

THE ROLE OF SPIRITUALITY / RELIGIOSITY IN
COPING WITH THE DEMANDS OF THE CLINICAL AND
COUNSELLING PSYCHOLOGY MASTERS
PROGRAMME

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For Ravi and Isla,

My inspiration when days were dark

And nights were long

“There are many cups but they are all made of the same clay”

Buddhist wisdom

COLLEGE OF HUMANATIES

DECLARATION – PLAGARISM

I, Kirsten Barbara Clark, declare that:

1. The research reported in this thesis, except where otherwise indicated is my original research.
2. This thesis has not been submitted for any degree or examination at any other university.
3. This thesis does not contain other persons' data, pictures, graphs or other information, unless specifically acknowledged as being sourced from other persons.
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Signed:

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Abstract:

Post-graduate training in Clinical and Counselling Psychology has been likened to a ‘baptism of fire’, where students undergo an initiation or rite of passage as part of the process of becoming a psychologist. The purpose of the present research was to examine the role of spirituality and / or religiosity in coping with the demands of the Clinical and Counselling Psychology Masters Programme. Past and present students at the University of KwaZulu-Natal's Howard College Campus participated in the present study. Participants were invited via email to attend a one-on-one interview and an electronic survey. The findings of this study found that Clinical and Counselling Psychology post-graduate students do suffer from higher levels of distress due to the demands created by intense workloads, rigorous academic requirements and clinical training). This study's results highlighted students' subjective perceptions of the demands of the training and their use of religious and spiritual coping methods as a means of ameliorating or coping with the stress caused by these demands. The specific religious and spiritual coping methods cited by respondents included comfort obtained from the act of surrendering to an omnipotent and benevolent being and ritualistic and private observances such as prayer, praise, devotional readings and religious attendance. These coping strategies created a sense of belonging and strength for those students. Implications and limitations of the current findings indicate that emphasis on and inclusion of spirituality and religion into the Masters training programme may be of benefit for both students and their future patients. Suggestions for future research are also offered.

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1. Introduction

Religiosity and spirituality have been subjected to increasing research attention within the field of psychology in recent years, specifically with regards to their influence on both physical and emotional well-being, (Chai, 2009; Haque, 2001; Nelson, 2009; Tate, Zalpakjian & Forchheimer, 2002; Zuckerman, Kasl & Ostfeld, 1984). The majority of past research (for example, Bonet; 2009; Kirby, Coleman & Daley, 2004; Pargament, 2007) has been conducted into the role of spirituality and religiousness in coping with traumatic and adverse circumstances that induce experiences of extreme stress. A small amount of recent research (Dalmida, 2006; Hodge, 2011; Koenig & Larson, 2001; Nelson, 2009) has been conducted into the use of these coping methods in ameliorating mundane or daily experiences of stress, such as that endured by students in tertiary education (Chai, 2009; McGarrigle & Walsh, 2011; and Stewart & Schwarzer, 1996).

Focused research conducted into the experiences of students and trainees in the helping professions of medicine, social work, occupational therapy, nursing and psychology indicated the presence and experience of unique and trying daily stressors, such as heavy workloads, high expectations, time commitments and the balancing of academic, therapy and personal obligations (Doolittle, 2007; Kottler & Schwartz, 2004; Luo & Wang, 2009; McGarrigle & Walsh, 2011). Studies have identified various coping strategies used by post-graduate students, such as the use of social support and distraction, but there is limited research which delineates the religious and spiritual coping methods that are applied, especially within the South African context of Clinical and Counselling Psychology Masters training.

1.1. Religion and spirituality defined

There appears to be little consensus as to what spirituality and religion encompass in the field of psychology. Spirituality and religion have been loosely defined psychologically but within existing literature, these constructs are either separate and distinct; or related or inclusive.

1.1.1. Spirituality and religion as separate concepts. Jonker, Schnabelrauch and DeHaan (2012) regarded spirituality and religiousness as divergent constructs, defining spirituality as individualistic and open-ended and religiousness as narrow and institutionalised. Johansen (2010, p. 10) postulated that "religion is a shared belief system that involves communal ritual practices, whereas spirituality is about the individual's search for meaning, belonging and a sense of connectedness with something beyond the self". Kelly (1995) posited that spirituality is an inwardly transcendent experience of the divine and that religion is the organised institution of this experience. Paloutzian and Park (2005) cited Boyatzis, who asserted that self-transcendence is at the core of spirituality and religion is the process of seeking or of being in a sacred relationship with a divine other.

1.1.2. Spirituality and religion as related concepts. Bonet (2009) argued that spirituality and religiousness are relational constructs and Merchant, Gilbert and Moss (2008) argued that spirituality is not the polar opposite of religion, but that religion contains elements of spirituality, which is a useful descriptor for the beliefs that are unique to the individual and which are based on their value system. This view is supported by R.J. Lee (2007) who noted that a central theme amongst many of the definitions of spirituality and religion is the concept of multidimensional, overlapping constructs. Crossley and Salter (2005) regarded spirituality as being wider and more inclusive than religion.

1.1.3. Spirituality and religion as inclusive concepts. According to Paloutzian and Park (2005), spirituality and religion ascribe meaning to life, which influences behaviour, emotion, health and well-being. Swinton (2001) argued that spirituality may be seen as a facet of religion which transcends institutionalised structures and which has taken on multiple meanings, which are then interpreted in many different ways by different individuals. Brown (1973) postulated that spirituality and religion are best explained by their defining variables, which include the behaviours engendered, the beliefs and experiences created, the involvement prompted and the consequences incurred. According to Paloutzian and Park (2005), the majority of individuals today refer to themselves as being both spiritual and religious, with spirituality identified by some as being the experiential component of their religiosity.

1.1.4. Spirituality and religion in this study. What becomes apparent from the above discussion is that spirituality appears to be defined in broader terms than religion, in that it moves beyond the strictures and structures of formalised religious practices. Spirituality appears to be key in providing meaning, purpose and a sense of belonging but an individual can be religious and not spiritual and vice versa. For the purposes of this study, spirituality and religion will be regarded as falling within the same spectrum of individual subjective experiences and the terms spirituality and religion will be considered interchangeable.

Pargament (2007) noted that religion and spirituality are integral to the preservation of mental health. In 2001, Koenig and Larson conducted a review of 100 studies that were focused on the correlation between religion and well-being and found that 79 of the studies showed a positive link between religiosity, spirituality and happiness. In addition, Chai (2009) reviewed a number of studies which showed that religious or spiritual involvement has been positively linked to better physical and mental health, as well as greater happiness and life satisfaction. It

has also been argued that spiritual and religious beliefs provide a means of coping or feeling in control in times of great uncertainty and stress. Examples of this include Paschali and George's (2010) study of stress in university students; Tate et al's (2002) study of depression in patients' with spinal cord injuries; and Zuckerman et al's (1984) study of mortality rates in the elderly.

In addition, a number of studies have demonstrated a relationship between mundane, everyday stress and coping, specifically a positive correlation between life stress and negative physical and mental health issues (such as those cited by B. Lee, 2007). Van Dyke, Glenwick, Cecero and Kim (2009) noted that there is a growing body of evidence that suggests that religion and associated methods of coping enhance mental resilience, better adjustment and well-being in daily living. Religious and spiritual coping methods are the focus of this study. Specifically, this study will focus on the spiritual and religious coping methods used by Clinical and Counselling Psychology Masters students to ameliorate the distress created by the course.

1.2. The context of the study

From the early days of psychology, the influence of religion and spirituality has been examined: from Piaget's search for meaning to Freud's assertion that religion was a form of wish-fulfilment (Paloutzian and Park, 2005) or at best, an obsessive neurosis akin to Albert Ellis' point of view, religion has shaped many theories within psychology. Pargament (2007) argued that the founding theories of psychology initially included the spiritual and religious realm, albeit as a form of denial, but this view was changed by the alignment of psychology with the natural sciences. It would appear then that the field of psychology has been driven by the desire to accommodate all facets of human existence but simultaneously remain theoretically based in empiricism and scientific fact. In addition, psychology has been heavily influenced

over the last century by the biomedical model, which became entrenched with the advent of psychotropics and the development of the statistically driven, reductionist mode of diagnosis as exemplified in the Diagnostic Statistical Manual (DSM).

Despite the above, a substantial body of literature exists which focuses on the delineation and importance of the intangible facets of spirituality and religion within the field of psychology. Examples of such research include Bacchus and Holley (2005); Brown (2009); Krok (2008); Pargament (2007); Swinton (2001); and Tuck, McCain and Elswick (2001). It would appear that there is a growing trend within the field towards a more holistic and integrative approach towards mental health and pathology, which takes into account issues such as spirituality and religion when examining human existence. This paradigm shift is best explained by Swinton (2001, p. 62): "this shift is moving our understanding from a materialist view based on the assumption of dualism, rationalism and empiricism, towards an understanding which acknowledges the significance of such things that cannot be explained purely in terms of science." From a global perspective, it would appear that religion and spirituality are a significant aspect of many peoples' lives. According to Pargament (2007), the world is becoming increasingly religiously diverse and pluralist in orientation, which is borne out by Swinton's (2001) estimate that there were, at that time, approximately 2 billion practising Christians in the world; 1, 2 billion Muslims; 900 million Hindus; 350 million Buddhists and 15 million Jews.

The 'rainbow nation' of South Africa presents a unique set of challenges in the study of spirituality and religion, due to the plethora of religious and spiritual practices that flourish in this multicultural society. According to the 2001 population census (Statistics South Africa), most South Africans claim affiliation to some form of religious persuasion. Approximately 80% of South Africans are Christian and other religious affiliations include Greek Orthodox,

Russian Orthodox, Mormonism, Islam, Hinduism, Buddhism, traditional African ancestor worship,

Confucianism, paganism and Baha'ism. Of interest is that these census statistics contrast vividly with the trend towards secularisation that has appeared in the western world, demonstrating that African religion and spirituality remains central to life on a personal and communal level (Brown, 2009). It should be noted that the 2011 population census did not include information on religious denomination as this was considered low priority, thus lending credence to the western trend towards secularisation. As R.J. Lee (2007) noted, an examination of the diverse, Afrocentric views of religion, spirituality and mental health in South Africa provides ample evidence that many individuals still ascribe mental illness to supernatural or otherworldly causes.

Existing literature indicates that religious and spiritual coping methods are utilised by both students in general and trainees in the helping professions in particular (Gibbons, Dempster and Moutray, 2009; Jonker et al, 2012; Luo and Wang, 2009; Vye, Scholljegerdes and Welch, 2007). In support of Calicchia and Graham's (2006) and Yusoff, Yee, Wei, Siong, Meng, Bin and Rahim's (2011) assertions that tertiary education is highly stressful are studies conducted by Barkhuizen and Rothmann (2008); and Reid and Baker (2008). In addition, it would appear that students training in the medical field experience significantly higher levels of distress when compared to students in other disciplines. This conclusion is supported by Jovic, Ristic, Bogdanovic, Radulovic, Visnjic and Sagric (2012), who referred to a number of studies which showed that students in the helping professions such as medicine, social work, law and psychology routinely report higher levels of emotional distress than students from other disciplines.

Professional training within the field of Clinical and Counselling Psychology in South Africa follows the western, biomedical model of mental health and psychopathology. Kottler

and Swartz, (2004, p.57) argued that while "it has been widely acknowledged that British and American models of clinical [and counselling] psychology training, while useful in many aspects, do not hold all the answers for psychologists working in Africa." The authors further noted that the process of training in the Masters' year of Clinical and Counselling Psychology is an arduous "rite of passage" and an "initiation process" (2004, p. 55). Various studies conducted over the last two decades indicate that post-graduate training in the field of psychology is fraught with daily experiences of stress, such as heavy workloads, expectations of supervisors, being a novice therapist, time commitments and balancing work, academic and personal obligations (Cushway, 1992; Hannigan, Edwards & Burnard, 2004; Jordaan, Spangenberg, Watson & Fouchè, 2007; and Pope & Tabachnick, 1994). Studies by Chai (2009); Kauser (2010); and Stewart and Schwarzer (1996) further indicated that psychology trainees use a variety of coping strategies to ameliorate the daily stressors as identified above.

Considering the importance of religion and spirituality to people from a global perspective and in regards to Africa in specific, it is reasonable to assume that psychology students may use various spiritual and religious coping methods in order to ameliorate the stress associated with the demands of postgraduate tertiary education. It is this author's contention that this study could therefore assist in identifying the usefulness of spirituality and religion in coping with these challenging circumstances in the South African context of psychology training.

13. The rationale for the study

There is a paucity of data regarding spirituality and the experience of stress and anxiety in the younger population, and students in particular. The existing research has shown that for young adults, the experience of college is often combined with developmental processes, such

as the formation of identity and the pursuit of autonomy, which can lead to students identifying their college years as being particularly stressful and anxiety inducing.

Vye et al (2007, p. 6) referred to an "anxious campus" and argued that anxiety in American college students is a growing concern. This is borne out by the increase in diagnoses of Post-Traumatic Stress Disorder, Obsessive-Compulsive Disorder and Generalised Anxiety Disorder made in American tertiary education students from 1989 to 2001 (Vye et al, 2007). In addition, Pakenham and Stafford-Brown's (2012) review of current research showed that clinical psychology trainees are vulnerable to stress, which in turn impacts on their personal and professional effectiveness. However, there is a paucity of data and research related to the use of religious and spiritual coping methods with regards to the stressors experienced by students reading for their Masters in Clinical and Counselling Psychology in a South African context.

1.4 The aims of the study

The influence of spirituality and religiousness can be seen as a relatively neglected phenomenon within the South Africa psychological field, in that scant research has been conducted on its role in a local context. In particular, and of pertinence to this study, is that the role of spirituality / religiousness in coping with the demands experienced by Clinical and Counselling Psychology Masters students has not been adequately assessed within a South African context. The aim of this study is to therefore make a contribution to the understanding of the role of spirituality and religion in coping with the demands of a professional training programme. The focus is on the subjective spiritual and religious experiences of Clinical and Counselling Psychology Masters students at the University of KwaZulu-Natal (UKZN), Howard College Campus.

1.5. Conclusion

This chapter has introduced various core concepts which are integral to this study. These include the context and rationale for this study, in addition to the aims and reasons for this particular study. Definitions of spirituality and religion have also been delineated. The following chapter will provide the theoretical framework for this study. This framework will provide additional context for the study, providing a longitudinal summary of past research and current contributions to the field.

"Spirituality is an extraordinary part of the ordinary lives of people"

Kenneth I. Pargament

2. Theoretical Framework

A theoretical framework acts as a set of guiding propositions, which describe and delineate the various relationships between predefined variables (Breakwell, Hammond & Fife-Shaw, 1996) and as such, they act implicitly to inform research. This chapter examines definitions of coping and focuses on theories that are mechanistic and process-driven in orientation, as well as theories that are functional and explanatory. The chapter ends with a rationale for the selection of a narrative or meaning driven theoretical framework, with specific reference to religious coping as the basis for this research study.

2.1. An overview of coping

It can be seen that the process of coping with stressors was initially a responsibility of the religious orders who imbibed aspects of the reality of the common man with sacred status (Nelson, 2009). However, by the beginning of the twentieth century, the process of coping had been ascribed to biological forces and the focus was on the biomedical model. Coping became a focus for the field of psychology in the 1960s and a variety of coping models and strategies have come to the fore in the last fifty years.

The psychological understanding of coping was originally grounded in personality theory and these models regarded coping as being a personality characteristic (Lazarus, 1993). In Suls, David and Harvey's (1996) opinion, personality driven coping is the use of defence mechanisms as a means of resolving sexual and aggressive conflicts which arise from internal drives. According to the proponents of personality-based models, coping can be seen as hierarchical styles of defences which are either healthy and less regressive in nature, or

unhealthy and maladaptive by virtue of their degree of regression (Lazarus, 1993) and in terms of their relationship to stress and the development of psychopathology.

This hierarchical view is heavily trait orientated, with coping styles viewed dichotomously as being either repressive (such as avoidance or denial) or sensitising (such as vigilance, isolation or intellectualisation). Thus, the hierarchical models are essentially based on the premise that ego defences are either healthy or unhealthy and the choice of defences will determine the outcome of the individual's ability to cope with stressors and external demands. The personality-based models of coping can be considered as the first generation of research into coping with adversity (Suls et al, 1996). This model fell out of favour in the 1960s when the concept of personality traits as an indicator of behaviour became unpopular and psychologists became disgruntled with the psychodynamic orientation in general.

The process driven models of coping developed in the late 1970s as a response to the deterministic and psychoanalytical orientation of the personality or style orientated models. These coping models were driven by the cognitive-behavioural framework, with a focus on motivation, control and a locus of process (Lazarus, 1993). This approach is referred to as the transactional perspective because coping is seen in the context of the exchange or transaction between the individual and the environment. The emphasis is on the process rather than on personality traits. Richard Lazarus and Susan Folkman, who made a significant contribution to the development of this theory, orientated the process of coping within the context in which it occurs. Coping is regarded as mutable and dependant on time and context (Lazarus, 1993). The role of apparently external factors, such as the type of situation and the individual, were considered as integral to the process. Suls et al (1996) referred to this as the second generation and over the following two decades, this approach was found to be empirically unsubstantiated and also fell out of favour.

Lazarus (1993) and Bouchard, Sabourin, Lussier, Wright and Richer (1997) referred to the process driven model of coping as incorporating two approaches, namely problem-focused and emotion-focused. Problem-focused coping is orientated towards changing the individual's environment, their relationship with it or the distressing circumstances; whereas emotion-focused coping seeks to change the way the individual reacts to their distressing relationship with their environment and works on regulating that distress. The authors argued that there are a number of different types of coping which an individual can use to ameliorate emotional distress, namely: positive appraisal (the re-framing of a situation in a positive light); approach coping (coping by means of problem solving); avoidant coping (aimed at reducing the emotional distress); and meaning focused coping (where values are used to find meaning in adversity).

The meaning driven models of coping, proposed by Pargament, Lazarus and Folkman in the 1980s and 1990s, view coping as the use of thoughts and behaviours to manage the internal and external demands of situations that are perceived by the individual as being stressful or emotionally distressing (Wong and Wong, 2006). This model is a combination of the personality and process driven models of coping and can be seen as the third generation of research (Suls et al, 1996). In this model, the meaning attributed to the event is important, in that the personal and unique appraisal of the individual determines the level and degree of the stress experienced and coping response.

According to transactional theory, there are two processes in coping, namely appraisal process and the actual process of coping. Appraisal is comprised of primary and secondary appraisals. Primary appraisals are the initial evaluations by an individual of the potential impact of situations on that individual's well-being. Stress is created when the individual determines that an event is threatening their well-being. The greater the perception of potential harm, the greater the levels of stress experienced by the individual.

The ascription of meaning or the primary appraisal is therefore central to the experience of an event or situation as stressful. In the secondary appraisal phase, the individual assesses the resources available to cope with the threat. This is the appraisal of resources (such as psychological resilience, financial reserves and the previous experiences of stress) and burdens (such as a physical handicap or inadequate access to finances) that the individual believes that they bring to the process of coping with the perceived stressful situation. If the individual perceives that resources are scarce and burdens are high, they will experience the event as additionally stressful. Therefore, in the meaning driven framework, coping is defined as a complex, mutable and multidimensional process of using inter-psychic and intra-psychic means to manage external and internal demands and this process is mediated by the individual's environment, personality and the meaning that the individual attributes to the stressful situation and the coping methods utilised (Bouchard et al, 1997; and Pargament, 1997).

It is important to note that Pargament's model of coping with a stressful situation does not only lead to the depletion of resources, it can also lead to the development and utilisation of new resources. This is termed as post-traumatic or stress-related growth. (Pargament, 1997) additionally refers to coping as a search for meaning or significance in periods of crises. Coping is therefore seen as an adaptive and transactional process, which cannot be separated from the individual, their relationships and their environment. Coping encompasses the cognitive, affective, behavioural, physiological and social aspects of an individual. Pargament (1997) posited that the process of coping is guided by the eight assumptions, namely:

1. That people are driven by a search for meaning and will consciously and unconsciously strive to make phenomenological sense of their lives
2. That positive and negative events are judged by the individual according to their significance for that individual

3. That an individual's method of coping is influenced by their personal and unique orientation or view of the world - an individual's orientating system is based on their values and beliefs about the world around them and it provides a frame of reference for the interpretation of events and the ascription of meaning or significance. The orientating system can impact positively or negatively on the coping process in the way that it delineates the possibilities and choices that are available for use by the individual
4. That this orientation is used as the basis for the selection of various methods of coping
5. That people will seek significance in their use of coping methods - meaning is obtained through the use of different coping methods, each of which offers a unique way of organising, understanding and coping with the dimensions of the stressful situation.
6. That people will cope in ways which compel them, based on the limiting of coping methods due to the influence of the individual's orientating systems and their perceived resources and burdens. In colloquial terms, people will choose the path of least resistance and which will cost them the least.
7. That coping methods are influenced by the individual's culture, in that their world view will be informed by culturally bound values and beliefs. The process of coping is therefore grounded in a culture, which in turn influences the individual's appraisal of stressful events and the selection of coping methods.
8. Those healthy coping methods can be defined by both their outcomes and the actual process of coping

Two assumptions that are relevant to the present study and which need to be highlighted relate to an individual's orienting system and their cultural values and beliefs. Religion and

spirituality are embedded in culture and may be seen as one of the many dimensions of an individual's orienting system.

2.2. Religious and spiritual coping models

As Pargament (2007) noted, human beings will turn to religion and spirituality to deal with the challenges of life and in times of crises and stress. Religion and spirituality are used to make sense of these challenges and to provide support and guidance. However, for many people, spirituality and religion are not "reserved exclusively for times of crisis and transition" (Pargament, 2007, p. 3) but are an integral and tangible part of their every-day lives. As noted by Krok (2008, p. 646), "religion and spirituality frameworks can provide people with a sense of their ultimate goals and destinations in life." The author further cited a number of studies, such as those by Bacchus and Holley (2005) and Tuck, McCain and Elswick (2001) which suggest that spirituality is an effective coping strategy through its comforting influence on body and mind and the control it affords them over cognitive and emotional processes.

This is an important observation, in that the majority of coping models and theories have focused on coping with stress generated in extreme circumstances, such as natural disasters, war, life-changing injury, terminal illness and bereavement. Much of the existing research has been couched in the extreme end of the stress / coping continuum and while this research is important in terms of understanding the effects of intense stress, it does somewhat diminish the importance of the daily experience of stress. This is generally not an extreme experience but rather the adaptive handling of every day difficulties and it is this coping approach which is of relevance to this study. As Pargament (1997) noted, religion and spirituality are often utilised in times of crisis but their involvement is not solely confined to

times of conflict. They can therefore be seen as resources which an individual will utilise when faced with demands and potential stressors.

In light of the above, it can therefore be argued that people will turn to their sense of and belief in the divine for many different reasons. It can further be argued that the behaviours and practices associated with religion (such as reading sacred texts and prayer), together with the beliefs, thoughts, feelings and experiences associated with these, can assist individuals in expressing and satisfying certain needs. Kwilecki (2004, p. 483) demonstrated this in an overview of Pargament's perspective on religious and spiritual coping, where the author argued that religion and the utilisation of religious coping methods are "a deliberate choice of a means to an end".

This view resonates with Allport's intrinsic / extrinsic model of motivation (Nelson, 2009). This is particularly useful with regard to the concept of social support, where spirituality and religiousness can be seen as a means to an end (extrinsic) or as an end in itself (intrinsic). Nelson (2009) conceptualised extrinsic motivation as the 'means' dimension and intrinsic motivation as the 'ends' dimension. According to Swinton (2001), the concept of intrinsic and extrinsic motivation provides a means of measuring the nature, quality and function of an individual's religious or spirituality orientation. According to Vallerand (2001), an intrinsically motivated individual will engage in an activity for the sheer pleasure and satisfaction that can be derived from it. They will regard religion as being the central tenant in their approach to life (Brown, 1973) and will turn towards their divine object and away from themselves. Spirituality or religion is the centre of their life.

On the opposite end of the continuum is the extrinsically motivated individual, who regards religion or spirituality in a utilitarian manner. These individuals do not engage in activities out of pleasure but do so in an attempt to derive some form of reward that is external to the activity itself. They will see their religiosity as a persona or a role which will provide

them with social approval and support, comfort, self-esteem, self-justification and status (Paloutzian and Park, 2005).

Batson, Schoenrade and Ventis (1991) and Nelson (2009) critiqued this model, arguing that intrinsic and extrinsic motivation should instead be seen as independent dimensions rather than extremes on a continuum. The authors postulated that these dimensions are accompanied by a third, that of religion as a quest, where the individual ruminates on and seeks answers to questions of existential importance. Greenway, Phelan, Turnball and Milne (2007, p. 326) referred to this process of spiritual growth as being driven by the "quest motivation", where the individual steps away from an egocentric world view to one which embraces self-criticism and doubt and facilitates positive ego development. Therefore, in this revised model, religion and spirituality fulfil three functions in the search for significance or meaning - the means, the end and the quest. Quest is the embodiment of the search for the truth, focused on growth and the ascription of meaning and significance within a spiritual and religious context.

Pargament (2007) argued that it is necessary to move beyond a focus on individual orientation towards one where the different coping pathways are examined. This sentiment guides the present study in that the focus is on identifying the spiritual and religious coping methods that are used by Clinical and Counselling Psychology Masters students to ameliorate the distress created by the intensive demands of the course.

2.3. Religious and spiritual coping strategies

Batson et al (1991) argued that there are two types of coping mechanisms that can be derived from religion and spirituality. Positive coping methods are characterised by a problem solving approach which includes a benevolent religious or spiritual dimension (Nelson, 2009, p. 324). These have been shown to be associated with better mental and physical health

outcomes (such as reduced emotional distress and enhanced spiritual growth). Negative coping mechanisms are characterised by existential discontent, which is interpreted as affliction and alienation, which in turn results in increased emotional distress, depression and physiological symptoms (Nelson, 2009). In a review of various studies, Larson and Larson (2001) found that spirituality and / or religiousness can be connected with both positive and negative physical or mental health prognoses. Nelson (2009) concurred with the above and cited numerous studies which have demonstrated both beneficial and detrimental outcomes.

Krok (2008) asserted that religion and spirituality provide believers with a fatalistic sense that they will achieve their goals and reach their destination. This statement is supported by Bacchus and Holley (2005) and Tuck et al's (2001) studies, which suggest that spiritual and religious coping methods provide comfort and succour through the perceived control over cognitive and emotional content which could be overwhelming and distressing. Greenway et al (2007, p. 326) refer to Wong-MacDonald and Gorsuch's (2000) assertion that surrendering is not a passive expectation for God to resolve problems but rather an active process of "relinquishing their personal will to God's rule, a self-transcending strategy." Nelson (2009, p. 324) and Pargament (2007, p. 323) referred to this as the "surrender to God coping style" and Kirkpatrick (2005, p. 153) views it as "the placing of one's problems in God's hands." Tarakeshwar, Pearce and Sikkema (2005, p. 183) referred to "active surrender", a coping method which involves surrendering the outcome of uncontrollable events to a higher power.

Pargament argued that surrender is "the process of letting go" (2007, p. 323), releasing those items that are not under personal control to a benevolent higher power so as to focus on those items which can be influenced. In relation to this is Pargament's (2007) conceptualisation of collaborative and deferring styles of coping. Deferring style is linked to traditional approaches to religion / spirituality by orthodox observances and involvement, which creates a perception of a higher "God locus of control" (p. 324). The collaborative style of coping is

linked to the use of prayer and religious "salience" which also creates a higher "God locus of control" (p. 324).

Redefining a stressful situation through a religious or spiritual framework, attributing the stressor to a divine or supernatural other, appealing to the divine for assistance, turning over the crisis into the hands of the divine, engaging in rituals to alleviate anxiety; and seeking support from religious or spiritual leaders are all considered to be forms of positive coping strategies (Paloutzian and Park, 2005). Paloutzian and Park (2005) argued that religiousness can lead to stressful encounters being viewed as beneficial, a process known as 'positive reinterpretation'. This is regarded as an adaptive coping response in that the individual is able to view a crisis in a way which is less distressing and therefore will endure.

For example, many world religions, such as Christianity and Judaism, view times of suffering as opportunities for growth and will embrace and celebrate life transitions rather than denying their existence. This positive interpretation appears to be based on the individual's belief in and perception of divine forgiveness and benevolence and increased spiritual support (Bonet, 2009), as well as the individual's perception of the stressful event as informed by the personality. Positive coping methods have been linked to "better physical health, self-esteem and life satisfaction, as well as better adjustment to negative life events and lower levels of depression" (Nelson, 2009, p. 325).

However, it should also be noted that the reinterpretation of stressful events is not always positive. When negative reinterpretation is applied, the individual can experience additional distress and as Sullivan (2009) noted, religion and spirituality can be seen negatively when they result in heightened levels of stress, doubt and pain. Nelson (2009) referred to a number of studies which link negative religious and spiritual coping with an increased risk of illness, increased distress and impaired adjustment to negative events.

The choice and selection of spiritual and religious coping methods is influenced by the individual's personality structure and "reference to aspects of human life" (Krok, 2008, p. 652).

Brown (1973) argued that an individual's beliefs about sin, salvation and their future life may be shaped by their religiousness or spirituality in such a way as to become idiosyncratic cognitive distortions which are then perceived as negative and controlling. The individual's view of the divine as a punishing and punitive entity contributes to the acquisition and perpetuation of maladaptive religious or spiritual coping behaviours. Negative coping strategies include spiritual discontent, viewing the divine as punishing and fearing demonic reappraisals. Nelson (2009) also referred to the damaging potential of religion, specifically where it is used to defend social policies or maladaptive behaviours. As a demonstration of the potential harm of such practices and beliefs, the DSM-IV-TR includes a V-Code (V62.89) specifically related to religious or spiritual problems that require further clinical attention, which is defined as the "distressing experiences that involves loss or questioning of faith, problems associated with conversion to a new faith or a questioning of spiritual values" (American Psychiatric Association, 2000, p. 741).

2.4. Conclusion

In an attempt to address the shortfall of existing data with regard to coping with the rigours and demands of tertiary education, this study will be guided and informed by Pargament's (1997) model of coping and Allport's revised model of religious motivation. This will form the framework for the exploration of the role of spirituality and religiousness in coping with the demands of the intensive M1 Psychology training programme. The following chapter examines the existing research literature that deals with the rigours of tertiary and

post-graduate training, with a specific focus on how students in the helping professions have coped with these demands.

"It is not the nature of the belief but the nature of the believing that requires our study"

John Milton Yinger

3. Literature Review

Numerous authors have noted that religion and spirituality are integral to the preservation of mental health. In a review of various studies, Pargament, (2007) concluded that religious and spiritual beliefs, experiences and practices are positively correlated with well-being, happiness and life satisfaction; hope and optimism; purpose and meaning in life; higher self-esteem; greater social support and less loneliness; lower rates of depression and suicide; less anxiety and psychosis; lower rates of alcohol and drug use; less delinquency and criminal activity; greater marital stability and satisfaction; and increased longevity.

In addition, Chai (2009) reviewed a number of studies which showed that religious and / or spiritual involvement has been positively linked to better physical and mental health, as well as greater happiness and life satisfaction. Hackney and Sanders (2003) and Larson and Larson (2001) cited research which amply demonstrated the positive impact of religion and spirituality on coping with psychopathology, such as depression, anxiety, addiction, schizophrenia and Bipolar disorder. It would appear that spirituality and religion do provide the coping mechanisms needed to deal with emotionally stressful situations (Paloutzian and Park, 2005).

3.1. Religious / spiritual coping and health

Literature on spiritual and religious coping has mostly focused on emotionally charged and intensely stressful situations, such as the experience of coping with war, terminal diseases such as cancer, cystic fibrosis and HIV / AIDS; and natural disasters (Bjoreck & Thurman, 2007; Bonet, 2009; Dalmida 2006; Debman, Holt, Clark, Roth & Southward, 2012; Kirby et al, 2004; Nelson, 2009; Pargament, 2007; Ringdal, 1996; Roberts, Brown & Larson, 1997;

and Tarakeshwar et al, 2005). Linked to the above, a number of studies have also demonstrated the connection between adaptive handling of stress and spirituality, such as Larson, Lu and Sawyers (1997), who analysed a number of international studies and showed that a positive correlation between spiritual attitudes and mental health.

In 2001, Koenig and Larson conducted a review of 100 studies that were focused on the correlation between religion and well-being and found that 79 of the studies showed a positive link between religiosity, spirituality and happiness. It has also been argued that spiritual and religious beliefs provide a means of coping or feeling in control in times of great uncertainty and stress. Examples of such studies include those by Paschali and George (2010); Tate et al (2002); and Zuckerman et al (1984).

In an extensive review of existing research, Nelson (2009) summarised the influence of religiosity on mortality and specific illnesses such as depression and hypertension. The author further noted that "in general, religion appears to convey health benefits by providing a buffering and protective effect against adversity" (2009, p. 315). In his review of a number of related studies, Haque (2001, p. 245) noted that a positive relationship exists between religiosity and various areas of "human adjustment", such as physical illness, mental health, substance use and misuse, suicide, anxiety, depression and marital satisfaction. Therefore it can be concluded that religious and spiritual coping in response to situations of extreme stress has been examined in a wide variety of contexts.

3.2. Coping with everyday stressors

Luo and Wang (2009) argued that stress is generated by every-day incidents and the attendant psychological and physiological reactions that these create. The authors referred to these daily occurrences as "stress incidents" and postulate that these directly create psychological

symptoms. Bouteyre, Maurel and Bernaud (2007) referred to these every day stresses as 'daily hassles' and in their review of stress in college students, the authors further argued that these 'daily hassles' are a risk factor for psychological distress in many first year university students.

Studies which have examined the relationship between mundane, everyday stress and coping include those cited by B. Lee (2007), which demonstrated a positive correlation between life stress and negative physical and mental health issues. Van Dyk et al (2009) studied the role of positive spiritual and religious coping in urban adolescents and found that these were related to positive affect and life satisfaction. The authors further noted that there is a growing body of evidence that suggests that religion and associated methods of coping enhance mental resilience, better adjustment and well-being in daily living.

As can be seen from the above, there appears to be a small body of existing research on the stressors experienced by ordinary citizens during the process of everyday life and, of interest to this study, students in tertiary education (for example, Barkhuizen & Rothman, 2008; Jonker et al, 2012; Vye et al, 2007; and Yusoff et al, 2011). The unique challenges experienced by students in tertiary education have been studied in some depth (for example, Calicchia & Graham, 2006; Maton, 1989; and Reid & Baker, 2008) and are presented below. It is however important to note that there is a paucity of data in relation to the specific coping strategies employed by students when faced with stressful and distressing situations and on how spiritual or religious students use this characteristic as a resource. The following is an empirical review of coping of students in general, with a specific focus on students in post- graduate tertiary studies and those in the helping professions and related fields.

3.3. The rigours of tertiary education

Palmer and Puri (2006) reviewed a 2005 MORI survey which found that 58% of students reported feeling more stressed than ever before and that student counselling centres in American universities are experiencing an increase in the number of students requesting counselling for distress. Pargament (2007) noted one study by Johnson and Hayes that showed that 25% of university students report some form of existential distress. Brougham, Zail, Mendoza and Miller (2009, p. 86) noted that while "growth and change are positive and necessary [They are] often accompanied by the experience of stress." However, Pargament (2007) and Vye et al (2007) both referred to the experience of tertiary education as being a 'transformative'.

Vye et al (2007, p. 6) additionally referred to an "anxious campus" and argues that anxiety in college students is a growing concern in the United States. This has been borne out by the steady increase in the number of diagnoses of phobias, Post-Traumatic Stress Disorder, Obsessive-Compulsive Disorder and Generalised Anxiety Disorder received by American graduate students from 1989 to 2001 (Vye et al, 2007). As noted by Vazques and Blanco (2008, p. 184), the "risk of emotional disorders increases under stress, and university students can be put under stress not only by accommodation, finance and social problems but also by academic difficulties (demands and deadlines, exams, grades and competition, uncertainty about career and future success) and by their awareness that they must at this stage make some of the most important decisions in their lives."

Kauser (2010) and Schlemper (2011) argued that students in tertiary education consistently find professional competencies (such as academic workload and time management) and personal issues (such as financial, balancing professional and personal lives and interpersonal strain) to be stressful and demanding. Many post-graduate students have been found to suffer from higher incidences of stress-related illnesses and emotional distress because of the demands created by rigorous academic and clinical training. Calicchia and Graham's

(2006) conclusion that many post-graduate students struggle to find time in their busy schedules for stress-reducing activities, which then exacerbates their distress, which supports the above assertion.

In support of Calicchia and Graham (2006) and Yusoff et al's (2011) assertions that tertiary education in South Africa is also highly stressful are the studies conducted by Barkhuizen and Rothmann (2008); and Reid and Barker (2008). Using Barkhuizen and Rothman's (2008) conclusions drawn from their study of academic occupational stress, students can be seen as experiencing stress arising from their cognitive and emotional interpretations of environmental stressors, such as a high work load, time constraints, high self-expectations and lack of regular performance feedback. Jonker et al's (2012) analysis of academic staff at various tertiary institutions found that the experience of daily stress can manifest itself in maladaptive coping behaviours (for example, smoking, alcohol and drug abuse), physical ill health and poor psychological well-being.

In their comparative study of stress amongst students in the fields of medicine and engineering, Behere, Yadav and Behere (2011) found that the most commonly reported stressors were academic (such as deadlines and work load), placement (heavy work load, relationships with supervisors and institutional policies), personal (relocating, financial issues and lack of social support) and organisational (including issues such as inflexibility and inconsistent feedback).

It would appear that students training in the medical and engineering fields experience significantly higher levels of distress when compared to students in other disciplines. This conclusion is supported by Jovic et al (2012), who argued that students in the helping professions such as medicine, social work, law and psychology routinely report higher levels of emotional distress than students from other disciplines. Empirical examples include Gibbons, et al (2009); Hsiao, Chien, Wu, Chiang and Huang's (2010); Karabacak, Uslusoy, Şenturan, Alpar

and Yavuz (2012); and Luo and Wang's (2009) studies of student nurses which found that a large proportion reported depressive symptoms due to the stress they experienced during clinical practice.

Other examples are the study of stress and coping in students of the helping professions include Jovic et al's (2012) study of Serbian students and Yusoff et al's (2011) study of Malaysian medical students. These studies found that the following were regarded as being sources of daily stress: high academic expectations, concerns about academic performance, disagreements with family members, separation from loved ones, financial problems, limited time for recreation and social activities and problems with romantic relationships. Mamo, Buttigeig and Azzopardi (2012) concurred with Jovic et al (2012) and Yusoff et al's conclusions by stating that common causes of distress in students of the helping professionals are high academic expectations, limited time for relaxation, tight deadlines and high workload.

Shaikh, Kahloon, Kazmi, Khalid, Nawaz, Khan and Khan's (2004, p. 350) study of Pakistan medical students showed that the "student population has always been vulnerable, especially in pursuit of higher professional education in a highly competitive environment." Existing research shows that the experience of tertiary education is often combined with normative developmental processes, such as the formation of identity and the pursuit of autonomy. Brougham et al (2009, p. 85) referred to these as the "goals of emerging adulthood" and argue that these can lead to students identifying this time as being particularly stressful. Bouteyre et al (2007, p. 93) further noted that "these changes may produce a high stress level that supports the onset of psychological problems."

It is also of interest to note Sullivan's (2009, p. 91) observation that "time pressures, the search for a quick fix and the commodisation of care has invariably led to a reductionist approach to service" which appears to have minimised the role of religion and spirituality in the aetiology, maintenance, prognosis and treatment of mental health disorders. This is supported

by Abdulghani, Alkanhal, Mahmoud, Ponnampereuma and Alfaris (2011) review of a number of studies which demonstrated that British, Malaysian and Thai medical students routinely reported elevations in stress levels, which could potentially impair the students' academic performance and level of patient care.

Doolittle (2007); and McGarrigle and Walsh (2011) attributed these levels of stress to the taxing emotional demands that students in the helping profession experience in the course of their work supporting others. Case and McMinn (2001) delineated these stressors as personal, interpersonal and organisational. Personal stressors include mental and physical illnesses, financial concerns, substance use or abuse problems, fatigue and a sense of responsibility for others. Interpersonal stressors include managing client behaviours and the demands of colleagues; while organisation stress is associated with working in a hospital or clinic setting, where budget constraints, co-workers and poor working conditions invoke feelings of disillusionment, reduced work satisfaction and perceived and real declines in professional functioning which resulted in consistently substandard performance (Case and McMinn, 2001).

Kuyken, Peters, Power and Lavender's (1998) exploration of cognition, coping and social support in the adaptation in clinical psychologists in training found that significant numbers of mental health professionals experience significant mental health problems. In a review of literature, the authors found that British trainee psychologists generally reported high levels of psychological distress (in the form of decreased self-esteem, depression and anxiety) and this distress increased as training progressed. Sources of distress cited by Kuyken et al (1998); and Pakenham and Stafford-Brown (2012) include heavy academic workloads in addition to clinical work, difficulties in supervision, time constraints, research obligations, professional self-doubt, constant academic evaluation and role transitions, financial and interpersonal strain and 'crises of confidence' stemming from continual evaluation. In addition, Cushway's (1992) survey of British clinical psychology trainees found that issues such as

supervision difficulties, academic workload, uncertainty and self-doubt, time constraints and changing placements were considered as stressful.

Pope and Tabachnick's 1994 study of APA registered psychologists showed that approximately one third of responding psychotherapists indicated feelings of depression and anxiety. Hannigan et al (2004, p. 242) commented that the field of psychology in the USA and the UK is fraught with "intrinsic stressors" from the beginning, in that "initial education presents student practitioners with multiple academic and clinical demands, which often lead to early self-doubt." The authors further noted that trainee and practising clinical psychologists experience significant levels of emotional distress, which they argue stems from excessive workloads, the isolation of practice and management of client behaviours (p. 236) and Mirsaleh, Rezai, Kivi and Ghorbani (2010, p. 1137) also noted that the transition from studying to working in a professional field such as psychology is a difficult "reality check", because of the gap that exists between students' theoretical knowledge and the reality of their chosen occupation.

Of pertinence to this study is the argument that the process of training in the Masters' year of Clinical and Counselling Psychology is arduous. Kottler and Schwartz likened the Masters year to a "rite of passage" and an "initiation process" (2004, p. 55). In addition, South African clinical psychology training programs engender self-questioning and self-disclosure. The authors regarded the training process as being "more than simply the acquisition of knowledge, skills and experience." In addition, the transition into the Clinical and Counselling Psychology Masters course is demanding due to the expectations of performing as a novice therapist, progressing and developing through supervision and assimilating vast amounts of information in a relatively short period of time.

This stressful year of training can lead to some students suffering from depression or anxiety and it can engender emotional and cognitive turbulence, leading to existential questioning about the choice of Psychology as a career. As noted by Kottler and Schwartz,

"once involved in the academic, clinical and personal pressures of the training many begin to question themselves and their work, and to wonder whether they have made a wise choice of career" (2004, p. 56). It would appear that Psychology Masters students experience a "marginal psychological state" during their course work year, but it is also apparent from a review of Kottler and Swartz's (2004, p.67) work that this 'baptism of fire' is necessary in terms of the assimilation of a new identity.

It is also important to acknowledge that South African trainee and practising psychologists face particular challenges in the course of their work, such as multilingual and under-resourced clinical settings (Jordaan et al, 2007). As noted by Kottler and Swartz, (2004, p.57), "it has been widely acknowledged that British and American models of clinical [and counselling] psychology training, while useful in many aspects, do not hold all the answers for psychologists working in Africa" and it is this author's contention that this study could assist in identifying the usefulness of spirituality and religion in coping with these challenging circumstances in the South African context.

In addition, Jordaan et al (2007, p. 835) referred to a psychologist's work as being "satisfying and rewarding but also demanding and stressful" and emotionally draining. To demonstrate this, Jordaan et al (2007) cited Cushway's 1992 study, which found that 59% of trainee psychologists experienced psychological symptoms (feelings of depression or anxiety), compared to the 29, 4% of qualified and practising psychologists. Jordaan et al's (2007) South African study showed that 56, 3% of the participating clinical and counselling psychologists reported levels of anxiety and depressive symptoms that were above average.

As can be observed from the above, much of the research appears to focus on the actual problems experienced by students and only a limited number examine the coping strategies or stress management techniques that are used, particularly by those in the helping professions (Hannigan et al, 2004; and Jordaan et al, 2007). The following is a discussion on the existing

body of literature which focuses on the types of coping strategies that are used by students in tertiary institutions, with particular emphasis on those employed by students training in the helping professions.

3.4. Ways of coping

According to Chai (2009), post-graduate students will often use an avoidant coping style, characterised by techniques such as denial, repression, self-blame, resignation and behaviour disengagement. In their study of Hong Kong based medical students, Stewart and Schwarzer (1996) identified distraction, direct action, catharsis, acceptance, social support, situation redefinition, relaxation and religion as the students' primary coping strategies. Kauser (2010) argued that students' coping methods are diverse and heavily influenced by demographics such as age, race and culture and psychological elements, such as temperament. The author noted that some students use proactive behavioural coping methods, such as time management, leisure activities and problem solving, while others use cognitive emotion-related behaviours, which includes the reinterpretation of events.

With regard to the field of psychology and other helping professions, Jordaan et al (2007) argued that stress management is integral because it directly translates into the maintenance of physical and mental health, which will assist in the delivery of better quality service to clients. Clinical and counselling psychologists report using a combination of eight coping strategies (self-blame; behavioural disengagement; denial; a lack of humour; acceptance; substance use; venting, self-distraction) (Jordaan et al, 2007). Indeed, the authors noted that "although psychologists may be considered as experts in the treatment of clinical distress and impairment, it seems that many of them fail to manage their own emotional stress" (p. 849).

Both Chai (2009) and McGarrigle and Walsh (2011) argued that religious and spiritual practices increase the ability to cope with the multiple demands of daily life, in such a way that the individual is able to balance personal, professional, emotional, mental, physical and spiritual facets. It would appear that spiritual and religious beliefs provide a means of coping or feeling in control in times of great uncertainty and stress. It is comforting and provides a connection to something that is experienced as being greater and more powerful than the current stressful situation. Examples of this include Paschali and George's (2010) study of stress in university students; Tate et al's (2002) study of depression in patients' with spinal cord injuries; and Zuckerman et al's(1984)' study of mortality rates in the elderly.

Further, Paschali and George (2010); Rosmarin, Wachholtz and Ai (2011); Sullivan (2009); and Wright, Pratt and Schmall (1985) all argued that religious or spiritual practice has a positive effect on physical and mental health due to the concurrent promotion of good healthcare practices in the guise of acceptable and appropriate behaviours, such as abstaining from alcohol, substance abuse, risky sexual behaviour or smoking (Paloutzian and Park, 2005). Other factors which have been highlighted in research are that religion and spirituality can be used to generate more effective and positive means of coping with stressful situations. For example, Folkman and Moskowitz (2004) postulated that religious and spiritual coping strategies are comforting because they reduce apprehension and create a sense of connection with a power which is greater than the self

It can therefore be assumed that religion and spirituality are beneficial in the promotion of overall health, in that they provide a framework with which to make sense of life events (Swinton, 2001); act as a source of social support; and as a coping mechanism. As a demonstration of the above, Hsiao et al (2010) referred to Calicchia and Herman's assertions that spiritually orientated first year university students report less stress and enhanced adaptivity than those who did not profess any religious or spiritual leaning. In addition, B. Lee's (2007, p.

758) study of 127 Social Work Masters students showed that "high levels of religiosity were associated with low levels of psychological distress symptoms." Graham, Furr, Flowers and Burke's (2001) study demonstrated that religious or spiritual post-graduate counselling students coped better with stress than those who were not.

Ekedahl and Wengstrom (2010) additionally noted that various studies have shown that health care professionals experience high levels of stress during the course of their work. Ekedahl and Wengstrom (2010) specifically cited empirical evidence which demonstrates that oncology nurses are specifically at risk because of their daily contact with terminal illness and death. The authors determined that the nurses' degree of receptiveness to religion or spirituality contributed to their overall ability to cope with the demands of their profession.

However, Ragan and Malony (1980, p. 208) argued that "scientists are less religious than the general population and that psychologists are the least religious among scientists." This sentiment is supported by Shafranske's 2000 study which found that less than one third of American clinical and counselling psychologists considered themselves to be religious. This was further corroborated by Nelson's (2009) view that mental health professionals are less religious or spiritual than their clients and the reference made by Case and McMinn (2001) to a study of 400 psychologist in which no discernible difference was noted in the levels of emotional distress between those who professed to be religious than those who did not. Sullivan referred to this as the "religiosity gap" (2009, p. 91) and Ragan and Maloney's (1980) study appeared to support the conclusion that most psychologist do not ascribe to traditional religious or spiritual beliefs or practices. However, in contrast to the above is a review of international research conducted by The Mental Health Foundation (2006) shows that many mental health care professionals believe that religiosity and spirituality are beneficial for mental health.

Graham et al (2001) noted that in their study of 115 American Counselling Psychology graduate students, those who reported being both spiritual and religious exhibited better

outcomes in coping with stressful situations than those who reported being spiritual but not necessarily religious. Hsiao et al (2010, p. 1613) found that "people with better spiritual health had a weaker depressive tendency, were less affected by clinical practice stress and more likely to engage in health promoting behaviours."

Guse (2010) argued that feeling positive emotions and experiencing positive life situations and social support (such as that provided by spirituality and religiousness) may buffer prospective and practising psychologists from the negative effects that are linked to the profession. In a review of related literature, Graham and Shier (2011) noted the existence of a growing body of evidence linking spirituality and well-being in individuals involved with the helping professions, although, as Hodges (2002) noted, in the past this relationship has been conflictual. Of interest is the study conducted by Kelly in 1995 with American Counselling Association members (as cited by Graham et al, 2001; and Hodges, 2002), which showed that 64% felt they were religious in some form but 90% regarded spiritual and religious issues to be an important aspect of counsellor education.

In addition, Guse (2010) noted that there has been research conducted into the negative aspects of training as a psychotherapist but comments that the enhancing or growth promoting aspects of the training programmes have not been sufficiently explored. Pillay and Johnston (2011) concurred with this sentiment and argue that further research is required into both the satisfactory and unsatisfactory experiences within professional training programmes.

Hannigan et al (2004) argued that there is a paucity of data relating to the management of stress in the profession of psychology and Jordaan et al (2007) also referred to the lack of both international and South African based research into the relationship between stress and coping in trainee and practising psychologists. In addition, the authors noted that "most extant research has used a mixture of health professionals of different types (such as social workers, psychiatrists, counsellors, psychotherapists and psychologists in their samples making

comparisons across disciplines unfeasible." It is this author's assertion that this study may offer the opportunity to demonstrate that religion and spirituality may provide a form of stress management for both trainee and practising psychologists.

As is apparent from the above, this relationship between the experience of mundane stress and the use of religious and spiritual coping in the helping professions has not been examined within the local context and the majority of existing literature is American and European in focus. With regard to the profession of psychology in this country, the challenge of spirituality and religiosity is further compounded by the traditional stance and the secular nature of training programmes. Despite the fact that spirituality and religion can be considered as integral aspects of the human experience, it is one element that has not received much focus in formal psychology training (Brawer, Handal, Fabricatore, Roberts & Wadja- Johnston, 2002) in South Africa, specifically as a means of coping with the demands of the profession and training.

As can be seen from the above empirical review, students in the helping professions experience the stressors typically associated with their choice of career, in addition to specific stressors related to their training. While students use a number of different techniques and strategies to cope with this stress, it would appear that those students who are religious or spiritual have additional resources at their disposal with which to ameliorate their subjective experience of the stressors that they face.

3.5. Conclusion

It is also apparent from a review of the literature that the influence of spirituality and religiousness is a relatively neglected phenomenon within the South Africa psychological field, in that scant research has been conducted in a local context of its role. In particular, and of pertinence to this study, is the fact that the role of spirituality / religiousness in coping with the

demands experienced by Clinical and Counselling Psychology Masters students has not been adequately assessed within a South African context. The aim of this study is to therefore make a contribution to the understanding of the role of spirituality and religion in coping with the demands of a professional training programme.

"Within the holistic approach to health, there is recognition of the need to address existential or spiritual issues"

P. Meredith

4. Methodology

The following chapter focuses on the research design as guided by Strauss and Corbin (1998), as well as a description of the sample and procedure that was used in the data collection of this study. The discussion also includes ethical considerations and a thorough description of the model of analysis as outlined by Auerbach and Silverstein's (2003) approach to qualitative research.

4.1. The research design

A qualitative approach was considered to be the appropriate methodology for this study, due to the subjective nature of the spiritual or religious experiences being examined. As Auerbach and Silverstein (2003, p. 3) noted, "Qualitative research is research that involves analysing and interpreting texts and interviews in order to discover meaningful patterns descriptive of a particular phenomenon." It can therefore be argued that it enables the researcher to adequately capture the individual and subjective experiences which are at the core of studies such as this one (Guse, 2010). Auerbach and Silverstein (2003) further regarded research as an exercise in curiosity which can take many forms and encompass numerous approaches, where the researcher should adapt a questioning rather than a measuring pose.

The approach to analysis is based on Grounded Theory, which was developed by sociologists Glaser and Strauss. The focus of Grounded Theory is on the "complexity and variability of phenomena and of human action [and] the belief that persons are actors who take an active role [acting on] the basis of meaning" (Strauss and Corbin, 1998, p. 9). Grounded Theory can be defined as a guiding principle in the process of gathering and analysis of data (Auerbach and Silverstein, 2003).

The Grounded Theory approach was deemed to be appropriate because this study is examining individual experiences of spirituality and religiosity in relation to coping with demands of the M1 course. The respondents have created a description of their spiritual and religious experiences "consciously or unconsciously based on what he or she saw or heard or thought to be important" (Strauss and Corbin, 1998, p. 18) and as such, the essence of this theory that is relevant to this study is that it can provide insight and enhance understanding into phenomena that are intrinsically unique to the individual experiencing them. This approach posits that conceptual ordering is the optimal means of organising study data based on the descriptions obtained from the respondents and the set of common properties across the responses as identified by the researcher (Strauss and Corbin, 1998). The following is a detailed account of the data collection and analysis process as informed by the Grounded Theory approach and includes demographical data of the sample.

4.2. The sample

As the study is focused on the religious and spiritual experiences of Clinical and Counselling Psychology Masters students in coping with the demands of the course, the sample had to be sourced from the past and current students in the course (from 2005 to 2013). The University of KwaZulu-Natal Clinical and Counselling Masters course was selected as the sourcing programme based on the researcher's interest in and affiliation with the programme. As such, the demographics of the sample was predetermined, by virtue of the fact that the students who participated in the study had been selected for the programme by the University of KwaZulu-Natal and had undergone a screening and selection process that was separate and not related to this study. The sample was comprised as follows (* pseudonym) :

1. Esther* is a 37 year old female. She is an Intern Counselling Psychologist and describes her religious and spiritual orientation is Christian. She is married with one child.
2. Mbali* is a 24 year old female Counselling Psychologist Masters student who is Christian. She is unmarried with one child.
3. Joanne* is a 28 year old female. At the time of the interview, she was a Counselling Psychologist Masters student. She is a Fundamentalist Christian. She is married and has no children.
4. Sbu* is a 28 year old male who is currently an Intern Counselling Psychologist. He described his religious orientation as Born Again Christian. He is single and has no children.
5. Miriam* is 28 year female Clinical Psychology Intern of the Islamic faith. She is married with two children.
6. Vusi* is a 22 year old male Clinical Psychology Masters student who describes himself as a blend of Roman Catholic and African Traditionalist. He is unmarried and has no children.
7. Kevin* is a 30 year old male who is a practising Clinical Psychologist. He considers himself as spiritual rather than subscribing to a formal religion and he is unmarried and has no children.
8. Debra* is a 36 year old female who is married and a mother of three. She is a current M1 student and describes herself as Catholic.
9. Isabelle* is a 30 year old practising Counselling Psychologist who regards herself as Christian. However, she does note that she reads extensively about other religious and spiritual practices and "can appreciate the principles and practices associated with other religious groups."

4.3 The instruments used

Camic, Rhodes and Yardley (2003) argued that semi-structured interviews are an important aspect of any form of qualitative research and Banister, Burman, Parker, Taylor and Tindall (2002) stated that interviews allow for the collection and exploration of data relating to subjective experiences and meanings. The authors further argued that "semi- structured interviewing [is] a more open and flexible research tool [and it can therefore] document perspectives not usually represented" (p. 51). Based on the subjective nature of the study and the focus on individual experience of religious and spiritual phenomena in relation to coping with the demands of the Clinical and Counselling Psychology Masters course, a semi-structured interview with three open-ended questions was deemed appropriate. The questions and possible probes were identified as follows:

1. Overall experience of the M1 course - the possible probes included aspects of the course that created concern and those which had positive implications for development and learning
2. Personal experiences of spirituality/religiosity - probes related to the importance of spirituality / religiousness, descriptions of beliefs and practices, and personal views of spirituality and religiosity
3. The perceptions of the role of spirituality / religiousness in handling the training programme - probes related to issues of support and meaning, as well as the opportunity to explore any positive and negatives perceptions

4.4 The procedure

Ethical clearance was obtained from the School of Applied Human Sciences, University of KwaZulu-Natal (please see Appendix B). A complete mailing list of past and present

students from the 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012 and 2013 Clinical and Counselling Psychology Masters course was obtained from the programme coordinator at the University of KwaZulu-Natal and a formal request for assistance was disseminated to these students. The respondents were initially screened via email to determine who considered themselves to be spiritual or religious and those identified participants underwent a semi-structured interview.

The participants in the first phase consisted of six current and past students from the 2011 and 2012 classes of the Masters in Clinical and Counselling Psychology course at the University of KwaZulu-Natal (UKZN), Howard College Campus. Upon agreeing to participate in the study and at the start of the interview process, each respondent was given a copy of the informed consent and presented with an opportunity to ask any questions or to withdraw from the study. Unfortunately the semi-structured interviews did not produce the detailed data that was expected. A decision was taken to include an electronic survey as an additional instrument and to extend the sample to include previous students from 2005 to 2009. The survey included the same questions as were outlined in the original interview schedule.

4.5. The data analysis

The interviews were transcribed by the researcher from MP3 format to MS Word documents. The survey documents were returned via email and printed. With regards to this study and in accordance with Auerbach and Silverstein's approach (2003), the data was analysed as follows: the transcripts and survey responses were examined and common threads were identified. These are defined as repeating ideas or emerging themes and these were then collated and organised into theoretical constructs. The process of reviewing theoretical

constructs involves examining the highlighted ideas within the transcripts and then defining the constructs, in essence creating a theoretical narrative.

4.5.1. Repeating ideas and emerging themes. The transcription of the recorded interviews provided a unique opportunity for the researcher to become familiar with the data and this process delineated emerging themes related to the support provided by religion or spirituality and the concept of spirituality and / or religion as being a means to an end or as the end itself. The semantic content of the emerging themes was then used to generate initial codes, which are listed below.

4.5.2. Description of repeating ideas.

1. The Masters Course was stressful because of the workload, time commitments, deadlines, balancing of training and personal commitments
2. The stress of Masters was ameliorated by religious and spiritual coping methods, such as prayer, belief in an omnipotent being and fatalism
3. The Masters Course provided the opportunity to grow, learn and develop as a person
4. The difficulty in reconciling religious or spiritual aspects of self with the practice of psychology / personal identity

4.5.3. Theoretical constructs. The identified repeating ideas were then used to collate the data and organise it according to significant themes by virtue of the responses obtained. According to Auerbach and Silverstein (2003), this stage of analysis is important because it creates the opportunity to examine the relationships between the data as it is organised by the emerging ideas and themes, following which the researcher is able to move closer to the central

"research concerns" (p. 39). This phase of analysis ended with the collation of the various ideas and the extracted examples of those ideas from the data. The following theoretical constructs were identified, in order of subject response:

1. The overall impression of the Clinical and Counselling Psychology Masters course as stressful
2. The use of religious and spiritual coping methods to combat the stress of training in the Clinical and Counselling Psychology Masters course
3. The opportunities provided in the course for positive growth experiences
4. The existence of religious and spiritual conflicts, either on a personal level or with regards to the incorporation of religion and spirituality into psychotherapy

4.5.4 .Theoretical narratives. The researcher then undertook a process of refinement by reviewing the theoretical constructs to determine if they should be carried forward for further analysis by judging their coherence and viability. The process of reviewing theoretical constructs involves examining the highlighted ideas within the transcripts to verify that they are representative of the various repeating ideas and theoretical constructs and then applying the same critical eye to the entire set of data. Once the content has been verified, the constructs were defined and named, in essence creating a theoretical narrative. This stage of analysis therefore included the identification of the central story of each theme and the overarching story of the entire data set. The data extract examples and the identified theoretical constructs were then used to inform the results as reported in the following chapter.

The final theoretical narratives are as follows:

1. Although the respondents experienced the Clinical and Counselling Psychology Masters programme as stressful, they found that it also provided an opportunity for positive growth.

2. The respondents described various religious and spiritual coping methods as a means of ameliorating stress. However religious and spiritual conflicts were also reported.

4.6. Conclusion

This chapter provided an overview of the basis of the study in Grounded Theory, together with a description of the data collection and coding processes. The results of the above analysis will be discussed in the following chapter and will include verbatim examples from the respondents' transcripts to illustrate the identified themes.

"Spirituality is at the heart of all the choices we make in life"

Aponte

5. Results and Discussion

As noted in Chapter 1, the influence of spirituality and religiousness can be seen as a relatively neglected phenomenon within the South Africa psychological field, in that scant research has been conducted on its role in a local context. In particular, and of pertinence to this study, is the fact that the role of spirituality / religiousness in coping with the demands experienced by Clinical and Counselling Psychology Masters students has not been adequately assessed within a South African context. The aim of this study was to therefore to examine the role of spirituality and religion in coping with the demands of a professional training programme. The focus was on the subjective spiritual and religious experiences of Clinical and Counselling Psychology Masters students at the University of KwaZulu-Natal (UKZN), Howard College Campus.

The following discussion will include a presentation of the findings of the thematic analysis, the process of which was outlined in Chapter 4 of this dissertation in relation to the theoretical framework and existing empirical evidence as outlined in Chapters 2 and 3. The main findings of this study are that the Clinical and Counselling Psychology Masters course is perceived by this sample of students to be stressful and that religious and spiritual coping mechanisms are used to alleviate that stress.

5.1. The results of the theoretical coding process

Four theoretical constructs were initially identified during the coding process. These four constructs were collapsed into the following narratives, as follows:

1. The overall impression of the Clinical and Counselling Psychology Masters course as stressful

2. The use of religious and spiritual coping methods to combat the stress of training in the Clinical and Counselling Psychology Masters course
3. The opportunities provided in the course for positive growth experiences
4. The existence of religious and spiritual conflicts, either on a personal level or with regards to the incorporation of religion and spirituality into psychotherapy

5.1.1. Narrative 1: Masters as a stressful course. All of the respondents reported that their experience of the Clinical and Counselling Psychology Masters course was stressful and challenging. The example excerpts of this narrative are:

This has been one of the most stressful times I have experienced the experience was intensive and extremely stressful, with many ups and downs (Miriam)

I found it very stressful, you don't know what is expected of you and you have high expectations of yourself (Joanne)

Intense, meaning a lot of academic work to be done, a lot of information to be processed, much introspection (Debra)

Mostly draining, stressful it has been difficult (Mbali)

It has been stressful it comes and goes in different phases. You get to be anxious about stuff and then it changes and you start reaching an equilibrium and then it changes again and it gets hectic-it goes up and down (Vusi)

The majority of respondents perceived the work load and time commitments as most stressful, as evident by statements such as:

The work load is stressful, getting in all the hours, managing everything with your family, assignments and due dates it's like a whirlwind, you just do it and then you get to the end (Miriam)

It is just that it challenged my time management skills and my administration skills it's more getting the work done, that part has been stressful (Sbu)

I found the M1 year very busy and jam-packed I remember feeling like I was missing out on daylight hours (Isabelle)

It has been difficult especially in the first semester - I was not coping at all and now it is not better but we have had some time (Mbali)

It was more than I expected, a lot more work I work every single day and there are no breaks (Joanne)

Most of the respondents additionally identified the process of balancing family and training commitments as stressful. Examples are:

It was a full year, a very busy year. There were times when we were under a lot of pressure, when we had a lot of deadlines. Times that were frustrating in terms of the content, in terms of other class members, in terms of staff, just different pressures, the different aspects of being a student, seeing patients, meeting with supervisors, balancing family I am a mother and some of the other students did not understand that I couldn't just go home and do work, I had to see to my family first (Esther)

I found the only difficulty was an initial adjustment to balancing time for external activities, personal obligations and commitments (Kevin)

I had a moment, about four weeks into the course, where I wondered if I had taken on too much (Isabelle)

The first theme of Clinical and Counselling Masters as stressful supports Kauser's (2010) research that tertiary education is perceived by students as stressful, demanding and emotionally distressing. In addition, other studies such as those by Calicchia and Graham (2006); Maton (1989); and Reid and Baker (2008) have shown that tertiary students experience significant levels of distress, specifically in areas related to high academic work loads and time

management issues. International studies of students in various helping professions, such as those conducted by Mamo et al (2012); Behere et al (2011) and Jovic et al (2012) found that common causes of distress include academic expectations, limited time for activities outside of their training, deadlines and high workload. These results are corroborated by the respondents in this study, who cited a number of reasons for their experience of the M1 year as stressful, which included a high workload, challenges with time management, work-life balance issues, self-questioning and the expectations of performing as a novice therapist.

A review of the research into the training of other health professionals indicates that the rigours of training are often negatively perceived by respondents. Luo and Wang's (2009) study of 280 student nurses in China found that 50% of the respondents reported experiencing depressive symptoms, as determined by their responses on the measures used in the study (College Senior Stress Scale and the SCL-90 Symptom Checklist). The areas that were considered to be stressful by the respondents included the daily life concerns, personal pressures and examinations, items which are also considered stressful by the sample in this study. Gibbons, et al's (2009) study focused on academic stressors, such as heavy workload, long hours of study and a lack of free time. This corresponds to the issues raised by the sample in this present study. A further example is Yusoff et al's (2011) review of 800 first year medical students, which showed that half of the sample reported high levels of anxiety and depression with regards to academics. The study highlighted the following as stressors: large amount of content to be absorbed, lack of time and heavy workload, which are some of the same distressing issues mentioned by the sample in this present study.

With regards to the M1 year in particular, the findings of this study that this year of training is stressful is supported by the study conducted by Cushway in 1992, which found that 59% of the trainee psychology students in the sample reported feelings of depression or anxiety. Cushway (1992) found that issues such as supervision difficulties, academic workload,

uncertainty and self-doubt, time constraints and changing placements were considered by the trainees as stressful. Pakenham and Stafford-Brown's (2012) review of current research showed that clinical psychology trainees are vulnerable to stress, which in turn impacts on their personal and professional effectiveness. The authors regarded time constraints, research obligations, professional self-doubt, and constant academic evaluation and role transitions as stressful.

Kuyken et al's (1998) exploration of cognition, coping and social support in the adaptation in clinical psychologists in training found that significant numbers of mental health professionals experience significant mental health problems. In a review of literature, the authors found that British trainee psychologists generally reported high levels of psychological distress and the distress increased as training progressed. Sources of distress include heavy academic workloads in addition to clinical work, difficulties in supervision, financial and interpersonal strain and 'crises of confidence' from continual evaluation. While the above research indicates that the rigours of training cause psychological distress, the sample in the present study also tended to focus on the challenges of training as opportunities for personal and professional growth, as discussed later.

5.1.2. Narrative 2: Religious and spiritual coping. This narrative generated the highest initial codes and the majority of the respondents reported using religious and spiritual coping methods, not only in coping with the stressors and demands associated with the Clinical and Counselling Psychology Masters course, but in the context of their everyday lives. This includes coping with distressing 'daily hassles', as suggested by Bouteyre et al (2007). This concurs with Pargament's (2007) assertion that spiritual and religious coping is not only used in times of great crisis and that individuals will turn to religion and spirituality to deal with the challenges of life and will use them as an integral part of daily living.

As noted by Chai (2009); and McGarrigle and Walsh (2011), religious and spiritual coping methods assist with multiple demands of busy and demanding daily stressors and assist the individual in balancing the various facets of their lives. In addition, as mentioned by Hackney and Sanders (2003); and Larson and Larson , spirituality and religiosity also ameliorate psychological disorders such as depression and anxiety. Paloutzian and Park (2005) further maintained that spirituality and religion can provide the coping mechanisms needed to deal with emotionally distressing situations and that these coping methods can enhance mental resilience adjustment and well-being (Van Dyk et al, 2009). Hsiao et al (2010) quoted Calicchia and Herman when they said that university students who considered themselves to be spiritual or religious reported less stress and better adaptivity than those who regarded themselves as not being spiritual or religious. B. Lee's 2007 study further showed that being religious or spiritual was related to lower levels of distress, as did the study by Graham et al (2001) study.

For some of the respondents, their religion or spirituality was a framework by which they lived their lives, as is evidenced by the following statements by respondents:

[Christianity] is important it influences how I live my whole life, work, family (Esther)

I speak to Him about everything like even my research. I have been battling with my sample and have been praying for His help, that He will provide. I ask Him about everything, to give me strength, to act with wisdom, guide me every day of my life. We are human, so you ask Him to help you show a kind spirit in all aspects of your life (Joanne)

[My] spirituality is extremely influential in coping with life experiences. It provides for me comfort, surrendering of my problems and the strength to move forward relinquishing that power provides internal power for me (Miriam)

A number of respondents provided examples of specific incidents where they felt that their spirituality and / or religiosity had played a role in specifically handling the demands of

the M1 course. These included using faith to reduce anxiety about examinations and assignments. The underlined sections in the following excerpts represent the author's own emphasis.

*[Making the] most of any situation by focusing on the positive and believing that the good or bad that I experience there is always a greater plan beyond what I can see
(Debra)*

If I was 'meant to a psychologist', I would be fine and that really seemed to help the stress levels in terms of the assessments I constantly reflected on the course as being part of a process and journey in life (Kevin)

*I believe that God will always be my strength and assist me when in need. This gives me hope [And] my anxiety about passing my exams or assignments is reduced
(Miriam)*

*[Religion and spirituality] did help me cope last year [referring to the M1 course] In a combined way with being Christian and I can be quite philosophical. For example, when things go wrong, [I think] everything happens for a reason and I am going to get through this and it will be okay. But I also pray to say I am not coping, please help me
(Esther)*

For one respondent, religious and spiritual coping was perceived more ambiguously.

This respondent commented that:

I would say that my sense of religion has impacted on the course I would say to a certain extent but it is not a link I can make directly. It helps to do something else instead of focusing on the course for the entire week it is a pillar that you can go back to so even if you are not praying five times a day, you know that you have something stable in your life and so that helps it is supportive (Vusi)

Most of the respondents felt that their sense of religiousness or spirituality had been a source of support during the process of training in the M1 year. Excerpt examples to demonstrate this are:

My sense of spirituality and the fact that I am religious has helped me cope with the M1 course, a lot, a lot. I think it has helped me conceptualise how I see myself, being here and being able to achieve at the Masters level and getting here. It is God's plan that I am here. When I feel challenges, I know in my heart that it is an avenue that was opened by God to allow me to be here. He is giving me the strength to actually continue. I am being appointed to be here (Sbu)

I found that [religion] really helped. [It] plays a big role in my marriage and it definitely does help [in coping with Masters]. Because of His will, I will be able to cope and I will be able to do it. And I pray every day and ask Him to help with stuff, to give me the strength that I need - I do think it helps me (Joanne)

As can be seen from the above excerpts, many study respondents adopted an 'active surrender' method of coping. In an extensive review of existing empirical evidence, Koenig and Larson (2001) reviewed 79 studies which showed that spiritual and religious beliefs and coping methods provide a sense of control when faced with uncertainty. One positive coping method which was highlighted by the majority of respondents was that of positive reinterpretation, where religiousness and spirituality enabled the respondents to re-frame stressful encounters by surrendering the source of the distress into the hands of the divine. For study respondents, this takes the form of prayer or an active and pervasive belief that times of suffering provide opportunities for growth (Bonet, 2009).

The above excerpts also echo Krok's (2008) assertion that religion and spirituality provides believers with a fatalistic sense that they will achieve their goals and reach their destination. This statement is supported by his citations of a number of studies which suggested

that spiritual and religious coping methods provide comfort and succour through the perceived control over cognitive and emotional content which could be overwhelming and distressing. Wong-MacDonald and Gorsuch's (2000) asserted that surrendering is not a passive expectation for God to resolve problems but rather an active process of "relinquishing their personal will to God's rule, a self-transcending strategy." Nelson (2009, p. 324) referred to this as the "surrender to God coping style" and Kirkpatrick (2005, p. 153) viewed it as "the placing of one's problems in God's hands." Tarakeshwar et al (2005, p. 183) referred to "active surrender", a coping method which involves surrendering the outcome of uncontrollable events to a higher power. Pargament (2007, p. 323) argued that surrender is "the process of letting go"; the releasing of those items that are not under personal control so as to focus on those items which can be influenced.

Johansen (2010) cited the use of religious imagery, scripture readings and prayer as providing comfort and support in times of anxiety. Nelson (2009) saw religious attendance, devotional reading and prayer as providing comfort and a source of strength. Of interest is his assertion that positive religious beliefs that encourage an optimistic and hopeful worldview provide existential comfort. Folkman and Moskowitz (2004) maintained that the religious and spiritual coping methods provide comfort because they reduce apprehension by creating a sense of connection with something greater and more powerful than the self. As noted by one respondent:

[When I feel] overwhelmed or stressed, I like to pray and meditate it's also a great sense of not being alone during these difficult times. Sometimes signs play a big role for me. Often when I am stressed and I've prayed - I notice little things a butterfly or a song on the radio - and I often get a warm feeling inside as if that's God saying 'don't worry, you're ok - I've got this. That's always incredibly stress-relieving. It's all about combating fear I guess. Isn't that what stress is? Fear? (Isabelle)

Paloutzian and Park (2005) noted that comfort is also provided by the concept of salvation and afterlife which is centred on justice, as well as the belief that God is omnipotent and benevolent, thereby ensuring that present suffering will make way for coming happiness. In addition, the authors argued that those who use spiritual and religious coping methods to find comfort do so because their inherent belief is that "what they are undergoing is not meaningless, but rather has some good purpose" (p. 425). The authors additionally stated that redefining a stressful situation through a religious or spiritual framework and attributing the stressor to a divine or supernatural other can be considered forms of positive coping strategies (Paloutzian and Park, 2005).

The above correlates with Lazarus' (1983) advocating the importance of the subjective meaning that an individual ascribes to the stressful situation, which is informed by their religious or spiritual beliefs - the respondents in this study experienced lower levels of distress because the higher power they believed in would not give them challenges that they could not overcome. Paschali and George (2010), Zuckerman et al (1984) and Tate et al (2002) supported this view when they argued that spiritual and religious coping methods provide comfort through a sense of connection to something which is greater and more powerful than the current distressing situation. The M1 students who utilised religious and spiritual coping methods did so based on their belief of increased spiritual support and divine benevolence, in that they would not be faced with challenges that they could not surmount.

For some respondents, their sense of religiousness and spirituality additionally influences their work with their clients or patients. It would appear that an individual's sense of religion or spirituality can assist in the creation and ascription of meaning, as noted in Chapter 2. For example:

[Religion] has a strong presence in the work that I do I obviously don't put my personal views onto clients but I have found that most clients have something like that

that they rely on during difficult times they use it as a coping mechanism so I do feel it has a bearing. I don't think it is something that I could or would keep totally separate (Esther)

There's everything you know from what you've studied and been taught - that guides how you work with people, and then there's these nagging gut feelings - intuition, God whatever you would like to call it that sometimes tell you something completely different I found when I follow those, the results have always been positive. Faith... great stuff!

All of the respondents in this study stated that their sense of religion and spiritual had helped them to cope with the demands of the Clinical and Counselling Psychology Masters course. This resonates with Pargament's (2007) assertion that people will turn to religion and spirituality during the course of their everyday lives in order to cope with challenges and stress, such as those encountered during the M1 course and as noted in Chapter 2. This is additionally supported by the existing body of empirical literature, as noted in Chapter 3, which argues that religious and spiritual practices are beneficial in the preservation of mental health.

While the majority of studies have focused on the use of religious and spiritual coping methods in situations of extreme stress (Bjorck & Thurman, 2007; Bonet, 2009; Kirby et al 2004; Dalmida 2006; Debman et al, 2012; Nelson, 2009; Pargament, 2007; Ringdal, 1996; Roberts et al, 1997; and Tarakeshwar et al, 2005), there are studies which have examined the correlation between adaptive handling of stress and spirituality - these include Maton (1989); Wright et al (1985); and Larson et al (1997). Further, Nelson (2009) noted that, "in general, religion appears to convey health benefits by providing a buffering and protective effect against adversity" (2009, p. 315).

5.1.3. Sub-narrative 1: positive growth experience. As noted in Chapter 2, Pargament (2007) stated that religion and spirituality are used to make sense of the challenges of life and to provide support and guidance. This sentiment is echoed by Paloutzian and Park (2005), who argued that religiosity or spirituality can assist an individual in viewing a distressing event in a more positive and adaptive manner. In addition, the above sentiments concur with Batson et al's (1991, p. 417) concept of 'quest motivation', where religion and spirituality are embodied in a search for the truth, generating growth and ascribing meaning in adversity.

All of the respondents reported that despite the challenges and stressors, the Clinical and Counselling Psychology Masters course was a positive growth experience overall. The reasons cited were varied and included increased understanding of the behaviour of others.

For example:

You can understand people a little better and you can understand their experiences better. I would say that my attitude and understanding has changed (Joanne)

[I feel] blessed and privileged to be in the course (Debra)

All I did was live, eat, and breathe psychology. That makes it sound quite negative but in fact I loved the experience [It] was daunting but great too (Isabelle)

For some respondents, the Clinical and Counselling Psychology Masters course provided an opportunity for personal growth. Pargament (1997) referred to 'stress-related growth', where situations which cause emotional distress can lead to the development and utilisation of new resources. It can therefore be argued that for this sample the experience of the Masters course as stressful can be seen as precipitating personal growth by virtue of the fact that it creates the opportunity for the development of new methods of intra-psychic coping. This is illustrated by the following respondent statements:

I don't think I have become a better person but I think that I have learnt a new way of thinking about myself like when you do things and when you communicate, you can think about your behaviour and think about it. [And] making it through to the other side was very exciting the year encouraged a lot of personal and professional growth (Miriam)

It was a really positive year I feel that working through the coursework and with the patients, you learn a lot about yourself. Definitely a positive one, a positive year (Esther)

It has made me question why I am here why I am doing this course in particular. It has made me question things about myself, my background. I think that this course is designed to make you question yourself, to start thinking about why you do things (Sbu)

A number of respondents viewed their acceptance and completion of the M1 course as being divinely influenced. Examples of excerpts include the following comments:

First of all, it is only because of the grace of God that I am here, what happened, I believe, is divine intervention (Joanne)

I felt that I would end up where I was meant to - where God felt I was meant to be. I went along with the process, with the faith that it would work out as it should I am amazed at how many things in my past seem to have prepared me for being in M1 and again seemingly random things that have made all of this possible. My faith is a sense of knowing that God knows what's best for me (Debra)

[I] first and foremost place my entire faith in God and believe that what he destined for me, so it will be (Miriam)

Two respondents commented on the process of achievement within the Masters course and how this could be seen as a form of religious and spiritual coping as it is motivating and inspiring.

It's about grace you don't need to do things that qualify you for grace, you receive grace. And when you receive grace, you have the power to naturally follow the way of the Lord. It is more about God giving you the grace and answering your prayers (Sbu)

I don't see myself as separate from my spirituality; it is a part of me. Even getting into the Masters programme is part of worship. My achievements are part of my worship because I am striving to be all that I can be. Actually making it in life, by assisting someone in life, I am actually living the life I don't have to go to church to be in church (Sbu)

Two further notable response sets emerged in this sub-narrative. One was the enjoyment of the course based on the respondent's interest:

I enjoyed engaging in something that I find interesting, intellectualising, talking about it. (Miriam)

I feel like I am learning a lot. I feel that I am gaining experience it is definitely worth it (Joanne)

I thought it to be quite indulgent academically and intellectually indulgent (Isabelle)

It can therefore be inferred that while the course was stressful and demanding, it was also emotionally rewarding and enjoyable, especially when seen in the context of the effort and perseverance that it had taken to be accepted into the course. The second notable response set was the use of the course as a means to an end. Religion and spirituality can be seen as a resource, something that can be utilised not only in times of crisis (Pargament, 2007).

Therefore, it can be argued that some people will turn to their sense of and belief in the divine for many different reasons. This point is illustrated in the following response:

I want to do more than just therapy my being here I want to use my qualification to navigate my way to what I want to do. Who is this person, why should we listen to him? Oh, he is a qualified psychologist. Okay, let's listen to him, read his books." For this respondent, the M1 course and his spirituality / religiosity are a means to an end, in that they are stepping stones towards his eventual success as a motivational speaker and writer (Sbu)

This narrative can be linked to the meaning focused strategies detailed in chapters 2 and 3. It particularly resonates with the meaning generating models espoused by Johansen (2010); Folkman and Moskowitz (2004); and Pargament (2007).

5.1.4. Sub-narrative 2: Religious and spiritual conflicts. As noted in Chapter 2, the subjective meaning or interpretation of stressful events is not always positive. Negative interpretations of events focus on punishment and do not provide succour and comfort but instead create additional distress (Sullivan, 2009). In Nelson's 2009 review of related studies, it was found that negative religious and spiritual coping methods, including punitive interpretations of events, is linked to increased risk of physical illness, increased emotional distress and impaired adjustment.

A quarter of the respondents reported experiencing religious and spiritual conflicts, although these did not appear to be causing them any significant distress. After comparison with the religious and spiritual conflicts as stated in Chapter 2, it became apparent that the conflicts reported by the respondents were not linked to negative religious and spiritual coping but rather to the perceptions and expectations of others in their lives. For example:

I am intellectual about it, not that spiritual the tradition is the Nguni way of living My family is traditional but they also go to church I don't think I am as faith in-tuned as most people would be (Vusi)

People have a particular perception of what I should and should not do like some people don't like born again Christians because they are judgmental but that isn't who I am (Sbu)

I think that any religion, it has to be a choice and it should not be forced on you (Miriam)

From the above, it can be suggested that the preconceptions of others about one's religious or spiritual orientation appear to cause discomfort for some of the respondents, but not to the degree where it leads to a crisis of faith or spiritual values.

5.2. Conclusion

The main narratives generated by this study and which have been highlighted in this chapter are the demands of the training and the use of religious and spiritual coping methods as a means of ameliorating the stress caused by these demands. The specific religious and spiritual coping methods cited by respondents included comfort obtained from the act of surrendering to an omnipotent and benevolent being and observations such as prayer, devotional readings and religious attendance which created a sense of belonging and strength. While the experience of training in the M1 year was uniformly described as challenging and demanding, it was additionally described by a number of respondents as being a period of significant personal growth. The following chapter will include a discussion on the importance of this study, identified limitations, recommendations for further research and the researcher's personal reflections on the dissertation process.

"Religion is most importantly about providing people with connectedness and identity"

Emile Durkheim

6. Recommendations, Limitations and Conclusions

As can be seen from the preceding chapters, spirituality and religiosity play an important role in many people's lives. In addition, and as evidenced by studies such as those conducted by Bouteyre et al (2007); Kuyken et al (1998); and Pargament (2007), spirituality and religiosity can be seen as ameliorating stress in both life-threatening and mundane circumstances, in addition to providing comfort and resilience in postgraduate students. This study was undertaken to ascertain the both the current use and future potential of spirituality and religiosity within the Clinical and Counselling Psychology Masters training programme at a South African tertiary institution.

A qualitative approach was used to garner individual and subjective information of Masters students' view of both the demands of the training course and their use of spiritual and religious coping methods in this regard. The results showed that those Masters students who considered themselves to be either spiritual, religious or both, used spiritual and religious coping methods to ameliorate the demands of the training course, leading to a reduction of the subjective levels of stress and distress. These results can be used to infer that spirituality and religiosity should be encouraged as a coping method in trainee psychologists and that increased emphasis should be placed on these concepts in training programmes and practice going forward.

The following is a discussion of the importance of this study and identified limitations. This will lead into proposed recommendations for future research and the researcher's personal reflections on the dissertation process. The chapter will conclude with a summary of the main finding of the research.

6.1 The importance of the study

As discussed in Chapter 1, religion and spirituality has not been subjected to rigorous study, especially in the field of psychology in South Africa, despite evidence that shows that it is a significant aspect of many peoples' lives. According to Pargament (2007), the world is becoming increasingly religiously diverse and pluralist in orientation. The 'rainbow nation' of South Africa presents a unique set of challenges in the study of spirituality and religion, due to the plethora of religious and spiritual practices that flourish in the multicultural and cosmopolitan society of this country. According to the 2001 population census (Statistics South Africa), most South Africans claim affiliation to some form of religious persuasion. This was unable to be confirmed or updated in the 2011 population census as religious and spiritual persuasions were deemed to be of low priority.

Despite the above, the influence of spirituality and religiousness can be seen as a relatively neglected phenomenon within the South Africa psychological field, in that scant research has been conducted in a local context of its role. In particular, and of pertinence to this study, is the fact that the role of spirituality / religiousness in coping with the demands experienced by Clinical and Counselling Psychology Masters students at the University of KwaZulu-Natal (UKZN), Howard College Campus, has not been adequately assessed within a South African context. The aim of this study was to therefore make a contribution to the understanding of the role of spirituality and religion in coping with the demands of a professional training programme.

6.2. Limitations of the study

The following limitations of the study have been identified:

6.21. Limited sample size. The sample used in this study is small and represents students from one university site. As such, it can be argued that the qualitative based findings generated in this study may not be suitable for extrapolation to the field of professional training at large, either within South Africa or the rest of the world. In addition, the sample was sourced from a tertiary institution which follows a Eurocentric model of training and as such, the study may not accurately represent the spiritual and religious coping methods that may be utilised by cultures which do not fall within this model.

6.2.2. Difficulty observing qualities under study. Spirituality and religion is an intensely personal subject - it is based on the inner experience of others and this is not directly observable. As noted by Brown (1973), religious responses, influences and motivations cannot be studied directly. The data gathered in this study was therefore dependent on three factors, as outlined in Fontana (2003):

1. The respondent's ability to observe their own mental processes accurately through introspection
2. The respondent's willingness to provide a truthful account of the introspection
3. The respondent's ability to put this information into language that is adequate for explanation

As such, it is important to note that the data has been filtered by the respondent's internal world view and may have been unduly influenced by the fact that English is a second language for some of the respondents.

6.2.3. Potential for bias. Due to the fact that the researcher was familiar with some of the respondents, there was the potential for bias creeping into the research findings. The researcher attempted to minimise biasing the research data by suspending her judgement and

experience to prevent distortions in the self-reporting or 'bracketing'. In addition, the researcher impressed upon the respondents the need for honest reflection from the respondents and attempted to illicit this by guaranteeing that judgement will be suspended.

6.2.4. Potential for retro-active recall. It could be argued that the study methodology incurs an additional problem of memory and retro-active recall where memories become exaggerated over time - this may be an issue with the Masters students from previous years. Retro-active interference occurs when memory is affected due to the learning of new tasks and the acquisition of new information, such as when M1 students undergo their intern and community service training, and then proceed into private practice or pursue other career options.

6.3. Recommendations

The findings of the present study suggest the following areas for future research:

6.3.1. Increased emphasis in training on counsellor well-being. As has been noted in the previous chapters, counsellor well-being is integral to the quality of the service / therapy that is offered to patients. As such, it is recommended that further emphasis on self-care techniques and strategies to improve well-being are incorporated into the training provided in the M1 course. In line with the findings of the present study, it is suggested that the use of spiritual and religious coping methods be accepted. In addition, the data concerning the perception of the Masters year as being challenging and demanding could be used to facilitate greater mutual understanding between programme facilitators, clinical supervisors and students. This will assist students to grasp the necessity of protecting their own psychological health.

6.3.2. Inclusion of spiritual and religious issues into training. It would appear from the data generated in this present study that the majority of respondents consider the religious and spiritual aspects of their lives play influence their roles as therapists and counsellors. An examination of course outlines of various colleges and universities in the United States and Europe shows that many institutions include spirituality and religion as part of their offerings. It therefore appears that there is a growing trend towards recognising that these personal orientations are of importance to the patients and clients that future psychologists will be treated and as such, they are an integral part of any post-graduate training course.

6.3.3. Extrapolation of the data using further qualitative research. It is therefore recommended that the results of this study are used to inform a hypothesis for a further qualitative study that will include a larger sample of Clinical and Counselling Psychology Masters students from various universities throughout South Africa. This type of study would then generate additional data which can then be used to further this field of study in a South African context.

6.4. Suggestions for further research

It is important to take into consideration that this study did not clarify what each respondent defined as being stressful and demanding within the context of the M1 course. It is conceivable that some of the respondents perceived certain situations as stressful, while others may not have viewed them in the same light. As such, it may be recommended to assess how future respondents assign meaning within their spiritual and / or religious point of view. Variables such as negative past religious and spiritual experiences, personality constructs and

attachment styles may all impact on the use of spiritual and religious coping methods in the context of dealing with the demands of the Clinical and Counselling Masters Course.

6.5. Personal reflections

The choice of research topic was initially influenced by the author's interest in spirituality and religion, which had evolved over a number of years to be one of both personal and scientific interest. Additional motivation was that the researcher had undertaken an introspective and existential examination of her own sense of spirituality prior to entering the M1 course and was curious as to whether other Masters students in the Clinical and Counselling Psychology courses used their sense of religiosity or spirituality as a means of coping with daily stresses and crises of existence.

However, it became apparent to this researcher over the course of the study that disillusionment with research material is a common issue faced by many researchers. Anecdotal evidence from peers and colleagues suggests that the subject matter is initially approached with enthusiasm and passion but this can wane as the study progresses and the inherent flaws and challenges become apparent. This researcher can concur with these opinions as the dissertation almost felt as though it had stalled after a year of work. While the subject matter was still of interest to the researcher, it had become challenging to approach the study with the same fervour and enthusiasm as was originally exhibited. It can be surmised that this disenchantment was due to the protracted nature of the dissertation process and the laborious and sometimes mind-numbing revisions and drafts that are inherent to completing a work of academic relevance.

The process of interviewing was also challenging, in that it was easy to become drawn into the narratives of the respondents. This led to the focus of the present study being diluted

and there were times when the data gathered was not in line with the hypothesis under examination. This necessitated the incorporation of more focused data gathering method which was then used in conjunction with the information gathered from the one-on-one sessions. The challenges experienced in the interviewing process highlighted how complicated such a process can be if the essence of the research question is not always carried in mind by the researcher.

The researcher has also noted that it was immensely challenging to complete this dissertation whilst in the midst of the internship year. Time management and personal commitments vied with normal working hours, extra training and academic pressures that are incumbent with this year of intense and formalised work experience. A concerted effort was often required to complete the outstanding sections and see this project through to fruition.

6.6. Conclusion

This chapter covers the importance of the study and the limitations which have been identified. In addition, recommendations for future research were also outlined. The chapter concluded with a brief reflection from the researcher on the process of completing the study and dissertation. In summary, this research suggest that students in the Clinical and Counselling Psychology Masters course use spirituality and religion to cope with the demands of this course. In general, it would appear that the use of such coping methods is both protective and supportive when faced with the mundane stressors associated with such a professional training programme.

"In spite of the knowledge that has been gained on the relationship between religion and mental illness, questions continue to outnumber answers. The field is now moving to a more nuanced understanding of religion, one which is cognisant of its double-sided capacity to support and strengthen people grappling with serious mental illness or exacerbate their pain and suffering"

Kenneth I. Pargament

7. References

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8 Appendices:

Appendix 1: Ethical Clearance



21 June 2012

Ms Kirsten B Clark (211529394)
School of Applied Human Sciences

Dear Ms Clark

Protocol reference number: HSS/0314/012M
Project title: The role of spirituality/religiosity in coping with the Clinical and Counseling Psychology Masters Programme

EXPEDITED APPROVAL

I wish to inform you that your application has been granted Full Approval through an expedited review process:

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number. PLEASE NOTE: Research data should be securely stored in the school/department for a period of 5 years.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

.....
Professor Steven Collings (Chair)
/ms

cc Supervisor: Cynthia Patel
cc Academic Leader: Professor JH Buitendach
cc School Admin: Ms Nondumiso Khanyile

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Funding Campuses: ■ Edgewood ■ Howard College ■ Medical School ■ Pietermaritzburg ■ Westville

Inspiring Greatness



Appendix 2: Informed Consent Form

I, _____, hereby agree to participate in the research project entitled: The Role of Spirituality / Religiosity in Coping With the Clinical and Counselling Psychology Masters Programme.

I understand that the researcher is a Masters student at the School of Psychology at the University of KwaZulu-Natal and that she is being supervised by Ms. Cynthia Patel. I understand that the aim of the study is to explore the role that spirituality plays in the experience of Clinical and Counselling Psychology Masters students. .

I am aware that I will be interviewed by the researcher regarding my experiences within the Masters course, as well as my concept and perceptions of spirituality and / or religiosity. This interview should take approximately 30 minutes to complete.

I have been assured by the researcher that my name and other identifying information will remain confidential. I understand that once the research has been finalised, the information will be securely stored and destroyed after an appropriate time has elapsed. I understand that I can withdraw from participating at any time for whatever reason. I have been given the opportunity to ask questions and the responses were satisfactory. I have been informed that participation in this study will in no way influence my training in the Psychology Masters course and / or my internship or community service.

I am aware that at if at any point I require more information regarding this study, I can contact Ms. Kirsten Clark (researcher) on 084 555 6597 or Ms. Cynthia Patel (supervisor) on 031 260 7619.

If you wish to obtain information on your rights as a participant, please contact Ms Phumelele Ximba, Research Office, UKZN, on 031 260 3587.

Signature of the participant

Date

Signature of the researcher

Date

Appendix 3: Interview schedule

Please note: the informed consent form needs to be completed prior to the start of the interview process. The details of this study are laid out in the consent form. Participants may withdraw their participation at any time, if they so wish. Probe questions will be determined by the input provided by the participant.

Demographic information:

1. Gender
2. Age
3. Occupation
4. Religious / spiritual persuasion

The interview will cover the individual's:

- Overall experience of the M1 course (Possible probes could relate to aspects of the course that are cause for concern or have positive implications for their development and learning)
- Their personal experiences of spirituality/religiosity (Probes could relate to the importance of spirituality / religiousness in their lives and their descriptions of beliefs and practices engaged in and the ways in which spirituality / religiousness are viewed)
- The perceptions of the role of spirituality / religiousness in handling the training programme (Probes could relate to issues of support, meaning, etc., while also listening for opportunities to explore any negative comments)

Appendix 4: Copy of electronic survey

**FACULTY OF HUMANITIES, DEVELOPMENT
AND SOCIAL SCIENCES**



Dear Sir / Madam,

RE: REQUEST FOR ASSISTANCE WITH A RESEARCH DISSERTATION

I am currently doing my second year of a Master's degree in Clinical Psychology at the University of KwaZulu-Natal and as part of my degree I am expected to present a research dissertation.

The study: My study is focused on the role of spirituality / religiosity in coping with the demands of the Clinical and Counselling Psychology Masters course and I would like to take this opportunity to request your participation, which would involve completing the attached survey. As a past or present Clinical / Counselling Psychology Masters student from the 2010 / 2011/ 2012 / 2013 course, you have been considered as a potential participant.

The purpose of the study: While there has been a great deal of research on the role that spirituality and religion play in coping with stress, there has been limited empirical work on the South African university post-graduate context. As our country and people's spiritual experiences are so diverse, this research would provide information that could be used to better understand the overall experiences of future Psychology Masters students.

Issues relating to participation: I would like to take this opportunity to assure you that your identity will remain confidential and that the research materials will be handled with the utmost sensitivity and discretion. If, at any time, you wish to withdraw from the study after agreeing to participate, you may do so.

Thank you in advance for your kind participation - your contribution will be adding to a valuable body of research. If you have any queries regarding the questionnaire or the study, please do not hesitate to contact me via email at kirstenbclark@gmail.com or on 084 555 6597.

I look forward to receiving your response. Yours sincerely,

Ms. Kirsten B. Clark

Intern Clinical Psychologist

University of KwaZulu-Natal

Email address: kirstenbclark@gmail.com

patelc@ukzn.ac.za

Contact: 084 555 6597

7619

Ms. Cynthia Patel

Lecturer and Supervisor

University of KwaZulu-Natal

Email address:

Contact: 031 260

Question 1: Do you consider yourself to be religious and / or spiritual? (Please circle the appropriate response)

Yes

No:

If yes, please continue with the rest of this survey. If no, please return this survey electronically to kirstenbclark@gmail.com and thank you for your participation.

Question 2: Demographic information:

1. Gender: Male Female
2. Age:
3. Occupation:
4. Religious / spiritual persuasion:

Question 3: Please describe your experience of the M1 course in the space allocated below.

Question 4: How would you describe the impact of your spiritual / religious practices and associated experiences on your life?

Question 5: What role, if any, does your spirituality / religiosity play in handling the stressors that you experience on a daily basis?

Question 6: What role, if any, does / did your spirituality / religiosity play in handling the demands of the M1 course? Please provide examples or describe incidents including as much detail as possible.

Please return this survey via email to kirstenbclark@gmail.com. Your kind assistance is appreciated.