality stood exclusively within a secular framework, with little reference to the use of specific spiritually-led interventions. For both Ruby and Ophelia, the inclusion of spirituality was at times located in their chosen modality, with third-wave approaches such as Compassion Focused Therapy (CFT) and Acceptance and Commitment Therapy (ACT) seen to encompass spiritual components. Nonetheless, it appeared that story-tellers favoured a more casual process of including spiritual elements in therapy, particularly when it seems indicated for individual clients. Earlier studies have revealed that most psychological practitioners do not solely rely on the use of religious and spiritual interventions, but draw from them as part of an eclectic, integrative approach that includes mainstream secular therapeutic interventions (see Chamberlain, Richards, Scott, Scharman, Janet, 1996). Richards and Bergin (2005) argue that such an eclectic approach allows practitioners the freedom to integrate spiritual perspectives and interventions into their existing therapeutic approaches, thus providing the opportunity to cater to the needs of a given client. There was little suggestion that participants in this study did not produce effective outcomes when integrating spirituality into therapy via the use of secular interventions, but I wondered if the absence of specifically spiritually oriented approaches in the narrators' work is explained by the potential lack of working knowledge the narrators have of spiritually oriented psychotherapy. This is perhaps explained by Sperry and Shafranske's (2005) claim that integrative spiritually oriented psychotherapy demands considerable knowledge and experience to be used effectively.

The notion of resistance amongst psychological therapists to integrate spirituality into clinical practice has pervaded the literature, with its exclusion being attributed to a number of variables, including the historical tensions between psychotherapy and religion/spirituality, therapists' anxiety and lack of training in working with religion and spirituality, and negative attitudes or bias (Aten & Leach, 2009; Lines, 2006). Harbone (2012) questions therapists' reluctance to include issues of spirituality into their work, proposing that the same level of doubt is absent in other disciplines where there is a willingness to deepen knowledge and skills. Story-tellers in the present study were open to recognizing the potential limitations given the vastness and complexity of spirituality, but this did not appear to warrant its exclusion from therapy. Narrators classed spirituality as being a too central component of people's lives'. To allow its multi-dimensional nature to determine its exclusion from therapy was thus believed to do injustice to their work as psychological therapists. The explosion of evidence for the benefits of addressing spiritual issues in therapeutic practice may serve to explain the shift in perceptions of spirituality amongst psychologists and thus its increasing inclusion in practice (Shafranske & Cummings, 2013).

Shafranske (1996b; 2001), Frazier and Hansen (2009) and Reimer (1999) noted that there is some discrepancy between what psychologists describe as their approval of religious and spiritual integration in therapy, and what they actually address in their work on a regular basis. Whilst this argument was difficult to locate with any precision amongst the narratives in the present study, story-tellers presented 'transparent narratives' in as much as they were willing to acknowledge the potential hurdles to integrating spirituality into their practice. I was routinely struck by the narrators' admittance of what they are 'yet to learn' about spirituality, and furthermore, what aspects of their practice challenged their ability to feel 'comfortable' with spiritual issues as they arise. Ophelia admitted an increased comfort with and preference for clients similar to herself, and what she perceived as extreme religious values and beliefs, at times, impacted her decision to terminate therapy. This is consistent with a study that found that many therapists draw the line where rigid beliefs or practices are associated with the presenting problem or are seen to impede treatment progress (Vandenberghe, Costa Prado & Aparacida de Carmago, 2012).

There is increasing evidence that clients may perceive therapists' spiritual beliefs as a significant component in their work together, and highly religious clients often give more value to therapists who share their spiritual/religious beliefs (Walker et al., 2011). Several

researchers have found that many clients fear their spiritual experience may be pathologised or dismissed by the counsellor, (Plum, 2011; Lindgren & Coursey, 1995), and this would give support to the value of a shared belief system. Contrary to this idea, therapists in one study reported having the same quality of therapeutic relationship with clients regardless of spiritual affiliation or the level of perceived similarity between their spiritual and religious beliefs and those of their clients (Kellems, Hill, Crook-Lyon, Freitas, 2010). The findings from the present study point to the role clinical decision-making plays in being able to carefully assess both the needs of the clients regarding spiritual beliefs and interventions, and, significantly, therapists' own needs in terms of what feels comfortable to work with. For Sally, there was a need to prioritise psychologists' ethical obligation to integrate spirituality within their area of competence, supporting the idea that it is inappropriate to practice outside of one's knowledge and skills (Plante, 2008). Implicit in the narratives was the permission for practitioners to make the choice not to work with 'everything that comes their way', possibly allowing for the event of incompatible views. Story-tellers questioned when a client's spiritual/religious beliefs provoked a 'strong emotional response' (Gonsiorek, Richards, Pargament, McMinn, 2009), and whether their own reactions may impede or facilitate therapy (Hathaway & Ripley, 2009). Being open and honest appeared to place the participants in a better position to make effective clinical decisions that may include further consultation or making appropriate referrals.

Story-tellers were seen as having an ethical obligation to pay attention to clients' desire to integrate spiritual values into therapy (American Psychological Association, 2002), and this commitment is particularly played out in Ophelia's suggestion of a spiritual assessment of the client to help provide a platform for identifying clinical relevant beliefs and practices (Hodge, 2013), and in allowing the practitioner to thoughtfully consider the appropriateness of working with a particular client (Barnett & Johnson, 2011). Ophelia's rationale for an assessment of clients' spiritual beliefs supports ideas that it signals responsiveness to a client's desire to discuss spirituality within a therapeutic context (Leach, Aten, Wade, & Hernandez, 2009).

Spiritual awareness, reflection and increased potential

The theme of becoming conscious of one's spiritual views, biases and perspectives as a route to enhancing knowledge and skills was pervasive throughout the story-tellers accounts. Being well-versed in their own spiritual sentiments seemed to invite a form of clinical competence in which narrators primarily based the decision to integrate spirituality on the

needs of their clients, rather than on their own personal attitudes. For many story-tellers, considering the client's interests or willingness to address spiritual issues in therapy began with the task of evaluating their own stance towards spirituality. Doubt was placed on the ability to make effective clinical judgments if this process of self-awareness were overlooked. For example, Ruby stressed how a lack of connection to one's own spirituality as a therapist invariably impedes spiritual connection with her client. She suggests that her own spiritual insight provides her with the tools to accept the beliefs of her clients by being open to learning about the their experience in a new way; this was seen to be particularly helpful when encountering the 'unfamiliar'. Ophelia owed her acceptance of her clients' spiritual beliefs to her ability to be in tune with her body, a kind of level of awareness that allows her to connect more fully with who she really is, and thus with the spiritual reality of her client.

There was a strong feeling amongst the narratives that psychological practitioners have a responsibility to evaluate the effects their spiritual beliefs and values have on their work, and to learn of the potential influences they have on the understanding of mental health, clinical decision-making, and choice of interventions (Bilgrave & Deluty, 1998). Ophelia neatly illustrates her own efforts to be continually mindful of her 'spiritual autobiography' (Wiggins, 2008), her earlier attempts to prove herself as a practitioner cognisant of her spiritual views failing because of an unwillingness to accept what she didn't know. Being open to both her personal and professional limitations as they relate to spirituality allowed Ophelia a new sense of freedom that was both less restrictive and less value laden. I sensed from the narratives in the current study that there was inevitably more room for open discussion of spirituality within therapy, once the story-tellers allowed themselves the right to explore their own beliefs (Reinertsen, 1993; Brown et al., 2013b). This prompted a level of engagement that perhaps would otherwise be lacking.

Cornish and Wade (2010) give value to psychological therapists conducting their own spiritual assessment before working with a client, thus offering a means by which the therapist can explore their own spiritual facets. This has some clear implications for practice. Perhaps the notion of a standardised assessment tool would allow psychological therapists to become more attuned to their own spiritual background, biases, and perspectives, thus minimising misconceptions that may cause harm to a client (Bergin, Payne, & Richards, 1996; Hawkins & Bullock, 1995). This certainly prompted thinking around how this could be applied to my current practice, and brought to my attention how an assessment would allow

clinicians to reflect on their changing attitudes towards spirituality, whilst serving to normalise its inclusion for clients.

Many story-tellers actively reflected on the ways in which their backgrounds, and experiences have led them to their present spiritual beliefs (Wiggins, 2008), unpicking their family's spiritual participation as a way of helping them to create a personal spiritual narrative. The majority of narrators commonly questioned what the predominant attitude towards spirituality was in their family, and to what extent they felt able to openly express their beliefs. For example, Steven recalled how his own religious background has inevitably informed his spiritual beliefs, and his own choice to filter out aspects of his experience that he perceived to be both limiting and unhelpful. As Steven grew older and expanded his professional experience, he began to question how his beliefs developed and changed. This is to some extent consistent with a study carried out by Shafranske and Malony (1990) who highlighted that many psychologists switch their affiliation at some stage in their life. The study also points to a discrepancy between childhood beliefs and present affiliations, although it doesn't seem to suggest a lack of influence of one over the other. One explanation for this shift is that psychology is particularly attractive to people who hold to non-institutional forms of spirituality, and who promote the privileging of diverse perspectives (Shafranske & Cummings, 2013). If psychological practitioners views alter over time, they may thus be expected not to make assumptions about spiritual affiliation based on a person's upbringing, encouraging their ability to be attentive to their client's spiritual development (Vieten et al., 2013). These findings also support the widely expressed view that a personal assessment may help the therapist to clarify and visualise any negative attitudes they hold towards spirituality and religion, particularly as they are situated in one's background.

Most articles centering on enhancing psychological therapists' knowledge and skills explicitly encourage the therapist to become more cognisant of their own spiritual views and beliefs systems (Evans, 2003; Souza, 2002), and, further, research has found that these views are likely to impact psychotherapists' work with clients (Bartoli, 2003; Evans, 2003). There was little doubt that story-tellers gave value to psychological practitioners developing 'greater competency' in spiritual issues, and it was seen as a tool for providing the potential for enriching therapeutic experience and effectiveness (Coyle & Lochner, 2011). The growing body of literature points to the value of psychological therapists' widening their knowledge and skills as they relate to spirituality in clinical practice, knowledge gained through channels such as increased training, heightened self-awareness and learning about the salience of

spirituality in the general population (see King-Spooner, 2001; Rowe, 2001; Frame, 2003; & Sperry & Shafranske, 2005). Both the empirical and theoretical literature provides some support for the benefits of increased knowledge and skills as they relate to spirituality (e.g., Frame, 2003; Miller, 1999; Miller, 2003). Bartoli (2007) proposed that, owing to the general disinterest in spiritual concerns, training has not been accessed as frequently as it could be.

The specific task of gaining access to clinical training as a means of increasing competence was not a key feature of the narratives in the present study, but story-tellers suggested different perceptions of spirituality than those revealed in earlier work (see Bartoli, 2007), which points to limited training being the result of a lack of effort or interest in spirituality within the context of therapeutic practice. Worthington et al., (2009) propose that the best way to ensure that psychologists are open to valuing issues in therapy and can integrate religion and spirituality competently and ethically is by actively considering the provision of adequate training and education on the subjects. One way of viewing the lack of priority given to spiritual training in the narratives of the current study is that it perhaps reflected the story-tellers' limited opportunity to gain access to tools such as training, as well as supervision and scholarly journals on spiritual issues. Plante (2007) suggested that professionals may feel they are on their own to get adequate training and supervision to ensure they provide the latest and most sophisticated competent professional services, story-tellers perhaps feeling the need to work harder to better equip themselves in their professional work. I also wondered if the application of the advancement of knowledge could meet with resistance when working in services geared towards the employment of specific secular practices that lack a spiritual component.

Running across the narratives was the implicit message that by not attempting to advance one's own capabilities as psychological therapists, one may run the risk of overlooking important spiritual needs of the client. Bergin and Payne (1991, p. 201) support this view by stating that: 'ignorance of spiritual constructs and experience predispose a therapist to misjudge, misinterpret, misunderstand, mismanage, or neglect important segments of a client's life which may impact significantly on adjustment or growth'. In further addressing issues around training and experience, Cummings et al. (2014) suggest that caution must be taken when making assumptions that personal education and experience of spirituality necessarily translate into the skills required to effectively integrate spirituality into treatment.

The growing body of literature on developing therapeutic competencies points to the credibility spiritually diverse clients assign to therapists when effort is made to build on existing knowledge of spiritual diversity (Richards & Bergin, 2000), thus further highlighting the psychological practitioners' responsibility to increase their understandings of such issues. In the present study, all narrators in one way or another described themselves as being culturally sensitive, and prided themselves on their attempts to be at the forefront of multicultural issues as they occur within clinical practice. Some narrators went further by suggesting that cultural awareness was a precondition for full therapeutic engagement with clients. Certainly amongst the narrators was a growing use of some spiritual and religious traditions such as mindfulness and yoga, and this gives value to recent literature which points to a stronger emphasis on multiculturalism as it exists in therapeutic practice (See Norcross, Pfund, & Prochaska, 2013). The findings from the present study run counter to the widely held view that when it comes to multiculturalism as it relates to spiritual and religious diversity, psychology professions often take a casual and somewhat effortless approach (see Plante, 2014). What the current study does bring to light is the role that expertise on spirituality issues amongst training teams may have in increasing psychological therapists' confidence in exploring spiritual issues within their clinical practice. Once this confidence is established, psychological practitioners can better equip themselves to respond and work effectively with their clients' spiritual values and beliefs.

Part two: Evaluation of the study

Applications to counselling psychology

One effective source for evaluating the study is to consider its relevance and applicability to counselling psychology. I consider the discussion of spirituality as it relates to clinical practice to be highly appropriate, given the theory and research that continues to attempt to understand and measure its role in the psychologist's and client's personal and professional life.

A moderate but valuable outcome of this study has been the recognition that spirituality and therapy are intrinsically linked. To separate spirituality from clinical practice may run the risk of overlooking the great value of spirituality for so many individuals, and how addressing it in therapy can offer meaning to so many clients. There is evidence that clients would chose to

have their spirituality and religion addressed in psychotherapy (Vieten et al., 2013), and it is hoped that the study serves to bring to light how spirituality can be central to the client's experience of self-exploration and healing. This study suggests the role counselling psychologists play in paying attention to the spiritual beliefs and values of the client, because they may provide powerful resources for the client, particularly at challenging times. The ability to work sensitively with spiritual issues, concepts, and experiences in ways that encourage the spiritual dimension of the self to grow may be a key ingredient to working with spirituality in a competent and effective way.

The study suggests that effective integration of spirituality into clinical practice involves counselling psychologists increasing their awareness, knowledge and competence in working with spiritual issues and clients. The current study suggests that closer engagement with spirituality and therapy occurs as a result of continuing reflexive practice, and points to the importance of practitioners cultivating their inner belief systems. Developing an awareness of one's own beliefs, values and attitudes in regards to spirituality through personal development, professional advancement and supervision may help to increase counselling psychologists' confidence in addressing a wide range of spiritual issues. This includes learning to work with diverse spiritual affiliations, working within the limits of one's competence and uncovering any assumptions one may hold about spirituality. It appeared to me that, to be able to address spiritual concerns in therapy effectively, counselling psychologists are also required to appreciate the value of a good therapeutic relationship. 'Getting onto the client's wavelength' by tuning into the spiritual values and beliefs of the client, it seemed, promoted a good therapeutic alliance, and this is best achieved though the demonstration of interpersonal qualities such as warmth, empathy and openness. The study revealed that a significant task of the counselling psychologist is to remain curious, and be willing to explore clients' unique understanding of spirituality, and the value they attach to it.

Counselling psychologists can develop a range of helpful methods for encouraging the integration of spirituality into therapy, with increased discussion of spiritual issues promoting insight and open-mindedness, and thus serving to challenge the stigma associated with spiritual beliefs. Further, the consideration of a spiritual assessment, together with the inclusion of a treatment plan, may allow the counselling psychologist to tailor the therapeutic process to the client's individual spiritual needs. A consideration for the counselling psychologist is the ability to work in a professional, but personal manner with regards to spiritual concerns in ways that may encourage open engagement.

The study also revealed that developing skills for working with spiritual issues might include an acceptance of the multidimensionality of spirituality, and the many ways it can be understood and employed. Appreciating the overlaps and the distinctions between spirituality and religion may be key to a counselling psychologists' understanding of spirituality, thus positively impacting the process of therapy (Miller & Thoreson, 2003; Crossley & Salter, 2005). Nonetheless, the study initiates further discussion on how a lack of systematic conceptualisation of spirituality can lead to challenges for empirically based research.

Limitations of the present study

The current study aimed to further enrich our knowledge and appreciation of psychological therapists' understanding of spirituality within the context of their clinical practice. The narrative approach employed in the study revealed a rich and dynamic process of story-tellers making sense of their changing lives, their experiences emerging as their narratives unfolded. The study captured the experiences of a small, purposive sample of six participants, which was necessary given the time constraints. The narrators' stories were engaging, but it is widely known that, with narrative analysis, what is achieved in the depth of the analysis is arguably relinquished in breadth (Gockel, 2009). The consequence of this was that generalisability to other populations might be questioned. Due to the narrators having prior interest in the topic of spirituality, there also existed the effect of sampling bias. In addition, the study did not represent an equal balance of gender perspectives, given that the sample consisted of only one male. It would be interesting to study the potential differences in understandings of spirituality between female and male counselling psychologists, specifically the level of attention that spirituality is given to their personal and professional experience.

Whilst the story-tellers reflected a broad age range, participants did not represent ethnic and racially diverse accounts of spirituality, given that they were predominantly Caucasian. Consideration must be given to the fact that different racial or ethnic groups may have different understandings of spirituality, and may reveal alternative beliefs and values (Gockel, 2011). These limitations arguably warrant future empirical research.

The participants were only interviewed on one occasion, largely owing to time constraints, but a further interview at a later date may provide the opportunity for both the narrators and

the researcher to reflect upon and investigate spirituality in considerable depth. The narratives nonetheless brought to light a number of spiritual dimensions, including the multidimensionality of spirituality and its progression within the field of counselling practice, both in relation to how it is conceptualised and the means by which it is integrated into practice. What's more, the study revealed the story-tellers' expressed hopes that these dimensions will continue to progress in a positive fashion.

Ideas for future research

Further qualitative research of the same design, with the same participants, over the course of their career, would build on existing understandings of spirituality. This would also provide the researcher with knowledge of how a psychologist's spiritual affiliation may or may not change at different stages of their experience. Half of the psychological practitioners in the study demonstrated a move away from the spiritual views of their childhood, and this shift in spiritual views was largely placed in the context of a particular religious upbringing. Identifying specific contributory factors to such shifts may help to understand the reasoning behind a psychologist's current spiritual affiliation, and what's more, may serve to enrich our understanding of the role a religious upbringing plays in the psychologist's spiritual progression.

Psychological practitioners in the study evidently appreciated a client's spiritual and/or religious functioning as being an important aspect of their personal development. The study revealed that there was little doubt that spirituality entered the therapeutic setting. Practitioners made attempts to respectfully bring spirituality into the session when there was the potential to offer the client both meaning and spiritual coping strategies. However, whilst acknowledged, spiritual assessments were not a key component of the psychological practitioner's work, and an exploration of why psychologists may not employ this tool would be a worthwhile endeavour. Further, several researchers have highlighted that, whilst spiritual concerns and perspectives are increasingly entering therapeutic practice, very little training is offered to psychological practitioners on effective ways to explore at length, the spiritual dimensions of a client's life (Bartoli, 2007).

As noted, psychologists' professional training in spirituality within the context of therapeutic practice remains scarce (Walker, Gorsuch, & Tan, 2004). Future research that explores practitioners' perceptions of their own level of competence may bring to light gaps in a

psychological therapist's knowledge of spiritual frameworks and techniques, and their level of insight into their own values, biases and perspectives on spirituality. Research findings may provide an evidence base to support the need for training programs on spirituality in practice, further education, and supervised clinical practice in meeting the spiritual needs of clients in an adequate way.

Psychologists as a whole tend to identify less with religion and more with spirituality (Post & Wade, 2009; Shafranske & Cummings, 2013), and future research could focus on identifying how deliberate psychologists are about gauging their own attitudes and biases concerning religion, and the perceived impact this has on their work with clients. All participants in the current study actively engaged in spirituality, and knowledge of how spirituality is approached in therapy can be developed by understanding how spiritual concerns are 'raised' in therapy, whether psychologists promote the notion of a routine enquiry, or whether significance is given to spiritual matters as they arise from the client (Elkonin et al., 2014). Given that previous research has identified that spiritual beliefs should be a conventional part of therapy (Hathaway et al., 2004), issues that affect its inclusion would be helpful to explore. Previous research has highlighted just how many psychologists would like to incorporate spiritual issue and interventions into their work, but lack the skills and knowledge to do so (Cummings et al. 2014). An exploration of the role education, training and supervised clinical experience play in increasing this clinical competence would provide useful information for future directions in practice.

Conclusion

The ultimate aim of the study was to investigate psychological practitioners' understanding of spirituality within the context of their clinical practice. A significant focus was on the ways spirituality was exemplified, given its multiple dimensions. To a great degree the challenges of defining spirituality has allowed for spirituality to be somewhat neglected in clinical practice (Crossley & Salter 2005). As outlined above, accepting the diversity of meanings attached to spirituality, and encouraging an open dialogue about spirituality, can help to promote a more fruitful understanding of it, and further, encourage closer engagement with spirituality, both at a conceptual and clinical level. Thus viewing spirituality as a multidimensional construct (Elkins et al. 1988; Miller & Thoresen, 2003), I propose that it is possible to work with the challenges inherent in its discussion, and in our attempts to integrate spirituality into counselling psychology practice.

Reflexive statement

Researchers reflections

The reflexive process as it relates to the research study has been an indispensable, and at times, arduous endeavour. The reflexivity was situated in a number of aspects of the research process, from my chosen topic, to my subjective positioning, including my relationship with the resulting narratives. The reflexive statement provides me with the opportunity to momentarily pause and identify and examine my thoughts about what I have learnt about my own research process and style, what I have gained, and what I have yet to learn. The journey has been long, at times rather exhausting.

A great deal of my time has been spent thinking: thinking about things I have said, and what others have communicated to me. This at times has caused confusion, and has led to occasional self-doubt, both in relation to my skills as a researcher, and within the context of personal evaluation. I have read numerous books and journal articles, which whilst stimulating, was also overwhelming. Spirituality is a vast topic, and my anxiety was situated in the fact that it felt impossible to cover all angles. My beliefs, values, attitudes and assumptions formed the foundation of my approach to the topic, and the rationale behind my choice. The burning question that kept returning throughout was 'in what ways can we work towards fully engaging in a meaningful life?' This was an important question for me to pose, both as a counselling psychologist, and as a 'wounded healer'. My personal belief was that spirituality could lead to a path of fulfilment, a path that the narratives revealed is personal, but is unavoidably placed within the context of intersubjective experience. These interactions

could crucially be positioned within the context of the therapeutic alliance. Through the knowledge I gained, it is safe to say that spirituality and therapy are unequivocally linked, and this idea continues to accompany me with every new client I see.

Critically evaluating my research was a challenge, from building relevant arguments to state a case, to appropriate selection of interview material, including making subjective decisions about which aspects of the narrators' story were felt to be 'relevant'. There was little doubt that my aim was not to search for the truth, but to gain an understanding of the narrators' personal experience as told in the moment. However, this did not initially provide me with the tools to decide what methodology was most appropriate. At times I felt lost, and there were many stages in the write-up process when I felt I had hit a brick wall. The patience and encouragement from my supervisor brought to light that, at times I was taking a particular path, both in how I approached my work, and in my style of writing, Taking a step back allowed me to recognise that there was a new and alternative way of approaching the material, and this new approach encouraged my relationship with the narratives to move from a place in which I simply read though them, to a place of engagement and fascination.

Self-doubt, whilst imbued in the entire research process, has undoubtedly shifted, but it still requires attention. I recognise that I have brought valuable knowledge to the research experience, and have made connections between what I know, and what am I am continuing to learn. My own path is working towards becoming an active, open, and critical learner.

References

Alladin, W. (2016). Spirituality and post-traumatic growth: The missing dimensions. *Transpersonal Psychology Review*, 18(2), 3-9.

American Psychological Association. (2002). *Ethical principles of psychologists And code of conduct.*
Retrieved 8th December, 2016, from http://www.apa.org/ethics/code/index.aspx

Anderson, C & Kirkpatrick, S (2016). Narrative Interviewing. *International Journal of Clinical Pharmacy*. 38: 631-634

Andrews, M., Squire, C., & Tamboukou, M. (2008). What is narrative research? In M. Andrews, C. Squire., & M. Tamboukou (Eds.), *Doing Narrative Research* (pp. 1-26).
London: Sage.

Ano, G. G., & Vasconcelles, E. B. (2005). Religious coping and psychological adjustment to stress: A meta-analysis. *Journal of Clinical Psychology*, 61(4), 461–480.

Armstrong, J., & Shevellar, L. (2006). Re-thinking respite. *The SRV Journal*, 1(1),
14-25.

Ashworth, P. (2008). Conceptual foundations of qualitative psychology. In J.A. Smith (Ed.). *Qualitative psychology: A practical guide to research methods* (pp. 4-25). London: Sage Publications.

Aten, J.D., & Leach, M.M. (Eds.) (2009). *Spirituality and the therapeutic process: A comprehensive resource from intake to termination*. Washington, DC: American Psychological Association.

Augustinous, M., & Walker, I. (1995). *Social cognition: An integrated introduction*. London: Sage.

Baker, M., & Wang, M. (2004). Examining connections between values and practices in religiously committed U.K clinical psychologists. [Electronic Version]. *Journal of Psychology and Theology*, 31(2),126-136.

Bamberg, M. Narrative analysis. (2008). In H. Cooper (Editor-in-chief). *APA Handbook of research methods in psychology* (pp. 1-40). Washington, DC, US: American Psychological Association Press.

Barnett, J.E., & Johnson, W.B (2011). Integrating spirituality and religion into psychotherapy: Persistent dilemmas. Ethical issues, and a proposed decision-making process. *Ethics and Behaviour*, 21(2), 147-164.

Barnett, J.E (2016). Are religion and spirituality of relevance in psychotherapy? *Spirituality in Clinical Practice*, 3(1), 5-9.

Bartoli, G.M. (2003). Psychoanalysis and religion: A current perspective. *Bulletin of the Menninger Clinic*, 67(4), 347-366.

Bartoli, G.M. (2007). Religious and spiritual issues in psychotherapy practice: Training and the trainer. *Psychotherapy: Theory, Research, Practice, Training*, 44(1), 54-65.

Baumsteiger, R., & Chenneville, T. (2015). Challenges to the conceptualization and measurement of religiosity and spirituality in mental health. *Journal of Religious Health*, 54(6), 2344-2354.

Beatty , A.E., Hull, M., & Arikawa, H. (2007) Correlates of therapist's religious attitude and conservatism. *Mental Health, Religion & Culture*, 10(5), 527-535.

Bergin, A. E. (1991). Values and religious issues in psychotherapy and mental health. *American Psychologist*, 46(4), 394–403.

Bergin, A.E., & Jensen, J.P. (1990). Religiosity of psychotherapists: A national survey. *Psychotherapy: Theory, Research, Practice, Training*, 27(1), 3-7.

Bergin, A.E. & Payne, I.R. (1991). Proposed agenda for a spiritual strategy in personality and psychotherapy. *Journal of Psychology and Christianity*, 10(3), 197-210.

Bergin, A.E., Payne, I.R., & Richards, P.S. (1996). Values in psychotherapy. In E.P. Shafranske (Ed.), *Religion and the clinical practice of psychology* (pp. 297-325). Washington, DC: American Psychological Association.

Belzen, J.A. (2004). Spirituality, culture and mental health: Prospects and risks for contemporary psychology of religion. *Journal of Religion and Health*, 43(4), 291-316.

Bilgrave, D., & Deluty, R. (1998). Religious beliefs and therapeutic orientations of clinical and counselling psychologists. *Journal for the Scientific Study of Religion*, 37(2), 329-349.

Bloesch, D.G. (2007). *Spirituality old and new: Recovering authentic spiritual life. Downers Grove*, IL: IVP Academic.

Bochner, A.P. (2001). Narrative's virtues. *Qualitative Inquiry*, 7(2), 131-57.

Bold, C. (2012). *Using narrative in research*. London: Sage Publications Ltd.

Bolton G. (2006). Narrative writing: reflective enquiry into professional practice. *Education Action Research Journal*, 14(2), 203-218.

Bowlby, J. (1988). A secure base: Clinical applications of attachment theory. London: Routledge.

Brooks, C.W., & Mathews, C.O. (2000). The relationship among substance abuse counsellors' spiritual well-being, values and self-actualising characteristics and the impact on client's spiritual well-being. *Journal of Addictions and Offender Counselling*, 21(1), 23-33.

Brown, D.R., Carney, J.S., Parrish, M.S., & Klem, J.J. (2013a). Accessing spirituality: The relationship between spirituality and mental health. *Journal of Spirituality in Mental Health*, 15(2), 107-122.

Brown, O., Elkonin, D., & Naicker, S. (2013b). The use of religion and spirituality in psychotherapy: Enablers and barriers. *Journal of Religious Health*, 52, 1131-1146. Retrieved from doi: 10.1007/s10943-011-9551-z

Bryson, K.A. (2004). Spirituality, meaning, and transcendence. *Journal of Palliative and Supportive Care*, 2, 321-328

Bruner, J. (1990). *Acts of meaning*. Cambridge, MA: Harvard University Press.

Byng-Hall, J. (1995). *Re-writing family scripts: Improvisation and systems change.* London: Guildford Press.

Carlson, T. D., Erickson, M. J., & Seewald-Marquardt, A. (2002). The spiritualities of therapists' lives: Using therapists' spiritual beliefs as a resource for relational ethics. *Journal of Family Psychotherapy*, 13(3), 215-236.

Carlson, T.D., Kirkpatrick, D., Hecker, L,. & Killmer, M. (2002). Religion, spirituality, and marriage and family therapy: A study of family therapists' beliefs about the appropriateness of addressing religious and spiritual issues in therapy. *American Journal of Family Therapy*, 30(2), 157-171.

Cashwell, C.S., Bentley, D.P., & Bigbee, A. (2007). Spirituality and counsellor awareness. *Journal of Humanistic Counselling, Education and Development*, 46(1), 66-81.

Chamberlain, B., Richards, P. S., & Scharman, Janet S. (1996). Spiritual Perspectives and Interventions in Psychotherapy: A qualitative study of experienced AMCAP therapists, *Issues in Religion and Psychotherapy*, 22(1), 29-74.

Clandinin, D.J. (2007). *Handbook of narrative inquiry: Mapping a methodology.* London: Sage Publications.

Clandinin, D.J & Connelly, M. (2000). *Narrative inquiry: Experience and story in qualitative research*. San Francisco: Jossey-Bass.

Clandinin, D.J., & Huber, J. (2010). Narrative inquiry. In B. McGaw, E. Baker, & P.P. Peterson (eds.) *International Encyclopedia of Education* (3rd ed, pp. 1-26). New York: Elsevier.

Cobb, M., & Robshaw, V. (Eds.). (1998). *The spiritual challenge of health care*. Edinburgh: Churchill Livingstone.

Connelly, R., & Light, K. (2003). Exploring the new frontier of spirituality in health care: Identifying the dangers [Electronic version]. *Journal of Religion and Health*, 42(1), 35-46.

Conrad, P. (1990). Qualitative research on chronic Illness: A commentary on method and conceptual development. *Social Science and Medicine*, 30(11), 1257-1263.

Cornish, M.A., Wade, N.G., & Post, B.C. (2012). Attending to religion and spirituality in group counselling: Counsellors' perceptions and practices. *Group Dynamics: Theory and Practice*, 16(2), 122-137.

Coyle, A., & Lochner, J. (2011). Religion, spirituality and therapeutic practice. *The Psychologist*, 24(40), 264-266.

Crossley, M. (2000). *Introducing narrative psychology: Self, trauma and the construction of meaning*. Buckingham: Open University Press.

Crossley, M. (2003). Formulating narrative psychology: The limitations of contemporary social constructionism. *Narrative Enquiry*, 12 (2), 287-300.

Crossley, J.P., & Salter, D.P. (2005). A question of finding harmony: A grounded theory study of clinical psychologists' experience of addressing spiritual beliefs in therapy. *Psychology*

and Psychotherapy: Theory, Research and Practice, 78(3), 295-313.

Cummings, J.P., Ivan, M.C., Carson, C.S., Stanley, M.A., & Pargament, K.I. (2014). A systematic review of relations between psychotherapist religiousness/spirituality and therapy-related variables. *Spirituality in Clinical Practice*, 1(2), 116-132.

D' Souza, R.F., & Rodrigo, A. (2004). Spiritually augmented cognitive behaviour therapy, *Australas Psychiatry*, 12(2), 148-152.

Dein, S., & Littlewood, R. (2005). Apocalyptic suicide: From a pathological to an eschatological interpretation. *International Journal of Social Psychiatry*, 51(3), 198-2010.

Dein S. (2006). Depression, spirituality and religion: Implications for research and treatment. *Primary Care and Community Psychiatry,* 11(2), 67-72.

Delaney, H.D., Miller, W.R., & Bisonó, A.M. (2007). Religiosity and spirituality among psychologists: A survey of clinician members of the American Psychological Association. *Spirituality in Clinical Practice,* 1(5), 95-106.

Dermatis, H., Guschwan, M.T., Galanter, M., & Bunt, G. (2004). Orientation toward spirituality and self-help approaches in the therapeutic community. *Journal of Addictive Diseases*, 23(1), 39-54.

Earthy, S., & Cronin, A. (2008). *Narrative analysis*. In Gilbert, N. (Ed.) *Research social life* (3rd ed, pp. 420-439). London: Sage.

Eliason, T.F., Hanley, C., & Leventis. M. (2001). The role of spirituality in counselling: Four theoretical orientations. *Pastoral Psychology*, 50(2), 77-91.

Elkins, D.N., Hedstorm, L.J., Hughes, L.L., Leaf, J.A., & Saunders, C. (1988). Towards a humanistic-phenomenological spirituality. *Journal of Humanistic Psychology*, 28(4), 5-18.

Elkonin, D., Brown, O., & Naicker, S. (2014). Religion, spirituality and therapy: Implications for training. *Journal of Religious Health*, 53(1), 119-134.

Elliot, J. (2005). *Using narrative in social research: Qualitative and quantitative approaches*. London: Sage Publications.

Ellis, A. (1988). Is religiosity pathological? *Free Inquiry*, 18, 27-32.

Elo, S., & Kyngäs, H. (2008). The qualitative content analysis process. *Journal of Advanced Nursing*, 62(1), 107-115.

Emerson, P., & Frosh, S. (2004). *Critical narrative analysis in psychology.* Basingstoke: Palgrave Macmillan.

Emmons, R.A. (1999). *The psychology of ultimate concerns: Motivation and spirituality in personality*. New York: The Guilford Press.

Emmons, R.A., & Paloutzian, R.F. (2003). The psychology of religion. *Annual Review of Psychology*, 54(1), 377-402.

Etherington, K. (2004). *Becoming a reflexive researcher-Using ourselves in research.* London: Jessica Kingsley Publishers.

Evans, K.M. (2003). Including spirituality in multi-cultural counselling: Overcoming counsellor resistance. In G. Roysircar, D.S. Sandhu, & V.E. Bibbins, Sr (Eds.), *Multicultural competencies: A guidebook of practices* (pp. 161-171). United States: Association for Multi-cultural Counselling and Development.

Fetzer Institute/National Institute on Aging Working Group. (1999). Multi-dimensional measurement of religiousness/spirituality for use in health research: A report of the Fetzer Institute/National Institute on Aging Working Group. Kalamazoo, MI: Fetzer Institute.

Fieser, J. (1995). *The natural history of religion.* Retrieved from http://www.class.uidaho.edu/mickelsen/texts/Hume-Nat%20Rel.txt.

Folkman, S., & Greer, S. (2000). Promoting psychological well-being in the face of serious illness: When theory, research and practice inform each other. *Psychooncology*, 9(1) 11-19.

Fontana, A., & Rosenheck, R. (2004). Trauma, change in strength of religious faith, and mental health service use among veterans treated for PTSD. *Journal of Nervous and Mental Disease,* 192(9), 579-584.

Frame, M.W. (2003). *Integrating religion and spirituality in counselling: A comprehensive approach*. United States: Thomson, Brooks & Cole.

Frankl, V. (1946/1984). *Man's Search for Meaning: The Classic Tribute to hope from the Holocaust.* London: Rider.

Frankl, V. (1967). *Psychotherapy and Existentialism-Selected Papers on Logotherapy.* New York: Washington Square Press Publication.

Frankl, V (1986). *The doctor and the soul* (2nd ed.) New York: Random House.

Frankl, V. (2006). Man's search for meaning, Beacon Press, Boston, MA.

Frazier, R.E., & Hansen, N.D. (2009). Religious/spiritual psychotherapy behaviours: Do we do what we believe to be important: *Professional Psychology: Research and Practice*, 40(2), 81-87.

Fukuyama, M.A. (2003). Integrating spirituality into multicultural counselling: A world-view. In F.D. Harper & J. McFadden (Eds), *Culture and counselling: New approaches* (pp. 186-195). Needham Heights, MA: Allyn & Bacon.

Fukuyama, M.A., & Sevig, T.D. (1999). *Integrating spirituality into multicultural counselling*. Thousand Oaks, CA: Sage.

Gall, T.L. (2000). Integrating religious resources within a general model of stress and coping: Long-term adjustment to breast cancer. *Journal of Religion and Health*, 39(2), 167-182.

Gall, T.L., Charbonneau, C., Clarke, N.H., & Grant, K., Joseph, A., & Shouldice, L. (2005). Understanding the nature and role of spirituality in relation to coping and health: A

conceptual framework. *Canadian Psychology*, 46,(2), 88-104.

Gallup, G.H., Jr. (2002). *Unchurched on the rise*. Princeton, NJ: Gallup POLL.

Gallup, G. H., Jr., & Lindsay, D. M. (1999). *Surveying the religious landscape.* Harrisburg, PA: Morehouse.

Gee, J.A. (1991). A Linguistic approach to narrative. *Journal of Narrative and Life History*, 1(1), 15-39.

Gendlin, E.T. (2003). *Focusing: How to gain direct access to your body's knowledge*. London: Rider.

Gilbert, P. (ed.) (2005) *Compassion: Conceptualisations, research and use in psychotherapy*, New York: Routledge.

Gilbert, P. (2009). Introducing compassion-focused therapy. *Advances in Psychiatric Treatment,* 15(3), 199-20.

Gilbert, P. (2014). Understanding mental health and spirituality. *Journal for the study of spirituality*, 4(1), 8-23.

Giordan, G. (2012). Toward a sociology of prayer. In G. Giordan & J.W.H. Swatos Jr (eds), *Religion, Spirituality, and Everyday Life* (pp. 77-88). London: Springer.

Gockel, A. (2009). Spirituality and the process of healing: A narrative study. *The International Journal for the Psychology of Religion*, 19(4), 217-230.

Gockel, A. (2011). Client perspectives on spirituality in the therapeutic realm. *The Humanistic Psychologist*, 39(2), 154-168.

Gonsiorek, J.C., Richards, P.S., Pargament, K.I., & McMinn, M.R. (2009). Ethical challenges and opportunities at the edge: Incorporating spirituality and religion in psychotherapy. *Professional Psychology*: *Research and Practice*, 40(4), 385-395.

Habermann, S.M.R. (2004). Psychologist and client spirituality in psychotherapy: An exploratory study. Retrieved from Proquest Dissertation and Theses database (AAAT NQ97742).

Hackney, C. H., & Sanders, G. S. (2003). Religiosity and mental health: A meta-analysis of recent studies. *Journal for the Scientific Study of Religion*, 42(1), 43–55.

Hage, S. (2006). A closer look at the role of spirituality in psychology training programs. *Professional Psychology: Research and Practice*, 37(3), 303-310.

Harborne, L. (2012). *United Kingdom Council for Psychotherapy: Psychotherapy and spiritual direction: Two languages, one voice*? London: Karnac Books.

Hathway, W.L., Scott, S.Y., & Garver, S.A. (2004). Assessing religious/spiritual functioning: A neglected domain in clinical practice? *Professional Psychology: Research and Practice,* 35(1), 97-104.

Hathaway, W.L., & Ripley, J.S. (2009). Ethical concerns around spirituality and religion in clinical practice. In J.D Aten & M.M Leach (Eds.), *Spirituality and the therapeutic process: A comprehensive resource from intake to termination* (pp. 25-52). Washington, DC: American Psychological Association.

Haug, I.H. (1998). Including a spiritual dimension in family therapy: Ethical considerations. *Contemporary Family Therapy*, 20(2), 99-110.

Haugen, R., Ommundsen, Y., & Lund, T. (2004). The concept of expectancy: A central factor in various personality dispositions. *Educational Psychology*, 24(1) 43-55.

Hawkins, I., & Bullock, S. (1995). Informed consent and religious values: A neglected area of diversity. *Psychotherapy: Theory, Research, Practice, Training*, 32(2), 293-300.

Hawthorne, D.M., Lynn, C.E., Youngblut, J.M., Herbert, Dr,. Wertheim, N., & Brooten, D. (2016). Parent spirituality, grief, and mental health at 1 and 3 months after their infant/child's death in an intensive care unit. *Journal of Paediatric Nursi*ng, 31(1), 73-80.

Haynes, C. (2016). Identity, transcendence and the true self: Insights from psychology and contemplative spirituality. *HTS Teologiese Studies/Theological Studies* 72(4), htp://dx.doi.org/10.4102/hts.v72i4.3455

Hermsen, M.A., & ten Have, H.A.M.J. (2004) Pastoral care, spirituality, and religion in palliative care journals. *American Journal of Hospice & Palliative Care*, 21(5), 353-356.

Hill, P. C., & Hood, R. W., Jr. (Eds.). (1999). *Measures of religiosity.* Birmingham, AL: Religious Education Press.

Hill, P.C., Pargament, K.I., Hood, R.W JR., McCullough, M.E., Swyers, J.P., Larson, D.B., & Zinnbauer, B.J. (2000). Conceptualising religion and spirituality: Points of commonality, points of departure. *Journal for the Theory of Social Behaviour*, 30(1), 51-57.

Hill, P.C., & Pargament, K.I. (2003). Advances in the conceptualisation and measurement of religion and spirituality: Implications for physical and mental health. *American Psychological Association*, 58(1), 64–74.

Hiles, D., & Čermák, I. In Willig, C. & Stainton-Rogers, W. (2008). *The SAGE handbook of qualitative research in psychology* (pp. 147-164). London, England. Sage Publications.

Hodge, D.R. (2006). Spiritually modified cognitive therapy: A review of the literature. *Social Work*, 51(2), 157-166.

Hodge, D.R. (2013). Assessing spirituality and religion in the context of counselling and psychotherapy. In. K.I. Pargament (Editor-in-Chief). *APA Handbook of Psychology, Religion and spirituality. (Vol, 2). An applied Psychology of Religion and Spirituality* (pp. 93-123). American Psychological Association.

Hollway, W., & Jefferson, T. (2000). *Doing qualitative research differently: free association, narrative and the interview method*. London: Sage.

Hood, R.W., Spillka, B., Hunsberger, B., & Gorsuch, R. (2003). *The Psychology of religion: An empirical approach* (3rd ed.). New York: Guilford Press.

Hook, J.N., Worthington Jr, E.L., & Davis, D.E. (2012). *Religion and spirituality in counselling. APA handbook of counselling psychology*. (Vol.2). Practice, Interventions, and Applications. American Psychological Association.

Hyman, C., & Handal, P.J. (2006). Definitions and evaluation of religion and spirituality items by religious professional: A pilot study. *Journal of Religion and Health,* 45(2), 264-282.

Indiger, M.S. (2008). Meaning is what is Meant-Viktor Frankl's logotherapy. *InterAction*, (2)1.

Johnson, C.V., Hayes, J.A., & Wade, N.G. (2007). Psychotherapy with troubled spirits: A qualitative investigation. *Psychotherapy Research*, 179(4), 450-460.

Josselson, R, (2007). The ethical attitudes in narrative research: Principles and practicalities. *In Clandinin, D. Handbook of narrative inquiry: Mapping a methodology* (pp. 537-536). Thousand Oaks, CA: Sage Publications.

Kahle, P.A., Robbins, J.M. (2004). *The power of spirituality in therapy: Integrating spiritual and religious beliefs in mental health*. New York, NY: Haworth Press.

Kapuscinski, A.N., & Masters, K.S. (2010). The current status of measures of spirituality: A critical review of scale development. *Psychology of Religion and Spirituality*, 2(4), 191-205.

Kase, P.W., Gameroff, M.J., & Weisman, M.M. (2012) Religiosity, resilience in persons at high risk for major depression. *Psychological Medicine*, 42(3), 509-519.

Kellems, I.S., Hill, C.E., Crook-Lyon, R.E., & Freitas, G. (2010). Working with clients who have religious/spiritual issues: A survey of university counselling centre therapists. *Journal of College Student Psychotherapy*, 24(2), 139-155.

King-Spooner, CS (2001). The place of spirituality in psychotherapy. In S. King-Spooner., & C. Newnes (Eds.). *Spirituality and psychotherapy* (pp. 28-36). Ross-on-Rye: PCCS Books.

Koenig, H.G. (2008). Concerns about measuring spirituality in research. *Journal of Nervous and Mental Disease*, 196(5), 349-355.

Koenig, H.G (2010). Spirituality and mental health. *International Journal of Applied Psychoanalytic Studies*, 7(2), 116-122.

Koenig, H.G., McCullough, M.E., & Larson, D.B. (2001). *Handbook of religion and health.* New York: Oxford University Press.

Labov, W., & Walettzky, J. (1967). Narrative analysis: Oral versions of personal experience. In J. Helm (ed.), *Essays on the verbal and visual arts (pp. 12-44).* Seattle: WA: University of Washington Press.

Lambert, M.J., & Barley, D.E. (2002). Research summary on the therapeutic relationship and psychotherapy outcome. In J.C. Norcross (Ed.), *Psychotherapy relationships that work*, (pp. 17-32). New York, NY: Oxford University Press.

LaPierre, L.L. (1994). A model for describing spirituality. *Journal of Religion and Health*, 33(3), 153-161.

Lawthom, R., & Tindall, C. (2011). Phenomenology. In Banister, P., Burman, E., Daniels, J., Duckett, P., Goodley, D., Lawthom, R., Parker, I., Runswick-Cole, K., Sixsmith, J., Smailes, S., Tindall., & Welhan, P. *Qualitative methods in psychology-A research guide* (2nd ed, pp. 3-21).). Berkshire: Open University Press.

Leach, M., Aten, J., Boyer., M., & Strain. (2009). Self-awareness and culture. In M. Leach & J. Aten (Eds.), *Culture and therapeutic process: A clinician's guide* (pp. 13-36). New York, NY: Routledge.

Leach, M. M., Aten, J. D., Wade, N. G., & Hernandez, B. C. (2009). Noting the importance of spirituality during the clinical intake. In J. D. Aten & M. M. Leach (Eds.), *Spirituality and the therapeutic process: A comprehensive resource from intake to termination (*pp. 75-92). Washington, DC: American Psychological Association.

Lieblich, A., Tuval-Mashiach, R., & Zilber, T. (1998). *Narrative research: A new model for*

classification of approaches to reading, analysis, and interpretation. Thousand Oaks: Sage Publications.

Lindgren, K.N., & Coursey, R.D. (1995). Spirituality and mental illness: A two part study. *Psychosocial Rehabilitation Journal*, 18(3), 93-111.

Lines, D. (2002). Counselling within a new spiritual paradigm. *Journal of Humanistic Psychology*, 42(3), 102.

Lines, D. (2006). *Spirituality in counselling and psychotherapy*. London: Sage publications.

Lysne, C.J., & Wachholtz, A.B. (2011). Pain, spirituality, and meaning making: What can we learn from the literature? *Religions,* 2(1), 1-16.

Mack, M.L, (1994). Understanding Spirituality in Counselling Psychology. *Counselling and Values*. 39(10), 15-17.

MacKinlay, E. (2006). *Spiritual growth and care in in the fourth age of life.* London: England. Jessica Kingsley Publishers.

Macmin, L., & Foskett, J. (2004). 'Don't be afraid to tell'. *Mental Health, Religion and Culture*, 7(1), 23-40.

Madison, G. (2010). Focusing on Existence: Five facets of an experiential-existential model. *Person-Centred and Experiential Psychotherapies*, 9(3), 189-204.

Mahon, S. (2012). Spirituality and therapy. *Eisteach*, 12, 8-12.

Mahoney, A., & Tarakeshwar, N. (2005). Religion's role in marriage and parenting in daily life and during family crises. In R.F. Paloutzian., & C.L. Park (Eds.), *Handbook of the psychology of religion and spirituality* (pp. 177-195). New York: Guilford.

Marty, M. (1996). You get to teach and study religion. *Academe*, 82(6), 14-17.

Maslow, A. (1971). *The farther reaches of human nature*. New York: The Viking Press.

Maslow, A. (1976). *Religions, values and peak experiences*. New York: Penguin.

Mathai, J., & North, A. (2003). Spiritual history of parents of children attending a child and adolescent mental health service. *Australasian Psychiatry*, 11(2), 172-174.

Mattis, J.S (2002). Religion and spirituality in the meaning-making and coping experiences of African American women: A qualitative analysis. *Psychology of Women Quarterly*, 26(4), 309-321.

Mattis, J.S., Fontenot, D.L., Hatcher-Kay, C.A., Grayman, N.A., & Beale, R.L. (2004). Religiosity, optimism, and pessimism amongst African Americans. *Journal of Black Psychology*, 30(2), 187-207.

May, R. (1958). *Existence: a new dimension in psychiatry and psychology*. New York: Basic Books.

May. R. (1975). *The courage to create.* New York: Norton.

Mayers, C., Leavey, G., Vallianatou, C., & Barker, C. (2007). How clients with religious or spiritual beliefs experience psychological help-seeking and therapy: A qualitative study [Electronic version]. *Clinical Psychology and Psychotherapy*, 14(4), 317-327.

McLeod, J., & Lynch, G. (2000). This is our life: strong evaluation in psychotherapy narrative. *European Journal of Psychotherapy, Counselling and Health*, 3(3), 389–407.

McMinn, M.R., Hathway, W.L., Woods, S.W., & Snow, K.N (2009). What American Psychological Association leasers have to say about Psychology of Religion and Spirituality. *Psychology of Religion and Spirituality*, 1(1), 3-13.

Mearns, D., & Thorne, B. (2007) *Person-centred counselling in action* (3rd ed.). London: Sage.

Mercer, J.A. (2006). Children as mystics, activist, sages, and holy fools: Understanding the spirituality of children and its significance for clinical work. [Electronic version]. *Pastoral Psychology*, 54(5), 497-515.

Miller, W.R (Ed.). (1999). *Integrating spirituality into treatment: Resources for practitioners*. Washington, DC: American Psychological Association.

Miller, G. (2003). *Incorporating spirituality into counselling and psychotherapy: Theory and technique.* Hoboken, NJ: Wiley.

Miller, W.R., & Thoresen, C.E. (2003). Spirituality, religion and health. *American Psychologist*, 58(1), 24-35.

Mills, P.J. (2002). Spirituality, religiousness, and health: From research to clinical practice. *Annals of Behavioural Medicine*, 24(1), 1-2.

Mishler, E.G. (1986). The analysis of interview-narratives. In T.R Sarbin (Ed.), *Narrative psychology: The storied nature of human conduct* (pp. 233-255). New York: Praeger.

Mishler, E.G. (1995). Models of narrative analysis: A typology. *Journal of Narrative and Life History*, 5(2), 87-123.

Moberg, D.O. (2010). Spirituality, research: Measuring the immeasurable? Perspectives on Science and Christian Faith, 6(2), 99-114.

Morrison, J.Q., Clutter, S.M., Pritchett, E.M., & Demmitt, A. (2009). Perceptions of clients and counselling professionals regarding spirituality in counselling. *Counselling and Values*, 53(3), 183-194.

Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks: Sage publications.

Murray, M. (2003). Narrative psychology and narrative analysis. In P.M, Camic., J.E. Rhodes., & S. Yardley. *Qualitative research in psychology: Expanding perspectives in methodology and design* (pp. 95-112). Washington, DC: American Psychological

Association.

Norcross, J.C., Pfund, R.A., & Prochaska, J.O. (2013). Psychotherapy in 2022: A Delphi poll on its future. *Professional Psychology: Research and Practice*, 44(5), 363-370.

O'Hanlon, B. (2006). *Pathways to spirituality: Connection, wholeness, and possibility for therapist and client*. New York: Norton.

Pargament, K.I. (1999). The psychology of religion and spirituality? Yes and no. *International Journal for the Psychology of Religion*, 9(1), 3-16.

Pargament, K.I. (2007). *Spiritually integrated psychotherapy: Understanding and addressing the sacred.* New York: Guilford Press.

Pargament, K.I. (2011). *Spiritually integrated psychotherapy*. New York: Guilford Press.

Pargament, K.I., & Saunders, S.M (2007). Introduction to the special issues on spirituality. *Journal of Clinical Psychology*, 63(10), 903-907.

Park, C.L. (2005). Religion and Meaning. In R.F. Paloutzian & C.L. Park (Eds.), *Handbook of the Psychology of Religion and Spirituality* (pp. 295-314). New York: Guildford.

Park, C.L., & Folkman, S. (1997). Meaning in the context of stress and coping. *Reinem of General Psychology*, 1(2), 115-144.

Patel, C.J., & Shikongo, A.E.E. (2006). Handling spirituality/religion in professional training: Experiences of a sample of Muslim psychology students [Electronic version]. *Journal of Religion and health*, 45(1), 93-112.

Plante, T.G. (2007). Integrating spirituality and psychotherapy: Ethical issues and principles to consider. *Journal of Clinical Psychology*, 63(9), 891-902.

Plante, T.G. (2008). What do the spiritual and religious traditions offer the practicing psychologist? *Pastoral Psychology*, 56(4), 429-444.

Plante, T.G. (2014). Four steps to improve religious/spiritual cultural competence in professional psychology. *Spirituality in Clinical Practice*, 1(4), 288-292.

Plante, T.G., & Sharma, N. (2001). Religious faith and mental health outcomes. In T.G. Plante, & A.C. Sherman (Eds.), *Faith and health: Psychological perspectives* (pp. 240-261). New York: Guilford.

Plante, T.G., & Thoresen, C.E. (Eds.). (2007). *Spirit, science and health: How the spiritual mind fuels physical wellness.* Westport, CT: Praeger Greenwood.

Plante, T.G., & Thoresen, C.E. (2012). Spirituality, religion and psychological counselling. In Altmaier, E.M., & Hansen, J-I. C. (Eds.). *The Oxford Handbook of Counselling Psychology* (pp. 589-610). Oxford: Oxford University Press.

Plumb, A.M. (2011). Spirituality and counselling: Are counsellors prepared to integrate religion and spirituality into therapeutic work with clients? *Canadian Journal of Counselling and Psychotherapy*, 45(1), 1-6.

Polit, D.F., & Beck, C.T (2004). *Nursing research. Principles and methods.* Philadelphia: Lippincott Williams & Wilkins.

Polkinhorne, D. (1988). *Narrative knowing and the human sciences*. SUNY Press.

Post, B.C., & Wade, (2009). Religion and spirituality in psychotherapy: A practice friendly review. *Journal of Clinical Psychology*, 65(2), 131-146.

Powell, L., Shahabi, L., & Thoresen, C. E. (2003). Religion and spirituality: Linkages to physical health. American Psychologist, 58(1), 36–52.

Psaila, C. (2014). Mental Health Practitioners' understanding and experience of spirituality and religion: Implications for practice. *Journal for the study of spirituality*, 4(2), 189-203.

Quackenbos, S., Privette, G., Klentz, B. (1985). Psychotherapy: Sacred or secular? *Journal of Counselling and Development*, 63(5), 290-293.

Ragan, C., Malony, H.N., & Beit-Hallahmi, B. (1980). Psychologists and religion: Professional factors associated with personal beliefs. *Review of Religious Research*, 21(2), 208-217.

Reimer, S.M. (1999). The influence of counsellor religious and/or spiritual values on counsellor interpretation of client issues and recommendations for therapy. Masters thesis, Brandon University.

Reinertsen, A.M. (1993). The private God in the group: The God-image in an object-relations view. *Group Analysis*, 26(1), 5-25.

Richards, P.S & Bergin, A.E. (1997). *A spiritual strategy for counselling and psychotherapy.* Washington, DC: American Psychological Association.

Richards, P.S & Bergin, A.E. (2000). Towards religious and spiritual competency for mental health professionals. In P.S. Richards, & A.E. Bergin (Eds.) Handbook of psychotherapy and religious diversity (pp. 3-26). Washington, D.C: American Psychological Association.

Richards, P.S., & Bergin, A.E (2005). *A spiritual strategy for counselling and psychotherapy*. Second Edition. Washington, DC: American Psychological Association.

Ricoeur, P. (1984). *Time and narrative*, (Vol. 3). Chicago, IL: University of Chicago Press.

Riessman, C.K. (1990). *Divorce talk: women and men make sense of personal relationships*. New Brunswick, NJ: Rutgers University Press.

Riessman, C.K. (1993). *Narrative analysis. Qualitative research methods series*, No. 30. Newbury Park, CA: Sage.

Riessman, K. (2000). *Analysis of personal narratives.* To appear in Handbook of Interviewing, edited by J.F. Gubrium and J.A. Holstein, Sage Publications, (2001). http://alumni.media.mit.edu/~brooks/storybiz/riessman.pdf

Riessman, C.K. (2008). *Narrative methods for the human sciences*. London: Sage Publications.

Riessman, K & Speedy, J. (2007). Narrative Inquiry in the Psychotherapy Professions: A Critical Review pp.426-457*. In Handbook of Narrative Inquiry: Mapping a Methodology.* Edited by: D. Jean Clandinin. London: Sage Publications.

Ritchie J., & Spencer L., (1994). Qualitative data for applied policy research In: J. Ritchie., L. Spencer., A. Bryman., & R.G. Burgess, (Eds), *Analysing qualitative data* (pp. 173-194). London: Routledge.

Rizzuto, A.M. (1998). *Why Did Freud Reject God?: A Psychodynamic Interpretation: A Psychoanalytic Interpretation*. Yale University Press.

Robinson, T.L., & Howard-Hamilton, M.K. (2000). The congruence of race, ethnicity, and gender. Upper Saddle River, NJ: Prentice Hall.

Rogers, C. (1961). *On Becoming a Person: A Therapist's View of Psychotherapy*. London: Constable.

Rogers, C. (1980). *A Way of Being*. Boston, MA: Houghton Miffin.

Roper Centre. (1991). Politics of the professoriate. *Public Perspective*, 2, 86-87.

Rose, E.M., Westfield, J.S., & Ansley, T.N. (2001). Spiritual issues in counselling clients' beliefs and preferences. *Journal of counselling psychology*, 48(1), 61-71.

Ross, A. (2016). Spirituality in therapy. *Therapy Today,* 27(4), 22-27.

Rowan, J. (2005). *The Transpersonal: Spirituality in Psychotherapy and Counselling*. (2nd). Edition. East Sussex, UK: Routledge.

Rowe, D. (2001). What do you mean by spiritual? In. S King-Spooner & C. Newnes (Eds.). *Spirituality and psychotherapy* (pp. 37-46). Ross-on-Rye: PCCS Books.

Russell, S.R., & Yarhouse, M.A. (2006). Religion/spirituality within APA-accredited psychology predoctoral internships. Prof*essional Psychology: Research and Practice*, 37(4), 430-436.

Santana, N.M.H. (2006). A qualitative study of psychologists' perspectives of discussing spiritual issues in therapy [Electronic version]. The Sciences and Engineering, 21(6), 1716.

Sarbin, T.R (1986). *Narrative psychology*: *the stories nature of human conduct* (ed.). New York: Praeger.

Schlitz, M. (1995). Intentionality in healing: Mapping the integration of body, mind, and spirit. *Alternative Therapies in Health and Medicine*, 1(15), 119-120.

Schlehofer, M.M., Omoto, A.M., & Adelman, J.R. (2008). How do religion and spirituality differ? Lay definitions among older adults. *Journal for the Scientific Study of Religion*, 47(3), 411-425.

Schulengerg, S.E., Nassif, C., Hutzell., & Rogina, J.M. (2008). Logotherapy for clinical practice. *Journal of Psychotherapy Theory, Research, Training, 4, 447-463.*

Shafranske E.P. (1996a). Religious beliefs, affiliations, and practices of clinical psychologist. In E. Shafranske (Ed.) *Religion and the clinical practice of psychology*, (pp. 149-162). Washington, DC: American Psychological Association.

Seeman, T., Dubin, L., & Seeman, M. (2003). Religiosity/spirituality and health: A critical view of the evidence for biological pathways. *American Psychologist*, 58, 53-63.

Shafranske, E.P. (Ed.). (1996b). Religion and the clinical practice of psychology. Washington, DC: American Psychological Association.

Shafranske, E. P. (2000). Religious involvement and professional practices of psychiatrists and other mental health professionals. *Psychiatric Annals*, 30(8), 525–532.

Shafranske, E.P. (2001). The religious dimension of patient care within rehabilitation medicine. The role of religious beliefs, attitudes, and personal and professional practices. In T.G. Plante & A.C. Sherman (Eds.). *Faith and health: Psychological perspectives* (pp. 311-338). New York, NY: Guilford Press.

Shafranske, E.P., & Cummings, J.P. (2013). APA Handbook of psychology, religion, and spirituality, (Vol. 2). An applied psychology of religion and spirituality, K.I. Pargament (Editor-in-Chief). American Psychological Association.

Shafranske, E.P., & Gorsuch, R.L. (1984). Factors associated with the perception of spirituality in psychotherapy. *The Journal of Transpersonal Psychology*, 16(2), 231-241.

Shafranske, E.P., & Malony, H.N. (1990). Clinical psychologists' religious and spiritual orientations and their practice of psychotherapy. *Psychotherapy: Theory, Research, Practice, and Training*, 27(1), 72-78.

Shevellar, L., Sherwin, J., & Barringham, N. (2014). The human search for belonging. *Journal for Spirituality in Mental Health*, 16(1), 2-18.

Simoni, J. M., Martone, M.G., & Kerwin, J.F. (2002). Spirituality and psychological adaptation among women with HIV/AIDS: Implications for counselling. *Journal of Counselling Psychology*, 49(2), 139-147.

Slattery, J.M., & Park, C.L. (2011). Meaning-making and spiritually oriented interventions. In J.D Aten., D. McMinn., M.R., Worthington., & Jr. L. Worthington. *Spiritually oriented interventions for counselling and psychotherapy,* (pp. 15-40). Washington DC, US: American Psychological Association.

Smith, J. (1989). *The Nature of social and educational inquiry: Empiricism versus interpretation*. Ablex Publishing Corporation.

Smith, J. (1993). *After the demise of empiricism: The problem of judging social and educational inquiry*. Ablex Publishing.

Smith, C., & Denton, M.L. (2005). *Soul Searching: The religious and spiritual lives of American teenagers*, New York, NY: Oxford University Press.

Smith, D.P., & Orlinsky, D.E. (2004). Religious and Spiritual Experiences Among Psychotherapists. *Psychotherapy: Theory, Research, Practice, and Training*, 41(2),144-151.

Smith, B. & Sparkes, A. (2008). Narrative inquiry in psychology: Exploring the tensions within. *Qualitative Research in Psychology*, 3(3), 169-192.

Solhkhah, R., Galanter, M., Dermatis, H., Daly, J., & Bunt, G. (2008). Spiritual orientation among adolescents in a drug free residential therapeutic community. *Journal of Child and adolescent Substance Abuse*, 18(1), 57-71.

Souza, K.Z. (2002). Spirituality in counselling: What do counselling students think about it? *Counselling and Values*, 4(3), 213-217.

Sperry, L., & Shafranske, E. (2005). *Spiritually Oriented Psychotherapy*. Washington: American Psychological Association.

Spilka, B. (1993). Spirituality: *Problems and directions in operationalizing a funny concept.* Paper presented at the meeting of the American Psychological Association. Toronto, Ontario.

Spilka, B., & McIntosh, D.N. (1996). *Religion and spirituality: The known and the unknown.* Paper presented at the meeting of the American Psychological Association. Toronto, Ontario.

Squire, C. (2008). Experience-centred and culturally-oriented approaches to narrative. In M. Andrews, C. Squire, & M. Tamboukou (Eds.), *Doing Narrative Research* (pp. 41-43). London: Sage.

Sue, D.W., & Sue, D. (2008). *Counselling the culturally diverse: Theory and practice* (5th ed.). Hoboken, NJ: Wiley.

Swinton, J. (2001). *Spirituality and mental health care*. London: Jessica Kingsley.

Swinton, J. (2005). Why psychiatry needs spirituality. Royal College of psychiatrists' spirituality Special interest group.
www.rppsych.ac.uk/college/sig/spirit/publications/index.htm

Taylor, S.E. (2006). *Health psychology* (6th ed.). New York, NY: McGraw-Hill.

Taylor, E. I., & Martin, F. (2001). Humanistic psychology at the crossroads. In K. J. Schneider, J. T. F. Bugental, & J. F. Pierson (Eds.), *The handbook of humanistic psychology* (pp. 21- 27). Thousand Oaks, CA: Sage.

The British Psychological Society (2004). *Ethical Principles for Conducting Research with Human Participants*. Leicester: BPS.

The British Psychological Society (2009*). Code of Ethics and Conduct*. Leicester: BPS.

Thoresen, C.E. (2007). Spirituality, religion and health: What's the deal? In T.G Plante, & C.E Thoresen (Eds.), *Spirit, science, and health: How the spiritual mind fuels physical wellness* (pp. 3-10) Westport, CT: Praeger/Greenwood.

Thorne, B. (1998). *Person-centred counselling and Christian spirituality: The secular and the holy*. London: Whurr Publishers.

Thorne, B (2012). *Counselling and Spiritual Accompaniment: Bridging Faith and Person-Centred Therapy*, First Edition. West Sussex: John Wiley & Sons, Ltd.

Vader, J.P. (2006). Spiritual health: The next frontier [Electronic version]. *European Journal of Public Health*, 16(5), 457.

Vandenberghe, L., Costa Prado, F E., & Aparacida de Camargo, E. (2012). Spirituality and religion in psychotherapy: Views of Brazilian psychotherapists. *International Perspectives in Psychology: Research, Practice, Consultation*, 1(2), 79-93.

Vieten, S., Scammel, S., Pilato, R., Ammondson, I., Pargament, K.I., & Lukoff, D. (2013). Spiritual and religious competencies for psychologists. *Psychology of Religion and Spirituality*, 5(3), 129-144.

Wade, N.G., Worthington, E.L., Jr., & Vogel, D.L. (2007). Effectiveness of religiously tailored interventions in Christian therapy. Psychotherapy Research, 17(1), 91-105.

Wachs, B. (2011). The link between existentialism and spirituality is Awe. https://www.saybrook.edu/blog/2011/07/12/07-12-11

Walker, D.C., Gorsuch, R.L., Tan, S. (2004) Therapists' integration of religion and spirituality in counselling: A meat-analysis. *Counselling and Values*, 49(1), 69-80.

Walker, D.F., Worthington, E.L., Gartner, A.L., Gorsuch, R.L., & Hanshew, E. (2011). Religious commitment and expectations about psychotherapy among Christian clients. *Psychology of Religion and Spirituality*, 3(2), 98-114.

Waller, R., Trepka., Collerton, D., & Hawkins, J. (2010). Addressing spirituality in CBT. *The Cognitive Behaviour Therapist*, 3(3), 95-106.

Walsh, R. and F. Vaughan. (1993). On transpersonal definitions. *Journal of Transpersonal Psychology,* 25(2), 199-207.

Watts. R.E. (2001). (2002). Addressing spiritual issues in secular counselling and psychotherapy: Response to Helminiak, *Counselling and Values*, 45(3), 163-189.

Wells, K. (2011). *Narrative inquiry*. Published to Oxford Scholarship Online.

West, W. (2000). *Psychotherapy and spirituality. Crossing the line between therapy and religion*. London: Sage Publications.

West, W. (2004). *Spiritual issues in therapy: Relating experience to practice*. New York: Palgrave Macmillan.

West, W. (2011). *Exploring therapy, spirituality and healing*. Hampshire: Palgrave Macmillan.

Wiggins, M.I. (2008). Therapist self-awareness of spirituality. In J.D. Aten & M.M. Leach (Eds.), *Spirituality and the therapeutic process* (pp. 53-74). Washington, DC: American Psychological Association.

Willig, C. (2012). Perspectives on the epistemological bases for qualitative research. In H. Cooper (Editor-in-Chief). *APA Handbook of research methods psychology. Foundations,*

planning, measures and psychometrics, (Vol. 1, pp. 5-21). American Psychological Association.

Wolfensberger, W. (2012). *Advances issues in social role valorisation theory*. Plantagenet, Ontario, Canada: Valor.

Wong, P. T. P. (1998). Meaning-centered counselling. In P. T. P. Wong & P. Fry (Eds.), The human quest for meaning: A handbook of psychological research and clinical applications (pp. 395–435). Mahwah, NJ: Lawrence Erlbaum Associates.

Wong, P. T. P., & Wong, L.C.J. (Eds.). (2006). *Handbook of multicultural perspectives on stress and coping.* New York: Springer.

Wong, P.T.P. (2010). Meaning therapy: An integrative and positive existential psychology. *Journal of Contemporary Psychotherapy*, 40(2), 85-99.

Worthington, E.L., Jr., & Aten, J.D. (2009). Psychotherapy with religious and spiritual clients: An introduction. *Journal of Clinical Psychology*, 65(2), 123-130.

Yalom, I. (1980). Existential psychotherapy. USA: Basic Books.

Zinnbauer, B. J., Pargament, K. I., Cole, B., Rye, M. S., Butter, E. M., Belavich, T. G., Kadar, J. L. (1997). Religion and spirituality: Unfuzzying the fuzzy. *Journal for the Scientific Study of Religion*, 36(4), 549-564.

Zinnbaeur, B.J., Pargament, K.I., & Scott, A.B. (1999). The emerging meanings of religiousness and spirituality: Problems and prospects. *Journal of Personality*, 67(6), 889-919.

Zinnbauer, B.J., Pargament, K.I. (2005). Religiousness and spirituality. In R.F. Paloutzian & C.L. Park (Eds.), *Handbook of the psychology of religion and spirituality* (pp. 21-42). New York, NY: Guilford.

Appendices

Appendix A

Ethics Release Form

All students planning to undertake any research activity in the School of Arts and Social Sciences are required to complete this Ethics Release Form and to submit it to their Research Supervisor, together with their research proposal clearly stating aims and methodology, prior to commencing their research work. If you are proposing multiple studies within your research project, you are required to submit a separate ethical release form for each study.

This form should be completed in the context of the following information:

An understanding of ethical considerations is central to planning and conducting research.
Approval to carry out research by the Department or the Schools does not exempt you from Ethics Committee approval from institutions within which you may be planning to conduct the research, e.g.: Hospitals, NHS Trusts, HM Prisons Service, etc.
The published ethical guidelines of The British Psychological Society (2009) Guidelines for minimum standards of ethical approval in psychological research (BPS: Leicester) should be referred to when planning your research.
Students are not permitted to begin their research work until approval has been received and this form has been signed by Research Supervisor and the Department's Ethics Representative.

Section A: To be completed by the student

Please indicate the degree that the proposed research project pertains to:

BSc M.Phil M.Sc D.Psych n/a

Please answer all of the following questions, circling yes or no, where appropriate:

1. Title of study: A spiritual dimension: Psychological therapists' narrative of spirituality within the context of their clinical practice

2. Name of student researcher: Susan Jacques

3. Name of research supervisor: Susan Strauss, PhD, CPsychol

4. Is a research proposal appended to this ethics release form? Yes No
Prior to commencing the research

5. Does the research involve the use of human subjects/participants? Yes No

If yes,

a. Approximately how many are planned to be involved? 6

b. How will you recruit them?
The research will in the first instance be advertised via the BPS website outlining the nature of my study and brief details of what it involves. It will also be advertised at the 2014 DCoP conference. If need be, the recruitment process will be followed up with individual invitations to Counselling Psychologists in private practice.

c. What are your recruitment criteria?
(Please append your recruitment material/advertisement/flyer)
To ensure a wide sample of people are used in the study, there are no restrictions in terms of client demographics, and this includes the participant's age, gender or ethnicity. The participants will need to be psychological practitioners who are currently seeing clients in therapy.

d. Will the research involve the participation of minors (under 18 years of age) or vulnerable adults or those unable to give informed consent? Yes No

If yes, will signed parental/carer consent be obtained? Yes No

If yes, has a DBS check been obtained? Yes No

(Please append a copy of your DBS check)

6. What will be required of each subject/participant (e.g. time commitment, task/activity)? (If psychometric instruments are to be, please state who will be supervising their use and their relevant qualification).

Participants will take part in a semi-structured interview lasting approximately 1-1.5 hours long. Participants will attend one appointment only to complete the interview.

7. Is there any risk of physical or psychological harm to the subjects/participants?

Yes No

If yes,

a. Please detail the possible harm?

There is a small chance that the participants taking part in the study could feel distress with regard to the content raised. This is however not anticipated when interviewing Counselling Psychologists who would have been required to attend therapy as part of their training.

b. How can this be justified?

c. What precautions are you taking to address the risks posed? The participants will have a opportunity to briefly discuss the interview once they are completed and reflect on any concerns.

Possible minimal risk is justified as allowing the participants to tell their stories increase the chance of gaining an accurate picture of their experience.

8. Will all subjects/participants and/or their parents/carers receive an information sheet describing the aims, procedure and possible risks of the research, as well as providing researcher and supervisor contact details?

Yes No

(Please append the information sheet that should be written in terms that are accessible to your subjects/participants and/or their parents/carers)

9. Will any person's treatment/care be in any way be compromised if they choose not to participate in the research?

Yes No

10. Will all subjects/participants be required to sign a consent form, stating that they fully understand the purpose, procedure and possible risks of the research?

Yes No

If no, please justify.

If yes please append the informed consent form that should be written in terms that are accessible to your subjects/participants and/or their parents/carers)

11. What records will you be keeping of your subjects/participants? (e.g. research notes, computer records, tape/video recordings)?

The interview will be recorded and later transcribed. The transcript will be saved on a computer and will remain secure and confidential. In relation to data retention, the BPS's Good Practice Guidelines require that the data is kept for 5 year, and participants will be made aware of this. All names of the participants will be changed to protect confidentiality.

12. What provision will there be for the safe-keeping of these records?

The data will be safeguarded by a password only known to the researcher. The interviewer (and possibly the research supervisor) will have access to the recording and transcript of the interview.

13. What will happen to the records at the end of the project?

Once the study has been completed and been submitted, relevant data may be used in future research and published in relevant journals. Following this, all data will be destroyed within 5 years of the research being carried out.

14. How will you protect the anonymity of the subjects/participants?

All of the participants names will be changed and information relating to the participant will not be identifiable.

5. What provision for post research de-brief or psychological support will be available should subjects/participants require?

Time for a brief discussion following the interview will be offered to the participant should they find it helpful to discuss any general concerns relating to the interview. Additionally, and if required signposting to relevant support services will be offered to the participant (e.g. National voluntary organisations and helplines).

(Please append any de-brief information sheets or resource lists detailing possible support options)

If you have circled an item in underlined bold print or wish to provide additional details of the research please provide further explanation here

Signature of student researcher

CHECKLIST: the following forms should be appended unless justified otherwise

Research Proposal
Recruitment Material
Information Sheet
Consent Form
De-brief Information

Section B: Risks to the Researcher

1. Is there any risk of physical or psychological harm to yourself? Yes No
If yes,

a. Please detail possible harm?

b. How can this be justified?

c. What precautions are to be taken to address the risks posed?

The interview will take place in a public but quiet space to ensure safety. However, a conscious effort will be made to be in a place in which members of the public are unable to hear the interview take place. This is to ensure confidentiality. Any personal concerns I may have relating to the study will be discussed with my research supervisor. Details of the participant will only be given to the supervisor if there is evidence of potential risk.

Section C: To be completed by the research supervisor
(Please pay particular attention to any suggested research activity involving minors or vulnerable adults. Approval requires a currently valid CRB check to be appended to this form. If in any doubt, please refer to the Research Committee.)

Please mark the appropriate box below:

Ethical approval granted

Refer to the Department's Research and Ethics Committee

Refer to the School's Research and Ethics Committee

Signature ---------- Date-------

Appendix B

Flyer

Department of Psychology

PARTICIPANTS NEEDED FOR RESEARCH ON THE TOPIC OF SPIRITUALITY

We are looking for volunteers to take part in a study on
Counselling Psychologists' experience of spirituality within the therapeutic encounter.
You will be invited to take part in an interview that will give you the opportunity to talk about your experience of spirituality as a practicing Counselling Psychologist.
Your participation would involve one interview lasting approximately 1-1.5 hours long.
For more information about this study, or to take part, please contact:

Susan Jacques, BA, MSc (Researcher)
E-mail: [redacted]

This study has been reviewed by, and received ethics clearance through the Psychology Department Research Ethics Committee, City University London.

This study is being supervised by: Susan Maise Strauss, PhD, CPsychol, [redacted]
Email: [redacted]

Appendix C

Participant information sheet

My name is Susan Jacques, and as part of my studies in counselling psychology at City University, London, I am carrying out research exploring psychological therapist's understanding of spirituality within the context of their clinical practice.

I would like to invite you to take part in a research study that forms part of a three year doctoral program in Counselling Psychology. Before you decide whether you would like to take part it is important that you understand why the research is being done and what it would involve for you. Please take time to read the following information carefully. Please ask me if there is anything that is not clear or if you would like more information.

WHAT IS THE PURPOSE OF THIS STUDY:
There is increasing interest in the integration of spirituality within Counselling Psychology. Surveys have highlighted how many practitioners view spirituality as a significant component in the healing process. Spiritual experiences are arguably understood to be a well-claimed universal human experience through all cultures and historical times, but the term spirituality means different things to a wide variety of people. The purpose of the study is to explore your personal experience of spirituality as a Counselling Psychologist within the context of your clinical practice. My particular interest lies in the stories you tell about your experience that will be recounted in the form of an interview. The interview will be approximately 1-1.5 hours long.

WHY HAVE I BEEN INVITED TO TAKE PART?
You have been chosen to take part in a study that explores Counselling Psychologists' experience of spirituality within the therapeutic encounter. There will be approximately 7/8 people taking part in the study who will all be interviewed separately.

DO I HAVE TO TAKE PART?

Participation in the study is voluntary, and you may choose not to participate in part, or all of the project. You can withdraw at any stage or avoid answering questions that are felt to be too personal or intrusive. If you do decide to take part you will be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time without giving a reason.

WHAT WILL HAPPEN IF I TAKE PART?

You will take part in a semi-structured interview lasting approximately 1-1.5 hours long, which will focus on your experience of spirituality as a Counselling Psychologist.

It is estimated that you will only need to arrange one meeting for the completion of the interview. The method used in the study will be narrative analysis which explores the ways people make and use stories to interpret an experience. The overall research study is estimated to be completed by September 2015. The interview will take place in a public but quiet space to ensure safety. However, a conscious effort will be made to be in a place in which members of the public are unable to hear the interview take place. This is to ensure confidentiality. The place and time of interview will suit both participant and researcher.

WHAT DO I HAVE TO DO

A suitable time and place will be arranged for the interview to take place that suits both the interviewer and interviewee. You are not required to bring any materials with you and no preparation is required.

WHAT ARE THE POSSIBLE DISADVANTAGES AND RISKS OF TAKING PART?

Whilst it is anticipated that there will be no risks when taking part in the study, given the nature of the topic addressed, it may mean that sensitive issues arise. There will be an opportunity to briefly reflect on the interview immediately after if felt necessary. This information will not form part of the data. I will also ensure that participants are aware of support services should they require additional support.

WHAT ARE THE POSSIBLE BENEFITS OF TAKING PART?

By taking part in the study the participant will be adding to our current understanding of spirituality within Counselling Psychology, contributing both to our theoretical knowledge of spirituality as a concept, whilst also informing our clinical practice with clients who seek therapy. Outcomes of the research may help contribute to later research in the area of spirituality and in the field of Counselling Psychology.

WHAT WILL HAPPEN WHEN THE RESEARCH STOPS?

Should the study stop, the information provided in the interviews will be destroyed and the details relating to the participant will be not available to access by the researcher or any third party involved in the research.

WILL MY TAKING PART IN THE STUDY BE CONFIDENTIAL?

If you join the study, it is possible that some of the data collected will be looked at by authorised persons from City University. Data may also be looked at to check that the study is being carried out correctly. All will have a duty of confidentiality to you as a research participant and will do their best to meet this duty. The data gained from the study will be safeguarded during and after the study. The data may however be made public at a later date when the research is published and may be retained for use in future studies.

As part of the research process the interview will be recorded and all data gained as a result will be stored in a confidential location. The data will be coded and remain anonymous. Exceptions to information remaining confidential include if there is reporting of violence, abuse, self-inflicted harm, harm to others and criminal activity. In the first instance consent to share this information with a third part will be sought. However, the participant will be informed if the information is to be shared directly with a third party if there is evidence of immediate risk to self or others.

WHAT WILL HAPPEN TO THE RESULTS OF MY RESEARCH STUDY?

The research data will form part of a thesis on the Counselling Psychology Doctoral Program at City University. The research data may be published at a later date and this may include appearing in a journal relevant to the field of Counselling Psychology. All details of the participant will remain anonymous.

WHAT IF I DON'T WANT TO CARRY ON WITH THE STUDY?

The participant is free to withdraw from the study at any time without an explanation or penalty. The data gained from their interview will be immediately destroyed.

WHAT IF THERE WAS A PROBLEM?

If you would like to complain about any aspect of the study, City University London has established a complaints procedure via the Secretary to the University's Senate Research Ethics Committee. To make a complaint please contact Anna Ramberg (Secretary to Senate

Research Ethics Committee) on 020 7040 3040 and state the name of the project: 'A narrative study that explores Counselling Psychologists' experience of spirituality within the therapeutic encounter'. Alternatively, you can also write to:

Anna Ramberg
Secretary to Senate Research Ethics Committee
Research Office, E214
City University London
Northampton Square
London
EC1V 0HB
Email: Anna.Ramberg.1@city.ac.uk

Who has reviewed the study?
This study has been approved by City University London Psychology Department Research Ethics Committee.

For further information on the study, please contact:
Susan Jacques, BA, MSc
Counselling Psychology Doctoral student
E-mail: [redacted]
Tel: [redacted]

This study is being supervised by:

Susan Maise Strauss, PhD, CPsychol
[redacted]
Tel: [redacted] Fax: [redacted]
Thank you for taking the time to read this information sheet.

Appendix D

Consent form

Title of study: A spiritual dimension: Psychological therapists' narratives of spirituality within the context of their clinical practice

Ethics approval number:
Please initial box

1.	I agree to take part in the above City University London research project. I have had the project explained to me, and I have read the participant information sheet, which I may keep for my records. I understand this will involve: Being interviewed by the researcher. Allowing the interview to be audio-taped. Completing questionnaires asking about my experience as of working as a Counselling Psychology.	
2.	This information will be held and processed for the following purpose(s): I understand that the outcome of the study may be used in future publications, and in line with data retention, the BPS's Good Practice Guidelines require that the data is kept for 5 years, and will be destroyed within this time. I understand that any information I provide is confidential, and that no information that could lead to the identification of any individual will be disclosed in any reports on the project. No	

	identifiable personal data will be published. The identifiable data will not be shared with any other organisation, but data may be shared with the research supervisor with personal details relating to the participant being unidentifiable. I understand that confidentiality cannot be guaranteed if it is identified that there may be risk to either the participant or the researcher. This is to protect all parties involved in the research. In the first instance consent to share this information with a third part will be sought. However, the participant will be informed if the information is to be shared directly with a third party if there is evidence of immediate risk to self or others.	
3.	I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage of the project without being penalized or disadvantaged in any way.	
4.	I agree to City University London recording and processing this information about me. I understand that this information will be used only for the purpose(s) set out in this statement and my consent is conditional on the University complying with its duties and obligations under the Data Protection Act 1998.	
5.	I agree to take part in the above study.	

Susan Jacques

Name of Researcher	Signature	Date
Name of Participant	Signature	Date

When completed, 1 copy for participant, 1 copy for researcher file

Appendix E

Narrative interview guide

Introduction

I am interested in your understanding of spirituality in the context of your work. There are no right or wrong answers as I am keen to hear about your own personal experience and ideas. I would like to cover a few areas, but feel free to talk in as much depth as you feel relevant and comfortable. Spirituality is a large topic area, and specific examples of your experience would help to clarify what your understanding of the topic is.

1. Maybe we can start with what you understand by the term spirituality?

2. Do you identify as drawing on spirituality within therapy? If so, describe your understanding of your experience. Is there a particular time within therapy when it stands out?

3. In what ways do you feel you have played a role in integrating spirituality within therapy?

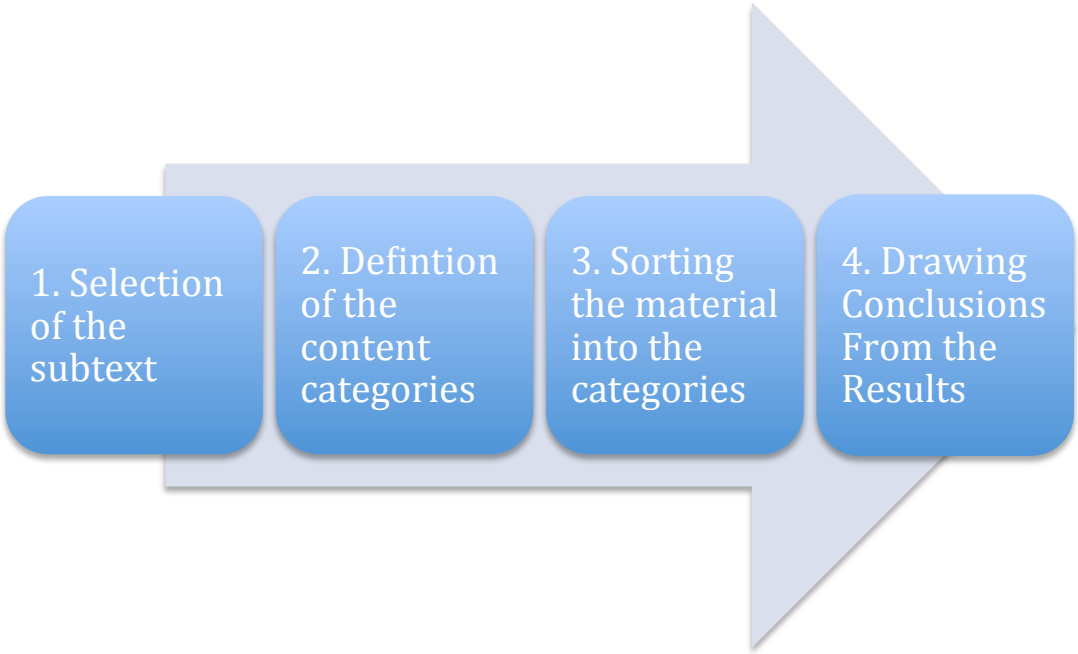
4. Can you give an example of when the client has brought an experience/understanding of spirituality to therapy?

5. Would you say that drawing on spirituality within therapy has helped or hindered the therapeutic process in any way? (For example, has it made a situation/problem clearer or easier to manage?).

6. In reflecting on your experience of spirituality as a psychological practitioner, has your understanding of spirituality changed at any time throughout the course of therapy? If so, describe in what ways you feel it has changed.

Appendix F

Steps of analysis employed in the current study using the categorical-content model (Lieblich, et al., 1998)



Selection of the Subtext: All relevant sections of a text were marked and assembled to form a subtext. For example, this involved setting apart all sections of the story that related to the psychological practitioners' understanding of spirituality. The selected subtext were separated from the complete story, but in the process of interpreting the results, the interview material that remained outside the subtext was often used to place the subtext in context, and used to as a means to validate it.

Definition of the Content Categories: Categories of various themes or perspectives were located in the subtext, and were used as a means of grouping its units. For example, the present study highlighted sentences that specifically related to the research question. Attention was then given to the major content categories that emerged. This process is

closely linked to the next stage of sorting the material into categories. The process is a circular one, in which categories were continually being built from existing ones until the process has exhausted the relevant material.

Sorting the Material into the Categories: Separate sentences or utterances were then allocated to relevant categories, and his involved relevant sentences across all of the participants' narratives.

Drawing Conclusions From the Results: The contents collected in each category were used descriptively to create a complete picture of all the participants' stories as they relate to the research question.

Appendix G

Extract from sally's transcript illustrating notes

The extract was taken from the first three pages of Sally's transcript. It was chosen because it provided a nice illustration of her attempt to offer a definition of spirituality, and is a good representation of some of the key themes that emerged across all six narratives. This includes the multiple terms employed by the narrators to describe spirituality, examples being 'transpersonal', 'connection', 'self and 'others'. The transcript also demonstrates the key theme of spirituality as it links to well-being.

'Sally's' narrative interview

Speaker 1: Interviewer

Speaker 2: Interviewee

Speaker 1: Okay, so we can begin the interview. So, we've got a few urh, a few things, obviously, you say that you're happy um to have it um recorded.

Speaker 2: Yeah.

Speaker 1: So I just want to present the kind of initial central topic and I'll do that by putting the first question to you, um which we'll begin by asking you what you understand by the term spirituality?

challenges to definition ??

Speaker 2: I think it's a very broad term actually um... I think it's about a person's life force, their life energy, spirit, soul. It's what makes them. It's the combination of mind and body um... I think it's a very, very difficult term because it means different things to different people.

positive, energetic terms

mind/body dualism

Subjective

Speaker 1: Yep.

Speaker 2: I would say…I would probably link it with transpersonal actually because…

transpersonal (higher self?)

Speaker 1: Hum hum…

overlaps

Speaker 2: ….I think spiritual and transpersonal are differences, but they integrate together and they overlap.

Speaker 1: Okay. Yep.

theoretical perspective - influence on definition

Speaker 2: Um…I think it's very hard to put a set definition because I think that would depend on…um… from what perspective…your…you know that the spirituality is presented.

Speaker 1: Yep.

affirmative

Speaker 2: …in what context, but it's basically about, I think, development of the self, development of the self, the soul, the spirit,

- Subjective?
- Personal development
- well-being

Speaker 1: Yep.

Speaker 2: …or life force if you like, um…living a certain way, um…connecting to the self and others

connection

- linking subjective & other.

Speaker 1: Yep.

Not morally but what fits - no right way to self-fulfillment

Speaker 2: …in a way that involves reflectiveness, um…doing the right thing, which can be different for different people.

Speaker 1: Yep.

Spiritually located in history

Speaker 2: …so, it's a very very…I think it's a difficult one. I think it's a very old term. I think it's a term that's been around for thousands of years…

Speaker 1: Hum hum.

Speaker 2: …and has been used metaphorically in different ways.

Speaker 1: Hum hum.

Shifts in meaning

Speaker 2: …um…I think today, maybe its meaning might have changed partially, or might be perceived partially different, professionally as well as…

Speaker 1: Yep.

- understanding different - both personal & professional level.

Speaker 2: ...personally by people,

Speaker 1: Yep.

reflective tone

Speaker 2: …which again would impact I think on... but I think from my personal perspective,

Speaker 1: Mmm.

Life force, spirit? - energy? - guidance?

Speaker 2: …I think it's very much if I was to sum about the life force or spirit of a person…

Speaker 1: Yep.

Being, existential, awareness

Speaker 2: …their, their, their existence, their being, their consciousness…

Speaker 1: Hum hum.

Speaker 2: …would be all part of that I think.

Speaker 1: And you mentioned quite interestingly that you're saying that transpersonal can be quite different to the spiritual. In what sense would you say for yourself that would be different?

my own curiosity around differences

Speaker 2: Hum hum. I think, I think they're integrated in a sense. I mean suppose in transpersonal psychology, we bring in ancient traditions and wisdoms...

Ancient traditions - again locating spirituality in history - attempts to position its def.

2

Reflection - where does spirituality fit in practice?

Speaker 1: Yep.

integrating it into professional practice

Speaker 2: …aspects of spirituality into practice as psychologists in a pluralistic way and we um…would use those ancient wisdoms in a frame, if you like, that, that is about how we are as psychologists…

not a singular approach

Speaker 1: Huh huh.

Is there questioning around whether psychs can be spiritual - be scientist practitioners?

Speaker 2: …and how we are as scientists as well as practitioners.

Speaker 1: Yep.

Speaker 2: …um I think there is an element where I suppose there's a certain transcendent point with transpersonal. There's elements that probably might go a little bit further, and that might not be the right word, um but I would say spirituality would be part of transpersonal in a sense…

beyond the self

Speaker 1: Right.

Speaker 2: …because to be a spiritual, living being is about experiencing that which may be about um, you know the presence of a higher consciousness, um that could be God for some people, for some people, that could be a collectible consciousness, like me only in perspective, but there's something about us all being joined or connected…

God - religion?

Third dimension?

shared meaning - connection

Speaker 1: Yep.

Speaker 2: …um, you know and um, in a very very, in a way that we're not always aware of. So for me, I think there's a slight difference, but there's also personally, I would feel there's more of a link with both actually. I think you can't separate them.

self / other

unconscious being / connection?

Speaker 1: Okay.

Relationship with self & other

Speaker 2: Yeah. It's part of the relationship of, of um…in a sense of where we are, the relationship we have with ourselves and the relationship we have with others as well, and us being in the world.

existential

trying to gauge her experience in practice

Speaker 1: Hum hum. And how…in what sense would you say that your own kind of experience or understanding of spirituality might be affected or let's say be integrated, and have you had experience of integrating it within a therapeutic encounter with a client?

Speaker 2: Hum hum. I think…I mean the way I was trained, I was trained integratively, um so you use all aspects of the therapeutic relationship, the working alliance…

training impacting on understanding

- Sally - integrative

Therapeutic relationship - spiritual in itself?

Appendix H

Content categories that emerged from the main findings

Main category	Subcategories
Identifying a meaning	Definition of spirituality Personal and social Beyond everyday experience Distinction between spirituality and religion
Well-Being	Coping in the face of adversity Sense of purpose and meaning
Applications to practice	Self-awareness Therapeutic alliance

Part two: publishable paper

A spiritual dimension:

Psychological therapists' narratives of spirituality within the context of their clinical practice

Prologue

For the second piece of the portfolio I have chosen to write a journal article based on my original research titled: A spiritual dimension: Psychological therapists' narratives of spirituality within the context of their clinical practice. The rationale behind the article is to reflect on the overall findings of my research, bringing together the study's contribution to knowledge, theory, and practice in the field of psychology practice. The portfolio's theme of 'mapping a path' is relevant to this piece of work in two ways. Firstly, it relates to the narrators' own spiritual path in the telling of their stories; constructing their stories appeared to provide them with the opportunity to reflect on the ways their spiritual beliefs and values affect their personal and professional direction. Secondly, this was the first opportunity I had to write an article with the specific purpose of submitting it to a relevant journal. This was at first daunting, but with careful consideration and focus of mind, I developed the confidence to write about the topic of spirituality in a way that intended to capture the target audience, namely professionals interested in transpersonal and humanistic psychology[4]. I hoped by sharing the findings of my research paper that this would ignite further interest in the topic of spirituality in clinical practice.

[4] Please see appendices for the recommended guidelines for submitting individual papers to the *Transpersonal Psychology Review*.

Abstract

This paper aims to explore psychological therapists' understanding of spirituality within the context of their clinical practice. The paper describes a qualitative research study that employed the method of semi-structured interviews, and the data was analysed using the methodology of Narrative Inquiry (NI). The main categories to emerge from the analysis in relation to the research question of how psychological therapists understand spirituality within the context of their clinical practice included identifying a meaning of spirituality, spirituality and well-being and spirituality as it applies to clinical practice. The research revealed spirituality to be a multi-dimensional construct that encompasses personal, social and transpersonal dimensions. The study further highlighted the role of spirituality in coping and health. Spirituality and therapy whilst seen as distinct were evidently relational. The paper considers the limitations of the study and directions for future research.

Introduction

Spirituality plays a demonstrable role in philosophy, theology, and human sciences, and is a term used in early years education, psychiatry, psychology and palliative care, and in a broad range of health settings (Ross, 2016), yet contemporary literature reveals a specific need to examine its role in the disciplines of psychology and counselling, the spiritual dimension of counselling and psychotherapy seen as being too important to the client and therapist to be ignored (Psaila, 2014).

In this introduction, attention has been given to those dimensions of spirituality that have received a great deal of attention within the field of psychology and counselling, and have been topics of interest to psychologists in recent decades of research. The introduction is thus separated into four overarching themes. These include spirituality as a complex construct, spirituality and religion, spiritual transformation and growth, and culture and spirituality.

Literature on spirituality

A working hypothesis

Emmons and Paloutzian (2003), in reviewing theory and research over the past 25 years, have observed that the past decade has seen noticeable changes in how spirituality and religion are conceptualised, this not least being owed to the broadening perspective of how it is understood (Plante & Thoresen, 2012). The basic premise of most psychological theories of understanding spirituality is that a lack of a clear conceptual framework has created general feelings of uncertainty, with the activity of attempting to provide a clear and coherent definition often meeting with resistance. Connely and Light (2003) propose that the ambiguity of the language that surrounds the concept is fluid, and Lines (2006) supports this view by claiming that definitions of spirituality at best, can only ever serve as working hypotheses. In a qualitative study investigating ways in which psychologists understand and address spirituality within therapy, Crossley and Salter (2005) revealed that that there was significant diversity in understanding and clinical approach to spirituality. At a conceptual level, amongst the various definitions offered there was a clear recognition of the breadth of meanings surrounding spirituality. Hill et al. (2000) posited that, given our limited understanding of spirituality, it is perhaps ahead of our time to proclaim a single comprehensive definition and thus a number of researchers have proposed that viewing spirituality as a multidimensional construct permits the inclusion of several distinct but related dimensions of spirituality (Spilka, 1993; Elkins, Hedstorm, Hughes, Leaf & Saunders; 1988; Miller & Thoresen, 2003).

Spirituality and religion

In recent years, many mental health professionals, including psychologists have shown an increasing interest in integrating spirituality and religion as part of their professional work (O'Hanlon, 2006). Much of the literature concurs with the view that challenges inherent in defining the two concepts have led to confusion within the profession of psychological therapy, and to some degree, have resulted in neglect in patient care (Cobb & Robshaw, 1998). In reviewing the vast amount of literature on spirituality and religion, a broad distinction of religion can be seen as an adherence to a particular group or to individual ritualistic behaviours through instructions, understood to be given by a divine source (Lines,

2002), whereas spirituality can be defined as a more 'general feeling of closeness and connectedness to the sacred' (Hook et al., 2012),

In a study by Delaney et al. (2007) that investigated the spiritual and religious attitudes of 258 clinical and counselling psychologists, results revealed from brief a 24-item survey that most psychologist respondents gave more importance to spirituality (but less so religion) in their lives, but the majority of psychologists nevertheless regarded religion as beneficial (82%), rather than detrimental (7%). Whilst the brief nature of the study made it difficult to gauge the multidimensional nature of religiosity and spirituality, Hill & Pargament (2003) state that Delaney et al. (2007) study is illustrative of the potential conceptual distinctions between religion and spirituality. Some theories suggest that reaching clear definitions of religion and spirituality remains unachievable, owing to the ambiguity in the language employed to describe them (Connelly & Light, 2003; Lines, 2006). Attempts to overcome the challenges of integrating spirituality and religion into clinical practice include incorporating the meanings of both concepts within a biopsychosocial-spiritual model (Taylor, 2006), thus providing a conceptual framework that offers a more complete, holistic view of the individual-be it within more traditional religious philosophies, or within spiritual dimensions that promote inner well-being.

Spirituality and health

A large amount of high-quality research has found a positive relationship between religious involvement and beneficial health outcomes, including links between religion and physical health, Powell, L., Shahabi, L., & Thoresen, C. E. (2003); the role of religion in coping and psychological adjustment to stress Ano & Vasconcelles, (2005), and religion and positive mental well-being (Hackney & Sanders 2003). Increasingly, literature is seeking to understand religion and spirituality within the framework of a client's difficulties, and Miller and Thoreson (2003) proposes that counsellors are learning to prepare for clients who access counselling because of spiritual or religious concerns that are impacting on their mental health. There is substantial literature that considers how practitioners might respond in regardful and constructive ways to clients' religious and spiritual issues, and it is largely agreed that one important way of doing this is by counsellors and psychotherapists engaging with their client's meaning-making systems and worldviews (Coyle & Lochner, 2011).

Morrison et al., (2009) put forward the idea that in today's society many individuals are embarking on a journey of spiritual development, fitting with their view that spirituality is an essential ingredient for growth and for the management of life's problems. O'Hanlon (2006) argues that many clients who seek therapy often feel isolated, detached and disempowered in some areas of their life, and views spirituality by definition as being in contrast to this experience, in that it is a process toward connection with something that expands within or beyond oneself, and is often associated with wellness.

Cultural expressions

Spirituality may be expressed in culturally diverse ways, containing different expressions within a person's gender, age, ethnicity, class, race and sexuality. In recent years, multicultural issues and spirituality have formed a significant part of the psychological therapy literature, with spirituality being viewed as an integral part of culture that needs to be addressed by the multiculturally aware therapist (Fukuyama & Sevig, 1999).

An appreciation of how counselling and spirituality are inescapably connected with understandings of culture has encouraged authors to explore spiritual dimensions and perspectives within a range of cultures (West, 2011). Fukuyama and Sevig (1999), in examining the interface of spiritual and multicultural counselling competencies, suggest that psychological therapists are required to demonstrate religious, spiritual and transpersonal understanding from a range of cultural perspectives, claiming that this encourages an understanding of the client's worldviews, which may include those of spirituality. In an exploratory study of a small group of Muslim trainee psychologists' understanding of spirituality, Patel and Shikongo (2006) concluded that whilst participants made reference to the role of religion or the relationship between spirituality and religion, there was not a common understanding of spirituality amongst participants, authors stating the significance of this given that the participants were from the same ethnic group. This raises the issue of making assumptions based on a monocultural perspective view of spirituality, potentially serving to neglect the individual's personal and social reality.

What appears to be prevalent amongst the literature is the view that integrating or adopting a culturally and spiritually sensitive approach in therapy (e.g., self-awareness and an awareness of the client's spiritual views) does not call for the therapist to know all worldwide cultural heritages and norms, something that is beyond the scope of the most competent

practitioner (see West, 2011; Fukuyama & Sevig, 1999). As an alternative approach to practice, Leach, Aten, Boyer and Strain (2009) assert that what is helpful for the practitioner is to study diverse worldviews in an attempt to deepen insights into one's own worldview simultaneously through this comparison

Method

The central research question is 'How do psychological therapists understand spirituality within the context of their clinical practice?' The objectives of the study include capturing some of the ways psychological therapists' represent the notion of spirituality in the telling of their individual stories, with attempts to gain access to the meaning the narrators assign to their lived experience of spirituality, and how in turn this experience is presented to others. Thus the research draws upon a paradigm that views narratives as a 'participatory activity in which a person can author (and re-author) their own meaning making activities' (Hiles & Cermák, 2008, p. 151). A specific form of NI was chosen to guide the research analysis, namely Lieblich et al. (1998) categorical-content perspective. Unlike traditional approaches to analysing content (e.g. content analysis), the categorical-content perspective adopted within the study did not aim to generate a conceptual model of spirituality as a phenomenon, but was employed to aid understanding, and to generate knowledge of the participant's stories by focusing on the particularity and specificity of their understanding of spirituality (Lieblich et al., 1998).

Methodological reflexivity

I was attuned to my effort to become 'autobiographically conscious' of my own reactions to my work, and this began with an examination of my paradigm assumptions, my selection of research strategies, selection of participants, and steps taken in the collection and analysis of data. Hiles & Čermák (2008, p. 12) emphasise that reflexivity underlines that the researcher has 'a participatory role in the inquiry, is part of the situation, the discursive context and the phenomenon under study'. This reflexivity was employed as a way of critically reviewing the entire research process.

Participants

Six participants took part in the study, consisting of five women and one man. Of the six, 4 were white British, one was British Asian, and the other was of European origin. Participants were either psychologists, counsellors or psychotherapists who worked in a range of clinical settings, including primary care, adult secondary care, CAMHS, specialist counselling with individuals and couples who have experienced loss, online counselling and private practice. They were all trained in various modalities; one was trained in integrative psychotherapy, one was trained in cognitive behavioural therapy, one was trained in dialectical behavioural therapy, one was trained in Systemic therapy, and two were trained in person-centred therapy. Participants' names have been changes to protect their anonymity.

Ethical Considerations

Ethical approval was obtained from City University of London prior to recruiting participants. Further approval from outside agencies was not required. The BPS Code of Ethics and Conduct (The British Psychological Society, 2009), and the Ethical Principles for Conducting Research with Human Participants (The British Psychological Society, 2004) provided the ethical guidelines to follow for the entire research process. The research was carried out in line with The BPS Code of Ethics and Conduct (2009), and the City University of London Ethics Committee.

Procedures

Semi-structured interviews were conducted with individual participants. The interviews lasted between 40-60 minutes and comprised open-ended, topic-oriented questions. The questions were not asked in any order to allow the participants the freedom to lead the narrative. Questions focused on participants' understanding of spiritualty in their work; their experience of drawing on spirituality within therapy; their role in integrating spirituality within therapy; their account of when a client has brought an experience/understanding of spirituality to therapy; their understanding of when spirituality within therapy may have helped or hindered

the therapeutic process, and their understanding of how spirituality may have changed throughout the course of their work.

Analysis

All interviews were transcribed verbatim. The transcripts were read several times, and comments were made throughout. For the categorical-content perspective, the level of analysis involved focusing on obtaining information that related to the content of the narrative, subjecting the narrative to a rigorous analysis that involved breaking down the text into relatively self-contained areas of content, and identifying themes that ran through the text (Hiles & Čermák, 2008). The categories identified were not predefined but instead developed as part of an *open coding* procedure. This meant that categories from the material were allowed to emerge from the narrative data in a grounded and iterative manner (Bold, 2012).

Findings

The narrative text revealed three main categories that were used descriptively to formulate a picture of the psychological practitioners' stories. As noted, the emerging themes were identifying a meaning of spirituality, spirituality and well-being and spirituality as it applies to clinical practice.

Identifying a meaning

Participants positioned the task of defining spirituality as a work in progress, and many identified the challenges they faced in their attempts to do so, not least for them was the task of narrowing down what they pinpointed to be a very broad term. Like all participants, Elsie provided a rich narrative of understandings, but these understandings for her were an unfinished project:

> …So um, it's it's, I would, I connect it with people's values, with things that are precious to them in terms of values and um a sense of uh awareness and um, let's, it mayb-, um develop this, my definition as we go on.

In her experience of working with couples, Joan provided an example of how a lack of clear definitions can be justified when, in the context of therapeutic practice, spirituality inexplicably has positive outcomes.

> I suppose that's it with spirituality. You can't always explain it. Something happens, something moves, and you can't, "what was that?' and I still don't know what it was, but it helped them as a couple.

In defining spirituality, participants used a range of interchangeable terms such as God, Cosmos, Higher Consciousness and the Transpersonal. Spirituality was frequently situated in the dimensions of the personal, the social, and in experiences that extend beyond the binary boundaries of these two domains. These domains were often seen as distinct but interrelated. Ruby appreciated spirituality as embedded within our social worlds, and identified the importance of linking subjective understanding with its social counterparts. A key feature of Ruby's narrative was her emphasis on the role 'responsibility' plays in the individual's ability to make effective use of the spiritual, equating spirituality with self-control and personal accountability.

> …We're responsible for our actions and what we do in the world, and I think another part of it is taking responsibility for yourself and your life, rather than God will fix things and make things right for you all the time.

Many participants implicitly referred to an 'existence at large', and this appeared to be an expression of something that is greater that a persons' every day experience. Sally had a very strong narrative that positions spirituality within the context of a transcendental reality.

> …because to be spiritual, living being is about experiencing that which may be about um, you know the presence of a higher consciousness, um that could be God for some people, that could be a collectible unconsciousness, like me only in perspective, but there's something about being joined or connected…

Little discussion of spirituality occurred without some reference to religion, specifically the tentative relationship between the two dimensions. Participants' narratives highlighted the

potential boundaries between the two, invariably negotiating whether spirituality can be understood independently of religion, or whether its status could only be recognised when placed alongside it. As with many other participants, Ophelia alludes to the idea that aligning the two concepts for some people 'fits', whilst for others it may be necessary to keep them apart.

> …When I hear the word spirituality, my head came universe, and energy. I've been hearing people saying that spirituality is different to when you are spiritual, then you're not religious, and when you're religious you're not spiritual, and there's some other people who contradict that. I think spirituality is a state of being. Either you are, or you're not. As a psychologist, it doesn't have ... It can be related to religion, but also it doesn't actually have to.

Participants implied from their narratives their relationship with spirituality was unconditionally positive, and the expression of taboos as they relate to spirituality, were often seen to be located within religious discourse. Well-marked across the narratives in the present study was the listing of positively loaded terms in definitions of spirituality, spirituality signifying growth, development, and motivation. Nonetheless, religion was not exclusively understood to be a negative experience, with the majority of participants recognising its role in encouraging a sense of community, and in promoting inner strength and cohesion. Speaking as someone well-versed in what it feels like to be part of a religious group, Steven said:

> **...**I mean, I don't have the research, but I have a sense of the research base that says that actually being in the religious community of any kind gives, increases sense of well being, overall, you know as a general thing. Um, so like a community like Jehovah's Witnesses...

Well-Being

All participants engaged in discussion around the connection between spirituality and well-being, recognizing its potential benefits in promoting positive mental and physical health. Learning to cope with negative life events and confronting existential challenges were key components of the narrators' story. Descriptions of spiritual coping moved between ideas of a more problem-focused approach to a more emotion-focused approach. Reflecting on his experience of trauma in his work with clients, Steven draws our attention to a mutual relationship between a more pragmatic approach to managing life hurdles, framed as a

behavioural response to a stressor, with an active process of thinking about the meaning of a problem.

> …So when they were bringing perhaps, um, the trauma of their, their death. Or perhaps they were bringing like the chaos that then ensued in their family or ... and then they were maybe reading or connecting into spiritual community, or I think someone started to run, you know, become a runner. And that was kind of facilitating their existential exploration

Speaking about her experience of working with loss, Joan illustrates a strong need to give agency to the client in the midst of their trouble, and suggests that her experience of offering 'solutions' over and over again simply sets things up to fail.

> **…**Yeah, and the loneliness, and all of those things you often can't put right or they can't put right. You can keep giving resources and resources until you're blue in the face. Actually I realized very early on that putting coping structures in or helping them to put coping structures in is not always the answer. It has to be something from here as well because I think grief is about the heart anyway. It's about the loss of something very precious, and I think it goes with it.

Many participants identified a process that involved their clients making sense of their day to day lives, their relationships, and the self at times of mental and emotional stress. Participants positioned both personal and societal unrest as a catalyst for a type of existential questioning. In locating the roots of this 'unrest', Sally contemplates the idea of a person lacking orientation and seeking a form of stability and fulfillment as situated in spirituality, that my have otherwise been misplaced.

> …It's finding that sense of core philosophy or a sense of groundedness, I guess, as well for some people. People, I think sometimes want more, or are searching for more as well. As people, we often search for something, I think in some way.

Applications to practice

All participants considered the ways in which spirituality specifically applied to their clinical practice. An awareness of their own spiritual beliefs and attitudes around spirituality was

linked to the establishment of a positive therapeutic alliance; creating the right therapeutic conditions allowed for spirituality to be actively invited into the therapeutic space. Ophelia noted that being able to accept her clients' spiritual beliefs has been a process of development. She realised that that only by having learnt to be in touch with her own inner values, has she been able to effectively understand and connect to the spiritual beliefs of her clients.

> … I think if I'm in touch with my own spirituality, the way that I define spirituality, that I can accept the client. I can be more accepting if that makes sense…when I am in tune with my own body, then I can introduce things to my clients.

Working within one's limits of competence and reflecting on what aspects of the spiritual experience makes us feel uncomfortable were significant components of effective and ethical practice. Sally refers to a process of the psychological therapist identifying potential anxieties and biases in spiritual beliefs, and gives value to self-reflection in deciding the best course of action.

> …There's something about, because we're psychologists, it doesn't mean we have to work with everything that comes our way. We obviously have an ethical responsibility to our clients but it's also about well, if this does come up, an element of religion, spirituality, transpersonal, whatever frame it might be in, will that be comfortable? If not, what do you do about it? Is it any different to other things? Maybe that's something, again, exploring as part of training, what I am, what I'm not comfortable with. Why is that?

The theme of the therapeutic relationship was pervasive throughout the narratives; appreciating the relational in spirituality was both an accepted and presumed aspect of the participants work.

Joan asserts that her ability to understand sensitively what the client is feeling, and further being able to communicate this understanding, makes way for spirituality to be part of a shared experience. This 'empathy' was fundamental to the process of bringing her self into the relationship.

> **...**I was hoping that my empathy, and I suppose that's another thing, isn't it, within spirituality. I think that is part of spirituality, empathy. I think so, yeah. {Say a little bit

> more}. I think if you can give of yourself within empathy, you are giving part of your spirituality, your soul, however you want to call that. You're giving that over to your client…

Elsie is keen to point out that spirituality transcends a form of negotiation between therapist and client, and seems to pertain to something more prolific. Her narrative pointed to the idea that the therapeutic relationship is in itself, spiritual.

> …It's not just me and you, you know, having, sort of, exchanging information. It's, it's a creative process, that's happening somewhere here. {Mm-hmm}. And I think that that's that would, that's got a spiritual element

Discussion

The study shows that definitions of spirituality move freely between three levels of understanding, (e.g., the self, the other, and the transcendent), signalling an acceptance of a spirituality that is located within the personal, the social, and the out of ordinary experience. Each dimension was cited as offering its own basis for understanding spirituality, and participants perceived the dimensions to be interrelated, in that spirituality can be located in all three components of a person's experience.

The results from the study revealed the challenges in attempts to define spirituality, and these challenges were explained in terms of it being an expansive concept that is, by its very nature ambiguous. However, counter to findings in previous studies, participants did not struggle with the limitations of language (see Gockel, 2009), giving voice to the concept by using a variety of interchangeable terms. Participants decisively spoke about definitions of spirituality, and made attempts to avoid getting 'caught up in arcane arguments about what spirituality is or is not' (West, 2011). Value was given to terms such as connectedness, spirit, soul, relationships with self and other, God, Cosmos, Higher Consciousness, and the divine self, and described a spirituality that encompasses and extends beyond the duality of a person's mental and physical health.

It is clear from the study that we do not have conclusive ideas as to a precise definition of spirituality, and the debate as to whether there may ever exist a single definition of spirituality

continues (Watts, 2001; Miller & Thoresen, 2003). Whilst the study suggests that this lack of definition can cause confusion, both at a conceptual and clinical level, participants agreed that a single definition is likely to reflect a limited perspective or interest (Hill et al. 2000). To overcome the confusion inherent in attempts to define spirituality, participants positioned spirituality as a multi-level concept (Plante and Thoresen, 2012), showing an appreciation of the multi-various definitions available (Crossley and Salter, 2005). We know that popular views of spirituality have shifted in that, to an increasing extent, the boundaries of its definitions are continually being broadened (Zinnbauer & Pargament, 2005). The present study revealed that the process of understanding spirituality was non-static and open to change.

Whilst narrators were keen to counteract traditional attitudes of psychological practitioners that regard religion as being detrimental to health (Ellis, 1988), some participants acknowledged the negative mental health outcomes of religion, with one participant admitting their potential association of religiosity with feelings of guilt and punishment (Dein and Littlewood 2005). In contrast, spirituality was perceived as unconditionally positive. However, for most part, the study revealed a benign attitude towards religion (Delaney et al, 2013), and both religion and spirituality were awarded with the function of contributing to a sense of being part of something greater than ourselves (Plante, 2008). Contrary to research that reports that psychologists view spirituality as a good thing, while religion is perceived in a more negative light (see Pargament, 2007; Baumsteiger & Chenneville, 2015), participants in the current study largely steered away from dichotomizing the two concepts in this way, and this may be explained by findings from a study that points to a lack of clarity surrounding their definition (Hermsen & ten Have, 2004). Narrators were keen to avoid splitting spirituality and religion into 'cool versus uncool' (Marty, 1996) or 'internal versus external' (Hyman & Handal, 2006) on the grounds that whilst they are to be viewed as distinct concepts, there also exists many overlaps (Kapuscinski & Masters, 2010).

The study demonstrated that spirituality plays a significant role in an individual's well-being. Participants largely focused on meaning-making within the context of the adjustment to tragic occurrences, specifically loss, and the confronting of existential challenges. Coping strategies were awarded with a spiritual dimension, and were given the task of aiding the management of feelings of emptiness and emotional devastation. Many story-tellers in the present study engaged in the task of working with the client to re-evaluate existing spiritual beliefs and practices in the face of loss, and this perhaps highlighted the importance

psychological practitioners gave to ‘spiritual reappraisal’ in the transition from crisis to healing (Gall, Charbonneau, Clarke, Grant, Joseph, Shouldice, 2005). The results of the study support the view that spirituality is an asset for dealing with negative life events, (Koenig 2010), with much empirical research illustrating a positive relationship between religious and spiritual engagement and effective health outcomes (Plante & Thoresen, 2007; Richards & Bergin, 2005).

Finally, spirituality as being linked to the process of therapy in relation to the therapeutic alliance is supported by both theoretical and empirical literature (see Thorne, 2012; Psaila, 2014), with much attention given to what has been described as a 'relational encounter of transcendence' (Lines, 2002). The study revealed that separating spirituality from the working alliance was a redundant task for participants; the word spiritual was not only reserved to moments in therapy when spirituality was overtly addressed, but also when the therapeutic encounter itself becomes, or is felt as being, in some way spiritual.

Limitations and directions for future research

There are several limitations to the study. The study captured the experiences of a small, purposive sample of six participants, which was necessary given the time constraints. The consequence of this was that generalisability to other populations might be questioned. Due to the narrators having prior interest in the topic of spirituality, there also existed the effect of sampling bias. In addition, the study did not represent an equal balance of gender perspectives, given that the sample consisted of only one male. It would be interesting to study the potential differences in understandings of spirituality between female and male counselling psychologists, specifically the level of attention that spirituality is given to their personal and professional experience. Further, participants did not represent ethnic and racially diverse accounts of spirituality, given that they were predominantly Caucasian. Consideration must be given to the fact that different racial or ethnic groups may have different understandings of spirituality, and may reveal alternative beliefs and values (Gockel, 2011). These limitations arguably warrant future empirical research.

Further qualitative research of the same design, with the same participants, over the course of their career, would build on existing understandings of spirituality. This would also provide the researcher with knowledge of how a psychologist's spiritual understanding and affiliation may or may not change at different stages of their experience. Half of the psychological

practitioners in the study demonstrated a move away from the spiritual views of their childhood, and this shift in spiritual views was largely placed in the context of a particular religious upbringing. Identifying specific contributory factors to such shifts may help to understand the reasoning behind a psychologist's current spiritual affiliation, and what's more, may serve to enrich our understanding of the role a religious upbringing plays in the psychologist’s spiritual progression.

References

Ano, G. G., & Vasconcelles, E. B. (2005). Religious coping and psychological adjustment to stress: A meta-analysis. Journal of Clinical Psychology, 61(4), 461–480.

Baumsteiger, R., & Chenneville, (2015). Challenges to the conceptualization and measurement of religiosity and spirituality in mental health. *Journal of Religious Health*, 54(6), 2344-2354.

Bold, C. (2012). *Using narrative in research*. London: Sage Publications Ltd.

Cobb, M., & Robshaw, V. (Eds.). (1998). *The spiritual challenge of health care*. Edinburgh: Churchill Livingstone.

Connelly, R., & Light, K. (2003). Exploring the new frontier of spirituality in health care: Identifying the dangers [Electronic version]. *Journal of Religion and Health*, 42(1), 35-46.

Coyle, A., & Lochner, J. (2011). Religion, spirituality and therapeutic practice. *The Psychologist*, 24(40), 264-266. The British Psychological Society.

Crossley, J.P., & Salter, D.P. (2005). A question of finding harmony: A grounded theory study of clinical psychologists' experience of addressing spiritual beliefs in therapy. *Psychology and Psychotherapy: Theory, Research and Practice,* 78(3), 295-313.

Dein, S., & Littlewood, R. (2005). Apocalyptic suicide: From a pathological to an eschatological interpretation. *International Journal of Social Psychiatry*, 51(3), 198-2010.

Delaney, H.D., Miller, W.R., & Bisonó, A.M. (2013). Religiosity and spirituality among psychologists: A survey of clinician members of the American Psychological Association. *Spirituality in Clinical Practice,* 1(5), 95-106.

Elkins, D.N., Hedstorm, L.J., Hughes, L.L., Leaf, J.A. & Saunders, C. (1988). Toward a Humanistic-Phenomenological Spirituality, *Journal of Humanistic Psychology*, 28(4), 5-18.

Ellis, A. (1988). Is religiosity pathological? *Free Inquiry*, 18, 27-32.

Emmons, R.A., & Paloutzian, R.F. (2003). The psychology of religion. *Annual Review of Psychology*, 54(1), 377-402.

Fukuyama, M.A., & Sevig, T.D. (1999). *Integrating spirituality into multicultural counselling*. Thousand Oaks, CA: Sage.

Gall, T.L., Charbonneau, C., Clarke, N.H., & Grant, K., Joseph, A., & Shouldice, L. (2005). Understanding the nature and role of spirituality in relation to coping and health: A conceptual framework. *Canadian Psychology*, 46, (2), 88-104.

Gockel, A. (2009). Spirituality and the process of healing: A narrative study. *The International Journal for the Psychology of Religion*, 19(4), 217-230.

Hackney, C. H., & Sanders, G. S. (2003). Religiosity and mental health: A meta-analysis of recent studies. *Journal for the Scientific Study of Religion*, 42(1), 43–55.

Hermsen, M.A., & ten Have, H.A.M.J. (2004) Pastoral care, spirituality, and religion in palliative care journals. *American Journal of Hospice & Palliative Care*, 21(5), 353-356.

Hiles, D., & Čermák, I. In Willig, C. & Stainton-Rogers, W. (2008). *The SAGE handbook of qualitative research in psychology* (pp. 147-164). London, England. Sage Publications.

Hill, P.C., Pargament, K.I., Hood, R.W JR., McCullough, M.E., Swyers, J.P., Larson, D.B., & Zinnbauer, B.J. (2000). Conceptualising Religion and Spirituality: Points of Commonality, Points of Departure. *Journal for the Theory of Social Behaviour*, 30(1), 51-57.

Hill, P.C., & Pargament, K.I. (2003). Advances in the conceptualisation and measurement of religion and spirituality: Implications for physical and mental health. *American Psychological Association*, 58(1), 64–74.

Hook, J.N., Worthington Jr. E.L., & Davis, D.E. (2012). *Religion and spirituality in counselling. APA handbook of counselling psychology*. Practice, Interventions, and Applications (Vol. 2). American Psychological Association.

Hyman, C., & Handal, P.J. (2006). Definitions and evaluation of religion and spirituality items by religious professional: A pilot study. *Journal of Religion and Health,* 45(2), 264-282.

Kapuscinski, A.N., & Masters, K.S. (2010). The current status of measures of spirituality: A critical review of scale development. *Psychology of Religion and Spirituality*, 2(4), 191-205.

Koenig, H.G (2010). Spirituality and mental health. *International Journal of Applied Psychoanalytic Studies*, 7(2), 116-122.

Leach, M., Aten, J., Boyer., M., & Strain. (2009). Self-awareness and culture. In M. Leach & J. Aten (Eds.), *Culture and therapeutic process: A clinician's guide* (pp. 13-36). New York, NY: Routledge.

Lieblich, A., Tuval-Mashiach, R., & Zilber, T. (1998). *Narrative research: A new model for classification of approaches to reading, analysis, and interpretation.* Thousand Oaks: Sage Publications.

Lines, D. (2002). Counselling within a new spiritual paradigm. Journal of Humanistic Psychology, 42(3), 102.

Lines, D. (2006). *Spirituality in counselling and psychotherapy*. London: Sage publications.

Miller, W.R., & Thoresen, C.E. (2003). Spirituality, religion and health. *American Psychologist*, 58(1), 24-35.

Morrison, J.Q., Clutter, S.M., Pritchett, E.M., & Demmitt, A. (2009). Perceptions of clients and counselling professionals regarding spirituality in counselling. *Counselling and Values*, 53(3), 183-194.

O'Hanlon, B. (2006). *Pathways to spirituality: Connection, wholeness, and possibility for therapist and client*. New York: Norton.

Patel, C.J., & Shikongo, A.E.E. (2006). Handling spirituality/religion in professional training: Experiences of a sample of Muslim psychology students [Electronic version]. *Journal of Religion and health*, 45(1), 93-112

Pargament, K.I. (2007). *Spiritually integrated psychotherapy: Understanding and addressing the sacred.* New York: Guilford Press.

Plante, T.G. (2008). What do the spiritual and religious traditions offer the practicing psychologist? *Pastoral Psychology*, 56(4), 429-444

Plante, T.G., & Thoresen, C.E. (Eds.). (2007). *Spirit, science and health: How the spiritual mind fuels physical wellness.* Westport, CT: Praeger Greenwood.

Plante, T.G., & Thoresen, C.E. (2012). Spirituality, religion and psychological counselling. In Altmaier, E.M., & Hansen, J-I. C. (Eds.). *The Oxford Handbook of Counselling Psychology* (pp. 589-610). Oxford: Oxford University Press.

Powell, L., Shahabi, L., & Thoresen, C. E. (2003). Religion and spirituality: Linkages to physical health. American Psychologist, 58(1), 36–52.

Psaila, C. (2014). Mental Health Practitioners' understanding and experience of spirituality and religion: Implications for practice. *Journal for the study of spirituality*, 4(2), 189-203.

Richards, P.S., & Bergin, A.E (2005). *A spiritual strategy for counselling and psychotherapy for counselling and psychotherapy*. Second Edition. Washington, DC: American Psychological Association.

Ross, A. (2016). Spirituality in therapy. *Therapy Today,* 27(4), 22-27.

Spilka, B. (1993). Spirituality: *Problems and directions in operationalizing a funny concept.* Paper presented at the meeting of the American Psychological Association. Toronto, Ontario.

Taylor, S.E. (2006). *Health psychology* (6th ed.). New York, NY: McGraw-Hill.

The British Psychological Society (2004). *Ethical Principles for Conducting Research with Human Participants*. Leicester: BPS.

The British Psychological Society (2009*). Code of Ethics and Conduct*. Leicester: BPS.

Thorne, B (2012). *Counselling and Spiritual Accompaniment: Bridging Faith and Person-Centred Therapy*, First Edition. West Sussex: John Wiley & Sons, Ltd.

Watts. R.E. (2001). (2002). Addressing spiritual issues in secular counselling and psychotherapy: Response to Helminiak. *Counselling and Values*, 45(3), 163-189.

West, W. (2011). *Exploring therapy, spirituality and healing*. Hampshire: Palgrave Macmillan.

Zinnbauer, B.J., Pargament, K.I. (2005). Religiousness and spirituality. In R.F. Paloutzian & C.L. Park (Eds.), *Handbook of the psychology of religion and spirituality* (pp. 21-42). New York, NY: Guilford.