

Spirituality in Psychotherapy: The Psychologist's Experience

Susan Elizabeth Haycock

Student Number: 212552415

Submitted in partial fulfilment of the requirements for the degree of Master of Social
Science (Clinical Psychology) in the School of Applied Human Sciences

College of Humanities

April 2014

The University of KwaZulu-Natal

Pietermaritzburg, KwaZulu-Natal

Supervisor: Professor Graham C. Lindegger

DECLARATION

This dissertation is submitted in partial fulfilment of the requirements for the degree of Master of Social Science (Clinical Psychology), in the Graduate Programme in the School of Psychology, University of KwaZulu-Natal, Pietermaritzburg, South Africa.

I, Susan Elizabeth Haycock, declare that

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Susan Elizabeth Haycock

April 2014

Professor G. C. Lindegger

ACKNOWLEDGMENTS

I would like to express my gratitude to the following people for their support, encouragement and assistance throughout my dissertation.

I would like to acknowledge the patient guidance that Professor Graham Lindegger, my research supervisor, has given me over the duration of my dissertation. I truly appreciate your commitment to my work which has motivated me to meet the challenges that it has provided both academically and personally.

To my husband, Nigel, who has shown me unwavering and unconditional support throughout my academic career, I thank you for allowing me to pursue my dreams and helping me to achieve all that I have. I also thank my family for their love, support and encouragement throughout my academic endeavours.

ABSTRACT

Aim: This study aimed to explore how psychologists experience and respond to clients introducing spirituality in therapy. It also aimed to explore when and how the psychologist recognises their own limits of competence in the areas pertaining to the client's spirituality, and how they manage this.

Methodology: Qualitative research methods were utilised to carry out this study which attempts to "describe and interpret" participants' feelings and lived experience in "human terms" (Terre Blanche, Kelly & Durrheim, 2006, p. 272). A thematic analysis was used to analyse the data collected. This approach aims to discover, interpret and analyse themes emerging from the text to provide a rich description of the data (Terre Blanche et al., 2006). Six psychologists participated in this study and were interviewed using semi-structured interviews.

Findings: The overarching findings of this study are that the psychologists' values, biases, judgements and/or acceptance of their clients' spirituality and their view of its place in therapy are informed by their personal values and spirituality. It highlights the need for psychologists to be aware of how their own spiritual beliefs and their personal experiences of other spiritualities affect their response to clients in therapy.

The findings also suggest that psychologists seldom consider their competence in dealing with spirituality in psychotherapy which means that they open themselves up to working outside of their scope of practice and in violation of ethical practice.

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CHAPTER ONE

INTRODUCTION

1.1 Guiding purpose

This thesis addresses the phenomenon of clients' spirituality in psychotherapy as experienced by the psychologist. The focus of this study was guided by my personal interest and appreciation of the importance of spirituality in people's lives. As a beginning therapist I wanted to understand how a client's spirituality is experienced in the therapeutic process and how it is managed by psychologists. My belief in the inherent nature of spirituality to all human beings, with its deeply personal and value laden content, led me to wonder how a psychologist is able to separate their personal values and spiritual beliefs from those of the client in therapy, and if in fact this is possible.

1.2 Aims and rationale for this study

This study specifically explores the phenomenon of a client's spirituality in therapy and the introduction of the client's explicit spiritual frame of reference as experienced by the psychologist. It addresses the question of how a psychologist experiences the effect on therapy of clients using an explicit spiritual frame of reference in therapy, and how they deal with this phenomenon. It also explores when and how the psychologist recognises their own limits of competence in the areas pertaining to the client's spirituality, and how they deal with this.

In order to accomplish this, this study was guided by the following research questions:

1. What is the psychologist's experience of clients introducing a spiritual frame of reference in therapy?
2. How do psychologists respond to clients' expectations that they assist them with issues of spirituality?

3. How do psychologists deal with incongruence or conflict between the spirituality of clients and their own spirituality?
4. When and how do psychologists deal with issues of spirituality outside of their scope of practice?

Much research has been dedicated to understanding the importance of spirituality in peoples' growth process, but very little has been done to examine psychologists' responses to clients explicitly introducing spirituality into therapy. This research therefore aims to address this gap in research knowledge which seems to exist between the theoretical understanding of spirituality and psychology and, in particular, the actual experiences of psychologists when a client's spirituality is presented in therapy as an issue to be addressed.

It was anticipated that findings regarding how psychologists experience their client's spirituality may help them to respond to spirituality in therapy more appropriately and in ways that will be beneficial to their client's growth process.

1.3 Research methodology

The study used a qualitative approach to explore the above questions in an attempt to understand the participant's personal experiences, perceptions and responses.

1.4 Synopsis of chapters

A brief synopsis of the chapters in this dissertation follows:

Chapter two reviews literature to orientate the reader to the prominent theorists' views on spirituality and its understanding through psychological theory. This includes theoretical views favoured by psychoanalysts (which include Freud and Jung), followers of humanistic theory, transpersonal theory and existential ideas. In addition, literature is explored that directly relates to the possible experiences of spirituality in psychotherapy which includes a look at the consequences of incorporating spirituality in therapy, spirituality as part of the growth process, the effect it has on the therapeutic relationship and the influence of the psychologist's spiritual values on the way they respond to a

client's spirituality in therapy. Consideration is also given to the interface of culture and spirituality with a focus on Afrocentric spirituality as relevant to a South African context.

Chapter three discusses the aims and rationale for the study. The qualitative nature of the methodology used to carry out this research and the analysis of data emerging from participants' interviews is explained. In addition, the guidelines used in the thematic analysis are outlined and attention is given to ethical considerations during this study.

Chapter four sets out the findings and discussion of this study. This chapter directly addresses the research questions as outlined in chapter three and is related to the literature cited.

Chapter five covers the conclusion on the findings in chapter 4. It also provides an outline of limitations of this study and recommendations for future research.

CHAPTER 2

LITERATURE REVIEW

2.1 Defining spirituality

Spirituality can be defined as a personal quest for understanding and finding meaning and purpose in one's life, "a search for wholeness" (Hage, 2006, p. 303). It is described as the "transcendental relationship between the person and a higher being" going beyond a specific religious affiliation (Bhugra & Osborne, 2004, p. 5). From the Latin word *spiritus*, spirituality means "breath, courage, vigour or life" (Ingersoll, 1994, as cited in Knox, Catlin, Casper & Schlosser, 2005, p.1).

For the purposes of this study I broadly define spirituality as being an individual's "quest for understanding themselves in relationship to their view of ultimate reality, and to live in accordance with that understanding". This consists of a "relationship to the broader reality ..." their "role in this reality, and how they align themselves, including their behaviour, to be consistent with that reality" (Gorsuch, 2007, p. 8).

2.1.1 Spirituality versus religion

The common criterion outlined by Hill, Pargament, Hood, McCullough, Swyers, Larson and Zinnbauer (2000, p. 66) that describe spirituality and religion are that they both result in "the feelings, thoughts, experiences, and behaviours that arise from a search for the sacred". Although the two concepts have a sense of the sacred, they can be differentiated by religions inclusion of a search for non-sacred goals which include a search for belonging, identity, validation and support from a defined group of religious followers (Hill et al., 2000). Religion is also set apart from spirituality in that it uses ritualised methods (such as prayer and church attendance) to pursue both sacred and non-sacred goals (Hill et al., 2000).

2.2 Spirituality and psychological theory

There is a growing emphasis on the importance of spirituality in therapy and the difficulties a psychologist may encounter working proficiently in this area. Its relevance in therapy also remains a topic of debate between different theoretical approaches. At one end of the spectrum the emphasis of transpersonal psychologists is at the interface between psychology and spirituality, viewing life in spiritual terms. This branch of humanistic theory is described by Shorrock (2008, p. 1) as a “broad transcultural theory” that suggests that individuals are more than “physical and psychological beings”. The focus of transpersonal psychotherapy includes behavioural, emotional and intellectual aspects of experience which includes the individual's search for self-actualisation through the spiritual dimension of their functioning (Boorstein, 1996, as cited in Shorrock, 2008). It acknowledges the inherent spirituality in the human psyche and its existence as a universal component of life (Boorstein, 1996, as cited in Shorrock, 2008). This is an alternative western view of psychology that is less widely recognised, however, its growing recognition as a comprehensive theoretical and philosophical orientation seems to indicate acknowledgement of the influence of the spiritual dimension on an individual's experience of life and capacity for growth (Booi, 2004).

Other humanistic and existential theories have included themes of the “need to find meaning and purpose” (Frankl, 1969/1988; May, 1953, as cited in Carlson, 1997, p. 4) in one's life and “longing for transcendence” (Maslow, 1970, as cited in Carlson, 1997, p. 4).

The ideas embedded in mainstream psychology have conflicting views on the relevance placed on spirituality in psychotherapy, the two extreme opposites being that of Freud and Jung that spirituality is “delusional and distorting” and “fundamental to human experience” respectively (Zinnbauer & Pargament, 2000, p. 164). Freud's view was that altruistic pursuits in individuals towards others were the result of their innate need to move away from the “pleasure principle to the reality principle” to ensure survival of the human species (Field, 2005, p. 70). He emphasised people needing people in order to survive and, to accomplish this, the need for their interconnectedness (Field, 2005).

Freud did not recognise altruism as spiritually driven. He painted a “narcissistic” and self-indulgent view of individuals who felt little need to care for others as the inherent nature of human kind (Freud, 1911b, as cited in Field, 2005, p. 69).

Jung disagreed with Freud's views on spirituality and broke away from his school of thought in 1913 (Nystul, 1993, as cited in James & Gilliland, n.d.). In contrast to Freudian psychoanalysis, Jungian theory emphasises the importance of spirituality and transcendence as essential requirements in the therapeutic process in order to address psychological difficulties (James et al., n.d.). Jung's theory has been described as a “journey towards wholeness ... essentially a spiritual journey” (Storr, 1983, p.19, as cited in Carlson, 1997).

Numinosity is a term used by Jung to give “an explanation of an experience of a power greater than one's will within oneself” (Martinez, 2011, p. 1). Jung says, “Numinosity is wholly outside conscious volition” (On the Nature of Psyche; CW 8, par. 383, as cited in Martinez, 2011, p. 1). Numinosity is the relationship between individuals, places and objects. In these relationships spiritual energy is exchanged and emotional attachment is formed (Hefner & Arnold, n.d.).

Developments in thinking related to spirituality from a contemporary psychoanalytic viewpoint, specifically from the perspective of object relations theory, suggests that knowledge of a client's spiritual functioning may provide important insight into the maturity level of their object relationships (Hall, Brokaw, Edwards, & Pike, 1998). This is explained theoretically as the client's natural compulsion re-enact experiences in early object relationships with their God and thus provides valuable information regarding their spiritual and psychological wellbeing (Hall et al., 1998). In the same way a client's object relationship with God influences their internalised representations of interpersonal relationships (Hall et al., 1998). One clinical implication of this finding is the acknowledgment of the necessity to do a thorough investigation into a client's spiritual beliefs in the clinical interview (Hall et al., 1998). Further support for spiritual assessment is explored later in this literature review.

There is evidence that while some theorists view spiritual experiences as pathological (Bloomfield, 1980; Ellis & Yeager, 1989; Freud, 1959; Horton, 1974; Leuba, 1929; Mandell, 1980, as cited in Allman, De la Rocha, Elkins & Weathers, 1992), the growing recognition of spirituality in therapy has given rise to mainstream and secular psychologists who view spirituality as being an indication of “health and a powerful agent of integration” (Hood, 1974, 1976; James, 1961; Jung, 1973; Laski, 1968; Maslow, 1962, 1971; Stace, 1960; Underhill, 1955, as cited in Allman et al., 1992, p. 564). These professionals may be seen to acknowledge spirituality as relating to a more universal and existential dimension of life (Hage, 2006). In contrast, traditional psychoanalytic and behaviourist's assumptions of Freud and Skinner respectively, emphasise the value-free nature of psychotherapy and disconnect themselves from humanistic and existential assumptions that emphasise the necessity for integration of spirituality and psychology (Carlson, 1997).

The empirically derived approaches and the humanistic approaches to psychotherapy differentiate between an orientation that provides cost effective, technique driven and evidence based care and a process of healing through human interaction respectively (Barrett, 2009). The difficulties defining spirituality means that a psychotherapeutic approach that includes the integration of these two concepts cannot be evidence based. It therefore must rely on the reduction of subjective despair as its measurement of a successful outcome in therapy rather than decrease of observable symptoms (Barrett, 2009).

2.3 Incorporation of spirituality into psychotherapy

Field (2005, p, 69) describes the interconnectedness of psychotherapy and spirituality as inevitable and as possibly “different aspects of the same process”. He maintains that if we place the characteristics of both processes side by side, namely “healing troubled minds”, our ability to “understand”, be “compassionate”, having a “sense of the good”, the “beautiful and the true” respectively, this becomes undeniable and palpable (Field, 2005, p. 69). If we consider the interconnectedness of psychotherapy and spirituality as outlined by Field, it seems that the guiding foundation of the psychotherapy process as

the need for the psychologist to be understanding, to show compassion, treating a client with unconditional positive regard and belief in their capacity for growth, are directly related to the guiding elements of a spiritual journey. The complimentary nature of these two processes in the journey to “healing troubled minds” seems inevitable (Field, 2005, p. 69). To demonstrate the interconnectedness of psychotherapy and spirituality Cornett (1998, p.21, cited in Hughes, 2011) refers to both processes as incorporating the journey to finding meaning in life, to finding wholeness and understanding of suffering.

Research undertaken by Bergin (1990) in the USA, has recognised society as actively pursuing spiritual experience to find answers to the increasing anxiety and hostility in modern society (as cited in Carlson, 1997). Ferguson (1980, as cited in Carlson, 1997) maintains that this could be one reason that modern psychology has identified the need to incorporate spirituality in psychotherapy enabling psychologists to address their client's needs adequately. It is also noted, however, that the development of competence in this area is seen to be largely driven by the psychologist's own motivation and spiritual orientation (Shafranske, 2005). Research undertaken by Shafranske & Goruch (1985) and Shafranske & Malony (1990a, 1990b) in this regard concluded that personal faith, spiritual / religious orientation and involvement of the psychologist plays an important role in whether spiritual interventions or ideas are introduced into therapy by the therapist (as cited in Shafranske, 2005).

Barrett (2009, p.7)) states that often clients seek the assistance of a psychologist to address such questions as “Why am I here?” or “How can a just God allow this to happen to me?” These questions are directly spiritual in nature and imply that the psychologist is required to attend to both the psychological and spiritual dimensions of the client in a way that does not violate ethical considerations of autonomy, beneficence and non-malevolence in a vulnerable client (Barrett 2009). In this instance, it is important to differentiate between psychotherapy and pastoral counselling where a client may expect to receive direct religious education and guidance from the counselling process (Barrett 2009). In contrast to this, clients in psychotherapy do not always expect this type of assistance and could experience it as an imposition, offensive and in violation of their autonomy (Barrett, 2009). Sperry (2001, p. 5) notes however, that most practicing

psychologists have experienced being asked for spiritual advice from their clients. He states that their role has evolved into what he calls “secular priests” whether they agree or disagree with the need for the integration of spirituality in psychotherapy.

When these issues of client expectation are considered, it seems that an ethically appropriate response is likely to be for the psychologist to be able to ascertain when collaboration with religious professionals or referral to them would be in the best interest of the client. Especially when the client requires that specific religious or spiritual needs are addressed in therapy (Shafranske, 2005). Richards and Bergin (2005, as cited in Shafranske, 2005) state that in this instance, consideration needs to be given to the psychologist violating principles of good practice by practicing outside of the boundaries of their professional competence. Working within a professional scope of practice is an ethical requirement and assumes that a psychologist has obtained sufficient training, supervision and experience in a specific area relating to their registration category. This highlights the question that if psychologists offer interventions of a spiritual nature in therapy, do they run the risk of operating outside of their legally defined scope of practice? (Sperry, 2012).

Richards and Bergin (2005, as cited in Shafranske, 2005) also emphasise the ethical dilemma of dual relationships forming in the therapeutic process (spiritual and professional) as a consequence of addressing a client's spiritual concerns in therapy. This has the potential to place an obstacle in the client's growth process.

According to the Ethical Principles of Psychology and the Code of Conduct (APA Ethic's code) these types of multiple relationships should be avoided unless clear boundaries can be established around professional conduct inside and outside of the therapy session (Sperry, 2012).

To ensure professional ethical practice in a therapeutic environment, it is considered important that the psychologist is aware of their own spiritual values and how these can influence their understanding of the client's difficulties and their intervention strategy (Patterson, 1989, as cited in Carlson, 1997).

2.4 Spirituality as part of the client's growth process

Research that attempts to understand the relevance of spirituality to individuals in therapy has identified that many people perceive their problems to be spiritual in nature and look to their spiritual beliefs to understand their suffering (Barbarin & Chesler, 1986; Maton, 1989; Pargament, 1997, as cited in Mayers, Leavey, Vallianatou & Barker, 2007, p. 4). Thus a large percentage of clients acknowledge that discussing their spirituality during therapy is an integral part of their healing process (Knox et al, 2005). It is described as strengthening a sense of self and self-esteem, providing a reason for being, enhancing adaptive coping strategies and providing a sense of hope for positive change and future growth for the client (Fallot, 2007). However, in contrast, if spiritual coping is not successful then research shows it has the potential to weaken an individual's faith and have a negative impact on the relationship he/she has with their spirituality (Mayers et al., 2007).

The positive contribution of spirituality in the growth process is supported as a central belief of theorists such as Carl Jung, Victor Frankl, Erich Fromm and Carl Rogers who state that a spiritual connection is a necessary requirement for inner healing and growth (Corey, 2009; Carlson, 1997). These humanistic and existential theorists incorporate spirituality into their conceptualisations in therapy as they identify common spiritual themes in individual's lives such as the presence of "universal forces", "attention to the soul" and "search for life meaning". These are identified as guiding concepts in a client's growth process (Carlson, 1997, p. 1).

The above reflects on spirituality as an adaptive coping mechanism rather than a maladaptive defence mechanism. One opinion is that of Existential theorists such as Erich Fromm, Rolo May, Victor Frankl, Irvin Yalom and Ernest Becker, who hypothesise that religion and spirituality may be used as defence mechanisms allowing individuals to cope with anxieties of daily living and help them to maintain composure in their lives (Beck, 2004). In this instance, they are said to "repress awareness of [...] a horrifying existential situation" and of their own immortality and inevitable death (Beck,

2004, p. 209). In this instance it is suggested that spiritual beliefs can function as “defensive existential buffers” (Beck, 2004, p. 208).

2.5 The interface of spirituality and culture

When we attempt to understand spirituality in a therapeutic environment, we cannot separate it from its cultural context (Cilliers, 2009). For many people spirituality and religion form an important part of their ethnic and cultural identity which serves to shape how they make sense of the world and their own self-concept (Hage, 2006). Culture influences our understanding of the world, the values and beliefs that we construct, where we view our place in it and gives meaning to our experiences (Hage, 2006). Spirituality (consciously or unconsciously) is our sense of connectedness to our conception of the world (Eckersley, 2007). Cilliers (2009, p. 2) defines spirituality as the “spirit” or “life force” of a specific culture. This infers an interconnectedness of individual experience with the link being our common search for meaning. This connectedness is aptly described in explanations in a South African context of the importance of Ubuntu described as “A person is a person through other people” and Ubunye meaning “we are one”, in the understanding of African spirituality (Cilliers, 2009, p. 4 & p. 9).

Cilliers (2009) describes how African spirituality in South Africa does not separate body and soul. African worship is described as “soulful” and a process in which Africans use their bodies to participate in worship in the “rhythmic expression of life” (Cilliers, 2009, p. 2). Body movement is believed to express the energy of life and faith (Cilliers, 2009). This is the notion of Ubuntu which emphasises the interconnectedness to others shown in the participatory nature of faith worship (Cilliers, 2009). Ubunye emphasises the interconnectedness of all spheres of life (including the living and deceased) and how they interweave to form a holistic experience of life (Cilliers, 2009).

Sperry (2012, p. 250) recognises the complex relationship between spirituality and culture, describing culture as being the “host” for spirituality but also dependent on spirituality for its definition and understanding. Sperry (2012) also acknowledges that the necessity to be culturally sensitive and culturally competent has become an ethical

requirement in the work of health professionals. He describes cultural competence as the psychologists "capacity to translate ... cultural sensitivity into behaviour that results in an effective therapeutic relationship and treatment process, as well as positive treatment outcomes" (Sperry, 2012, p. 251). The interdependent relationship of culture and spirituality therefore suggests implications for the cultural assessment process during therapy. Sperry (2012) maintains that in integrative assessment, it is therefore necessary to include assessment of a client's culture, their personal beliefs and practices, the spiritual beliefs and practices common to their culture and their expectations of addressing their spirituality in therapy.

2.6 Assessment of spirituality in therapy

Even though research indicates that many psychologists acknowledge the importance of spirituality in therapy and the growth process, they are shown not to regularly assess their client's spiritual functioning or consider it when devising intervention plans (Hage, 2006). One opinion is that it is likely this is a reflection of inadequate training on spiritual diversity in formal training programmes (Hage, 2006).

The relevance of assessment of spiritual functioning for diagnostic purposes is emphasised by Richards and Bergin (2005, as cited in Shafranske, 2005). They conclude that assessment is useful in the therapeutic process to:

1. Understand normative beliefs in order to differentiate normal behaviour from psychopathology.
2. Convey to the client that the psychologist is open to consider spirituality as personally relevant to the mental health of the client.
3. Increase empathic understanding and sensitivity when working with the client.
4. Determine if the client's spirituality has a positive or negative impact on his/her presenting problems.
5. Determine if the client's spirituality can be used as a resource in therapy, for

example, if it positively influences the client's coping ability or,

6. If it serves as an obstacle which may exacerbate the psychiatric symptoms, for example, experiences that have resulted in anger and mistrust of God and caused overall distress.
7. Determine whether the client would find it beneficial to include interventions in therapy that address his/her spirituality directly.
8. Determine if the client has any unresolved issues regarding their spirituality (and the possible influence on the presenting problem).

The above also emphasises the importance of considering the function of spirituality in a client's life especially when the client presents in therapy to address issues such as loss, deprivation, dissatisfaction and trauma where symptoms of spiritual crisis are likely to be similar to those of psychological distress (Richards and Bergin, 2005, as cited in Shafranske, 2005).

While the need for sensitivity around spiritual diversity in therapy is acknowledged by psychologists, the lack of focus in this area of formal training programmes, acknowledged by Hage (2006), leads us to consider the ethical issues surrounding the legal obligation of a psychologist to work within his/her scope of practice.

Plante (2007) reflects on the following ethical considerations when dealing with issues of spirituality in therapy. These fall into the context of universally accepted ethical guidelines given in the American Psychologists Association (2006):

1. Respect: psychologists must be respectful of clients' "religious and spiritual traditions and beliefs without discrimination or bias" (p. 894).
2. Responsibility: Psychologists should not ignore a client's spiritual dimension and consult with clergy and religious leaders in the same way as they work with other health care professionals. Appropriate referrals should be made.

3. Integrity: Psychologists should be honest about their skills and competencies in the area of the integration of spirituality and psychotherapy.
4. Competence: Psychologists need to undertake additional training and supervision (formal: workshops, seminars and conferences and informal: reading) in the integration of spirituality and psychotherapy to ensure they can provide a competent service to clients.
5. Concern: Psychologists should be concerned for the well-being of their clients.

These ethical considerations suggest that psychologists have to make a conscious effort to equip themselves with adequate skills to enable them to address spirituality in therapy adequately. Consideration also has to be given to how a psychologist's responses to a client in therapy may translate into ethical violations.

2.7 The therapeutic relationship

Many spiritual ideas express the inherent need for individuals to develop relationships with the divine, their world, their community and with themselves as a necessity for healthy living (Sperry, 2012). These relationships build experiences of trust, integrity and respect for others (Sperry, 2012). If we understand the importance of the relationship between the psychologist and the client in this context, it provides insight and understanding into its necessity as a "sacred resource" in the process of change (Sperry, 2012, p. 140). The relationship between the psychologist and the client then is expected to reflect their previous spiritual experiences and is likely to occur in the context of their experiences of trust, integrity, empathy and respect (Sperry, 2012).

It is necessary then to consider the potential for transference and countertransference to occur in the therapeutic process and its ethical consequence. Using a psychodynamic orientation, it is suggested that a person's commitments and beliefs concerning spirituality provide insight into attributes belonging to "ego strength, awareness of identity, superego control and interpersonal relations" (Loevinger, 1984, as cited in Lijtmaer, 2009, p. 101). It is further suggested that this may result in the infiltration of such attributes into transference and countertransference in the therapeutic relationship

(Lijtmaer, 2009). The assumption is that the way in which an individual views their higher power influences the way in which they relate to significant others in their lives. This in turn is said to influence the way in which they view their higher power (Lijtmaer, 2009).

When transference of positive attributes of the client's relationship occurs, the psychologist can be overvalued and viewed as omnipotent in the client's life as they would perceive their higher power to be (Lijtmaer, 2009). Alternatively, if the client experiences uncertainty, resentment and anger toward his/her spirituality then, according to this view, it is likely that these feelings will be transferred to the psychologist during therapy (Gurney & Rogers, 2007, as cited in Lijtmaer, 2009). The psychologist's dual role, of spiritual peer and professional, may be perceived especially when the client feels that they share the same belief system (Lijtmaer, 2009).

Bergin (1990, as cited in Lijtmaer, 2009) suggests that countertransference reactions can occur when similar spiritual beliefs have a different meaning in the lives of the psychologist and the client or when the psychologist over identifies with the conflicts the client is experiencing in his/her belief system. Spero (1981, as cited in Lijtmaer, 2009) found that the psychologist's personal meaning making of their own spirituality can result in intolerance for the client's beliefs, emotional responses, judgment and the tendency to want to rescue the client from his/her belief system. Countertransference issues can also manifest in the psychologist actively arguing with clients regarding their spiritual beliefs and consequently assessing them to be destructive or resistant to the therapeutic process (Loevinger, 1984, as cited in Sperry, 2012). It has also been found that an agnostic psychologist may respond to a client's spiritual belief system with envy which manifests in "avoidance, devaluation, idealisation or intellectualisation" of the problem and the client in therapy (Spero, 1988, as cited in Lijtmaer, 2009, p. 103).

A personal account of religious/spiritual countertransference is described by Peteet (2009), a psychiatrist, who found that he over identified with a client's personal spiritual journey and its emotional distress. It seemed to be very much in line with his own hopes and involvement in spirituality (Peteet, 2009). Peteet (2009) stated that he developed an

admiration for the client and became disappointed when she did not fulfil his expectations. The client was disillusioned by her faith and the resulting anger and scepticism regarding her ability to be helped. This manifested in a transference response of these attitudes to Peteet and an expectation that he may abandon her in treatment as she perceived her higher power to have done (Peteet, 2009).

In Barrett's (2009, p. 8) consideration of spirituality in psychotherapy, he describes the inevitability of a "spiritual connection" developing between the psychologist and client during the therapeutic process. This is related by Pargament (2007, as cited in Barrett 2009, p. 9) as the "process of soul meeting" and "soul making". Damon (2010, p. 1) contends that "awareness, authenticity, and wholeness" is encouraged through the spiritual or "heart to heart connection" that develops between the psychologist and the client in the therapeutic process. This supports an "empathic container" for a client to explore their own humanity, spirituality and their potential (Damon, 2010, p. 1).

It is said that if a psychologist lacks insight into his/her own spirituality it can create bias and "stereotypical attitudes" about clients who hold spiritual views different to their own (Hage, 2006, p. 306). These attitudes and biases may influence interpretations of issues, guide treatment plans, lead to misunderstandings and disruption in the relationship between client and psychologist ultimately affecting the outcome of therapy (Hage, 2006). A recent study undertaken by Morrison and Borgen (2010, as cited in Sperry, 2012) found that a psychologist's spiritual and religious beliefs affected their capacity for therapeutic empathy. Using the critical incident technique they demonstrated that if the psychologist believed that God cared for the client and they had a positive relationship with their own faith then this would naturally lead to an empathic response to the client (Morrison and Borgen, 2010, as cited in Sperry, 2012). However, this study also found that if a client was making decisions that contradicted the psychologist's belief system then this would hinder the development of therapeutic empathy towards the client (Morrison and Borgen, 2010, as cited in Sperry, 2012).

The understanding, therefore, of the potential influence of a psychologists own spirituality and their "comfort" or "discomfort" in addressing such issues in therapy is of

utmost importance (Barrett, 2009, p. 9). Any discomfort has the potential to affect the client's growth and may result in a violation of ethical principles in therapy (Barrett, 2009).

2.8 The influence of a psychologist's spiritual values in therapy

Zinnbauer et al. (2000) state that psychologists' values (including spiritual) underlie their theoretical orientation, their choice of therapeutic technique, inform their decision for goal setting, measurement of the therapeutic process and structure of the therapeutic sessions. This is reiterated in a study undertaken by Allman et al. (1992) whose findings indicate that psychologists' professional and personal traits influence their clinical judgment of clients who report spiritual experience.

Research has provided evidence that the influential factors that determine a psychologist's choice of theoretical orientation are available training (Cummings & Lucchese, 1978; Halgin, 1985, as cited in Branco Vasco et al., 1994), their "clinical experience" and their "personal philosophy and values" (Norcross & Prochaska, 1983, as cited in Branco Vasco et al., 1994, p. 330). The latter found to be the most significant influencing factor (Norcross & Prochaska, 1983, as cited in Branco Vasco et al., 1994). If we take this into account it seems highly likely that a psychologist's spiritual orientation, with the belief in its deeply personal and value laden content, will influence his/her theoretical orientation which, in turn, has the potential to affect their understanding and management of a client's explicit spiritual beliefs brought to therapy.

If we consider Plante's (2007) acknowledgement that a psychologist's ethical requirement is to be non-judgmental, accepting and respectful towards a client in therapy then it's likely that, depending on the strength and conviction of their spiritual beliefs, that they may find this difficult to achieve. Rober, Elliot, Buysse, Loots and De Corte (2008) suggest one way of understanding this is through the ideas of Hermans' Dialogical Self Theory.

2.8.1 The psychologist's "inner conversations"

In Dialogical Self Theory, Hermans (2004a, 2004b, as cited in Rober et al., 2008) describes the dialogical nature of individuals' inner voices as a "multiplicity of I-positions" which move from position to position depending of the context individuals find themselves in (Rober et al., 2008, p. 406).

Rober et al. (2008) conducted a study which extended dialogical theory from the understanding of a client's dialogical nature to that of the therapist in the therapeutic context. This provides a way of understanding the complex interaction of the psychologist's "experiencing self" and "professional self" in the therapeutic process and relationship (Rober 1999, 2005, as cited in Rober et al., 2008, p. 407). The experiencing self is described as the therapists' own observations of what occurs in therapy and the activation of his/her own "memories, images and fantasies" during this process (Rober, 1999, 2005, as cited in Rober et al., 2008, p. 407). The "professional self" is referred to as the "therapist's hypothesizing" and the preparation of responses in the therapy session (Rober, 2005, as cited in Rober et al., 2008, p. 407). Dialogical Self Theory supports the idea of the occurrence of an inner conversation between the positions of the two selves within the psychologist and the influence this has on the psychologists' response to the client in therapy (Rober, 2005, as cited in Rober et al., 2008).

Research undertaken by Rober et al. (2008, p. 411) into the psychologists' experience of inner conversations in the therapeutic dialogue, identified four main domains of reflection described as "circular and cyclical" in nature. These are listed below:

- (1) Attending to client process: the attention to the client in the here and now
(experiencing self).
- (2) Processing the client's story: attention to the client's story in the there and
then (experiencing self and professional self).

- (3) Focusing on the psychologist's own experience: the attention is on the psychologist's own emotions, self-talk and reflections in the here and now of the session (experiencing self).
- (4) Managing the therapeutic process: The psychologist integrates the information received in (1), (2) and (3) and manages the therapeutic process from a professional responsibility perspective (the professional self). This is done in overt conversation.

This research highlights the extent and manner in which the psychologist focuses on the client and his/her story (including spirituality) and also on his/her own experiences of the client in the therapy session and how this is central to the therapeutic process and relationship (Rober et al., 2008).

Although this theory is found to be applicable to all material brought to a therapy, the significance of this theory for the study of the psychologist's experience of a client's spirituality in therapy, is to create awareness of the influence of the psychologist's "experiencing self" on the "professional self" in the context of their spiritual orientation and its deeply subjective nature (Rober, 1999, 2005, as cited in Rober et al., 2008, p. 407). This influence specifically pertaining to their views of their own and the client's spirituality and how this influences their response to the client. Dialogical Self Theory also highlights the potential tension that inner conversations can cause leading up to professional decision making in therapy (Rober et al., 2008). Flaskas (2005, as cited in Rober et al., 2008) states that in situations where the inner tension is not resolved and the psychologist feels unsure or conflicted about how to respond to a client, he/she may feel disempowered in their therapeutic role. It was found that as a result, difficult responses and emotions may be experienced towards the client such as anger, difficulty listening empathically, feeling powerless and professionally inadequate and may have a negative effect on the therapeutic relationship and the client's growth process (Rober et al., 2008). Rober (2005, as cited in Rober et al., 2008), in his research in family therapy, also emphasises the importance of a psychologist using his/her inner voices in a responsible way to guide and inform therapy.

2.9 A client's perspective on addressing their spirituality in psychotherapy

Studies have revealed that clients have concerns regarding entering therapy and addressing their issues around spirituality with the psychologist. Such concerns include fear of judgment and lack of understanding by the psychologist, imposition of psychologist's beliefs and the psychologist's inability to assess the depth of discussion required into their spirituality (Goedde, 2001, as cited in Knox et al., 2005). These findings are reiterated by Barrett (2009) in his work in the integration of spirituality in psychotherapy. In addition, the findings of Mayers et al. (2007, p. 21), revealed that clinical psychologists were experienced as "dismissive or neglectful of spirituality" creating misunderstandings and uncertainty in the therapeutic relationship. It is likely that this perception may occur due to the psychologist's difficulty relating to the client from their spiritual frame of reference or as a result of their theoretical orientation which, as we have seen, has the potential to influence their attitudes towards their clients (Allman et. al, 1992).

These concerns indicate a possibility that if a client's spirituality is not identified and addressed appropriately that a degree of discomfort may be experienced by both the client and the psychologist. This has the potential to disrupt the therapeutic relationship and ultimately place obstacles in the client's growth process.

In contrast to this finding, a study conducted by Rose, Westerfeld and Ansley (2001, as cited in Hage, 2006) found that clients indicated that they favoured being able to address issues of spirituality in the therapeutic context. These spiritually orientated clients also confirmed experiencing a therapist who integrates spirituality and therapy as more competent than those who do not focus on its importance (Keating & Fretz, 1990, as cited in Hage, 2006). It should be noted that some psychological perspectives and ideas may reinforce a client's spiritual beliefs as a natural process without conscious effort from the psychologist (Mayers et al., 2007). In these instances clients have confirmed being satisfied with their therapy outcome (Mayers et al., 2007). It is suggested that a reason for this may be that if a psychologist provides a nurturing environment of

openness, acceptance, care and respect for the client then spirituality can be addressed as any other issue would be with no discomfort to either party (Mayers et al., 2007).

Research undertaken by Beuter and Bergan (1991, as cited in Carlson, 1997) and Kelly (1990, as cited in Carlson, 1997) has also shown that the client's values can be influenced even if not directly addressed in therapy. This is accounted for by the influences within the therapeutic relationship but studies into this phenomenon have not been able to ascertain under what conditions this change occurs. This suggests that the change of values is a natural process in therapy even when addressing spirituality explicitly is avoided (Humphries, 1982, as cited in Carlson, 1997). This can be attributed to the psychologist's non-directive therapeutic style used in a manner that provides comfort for the client during the therapeutic process (Humphries, 1982, as cited in Carlson, 1997). Bergin (1991, as cited in Carlson, 1997) suggests that an ethical response to this phenomenon is to address spiritual values and awareness of their influence in therapy.

Barrett (2009) argues that in some settings the more directive approach provides equal benefit for the client but this is usually when the psychologist and client share similar spiritual beliefs and when the client has been specific in his/her consent to address such issues in a more direct fashion in therapy.

Research undertaken by Knox et al., (2005) into the client's perspective of spirituality in therapy revealed that clients found it helpful if a psychologist was open with them in the therapeutic process so that any preconceived hierarchy was dispelled. In response to this the researchers consider the benefits of a psychologist disclosing his/her own spiritual orientation in terms of the client's growth in this area (Knox et al., 2005). However, they acknowledge that sound insight into the client's needs is imperative in the psychologist's decision making process in this regard in order to conserve the therapeutic relationship (Knox et al., 2005). This is evident in their findings that clients found it less helpful when the psychologist initiated discussions on spirituality in relation to their presenting problem compared to when they initiated the discussion (Knox et al., 2005).

2.10 The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) and psychiatry's recognition of spirituality

The DSM-IV-TR makes provision under "Other Conditions That May Be a Focus of Clinical Attention" for a psychologist to address spiritual (and religious) meanings in therapy. Examples in this category, V.62.89, include "distressing experiences that involve loss or questioning of faith, problems associated with conversions to a new faith, or questioning of spiritual values that may not be necessarily related to an organised church or religious institution (American Psychiatric Association, 2000, p. 741) This implies the necessity for a psychologist to be well trained in spiritual and religious diversity.

Sadock and Sadock (2007) give recognition to the importance of spirituality in health matters in terms of its positive and negative influence on an individual's growth process (physical and emotional). They acknowledge that some health practitioners believe that consideration of spirituality should be included in the biopsychosocial model as an indication of its relevance (Sadock et al., 2007). While they encourage awareness of its influence on an individual, they do guard against addressing it directly in the care of a patient. Rather encouraging referral to the relevant spiritual domain (Sadock et al., 2007).

2.11 Conclusion

Research undertaken by Mayers et al. (2007) highlights the fact that little research has been done into the spirituality gap that is seen to exist between the psychologist and the client. The need for this investigation is highlighted in Knox et al. (2005) study into the client's perspective of addressing spirituality in therapy which is explored in this literature review.

It is apparent that there is considerable interest in the interface of spirituality and psychotherapy. Much research cited acknowledges the inherent and deeply subjective nature of spirituality in the lives of both the client and the psychologist and, because of this, implies its potential to have a significant influence on the way in which they respond

to one another in the therapeutic process and the impact it can have on the outcome of therapy. It also highlights the importance of a psychologist's awareness of their own biases and prejudices which evolve from their own spiritual journeys as factors that influence their relationship with their clients.

The views of different psychological theories on the emphasis placed on spirituality in psychotherapy means that it is necessary to acknowledge this influence on a psychologist's understanding of the client's spirituality in therapy. With this in mind we are encouraged to ask if spiritual biases and prejudices are as apparent to the psychologist in a therapeutic relationship as they may be in terms of, for example, the political, and racial or gender related kind. The deeply subjective nature of spirituality and the limited amount of every day discussion given to the topic may mean that it becomes difficult to recognise differences and/or biases by merely using social comparisons made in the therapeutic context between the psychologist and the client.

In multicultural contexts such as South Africa where the possibility of encountering a number of different spiritual orientations is inevitable in the practice of psychology it seems of utmost importance that enough knowledge is gained in this area to assist the development of the client, the psychologist and the profession.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter provides an overview of the aims and objectives of this study. It also provides a rationale for the use of qualitative research methods to achieve these aims, including an overview of the research methodology used, the research design, data collection techniques, how the data was analysed and ethical considerations given to the study.

3.2 Aims and rationale

The aim of this study is to explore the phenomenon of clients' spirituality in therapy as experienced by the therapist. It specifically seeks to address the question of how a psychologist experiences the effect on therapy of client's using an explicit spiritual frame of reference in therapy, and how they deal with this phenomenon. The study is also interested in when and how the psychologist recognises their own limits of competence in the areas pertaining to the client's spirituality, and how they deal with this. In order to accomplish this, the following questions were asked:

1. What is the psychologist's experience of clients introducing a spiritual frame of reference in therapy?
2. How do psychologists respond to clients' expectations that they assist them with issues of spirituality?
3. How do psychologists deal with incongruence or conflict between the spirituality of clients and their own spirituality?
4. When and how do psychologists deal with issues of spirituality outside of their scope of competence?

The rationale for carrying out this research is firstly to explore how psychologists experience their own limitations when providing therapeutic assistance to a client whose

issues pertain to their spirituality and how they manage this.

Secondly, much research has been dedicated to understanding the importance of a client's spirituality in their growth process, but very little has been done from the psychologist's perspective. This research therefore aimed to address this gap in research knowledge which seems to exist between the theoretical understanding of spirituality and psychology and, in particular, the actual experiences of psychologists when a client's spirituality is presented in therapy.

Thirdly, it is anticipated that findings regarding how psychologists respond to their clients' spiritual issues may help to normalize anxieties that the psychologist may experience during the therapeutic process. This will also serve to heighten the psychologist's awareness of the possible limitations of their competence in this area.

In order to achieve these aims the researcher focused on attempting to understand the subjective experience of psychologists by identifying recurring patterns of responses and to recognise exceptions captured in unique experiences of participants (Willig, 2001).

3.3 Methodology

3.3.1 Research design

3.3.1.1 Qualitative study

Qualitative research methods were utilised to carry out this study. These methods attempt to "describe and interpret" participants' feelings and lived experience in "human terms" (Terre Blanche, Kelly & Durrheim, 2006, p.272). It is carried out in natural settings where data unfolds naturally in relation to the phenomena in question without manipulation (Terre Blanche et al., 2006). The aim therefore is not to find cause and effect relationships or generalisation of findings but rather the "illumination, understanding, and extrapolation of information to similar situations" (Hoepfl, 1997, as cited in Golafshani, 2003, p. 600).

This method is suitable for the exploratory nature of the study where a flexible approach

to the data was required (Durrheim, 2006). It also ensured that an inductive approach was inherent in the study from the outset to allow the unfolding of hypotheses and ideas as the data was collected from participants and appropriately analysed (Durrheim, 2006). The open and flexible approach enabled new insights to be gained into the psychologists' experience of their clients' spirituality in therapy (Durrheim, 2006). To achieve this, the research did not attempt to generate "predetermined categories" of the psychologists' experience of a client's explicit spirituality in therapy; it rather aimed to explore the area of interest without a predetermined hypothesis in mind which is in line with the aim of the study (Durrheim, p. 47).

Using qualitative research methods allowed the researcher to begin to understand how psychologists experience their clients' spirituality in therapy using the depth and "texture" of their subjective experiences in therapy and the meanings they attribute to them (Willig, 2001, p. 9).

3.3.1.2 The interpretive research paradigm

To achieve flexibility in the understanding of meanings, ideas and insights which were uncovered in this research it proved valuable to approach this study using an interpretive research paradigm. The aim of interpretive analysis is to provide a "thick description" of the "characteristics, processes, transactions and contexts" relevant to this study with focus on language used by participants (Terre Blanche et al., 2006, p. 321).

In addition, interpretive research takes into account that reality needs to be considered from the perspective of all human participants in the process of exploration (Willig, 2001). This means that the psychologists' subjective interpretations of experiences are in turn interpreted and integrated into the analysis by the researcher (Willig, 2001). Consideration then needs to be given to the inevitability of the researcher's preconceptions and own subjective experiences guiding the analysis of data (Willig, 2001). New meanings are also constructed through conversation between subject and enquirer making meaning co-constructed through enhancing of ideas and meanings of

both parties during the process (Willig, 2001).

3.3.1.3 Validity and generalisability of qualitative data

Qualitative research has become more widely accepted as it seeks to understand contextual aspects of phenomenon which includes religious, social, political, historical and nature of participants accounts of a phenomena in qualitative research (Williams, 2000). However, the generalisability of results has been questioned (Taylor, 1994, as cited in Williams, 2000). Generalisability refers to the “the extent to which it is possible to generalise from the data and context of the research study to broader populations and settings” (van der Riet et al., 2006, p. 91). In this regard, Taylor (1994, as cited in Williams, 2000) postulates that generalising qualitative data is impossible for three reasons: (1) Participants experience events in an open system and subjective influence of the environment and personal experience cannot be accounted for, (2) interpretations are not value-free and therefore research data can lead to different predictions and outcomes and (3) that “humans are self-defining animals” (p. 209). Human life is defined by individuals themselves and influenced by political, historical and cultural meanings resulting in highly subjective accounts of phenomenon (Taylor, 1994, as cited in Williams, 2000).

However, Williams (2000) makes a valid observation that even though a qualitative (interpretive) study makes use of highly subjective data it is also making inferences from specific phenomenon to the broader cultural, spiritual and social context. Even if assumptions and interpretations are not complete or are not quite correct, they can still be viewed as “working hypotheses” which take the form of “speculative generalisations” (Williams, 2000, p. 212).

Validity refers to “whether the research truly measures that which it was intended to measure or how truthful the research results are” (Joppe, 2000, p. 1, as cited in Golafshani, 2003, p. 599). According to van der Riet et al. (2006) qualitative researchers maintain that the validity of the research can be measured by its credibility. This means

to what extent it is “convincing and believable” (van der Riet et al., 2006, p. 90). Credibility can be attained through dialogue with the scientific community, through journal articles, conference presentations, and with participants themselves regarding the findings (Kelly, 2006). The information will either be rejected or accepted as truthful (Kelly, 2006).

3.4 Sample

The population sample for this study consisted of six practicing clinical and counselling psychologists who were chosen according to years of experience (five years and over) in the field of psychotherapy and as they represented participants with strong spiritual beliefs with the potential to provide rich raw data. The snowball sampling method was used where participants are identified through contacts and references (Durrheim & Painter, 2006). This purposive sampling method was used as it is not only based on the availability and willingness of respondents to participate, but also allowed me to approach participants who would provide a typical sample for which the research questions would be significant (Durrheim & Painter, 2006).

The sample was gathered from the Pietermaritzburg and Durban areas of KwaZulu Natal, South Africa.

Table of Participants:

<i>Participant</i>	<i>Gender</i>	<i>Qualification</i>
1.	Male	Clinical Psychologist
2.	Female	Clinical Psychologist
3.	Female	Clinical Psychologist
4.	Female	Clinical Psychologist
5.	Female	Clinical Psychologist
6.	Female	Counselling Psychologist

3.5 Data Collection

A semi-structured interview schedule was designed to form the basis of the interview. This is a flexible interview design which allowed the researcher to be prompted to explore relevant themes but not be prescriptive and limit the flow of the participant's thoughts and feelings (Kelly, 2006). Interviews offered an opportunity to get to know the participants more intimately and the participants were encouraged to take the lead in directing the conversation (Kelly, 2006). In this way semi-structured interviews facilitated the building of a positive relationship between participant and researcher, allowed flexibility in content covered and produced rich data which is in line with the aim of qualitative research (Kelly, 2006).

Interviews with respondents were tape recorded with their consent. This allowed the researcher to be fully present in the interviews without being distracted by note taking. A detailed transcription of each interview was therefore possible (Kelly, 2006).

3.6 Procedure

Participants of the research were contacted and selected based on their willingness to participate. Participants were made aware of the objectives of the study as well as the applicable ethical considerations throughout the research process. The participants were not requested to write their names or any information about who they are on the informed consent to ensure anonymity. Participants were also made aware that they were free to discontinue at any stage without prejudice by the researcher.

Informed consent forms were given to the participants which briefly explained who the researcher was, the purpose and importance of the study. It also gave them information on where the researcher and supervisor could be contacted, amount of time it would take to participate in the interview, confidentiality issues, and what was expected from participants.

The interviews lasted approximately 60 minutes each.

3.7 Data Analysis

In line with the aim of finding a rich description from the data collected, a thematic analysis was used to analyse the data. Thematic analysis is used to discover, interpret and analyse themes emerging from the text (Braun & Clarke, 2006).

Flexibility of thematic analysis is an attractive feature of this method and it is not tainted by the loosely laid down guidelines of the process of analysis (Braun et al., 2006). Rather, this process is seen as a guide to undertaking thematic analysis in a theoretically sound manner (Braun et al., 2006).

Guidelines used in the thematic analysis of this research data were taken from Terre Blanche et al. (2006) and Braun et al. (2006):

Step 1: Familiarisation and Emersion

Familiarisation of the data began from the beginning of the interview process. It was further enriched by the researcher transcribing the data herself which created awareness of the development of ideas and impressions emerging from the data from the outset. In this way a measure of understanding of the data in terms of loosely arranged ideas about possible themes had already been established before formal analysis began. The re-reading of texts in an active manner ensured that meanings and recurring ideas were highlighted. Note taking ensured that important nuances were not omitted in the next stage of analysis.

Step 2: Coding

At this stage of analysis the researcher had already generated thoughts of interests and patterns emerging from the text. These thoughts were formalised into meaningful groups of text by carefully selecting elements that were relevant to the experience of spirituality in psychotherapy as experienced by a psychologist. Manual coding was data driven to allow for an open and flexible approach to the possible emerging themes. To this end all possible patterns identified in the text were coded for their potential relevance and/or interconnection with other patterns or themes emerging.

Step 3: Inducing Themes

In this stage all relevant data identified was sorted into potential themes on a broader level. To make meaning of the data, information was arranged under appropriate theme headings in a separate document. This organisation of data started the process of identifying the different levels of themes which included dominant main themes, less dominant sub themes and miscellaneous themes. A sense of the significance of themes emerged however no data was discarded at this point in view of their potential relevance to the study as the analysis progressed.

Step 4: Elaboration

In this stage the identified themes were explored more closely and refined. This involved re-reading of identified levels of themes and consideration given to the meaningful coherence of data within themes and to the distinction between themes. This also involved returning to the coding and theme inducing phases to reassess some identified themes and their relevance or their incorporation into broader overarching themes. At this point in the analysis, themes began to provide an overall picture of the data with dominant narratives emerging.

Step 5: Interpretation and Checking

At first the themes were interpreted broadly with consideration given to how they fit with the overall narrative that emerged from the text. Relevant and interesting themes were then elaborated on to provide a more in-depth account of the data analysed.

3.8 Ethical considerations

Ethical considerations were identified using guidelines outlined by Wassenaar (2006).

3.8.1 Collaborative partnership

The qualitative nature of this study meant that participants were merely guided using a semi structure interview. In this way it allowed them to be involved in the development of this study. Results were made available to participants.

3.8.2 Social value

Psychologists will benefit from this research as it creates awareness around the need to consider how they respond to a client's explicit spirituality in therapy. This is likely to assist them in their professional development and has the potential to alleviate discomfort they may experience of this phenomenon.

3.8.3 Scientific validity

The research design, methodology and data collection and analysis for this study are valid and feasible. The scientific validity is explained and justified in the methodology.

3.8.4 Fair participant selection

Fair participant selection was insured as participants were chosen purposively based on their willingness to participate.

3.8.5 Favorable risk-benefit ratio

The population of psychologists were not deemed part of a vulnerable population and therefore no potential harm to participants was anticipated.

3.8.6 Independent review

Ethical clearance for the study was obtained from the University of KwaZulu-Natal's Ethics Committee.

3.9.7 Informed consent and ongoing respect for participants

Informed consent was obtained from each participant. A detailed explanation of the rationale and aims of the research, confidentiality, and its voluntary nature was given to respondents. They were given the opportunity to ask questions relating to their involvement and dissemination of research findings. Each participant was made aware of their right to withdraw from the study at any stage. Written permission from each participant to audio-record the interview was obtained. This enabled participants to make

an informed decision on whether they would like to continue their participation during the process of data collection and beyond.

3.9 Cost Estimates

The research costs were estimated at R950.00. The costs included travel, telephone calls, stationary and printing of transcripts.

CHAPTER 4

FINDINGS AND DISCUSSION

Thematic Analysis was chosen for the analysis of this research as I wished to understand the reality of the participants' experiences and meaning making in their interaction with their clients' explicit spiritual orientation in therapy (Braun et al., 2006). To reach this understanding it was necessary to consider the strength of themes across the raw data with a flexibility and openness to their significance to the overall aim of the research. The nature of the participants' rich experiences and professional interest in the research subject, allowed me to consider each experience as significant to this study. This resulted in a feeling of confidence in the numerous, and sometimes contrasting themes that arose out of the raw data.

My research findings will be presented systematically under the headings of the relevant research questions considered in this study. The research questions were designed to elicit information that would attempt to answer questions relating to (1) the psychologist's experience of a client's introducing their spiritual frame of reference into therapy, (2) how psychologists deal with incongruence between the spirituality of their clients and their own in therapy, (3) how psychologists respond to a client's expectation that they assist them with issues of spirituality and (4) the ethical considerations of addressing spirituality in therapy.

Direct quotations from the research participants are incorporated into this chapter (and denoted in italics) to add richness to the identified themes, and in support of the claims made in the themes.

4.1 What is the psychologist's experience of a client's introducing a spiritual frame of reference in therapy?

On one end of the spectrum psychologists consider that when a client introduces an explicit spiritual frame of reference it has a beneficial effect on their growth and compliments the therapy process. On the other end of the spectrum, however, it is felt

that the use of an explicit spiritual frame of reference provides an obstacle in the therapy process. To understand this phenomenon I will further develop these perspectives on the participants' experiences.

A common theme across the majority of interviews was that there is an inherent spiritual connection between the client and their psychologist which is not tangible and suggests that it occurs on an unconscious level. This is an example of what Pargament (2007, p. 195, as cited in Barrett, 2009, p. 9) described as the "process of soul meeting" and "soul making" when psychotherapy and spirituality are integrated in the therapeutic process. Barrett (2009) also identifies this spiritual connection as inevitable in the therapeutic process, suggesting that the psychologist and client connect on both a psychological and spiritual level naturally due to the inherent spiritual nature of humanity.

Some examples from the participants follow to illustrate this:

"..... you know I think sometimes there is a connection with your clients andit'sI don't know, sometimes it's your intuition about what's going on with the client. I have had a funny situation once when I had a patient who had cancer and she was lying in the hospital bed, and for me this is just beyond coincidence what happened. She was very depressed after the diagnosis of cancer and the treatment and she was questioning her whole faith in God and her belief that she held true. She was asking "why was God doing this to me"? She was lying in that hospital bed and in her mind praying to God and saying "if you are true to me I want a sign". The sign she wanted was for me to come and see her at that time and we hadn't had an appointment. It was actually a Sunday and she was in hospital and I didn't have an appointment specifically to see her on that day and I also thought she was just post-surgery so she would be quite sedated so I said I would see her on that Monday. That was what she was praying for and wishing for and I just had this urge within me to go and see her. As I walked in she was lying on a bed in the ward and I told the nurse that I didn't want to wake her if she was asleep – as I walk in she opens her eyes with this broad smile on her face ... I spoke to her and

said, "Why are you smiling?" she said, "I was just praying to God and I asked him for a sign if He's true to me that you must walk in here"... and I did (Participant 3).

And;

"... we are not doctors, we are not medical professionals, we are not looking at your muscles and your bones and your organs, we are looking at the mind. Even doctors don't know how antidepressants work so there must be another element out there at work and I think it's a spiritual element. I think it's a connection that we don't always understand. There is a perception that scientists are always trying to look for [it] and trying to master it. I don't think anyone is going to quite master it because I think spirituality is not something you master, it's something that is just out there and you don't say to clients, "this is going to be a very spiritual session, is that alright with you?" It's something that is just hovering around, it's a connection ...there is a connection that you establish with clients and it must be a spiritual element too" (Participant 6).

One of the ways the spiritual connection between client and psychologist is explained is through the natural process of synchronicity. Carl Jung described synchronicity as "a meaningful coincidence" and "an acausal connecting principle" (Cambray, 2009, p. 1). This is a phenomenon which is experienced unconsciously and therefore outside of the awareness of the client (Cambray, 2009). An example of this is a client's choosing to see a particular therapist. This is reported to occur intuitively with the client being guided unconsciously by events and situations that bring them into contact with a psychologist that will meet their growth needs. This is experienced by the majority of psychologists in this study as the beginning of psychological and spiritual growth in therapy and is believed to occur regardless of the client's spiritual orientation which may be overtly spiritual, atheist or agnostic beliefs.

"...I sometimes feel that certain patients come to me for a reason and we are meant to travel that path for that time and I think it happens with people in all areas of our lives ... I do certainly believe that...people we are meant to meet we will meet in this life and travel a path together, lessons to learn, develop, transformation to happen, and spiritual growth that comes out of each experience. I think if you are looking at psychotherapy

being a process of growth and you are looking at somebody developing and transforming themselves personally as well as spiritually then I think you can look at it in that context, where it is as much being therapeutic as there is spiritual growth which comes into it.” (Participant 3).

And;

“...I do find people come to me because they are aware that I do psycho-spiritual work and some come because they know I am a Buddhist practitioner. Other people arrive not knowing that and I find ... and this is an interesting synchronicity ... is that in practice I find that you tend to end up working with people who have a similar resonance, similar interests, and for me some of them it seems to be an interest in spirituality irrespective of whether its Islam, Catholicism or fundamental Christian or Hinduism or perhaps New Age spirituality. That's what I would say is a common feature, there is somehow a synchronistic resonance between my interests in spirituality and people who come to me. So it is less about what their spirituality is and more that my clients ... and many many of them are interested in and focus on spirituality so that our journey, sometimes quite overtly, is seen as a psycho-spiritual journey ...and that is certainly with the long term clients I work with. It's different for those people that might come for a shorter period for crisis intervention work but the ones that do long term work with me it's very often that we are overtly weaving together the psychological and the spiritual.” (Participant 2).

Some participants understand the spiritual connection through psychodynamic theory and its connection to the concept of faith:

“... faith in the process, faith in the countertransference and transference, faith in the unconscious the contact is spiritual, that together in our work we're striving for something that we are going to find together and create and identify together” (Participant 5).

The belief in a natural and inevitable spiritual connection between client and

psychologist in therapy seems to provide these psychologists with a foundation for a more open, inclusive and deeper therapeutic process with the client. These psychologists have faith in an unconscious process of meaning making through this connection between client and psychologist that is beyond explanation and not easily evaluated. This is in line with what Damon (2010, p. 1) describes as a “heart to heart connection” developing between the psychologist and the client where “awareness, authenticity, and wholeness” can be encouraged in the therapeutic process. This supports an “empathic container” for a client to explore their own humanity, spirituality and their potential. It is not surprising then to find in this study that psychologists, who believe in an inevitable spiritual connection between themselves and their client, don't experience any discomfort when a client introduces their explicit spiritual frame of reference to therapy.

This suggests that the majority of psychologists in this study consider that spirituality cannot be separated from a person and therefore forms an integral and inevitable part of the therapy process allowing issues to be dealt with on a deeper level of understanding. This is in line with what Field (2005, p. 69) describes as an interconnectedness of psychotherapy and spirituality being inevitable due to the sharing of characteristics he describes as “healing troubled minds”, our ability to “understand”, be “compassionate”, having a “sense of the good”, the “beautiful and the true”.

Psychologists who ascribe to this belief describe clients as having “... *a greater inner strength to deal with things which derives from their spirituality teachings ...*” (P3) and therapy is guided by the client at his/her level of exploration. It is felt that “*it [spirituality] just takes different forms for different people ... it feels to me as strong a drive as to attach, to love, to create, to feel connected, to be curious ...*”(P2) . This is in line with Field's (2005, p. 69) suggestion that psychotherapy and spirituality are merely “different aspects of the same process”.

This response to a client's spirituality in therapy is supported by the ideas of transpersonal theorists who emphasise the interface between psychology and spirituality,

viewing life in spiritual terms. This branch of humanistic theory suggests that individuals are more than “physical and psychological beings” (Shorrock, 2008, p. 1). The focus of transpersonal psychotherapy includes the individual's search for self-actualisation through the spiritual dimension of their functioning (Boorstein, 1996, as cited in Shorrock, 2008). It acknowledges the inherent spirituality in the human psyche and its' existence as a universal component of life (Boorstein, 1996, as cited in Shorrock, 2008).

This is also in line with Jungian theory which describes spirituality as being “fundamental to human experience” (Zinnbauer & Pargament, 2000, p. 164) and as a “journey towards wholeness ... essentially a spiritual journey” (Storr, 1983, as cited in Carlson, 1997, p.19). The emphasis is placed on spirituality and transcendence as essential requirements in therapy to allow psychological difficulties to be addressed meaningfully (James et al., n.d.).

An interesting finding articulated by one participant is that even though they believe that people are inherently spiritual, the spiritual connection between psychologist and client during therapy occurs depending on the psychologists own spiritual journey. In answer to a question in the interview relating to the automatic occurrence of a spiritual connection between client and psychologist, she answered as follows:

“...my sense is that it is very much dependent on the therapist's own journey, their own relationship with their spirituality. I would imagine for those therapists who don't have strong spiritual practices, it probably wouldn't be as relevant because I think that we can't help but influence our clients by our own worldview and orientation. I think the therapist makes a big difference as to how much it is addressed. You could go through a whole analysis really, I suppose, and not talk about your part in it or draw on it. I think the therapist's spiritual practice makes a huge difference and it can't help but come in [to therapy] ... even if you don't say overtly ... it's the language you use, the examples you use and the stories that you tell [that demonstrate one's own journey with spirituality]” (Participant 2).

If we consider the claim that spirituality is necessary and inevitable in psychotherapy, it was not surprising to find that the psychologists who experience no discomfort when a client introduces their explicit spirituality in psychotherapy. Rather they see it as an opportunity to use it naturally in the therapeutic process. Participants addressed this experience as follows:

"... I love dealing with different spiritualities. I find it rich, I find it meaningful, and I find I have learnt a lot and, interestingly, I have never found it problematic ..."
(Participant 2).

'I would learn about it [spirituality] from my client because if that's what is going to help him he must teach me about what is helping him. I would be fascinated'
(Participant 6).

"I suppose ... for me it just relates to what therapy is often about and that's entering the client's experience and so I don't think I'd feel incompetent and get anxious but just kind of act curious or even ask them ... "I'm not really familiar with this, explain it to me, tell me what it means to you, tell me how you understand it, how you feel about it?" Then just go from there" (Participant 1).

Another interesting finding suggests that spirituality is so integral to the person and the therapeutic process that if the client does not recognise their connection to it that it is one of the potential obstacles to the work a spiritually orientated psychologist can do. This is illustrated in the following extract:

".... It feels that at the times when the therapy cannot progress any further or the relationship is either because the individual just doesn't have the capacity for self-reflection, self-awareness, symbolic thinking or they don't have any spiritual orientation [...] it's not about what the person's spirituality is; it's if the person doesn't put any value on it. [...] So it's not the kind of spirituality which I am completely open to but if there's none or no importance given to it I can't put it into words, it's something like a void or a 'deadness' or a closed 'offness' which just makes going there impossible. Almost like a little flavour of psychopathy or narcissism that just makes a person very disconnected

from humanity, from compassion ..." (Participant 2).

On the other end of the spectrum of the participants' experiences, it was reported that fundamental religious beliefs are an obstacle in therapy due to their tendency to be guilt provoking and judgmental. These fundamental and sometimes dogmatic beliefs are described as having a negative effect on clients' willingness to explore on deeper levels of their psychological difficulties. This orientation is described as having the ability to cause the psychologist to experience a client as being "*cognitively simple*" (P5). These clients are found to be challenging to work with due to their reluctance to take responsibility for their lives and rather placing the control in the hands of their God. This is noted to cause frustration for a psychologist manifesting in a lack of patience and actively questioning the client about his/her beliefs in therapy. In this instance psychologists report the need to try to assist clients to reinterpret their beliefs in a more psychologically beneficial way.

"... I think the one I do struggle with most is when the religion is very fundamental and legalistic. I find myself almost having this personal protest against it and also that at times I've found for some, not everyone, that it's often the more harmful types that you get into a log jam in therapy where it's very difficult to negotiate and argue with, for instance, this is what the Bible says therefore it ... and you kind of get blocked and stuck and I find that very hard and frustrating at times. At times I've even caught myself engaging in a little bit of biblical debate with people. An example is of someone with very strong fundamental Christian [beliefs]... and just talking about how sinful she was and how God was going to judge her and I found myself, I suppose, using some of my biblical knowledge and trying to kind of present an alternative form of God ..." (Participant 1).

And;

"... but I do have a bit of red flag to a bull to Christianity in its' What form? What form? 'Doff' form. So when I see they are not taking responsibility or just being cognitively simple I'm afraid it does put a bit of a barrier up. I maybe need to think why

it irritates me so much but I think they should be able to tolerate the fact that there is no meaning in life, life is random and actually ... you know I know I am contradicting in some way because I also do find meaning in it, but sometimes I think Christianity is a sell-out" (Participant 5).

Spirituality is also seen as *"taking away from the person"* (P4) as it doesn't allow a person to explore their difficulties on a deeper and more personal level. In this instance spirituality is not discounted in its universality to human existence but it is seen as an obstacle to self-reflection in therapy. A person is described as being *"blind and deaf to themselves"* (P4). It is postulated that reliance on spirituality may be a coping mechanism to *"get over the blindness and deafness"* (P4) and may result in a person not being able to reflect inwardly. In this instance it is not experienced by one psychologist as a resource for healing and therefore is deemed to have little place in therapy. This is in line with Existential theorists who hypothesise that religion and spirituality may be used as defence mechanisms allowing individuals to cope with anxieties of daily living and help them to maintain composure in their lives (Beck, 2004).

"But you see everything that happens to you has got its own structural, interactional, emotional, and reality based dimensions and it seems to me that the very best thing we can do as humans is to deal with that as it is with as little cognitive diddling with it. If you diddle with what happens to you and your reaction to what happens to you with a belief in spirituality ... I think it's a mistake" (Participant 4).

Therapy is described by this participant as an attempt to;

"... examine with hearing and seeing in an internal sense, their [the client's] psyche's secret spots where they have buried a whole lot of experience and feelings and decisions that govern their adult attitude to the world and people" (Participant 4).

If the client experiences their spirituality as having control over their difficulties then this participant experiences it as *"getting in the way ... quite badly"* (P4) in the therapeutic process and can result in the client being *"blind and deaf to self"* (P4).

Participant 1 describes particular religious orientations as causing therapy to “*get blocked and stuck*” and finding it “*very difficult to negotiate with*” causing “*a log jam in therapy*”.

This is in contrast to the belief of theorists such as Carl Jung, Victor Frankl, Erich Fromm and Carl Rogers who emphasise a spiritual dimension in their psychological theories as a necessary requirement for inner healing and growth (Benjamin & Looby, 1998; Carlson, 1997, Frankl, 1984; Mack, 1994, as cited in Knox et al., 2005). These psychoanalytic, humanistic and existential theorists integrate spirituality into therapy as they identify the presence of “universal forces”, “attention to the soul” and “search for life meaning” as common spiritual themes in people's lives and necessary for the growth process (Carlson, 1997, p. 1).

If we consider that the participants' definitions of spirituality all reflect a belief in something that is greater than ourselves and located internally, then it seems reasonable to consider that it may be experienced as an obstacle in therapy when the client experiences it as located externally which infers separateness. This is possibly because it suggests a failure to explore emotional difficulties with an internal locus of control, that is, the client doesn't take responsibility for their difficulties. Often it is the therapist's function to assist the client to develop an internal locus of control enabling them to navigate effectively through current and future difficulties they may experience.

Participant 4 reports that it is more important to meet a client on a human level rather than a spiritual level for them to gain the most benefit from therapy (which for them entails gaining a deeper understanding of themselves without the aid of their spiritual beliefs). The focus on humanness as a source of “*what is right and wrong and a sense of reality*” (P4) is foremost in the mind of this psychologist. The inherent connection between psychologist and client is thus experienced on a human level and little attention is paid to the spiritual connection.

“... *there is a need [for a connection between client and psychologist in therapy] ... there is a need on a human level but on a spiritual level they can believe anything they damn*

well like, it's not going to worry me and I don't think I'm going to let it worry them. You see to me the belief is so personal I don't think it is part of the therapeutic dialogue. The therapeutic dialogue is about my truth, their truth, as far as we both can see it, and honest exchange and all the other virtues that therapists should have ... you know ... of not exploiting, of not manipulating [...]. That's what I believe and my spirituality, whatever it is, and theirs', they can believe in anything they please" (Participant 4).

It is noted that this participant, who feels that spirituality should not always be part of therapy, also feels that if a client introduces their own explicit spirituality into therapy that it would be important to consider what it is a "*substitute for in human terms*" (P4) and to "*...try and work out what is actually going on*" in the client's life (Participant 4).

In this instance we could argue that this suggests that spirituality is experienced by the psychologist as separate from the person. It seems, however, these psychologists do not discount the importance of a client's inherent spirituality but rather they make the distinction between the effect of a client's spirituality being embedded in fundamental, ritualised practice, and when it is embedded in a broad focus of the interconnectedness of human beings and the connection to something which is greater than themselves. To quote one of the participant's definitions of spirituality:

"...spirituality is bigger than religion ...it's how somebody relates to something that provides them with a broader meaning than just themselves or something bigger than themselves. So it's not only to do with the theistic belief in God but almost how do we orientate towards something, or believe that there is a bigger thing than just ourselves, or a purpose that provides meaning to us ... not necessarily just a relationship with God or a divine being ..." (Participant 1).

This leads us to question the degree of empathy that can exist for a client whose spirituality causes frustration or discomfort for the psychologist. We need to consider then if Morrison et al. (2010, as cited in Sperry, 2012) findings that psychologists' spiritual and religious beliefs affected their capacity for therapeutic empathy, is in fact

true. The Findings in this study suggest that a client's decision making about spiritual matters, being guided by the more fundamental and ritualistic belief systems can cause frustration and irritation for the psychologist. It seems likely that empathy for the client in this context would be difficult. This supports Morrison et al. (2010, as cited by Sperry, 2012) hypothesis that when a client makes a decision relating to spirituality that contradicts the psychologist's belief system, it may hinder the development of therapeutic empathy towards the client. In light of this hypothesis, it's indicated that a future study, exploring the client's experience of a psychologist's response to their spirituality in therapy, may be helpful to clarify this.

There also seems to be agreement amongst the majority of participants that there is truth in the ideas on spirituality that guide Jungian theory. This is noted in their orientation towards Jung's emphasis on the importance of spirituality and transcendence as essential requirements in the therapeutic process in order to address psychological difficulties (James et al., n.d.). However, their experiences of their clients' spirituality, as discussed above, suggest that they don't all translate these ideas into their interaction with clients in therapy in the same manner.

What could be the reason for this? In line with Cummings and Lucchese, 1978 and Halgin, 1985 (as cited in Branco Vasco et al., 1994), one hypothesis is that a psychologist's translation of ideas in therapy is guided by their biases and judgements that have arisen through their own personal life experiences, their experiences of other people's spirituality in everyday interactions and the journey they have taken with their own spirituality. If we consider Goedde (2001, as cited in Knox et al., 2005) findings that acknowledge a client's reluctance to introduce spirituality into therapy for fear of being misunderstood or fear of the psychologist imposing their beliefs on them, this suggests that perhaps the obstacles and discomfort that spirituality is believed to create in therapy for some, may be co-created by both client and psychologist, with each entering the therapy process with a certain unconscious bias and spiritual orientation that is not inclusive of each other's.

These findings address an aim of this study which was to investigate the need for psychologists to be aware of how their personal experiences with spirituality may affect the way they respond to their clients regarding matters of spirituality. It seems possible then that the psychologists' personal biases and judgements of spirituality could materialise in therapy in some manner having the potential to create an obstacle in the psychologist's ability to create an adequate climate for change.

According to Patterson (1989, as cited in Carlson, 1997)) ethical practices in a therapeutic environment include the psychologist's awareness of their own spiritual values and how these can influence their understanding of the client's difficulties and their intervention strategy. The findings in this study, that suggest that psychologists' spiritual and religious experiences and beliefs can affect their capacity for therapeutic empathy, then highlights the ethical implications of such a response to a client's spirituality in therapy. This is in terms of fundamental requirements of respect and acceptance of the individual as a whole in the therapeutic context.

If we consider the findings and discussion this far, it seems that the psychologists' experiences of a client's explicit spirituality in psychotherapy cannot be placed completely on the side of the spectrum that Freud or Jung's views sit. Freud and Jung's conflicting views on the relevance placed on spirituality in psychotherapy are described by Zinnbauer et al. (2000, p. 164) as two extreme opposites being that spirituality is "delusional and distorting" and "fundamental to human experience" respectively. As we can see psychologists' experiences of their client's explicit spirituality in therapy lie on different levels of this continuum. Where the participants in this study sit seems to directly depend on the client's spirituality, their relationship with it and where the psychologist has journeyed with their own spirituality.

The sample used for this study was psychologists who have strong spiritual beliefs in various forms. The sample was chosen for their rich experiences and professional interest in the research subject which has developed over their years of experience in psychotherapy. This may be a limitation of the findings as the experiences of

psychologists who do not have a strong personal emphasis on spirituality were not considered. We can hypothesise that findings from a sample such as this would be decidedly different from the findings in this study. It would be interesting to look at a comparison of these two populations in a future study of this nature.

4.2 How do psychologists deal with incongruence or conflict between the spirituality of clients and their own spirituality?

To contextualise the above question, we consider that spirituality is a personal experience of what makes human beings uniquely human. To explain this I make reference to how Kappen (1994, p. 33, as cited in Kourie, 2006, p. 23) describes spirituality as a necessary part of human growth when he says "... it is the manner in which humans transcend themselves and reach out to the ultimate possibilities of their existence. As such spirituality entails both an understanding of the deepest meaning of human existence and a commitment to realising the same". Kourie (2006, p. 22) reiterates this when he refers to spirituality as "full human maturation".

A psychologist described an "awkward" (P3) experience with a client's father who felt the need to aggressively preserve his spiritual belief as the only path to salvation. The father openly judged and condemned others who did not follow the same faith as he did. Even though this example does not reflect the psychologist's direct relationship with a client, it was included in this analysis for its potential impact on the actual client's psychological growth (the child), the therapeutic alliance and for the psychologist's experience of it.

"I had this experience once where there was a patient's father who was of Christian faith. He, I think, was probably a bit psychotic at that time because he was out to convert everybody. He was quite abusive to those who were not Christian and he even stopped his child attending school as it was not a strictly Christian school. This child actually attempted suicide because he couldn't cope with all of that (the father's issues around spirituality). For me the difficult part was when he came into the waiting room with the

child (he was a teenager) and there was a Muslim lady who was sitting there waiting to see the Occupational Therapist with a child and he insulted her because of her religion. Then he asked my secretary what faith I was and she was put in a very awkward position and I had to speak to him. It was his choice in the end as he needs to be comfortable and it was very awkward because he was basically derailing everybody besides someone who would go to his church. Within me I felt "God I need to defend myself" and obviously you don't say that to them but at the end that was his choice. At the end of the day it was about keeping his child safe and providing psychotherapy that was going to help the child and if he chose to see a Christian psychologist it was his choice and I left it at that. It was very awkward as he said I needed to save myself and handed out a whole lot of books to the secretary ... very awkward ... but I left it up to him and he chose to sit in the waiting room and wanted the child to see me and that's where we left it" (Participant 3).

The psychologist's response in this situation was "*a need to defend*" herself but not feeling able to overtly communicate her discomfort in the situation because of the professional nature of the context. In this instance the psychologist recognised the inappropriateness of responding to the client's father in a defensive manner but rather endeavoured to accept the client and his father's beliefs as part of their identity.

In contrast the following psychologist's response reflects the need to overtly communicate their disapproving view to a client's spiritual need;

"... I'm just associating now where one of my clients lost her child and she wanted to go to a spiritual medium... he drowned ... a three year old in her swimming pool. She wanted to see him through a spiritual medium and I had to say "well I am a Christian we don't contact mediums because we don't believe in that form of spirituality but I cannot stop you from going to a spiritual medium". She wanted one more conversation with her little son. "I can't stop you but you know we are a Christian based hospital so we wouldn't encourage it". She never came back to me again but three years later she did come to our department and she had gone to the medium. I don't know the result but she came to one of my interns - so that is how I approach spirituality" (Participant 6).

Although incongruency of spirituality is most often not experienced as being uncomfortable by the psychologist, the more “*fundamental and legalistic*” (P1) the client's spirituality is the more a psychologist experiences therapy as getting “...*blocked and stuck* ...” (P5) and the spirituality of the client is seen as a cause of much frustration in therapy for the psychologist.

This is illustrated in a response from a participant who recognises his difficulty interacting with the more fundamental and dogmatic spiritual belief systems in therapy. The participant's experience is as follows:

“It has the potential to [disrupt the therapeutic relationship] and I think in one or two cases the person may have gone away feeling like I don't get it but I am hoping that the majority I have managed to negotiate relatively well. It definitely hooks my issues ...it hooks my kind of anger at ... my struggles with fundamentalism which I personally engaged with so sometimes I can possibly lose a bit of perspective in those cases. I think I manage to keep that under control most times” (Participant 1).

And another participant's experience of fundamental beliefs in answer to the following question:

Q: If someone introduces spirituality into therapy, coming with their own spirituality, and you said that in some cases you do have a judgment of this, how does it make you feel as a therapist? What is the feeling that you get about the way you react to them and how do you think it may affect the therapeutic relationship and process in general?

A: *“... sometimes I find it irritating and sometimes it could cause me to be dismissive. So if someone is just going on about the good Lord and God and its God's way and God's will and just like these little throw away 'thingys'. I just think we far apart and I don't really know how to bridge that gap. I would feel a little bit disheartened and we probably won't travel far together”* (Participant 5).

This is in line with Zinnbauer et al. (2000) who recognise the influence of a psychologist's values and beliefs (which include their spiritual orientation) on the therapeutic relationship and process. It is also consistent with the findings of research

undertaken by Allman et al. (1992) which indicate that psychologists' professional and personal traits influence their clinical judgment of clients who report a spiritual experience.

Participant 1 experiences these clients as feeling quite "*threatened*" when they are asked to explore their difficulties. Their perceived insecurity is experienced as a part of their defences and possibly the reason why they move toward a more "*black and white legalistic way of expressing their spirituality*" (Participant 1).

4.2.1 The psychologist's response to spiritually orientated cultural practice

Cilliers' (2009) hypothesis that culture and spirituality are inherently integrated is reported as a very real experience for psychologists. In a typically South African context, it is noted that spiritual differences are sometimes presented in therapy in cultural terms as ancestral worship and traditional African rituals. In this instance it is seen as having the potential to raise questions for the psychologist around the presentation of African spirituality such as "*What's going on?*" and "*What do I allow as a therapist?*" (Participant 3).

The extract from the text that follows illustrates how the psychologist seems to experience the client's spirituality as intrusive finding it difficult, at first, to respect and accept the client's spirituality in therapy.

"A patient that was a teacher and a Sangoma [...] chose to come into my office and do a whole ritual prayer where she actually had to ask ancestor permission to give the money [payment for sessions] to me [...] it was very awkward at that time as I didn't know what she was doing [...]. I was feeling like ... this is my office [...] you can't just come in and do this [...] and I'm thinking that the smoke detectors will go off as she starts a little fire in my office [...]. So this was cultural but a very spiritual thing to do and it was very awkward" (Participant 3).

Of course the practicality of starting a fire in a consulting room needs to be addressed;

however, it seems to also be the unfamiliarity of such a practice and the idea of overt ancestral spiritual relationships that provokes a certain level of anxiety in the psychologist. This seems to represent a clash of worldviews, with the psychologist experiencing this as intrusive in her space. The attitude that spirituality “*becomes such an integral part of a patient's life so it is important to consider*” (P3) is taken by some psychologists and comfort in the therapeutic process for the psychologist can be maintained.

A quote to illustrate this:

“I think you have to work with that patient's frame of thought and being and you've got to understand where that is coming from as well because that is something that they have grown up with. It's passed down through generations and is central to their belief system and if I had to question what they are doing, then obviously I'm going to come across as very judgmental and not accepting of their religious or belief system. Obviously there are times when you must caution patients about certain practices, for example, using a blade and sharing a blade with everybody, you know those kinds of practices, or patients on certain types of medication and taking their herbal stuff ...” (Participant 3).

In line with Hage's (2006) assumption that spirituality and religion form an important part of an individual's ethnic and cultural identity, the importance of addressing what spirituality means to an individual comes to the fore. In theory this seems to be a reasonable task for a psychologist to undertake in therapy, however, the data indicates that it can also elicit some discomfort for the psychologist when the client's belief system advocates, for example, for women's disempowerment and “*silencing*” (Participant 2).

One participant experienced this as being counterproductive to the aim of empowering a client in the therapeutic process. In order to cope with this incongruence in belief systems it was felt that taking an interest and exploring what these spiritual/cultural beliefs mean to the person may be beneficial. This includes overtly discussing any

conflict between what is happening in therapy and what is happening spiritually in the client's life.

“Well one thing that I have found quite difficult is the role of women in Islam and I have found discomfort around what appears to be a lot of disempowerment, a lot of silencing, that is definitely something I have struggled a bit with some clients. Also if this work is about empowering a voice, particularly women, how does that fit in with them in their particular spiritual or cultural context? That has been a bit tricky ... that's been a bit hard at times and I have found myself recognising my own feelings about women being suppressed and their feelings not being heard. I'm thinking about one particular client that I've been working with for a many years ... she's really helped me to understand some of the issues around the Burka, the head scarf, what it means at a deeper level and helping me to understand the things I had seen at a more superficial level at a much deeper level. So that's changed my perception in some of the areas that I might have had some prejudice” (Participant 2).

When asked if she overtly responds to this dilemma in therapy, participant 2 said;

“Where relevant and where appropriate ... I mean I would keep my own prejudice to myself but I would gently explore what it means to the person and how it is for them and whether there is any conflict between what we are doing and their culture and community ... so just keeping sensitivity around what is appropriate and just being very aware of what is mine and what is to do with the client's process. But if the woman is struggling to be a woman in Islam then it would be a topic of conversation for our therapy and it wouldn't be imposed by me ... no ... so I would always do the best I can to follow the client's process and not impose mine and especially not impose my spirituality in any way ... not making it intrusive only making it available if it is, or supportive, or resonant, or meaningful in some way ...” (Participant 2).

As suggested by Cilliers (2009) we need to consider if in fact culture and spirituality should be separated in the therapeutic context. According to Hage (2006) the answer would be no we can't, because spirituality for many people forms an important part of

their identity and shapes how they make sense of themselves and the world around them. In fact religion is an integral part of much cultural belief and experience generally.

These important reflections on culturally influenced spirituality prompted me to begin asking questions around ethical dilemmas a psychologist may find themselves in, namely, a psychologist's responsibility to be non-judgmental and accepting of client's values and beliefs in therapy (which includes spiritual practices). If a psychologist finds it difficult to do this it has the potential to disrupt the therapeutic relationship in terms of its impact on the client's perception of judgment and/or acceptance of their spiritual belief systems by the psychologist. This potential disruption, however, is thought to be dispelled by the psychologist's ability to communicate their understanding and acceptance through the use of language and terminology consistent with cultural practices:

"I have an understanding of the whole process that they may go through, what the Inyangas do and what Sangomas do and I know the terminologies they use. So I ask my patient or clients "did the Sangoma or Inyanga give you "this" to drink?" So they understand what I'm talking about" (Participant 3).

And;

"... because I am so Jungian based I often use the concept of wholeness and then how you can link that to language in a client's particular spiritual framework. So it may be about redemption, or it may be about the union with the divine ... so I can try out different words, I can use words from that person's tradition that will be harmonious with their beliefs ..." (Participant 2).

The inference is that the use of terminology that the client relates to communicates that (1) whilst the psychologist has a different spiritual orientation they have taken an interest in learning about the client's so (2) they are more believable in their attempt to understand and accept the client's spirituality which is likely to (3) enhance rather than disrupt the therapeutic relationship and have a positive influence on the client's psychological growth.

A small percentage of participants find that an incongruence of spiritualities in therapy can be approached using object relations theory where they seek to understand the client's relationship with their higher being rather than understand their explicit spirituality.

"How do you see God?", or "Who is God to you?" "How do you feel God feels about you?" "What do you expect God to want to treat you like? In some ways trying to look at their relationship with God and how they represent God and sometimes using a more psychodynamic approach to try and look at where that representation might come from ... why they think God would be persecutory or judging of them" (Participant 1).

In this way the psychologist attempts to look at similar or re-enacted relationships in the client's life to gain some insight into their functioning. Specifically, the compulsion to re-enact experiences in early object relationships with their God and so creating the opportunity to gain valuable information about their spiritual and psychological wellbeing (Hall et al., 1998).

"I think if you look from an object relations perspective, I would think about how they relate to the object of their religion and where that relationship comes from and know that that relationship has been repeated or has roots somewhere. That's what would intrigue me but content of their religion would be meaningless to me and not of value to me and my work with them. But happily I would look at what meaning they instil in it and their belief of why they would like us to be exploring it. Then it could be any religion and I would be equally comfortable with whatever it is" (Participant 5).

Spirituality is also experienced as having "interconnections" (P6) across all faiths. Any differences or incongruencies between the psychologist's and the client's spirituality is viewed as an opportunity for the psychologist to learn:

"I would learn about it from my client because if that's what is going to help him he must teach me about what is helping him. I would be fascinated. Totally opposite to me [psychologist's spiritual orientation]? I don't think there is anything totally opposite to me. I haven't come across anything that is the opposite of what I [believe] so I think I

have this philosophy that I want to learn from my patient. Anything that is as divergent from my beliefs as possible is going to be even more of a learning curve for me. Let them teach me ... it's the old belief that you learn more from your patients than you will ever teach them" (Participant 6).

And;

" ... I soon get an idea how important it [spirituality] is to that person. So it kind of opens the door for us to have that as a shared understanding and I may also then maybe ask my client, who perhaps is a Christian, if it's okay with them that I am not and very often we learn together. I've learnt about their practices, they've learnt from mine. So the door is open and we explore that as a process ... and that, in my experience, is what often happens ..." (Participant 2).

The above suggests that psychologists attempt to alleviate discomfort they may experience when dealing with a client's explicit spirituality in therapy by approaching the client's spirituality with interest, trying to learn more about it from them and creating an opportunity for professional growth. Professional growth seems to occur in open discussion with the client resulting in a deeper and shared understanding of how a client's belief system may affect their humanity and meaning making process.

If we consider the areas of discomfort outlined above, it seems likely that the psychologists' discomfort is directly related to their personal biases and judgments of spirituality and cultural beliefs which have developed through journeys with their own and other people's spirituality. Personal biases are described by some participants as being those related to dogmatic belief systems that have in some way impacted negatively on their personal lives and resulted in limited tolerance for them. Biases may also form from cultural belief systems that represent a clash of worldviews between client and psychologist. This hypothesis indicates the extent of knowledge, understanding and sensitivity required in cross cultural psychotherapy and whether it is possible to achieve successfully. This supports the findings of Norcross and Prochaska (1983, as cited in Branco Vasco et al., 1994, p. 330) who found that a psychologist's

“personal philosophy and values” to be the most significant influencing factors to their approach to the practice of psychotherapy.

How psychologists deal with incongruence or conflict between the spirituality of their clients and their own spirituality in therapy seems to be linked to their own spiritual journey and/or their belief in the relevance of spirituality in therapy. Specifically it seems that psychologists who recognise spirituality as being fundamental to all human beings, no matter what their spiritual orientation, and it being necessary in the therapeutic process, recognise the need to understand and be accepting of different spiritualities introduced by clients in therapy. This is found to be a way of finding meaning for both psychologist and client and providing a more holistic approach to therapy as a whole. However, there are exceptions to this for psychologists who experience a client's fundamental religious beliefs as a disruption in the therapeutic process. These are found to be difficult to work with in therapy for those psychologists whose personal experiences of a particular spirituality have been negative.

As previously quoted;

“It definitely ...It hooks my issues ... It hooks my kind of anger at my struggles with fundamentalism which I personally engaged with so sometimes I can possibly lose a bit of perspective in those cases ... I think I manage to keep that under control most times” (Participant 1).

And;

“If it were Muslim or Hindu I would be intrigued and curious – an Eastern religion is fascinating but Christians ... it's a trigger that presses my button ... I think I've been so offended by it ... that if they just sort of demanded or expected or felt that it would be of use I would probably say I refer you to a Christian counsellor ...” (Participant 5).

Once again the sample of psychologists used in this study needs to be kept in mind in the interpretation of the findings. This is because the majority of psychologists have well defined spiritual values and definite views about spirituality which may possibly clash with those of their clients. Psychologists with less explicit or less strong spiritual views may simply regard expressions of spirituality in therapy as merely other forms of psychological material to be considered alongside any other material.

4.3 How do psychologists respond to clients' expectations that they assist them with issues of spirituality?

Findings in this study were both consistent and inconsistent with research undertaken by Barrett (2009). He found contrasting results which indicated that clients often seek the assistance of a psychologist to address questions such as "Why am I here?" or "How can a just God allow this to happen to me?" (Barrett, 2009, p. 7). He also found, however, that individuals may avoid bringing their spirituality into therapy and find it offensive and a violation of their autonomy if introduced by the psychologist (Barrett, 2009).

Although the majority of psychologists in this study report that they would not introduce spirituality into therapy as a general rule, one participant experienced a client being defensive of his spirituality when exploration of it was directly introduced by her in therapy. It seems in the following quote from the text that the client's response is also linked to the cultural differences between the client and the psychologist and his perception of the psychologists understanding of their beliefs. This reiterates Goedde (2001, as cited in Knox et al., 2005) finding that one of the reasons a client is reluctant to introduce their spirituality into therapy is the fear of being misunderstood by the psychologist.

"Well I'm a white, female of western orientation, or so the client thinks, so I have introduced it and said "are there any other avenues you are exploring or do you believe your ancestors are protecting you?" and sometimes they look at me and say "now how can you ... what are you talking about?" ... "How do you know about that?" and sometimes they immediately say "No no I'm not interested in that" which I know is not

the truth because I'm on another research project which [...] where we found that 80% of our patients consult traditional healers ... 80% of our patients who we treat with western medicine consult traditional healers. They are a bit taken aback ... I'm very interested in other people's spirituality. I love counselling Muslims, I love counselling Hindu people, and I love counselling Jewish people (I don't have much opportunity for that) because I love to learn about the spirituality of my client because I think their spirituality can help them where I may not be able to help them. So I am very open as a therapist but I do sometimes find that people get defensive when they sort of look at me as if ... "even if we told you what our spirituality does for us" ... Like say a Muslim patient ... "you not going to believe me or you not going to be interested". So clients might be a bit defensive about their spirituality, but not all" (Participant 6).

This example also reiterates the research findings of Shafranske and Goruch (1985, as cited in Shafranske, 2005) and Shafranske and Malony (1990a, 1990b, as cited in Shafranske, 2005) that the spiritual orientation and involvement of the psychologist plays an important role in whether spiritual interventions or ideas are introduced into therapy by the therapist.

Experiences that are consistent with the findings of Rose, Westerfeld and Ansley (2001, as cited in Knox et al., 2005) that some clients do want to address issues of a spiritual nature in therapy is evidenced by one participant. In the case example given, the client is struggling with accepting himself as a homosexual when this lifestyle choice is frowned upon by his spiritual belief system. Questions posed to the psychologist in therapy in this regard that directly relate to spirituality are;

"Is this bad?", "Is this sinful?" (Participant 1).

In this example the psychologist experienced the client as;

"...definitely trying to use [his] beliefs in spirituality to deal with this problem of forbidden thoughts and feelings ..." (Participant 1).

The psychologist felt that;

"...often a lot of people enter therapy because they have lost touch, they get disconnected from their sense of purpose, their sense of connection to something bigger and wider ..."
(Participant 1).

The psychologist's experience of people entering therapy when they feel "*disconnected*" (P1) from their "*connection to something that is bigger*" (P1) suggests their belief in the universality of spirituality in terms of an individual's striving for a sense of purpose and meaning making whatever their spiritual orientation may be. Again this seems to reiterate the finding that some therapists assume that spirituality is an inherent condition that is universally experienced by individuals and may be an essential part of the therapeutic process and the client's growth process. This is in line with beliefs of theorists such as Carl Jung, Victor Frankl, Erich Fromm and Carl Rogers who emphasise a spiritual dimension in their psychological theories as a necessary requirement for inner healing and growth (Benjamin & Looby, Carlson, 1997, 1998; Frankl, 1984; Mack, 1994, as cited in Knox et al., 2005).

It is reported that a client can be surprised that spirituality has a place in the therapeutic process and that it can be addressed as part of their psychological growth. Surprise is manifested in questions such as;

"Can I talk about this [spirituality] here?" (Participant 1).

The psychologist who has experienced a client's surprise at the idea of exploring spirituality in therapy reports that they are inclined to encourage the client to talk about it as part of the growth process:

"If it's an important aspect of your life it means you must talk about it here..."
(Participant 1).

This can be considered from a contemporary psychoanalysts' viewpoint that spirituality, specifically from the perspective of Object Relations theory, can be explored in therapy

as any other issues brought to therapy would be. For Object Relations theorists the focus is on the client's experiences in early object relationships with their God (or anyone else) as influences on their internalised representations of interpersonal relationships. (Hall et al., 1998).

A third of psychologists interviewed for this study reported that the explicit spiritual exploration process is initiated by their own enquiry into the meaning of issues a client may bring to therapy with the aim of introducing different ways of understanding the problem. In this way psychologists wish to address *"big questions not only from the psychological point of view but to see that there are many ways to look [at a problem] in a much more holistic way"* (P2). This is undertaken only when the client is willing to explore his/her problems in this manner. This suggests that some psychologists introduce an explicit spiritual frame of reference as part of the therapeutic process.

It is also suggested that psychologists may explore spiritual issues presented by the client in therapy as part of the process of interpretation of meaning by considering the following;

"...how does that belief system affect your humanity? How does it affect how you make meaning of suffering? How does it affect how you view mortality and death? How you view morality and ethicality? Then those become the important issues and not whether you pray on a Sunday or whether you sit on your meditation cushion, but how do your particular practices inform your humanity and your capacity to love and connect?" (Participant 2).

The manner in which problems are then understood are in terms of the client's conscious understanding, their unconscious, the spiritual dimension, their somatic responses and emotional experiences.

Findings in this study suggest that the holistic focus on mind, body and soul when understanding a client is particularly pursued by psychologists with an interest in Jungian philosophy. They find that assisting a client to find meaning in their lives is often linked to the connection with their spiritual beliefs. This implies, therefore, that therapeutic

work is most beneficial when it addresses both the spiritual and psychological dimensions of the client's life in the therapeutic process. This is in line with Jungian theory which emphasises the importance of spirituality and transcendence as essential requirements in the therapeutic process in order to address psychological difficulties (James et al., n.d.). Falloot (2007) also recognises the benefits of addressing both spirituality and psychological dimensions in his description of spirituality as strengthening a sense of self and self-esteem, providing a reason for being, enhancing adaptive coping strategies and providing a sense of hope for positive change affecting future growth for the client.

Despite one participant's belief in the importance of considering spirituality in psychotherapy, and her interest in Jungian philosophy, she considered the possibility that the western roots of psychology may be deeply entrenched in her therapeutic style due to the influences on her mainstream and westernised training. She felt that this may translate into her therapeutic style as a tendency to fall back on understanding a client cognitively and behaviourally with the focus moving away from their spiritual dimension at times.

"... I'm afraid that my western roots are very deeply entrenched. I immediately think of what is happening in their life, you know cognitively and behaviourally – what's happening? Where is the problem? Where does the problem arise? What are you doing about it? So maybe I'm not really as spiritual as I really would like to be, I get more into practicalities" (Participant 6).

This suggests that this psychologist may feel the need to understand a client and the therapeutic process through a westernised and empirically sound theoretical orientation which she is comfortable with. In this instance, it seems likely that a psychologist's focus on the theoretical understanding may affect the client's willingness to enter into a therapeutic dialogue that includes issues concerning their spirituality. Once again, this supports Geodde (2001, as cited in Knox et al., 2005) finding that clients fear judgment by the psychologist and fear that they will not understand their spiritual needs. This is also in line with Mayers et al. (2007) consideration that if a psychologist is "dismissive

or neglectful of spirituality” it may create misunderstandings and uncertainty in the therapeutic relationship affecting the growth process (p. 21).

This reflection reiterates Zinnbauer et al. (2000) acknowledgment that it is important to consider the influence of a psychologist's personal spiritual belief system and their values on their therapeutic style, understanding and management of a case. This can be illustrated in this response from Participant 1 when asked if he would consider introducing spirituality into therapy if he felt the client would benefit from it;

“I haven't explicitly, for instance, encouraged somebody to go to church or do something like that but I suppose what I have encouraged them to do is ... I think I've tended to suggest more secular forms of it like I have at times encouraged patients or clients and given them material on mindfulness and things like that. At times in therapy we kind of explore the questions of what gives you meaning and what gives you purpose, what helps you feel connected to something bigger than yourself So not actively ... I think it might also be, if I get more personal here, it might also be related to some of my struggles with it. I'm definitely kind of still at times struggling with spirituality and so I am not always comfortable recommending it to others. I think more often than not I have tried to I don't always actively and part of me thinks maybe I should be doing it more” (Participant 1).

It is evident that participant one's struggles in his personal journey with his spirituality has made him feel reluctant to enter into a spiritually orientated dialogue in therapy. The level he is willing to work with a client's spirituality in therapy seems to be guided by his level of comfort with his own spirituality.

The findings in this study bring into question whether a psychologist's personal spiritual belief system and their values always guide their therapeutic style and management of cases as Zinnbauer et al. (2000) suggest. In this study it was evident that participants had strong personal spiritual belief systems and the majority were also open to exploring spiritualities different to their own in therapy. To quote participant six's definition of spirituality as an example;

“The spiritual world for me as a Christian it is Jesus, God and the Holy Spirit. It's a three in one, it's my connection to Jesus, to God, it's everything that is not my thinking brain, that's not my working body, it's not the food around me, it's all that other dimension, that's basically how I would define spirituality. But personally for me it's very closely connected to Christianity but of course my PhD had a lot to do with African spirituality so I'm aware of whole other dimension out there of spirituality ...”
(Participant 6).

And;

“... I'm afraid that my western roots are very deeply entrenched. I immediately think of what is happening in their life, you know cognitively and behaviourally [...] so maybe I'm not really as spiritual as I really would like to be and I get more into practicalities”
(Participant 6).

These extracts suggest that just because a psychologist has a personally well-defined spiritual focus and is open to attending to a client's explicit spirituality in therapy, that their actual therapeutic style, understanding and management of a case may be guided by the level at which they are professionally comfortable to work with a client, and not their personal spiritual orientation or openness to clients' spirituality. Findings suggested that this comfort level may be directly related to inadequate professional training at master's level and their level of learning about the integration of spirituality and psychotherapy as a practicing psychologist. This finding supports Hage's (2006) research which identifies inadequate exposure to the integration of spirituality and psychotherapy in professional training programmes as a major issue. This is also in line with research undertaken by Cummings and Lucchese (1978) and Halgin (1985) that found one of the influences on a psychologist's theoretical orientation was the training they had been exposed to (as cited in Branco Vasco et al., 1994).

It was evident that participants identify limited (or no) tuition at master's level as an important gap in professional training;

“...I felt a very great gap at the university... universities [...] in that they were not able to train me in Christian counselling or any Hindu, Muslim, Jewish, or African spirituality so that there was a gap in my spirituality within therapy ...” (Participant 6).

And;

“...Well I think that it could be included more in our training. I really think that it would be really beneficial to be more open and not keeping them so separate. Even if we had a few modules in Masters where we looked at spirituality, where we looked at some of the questions you're asking – how do we work with people with different spiritual orientations? How does a therapist bring in their spiritual practice? ... I really think that would be helpful. It does feel to me that the movement is towards a much more holistic way of working not just psychological and spiritual but also mind and body and so ...a more integrated approach would be more helpful and maybe more dialogues or forums to discuss the experience” (Participant 2).

Interestingly, the findings indicate that clients may seek to address their spirituality in therapy in certain ways if they know the psychologist is open to this particular orientation. For example, participant two in this study has a particular focus on spirituality in therapy and finds that she has been approached to discuss mindfulness as a vehicle for spiritual growth during the therapeutic process. This is found to occur for some clients despite their spiritual orientation with the view that mindfulness can be applied with beneficial results to any spiritual orientation, for example;

“mindful Christian prayer” (Participant 2).

In this way this participant frames *“spiritual things in more neutral ways that are not in any way disrespectful or offensive to a client's religious or spiritual orientation”*.

Again this is demonstrating an attitude of following what the client brings to therapy and

using language to deliver therapy that makes the process digestible to his/her spiritual understanding. It also suggests an attempt to find a common frame of reference from which to deal with spirituality in psychotherapy.

Even though psychologists attempt to respect and understand spiritual issues, alongside all other material presented by clients in therapy, psychologists are also faced with clients requesting specific assistance in their spiritual/cultural issues in therapy. I refer, once again, to Afrocentric spirituality with the incorporation of ancestral worship and rituals as an example of this. Psychologists report being interested and willing to assist clients in this realm of understanding but, if they felt they were not being effective, they would discuss the benefits of culturally appropriate interventions with their clients (such as a Sangoma or Inyanga). The willingness to enter into therapy which includes Afrocentric spirituality leads us to consider if psychologists should be doing this due to their lack of credibility and social sanction in this area. Consideration is given to competence in the next section of the chapter.

A small percentage of psychologists also felt they were happy for their clients to consult both a traditional healer and themselves if this was beneficial to their overall growth process.

For some participants, being interested and willing to address spiritual issues in therapy, however, seems to depend on their attitude towards the client's explicit spiritual orientation. This is an indication that it is possible that their personal bias and judgment of a particular spiritual orientation will influence whether the psychologist is willing to work with a client.

This is an account from the text regarding this;

"If it were Muslim or Hindu I would be intrigued and curious – an Eastern religion is fascinating but Christians ... it's a trigger that presses my button ... I think I've been so offended by it [...] that if they just sort of demanded or expected or felt that it would be of use I would probably say I will refer you to Christian therapist. I would probably say

that you would have a more meaningful journey with [a Christian therapist] ... coming to me we work psychodynamically / psychoanalytically with my own spiritual 'thing' and that's the way I do it. If you asking for that I would probably think that you would have a better journey with someone else" (Participant 5).

This also suggests that the compatibility of a psychologist's and client's spirituality may be essential if the client wishes to address their spirituality in therapy directly. This participant seems to have a very strong bias against a particular spiritual belief system which has developed through her own experience of it in her personal capacity. The above quote demonstrates the difficulty psychologists may find separating their personal biases and judgments of spiritualities from their professional work. In situations such as this, it is likely that the client may experience the psychologist as judgmental or disrespectful which is likely to be an obstacle in therapy if they continue to work together.

A small amount of participants report that congruency/compatibility of spirituality between them and the client is likely to be experienced by the client in a positive way in terms of identification and therefore deepening of the therapeutic relationship. For those psychologists who do not report this we need to consider that perhaps the use of a non-directive therapeutic style to create a nurturing, accepting and open environment for a client, is in fact an essential requirement for addressing spirituality in therapy that is incompatible with that of the psychologist's, as Mayers et al. (2007) suggest. This would also support Mayers et al. (2007) suggestion that reinforcement of a client's spiritual beliefs can occur as a natural process in therapy without conscious effort from the psychologist. We also need to consider, however, the possibility that psychologists fail to give enough consideration to the assessment of the client's response to them and the therapeutic process and the potential for them to miss any discomfort experienced by the client.

How psychologists respond to clients' expectations that they assist them with issues of spirituality seems to be guided by their own spiritual orientation, biases and judgments of

their client's explicit spirituality. In addition, the above suggests that the extent to which psychologists are willing to work with a client's explicit spirituality in therapy is guided by the degree of comfort/discomfort they experience as opposed to considerations of their competence in this area.

4.4 Ethical Considerations of Addressing Spirituality in therapy

The DSM-IV-TR addresses spirituality in therapy under the section "Other Conditions That May Be a Focus of Clinical Attention". This makes us aware of the agreement amongst professionals that provision should be made for a psychologist to address spiritual meanings in therapy (American Psychiatric Association, 2000, p. 741).

The above implies the necessity for a psychologist to be well trained in spiritual and religious diversity.

In this study exploration has been done into the subjective experiences of psychologists who encounter a client's explicit spirituality in the therapeutic process. The participants have shared openly about their experiences of this phenomenon, their management of it in therapy and have revealed their personal biases and judgments that influence their experience and management. As part of making sense of these experiences and their consequences, consideration is given to specific ethical concerns highlighted around competence and respect in this study.

4.4.1 When and how do psychologists deal with issues of spirituality outside of their scope of competence?

Sadock and Sadock (2007) give recognition to the importance of spirituality in health matters in terms of its positive and negative influence on an individual's growth process (physical and emotional). They do, however, guard against addressing it directly with a client during the course of mental health care. Rather they encourage referral to the relevant spiritual domain (Sadock et al., 2007).

With this in mind, this section of the study seeks to address whether psychologists give consideration to their ethical obligation to promote wellbeing in the therapeutic process with regards their client's spirituality. In this instance this refers directly to decisions made in terms of how and when they address a client's explicit spirituality in therapy and when they choose to refer a client to a relevant spiritual/religious source such as a priest.

4.4.1.1 Assessment of spirituality in therapy and appropriate referrals

In order to address a client's spirituality in therapy appropriately it seems likely that it would be necessary for a psychologist to assess the client's spirituality and spiritual needs. This is agreed by Richards and Bergin (2005, as cited in Shafranske, 2005) who emphasise the importance of considering the function of spirituality in a client's life. Having done the assessment of spirituality, it suggests that psychologists would be able to consider whether they have the experience to assist their client (working within their scope of practice) or whether an appropriate referral should be made.

Psychologists in this study acknowledged the importance of assessing a client's spirituality in order to ascertain how important it is to them, if it forms part of their coping strategies and/or if it is the problem they are bringing to therapy. This is described as fulfilling the aim of working holistically with a client from the outset of therapy. A large majority of psychologists in this study report that the process of assessing the patient's spiritual values is done explicitly.

Examples of assessment of spirituality in therapy;

"I suppose I would say something along the lines of in an intake interview ... "I often want to look at all the things that are important in your life and affect you and a part of that is your faith" ... I would ask quite open generalised questions and probably go in a little bit further "Is faith important to you"? And just take it from there. I think I would definitely want to gain what their object relations are and tends to be how I formulate and try and work so ... "How do you see God?" "How do you feel God feels about you?" (Participant 1).

And;

"I think when you are doing your initial clinical interview it's always nice to have an idea of what is important to the patient and what practices they follow, so you have an idea about what's happening at home. Especially when sometimes you have patients of different faith groups married to each other - what's their level of compatibility? What's their level of understanding? What's their focus on prayer? you know in terms of daily activities, so you have a broader idea of what the patient is all about as well" (Participant 3).

And assessment as part of introducing the idea of addressing spirituality into therapy;

"Well I think often clients will talk about their relationship to their own spirituality either overtly or they may elude to it and so I would be, I suppose, sensitive to those communications about spirituality being important to a person ... that's the one thing ... also I often ask overtly at the beginning when I am meeting someone, just as I would ask about anything else. I would just gently ask "do you have a religious or spiritual practice"? That often opens up people to saying yes or no, what it is, how important it is to them and what form it takes. So we are already starting with them thinking that that is an interesting question, that spirituality can be part of this work and then I soon get an idea how important it is to that person" (Participant 2).

Assessment is also described as being done in a psycho-spiritual manner as follows;

"...I think assessment wouldn't perhaps be the word I would use, it's more a process or an unfolding of an in-tunement and because I am working in a very processual way I don't know if it will come up or not and how it will come up" (Participant 2).

And assessment undertaken with the view that spirituality makes an individual *"...blind and deaf to self"* (P 4):

This participant assesses if the client is able to reflect inwardly through their spirituality for the source and resolution of their emotional difficulty. This suggests that the client

has an internal locus of control and takes responsibility for issues arising in their lives without relinquishing resolution of them to their God.

“So if a person came to you and you weren't able to assess where they are (as you mentioned earlier) i.e. being able to reflect inwardly or not...” (Researcher).

“Oh you can see it immediately ...” (Participant 4).

“How do you see that?” (Researcher).

“Because it's just intuition ... you may not admit it, you may not sit there and say “this one's not seeing or hearing” which is what I do and I'm always prepared to try with their cooperation. So I always wait for them to bring their experience, their reactions, and their emotions of the intervals between the therapy sessions that are in the now not necessarily the old stuff. I'll take a history, yes, and get some idea of where and how they got stuck ... [...] if they don't like my version [of psychology] then they should go and find someone else's version that they do like as they may be able to work better with that than with mine” (Participant 4).

If we consider the above examples, it is clear that although acknowledgment is given to the importance of assessment of spirituality as part of therapy, the aim of assessment is very different. In the first two examples the aim of assessment is to find out more about the client in order to assist the psychologist to form a holistic view of him or her. However, in the third example it seems that the aim is for the psychologist to assess for him/herself if they feel they can work with the client in therapy. These different examples are directly related to whether the psychologist feels there is a place for spirituality in therapy for a particular client or not and whether they are comfortable addressing explicit spirituality in therapy or not.

The findings in this study suggest that psychologists acknowledge the importance of assessing a client's spirituality for various reasons:

(1) in order to ascertain how important it is to them

- (2) to assess if it forms part of their coping strategies and/or if it contributes to the problem they are bringing to therapy
- (3) As a way of overtly introducing the possibility of discussing spirituality in therapy
- (4) As a way of assessing for the impact their spirituality has on their ability to self-reflect.

In answer to the question regarding the decision to refer appropriately to another therapist, priest or traditional healer to address issues of spirituality that they don't understand, some participants acknowledge that they turn to a theoretical understanding of the client's spirituality as an alternative to referring them elsewhere. This is in line with the focus on object relationships as insight into a psychological and spiritual wellbeing and the necessity for assessment of a client's spirituality from the outset of therapy suggested by Hall et al. (1998).

"I haven't done that [referred] ... and I think that it's often to do with the setting I've worked in. When I have seen those type of patients I was working in government hospital setting in a district clinic in Nguzi and I found very often they had already consulted traditional healers ... you know you coming to see a psychologist is almost your last resort after you have already tried kind of everything and so very often they have already tried that ... so I suppose, to be honest, I might try and work with it but I often do an eloquent side step and start trying to look at, you know, what their relationships are and I suppose I just try to elicit their underlying difficulties" (Participant 1).

In this example from the text, the participant acknowledges that he graciously avoids dealing explicitly with a client's Afrocentric spirituality by shifting his exploration of the client's problems to focus on the possible underlying psychological issues rather than their explicit spirituality. This subtle shift of exploration suggests the psychologist's intention is to preserve the therapeutic relationship and perhaps also to stay within their scope of practice. However, it is also an indication that, on some level, the psychologist is acknowledging a limit to his ability to address this client with explicit spirituality in therapy.

Another example is;

"I think if you look from an object relations perspective, I would think how they relate to the object of their religion, where that relationship comes from and know that that relationship has been repeated or has roots somewhere. That's what would intrigue me but content of their religion would be meaningless to me and not of value to me. I work with them happily but I would look at what meaning they instil in it and their belief of why they would like us to be exploring it. Then it could be any religion and I would be equally comfortable with whatever it is" (Participant 5).

The above suggests that spirituality is not directly dealt with and rather emphasis is given to the psychological aspects of the client's relationship with their spirituality and what it means to them.

The majority of participants also acknowledge that sometimes there is a need for a client to see an appropriate therapist or religious leader in order for them to deal with their spiritual issue. In this instance, the decision to refer a client or not is described as being part of a natural process where a client realises that this particular psychologist (or therapy) is not the most beneficial for them. This suggests that the psychologist realises that there are times that they do not have the expertise to address the client's spirituality in therapy. Often the client and psychologist decide together on an appropriate way forward for the client.

Extracts to illustrate this are as follows:

"I wonder if you wouldn't get better mileage out of someone who is more informed in this area". You need to weigh it up. If you were coming to me and wanting me to work in your religious/spiritual way I would want to explore why you want that and what that means to you in a psychoanalysis/psychodynamic [manner] - what is the meaning to them and why they require it? So wouldn't be spiritual" (Participant 5).

This response suggests that this psychologist avoids dealing with spiritual issues, once again, focusing on the psychological aspects of their relationship with their spirituality.

And;

"...Sometimes you get patients that come into therapy and they feel they have greater trust in the pastor at the church, for example, you work within that and you just have to accept it and let them experience what they need to experience ..." (Participant 3).

This participant implies acceptance of the limits of what they can assist the client with therapeutically.

And;

"... If I felt I was losing or not being effective I would say "I think you must perhaps consult your Sangoma about this because I actually can't help you but I'm interested that it is helping you"... so I would, I would work with them, I would be happy to know a client of mine is going to an Umthandazi, who is the prayer traditional healer or the Inyanga, who is the herbal traditional healer, or Sangoma who worships... ancestral worship ... and come to me at the same time. I would be quite happy, I'd find it fascinating actually ... it does happen, it does happen that the people consult me and I know they are consulting others" (Participant 6).

This psychologist indicates that she is willing to work in parallel with traditional healing which suggests that she recognises that she may not be able to assist a client with their spirituality in its entirety.

At other times a psychologist has felt comfortable praying with a client at her request without feeling the necessity to refer to an appropriate spiritual leader. The extract from the text that follows reflects on the need to also be sensitive to the client's needs at a particular moment in their lives when faced with a decision to refer a client appropriately or not.

"You know sometimes patients or clients need something that they find will be beneficial to them. I remember once we had a very sad situation in the hospital when a patient was dying and they needed their pastor there more than they needed me and I said "please

you've got to call [the pastor]". The pastor made me sit with them and pray with them and I did that and it felt right to do it. It was perfectly okay and they really appreciated me sharing in that kind of process with them" (Participant 3).

In this example, it seems likely at this moment that the client was concerned very little with the spiritual orientation of the psychologist and may have, consciously or unconsciously, recognised the universality of spirituality in the moment of her impending death and responded with openness to it. It is likely that a referral was not necessary as praying together seemed to be appropriate even though the spirituality of the client and the psychologist were different.

The above suggests that several options emerge from the text of how psychologists might address spirituality in therapy. These can be summarised as:

- (1) To ignore the client's spirituality and spiritual matters in therapy
- (2) To deal with the psychological factors associated with the client's spirituality
- (3) Work parallel with religious sources such as a priest
- (4) Address the client's spirituality in therapy
- (5) Refer appropriately

One of the ethical pitfalls identified by Plante (2007) in the area of the integration of spirituality and therapy is that of psychologists' competence to do so. While the need for sensitivity around spiritual diversity in therapy is acknowledged, the lack of focus in this area of formal training programmes leads us to consider the ethical issues surrounding the legal obligation of a psychologist to work within his/her scope of practice (Plante, 2007).

4.4.1.2 Consideration of competence

Richards and Bergin (1997, as cited in Plante, 2007) acknowledge that psychologists need to undertake additional training and supervision in the integration of spirituality and psychotherapy to ensure they can provide a competent service to clients.

As we have seen in the findings and extracts from the text so far, this study finds that participants give little specific consideration to their competence to address spirituality in therapy. This suggests that some psychologists give little specific consideration to the importance of maintaining integrity by being honest about their skills and competencies in spirituality in therapy and working within or outside their scope of practice (Plante, 2007). Rather the majority of participants confirm handling it with curiosity and the willingness to learn from the client. It is also understood theoretically using object relations theory which addresses the client's relationship to his/her spirituality (Hall et al., 1998). This suggests that the majority of psychologists in this study reframe spiritual issues brought to therapy into their zone of competence.

In support of Knox et al. (2005) findings that clients find the psychologist's openness about their own spirituality in therapy was helpful in dispelling any preconceived hierarchy in the therapeutic relationship, one participant's response suggests that there is a need for disclosure of a psychologist's own spiritual orientation (and other things) in the therapeutic relationship to communicate "*shared humanness*" (P2). In this way the psychologist's self-disclosure suggests a subtle way of communicating her limits of competence in the client's spirituality. But is this sufficient for competence to be viewed as being adequately considered? There was insufficient information in this study to provide the answer to this question.

When this participant was asked if self-disclosure was part of her therapeutic process she responded as follows;

"It is ... and probably it's also about creating a kind of mutual, reciprocal relationship as appose to "I'm an expert that knows everything and you, my client, needs me" and

somehow we are in a collaborative conversation with each other and self-disclosure is a way of sharing our humanness” (Participant 2).

These ethical considerations suggest that psychologists have to make a deliberate effort to equip themselves with adequate skills to enable them to address spirituality in therapy efficiently and within their scope of practice or refer the client appropriately. In opposition to Hage's (2006) findings that psychologists give little consideration to the assessment of spirituality in therapy when devising intervention strategies, it is evident that all the participants in this study do assess spirituality in therapy as a part of the process. However, an additional finding relevant to this study is that the participants don't seem to give strong consideration to the ethical dilemma they may be putting themselves in with regards exceeding the boundaries of their professional scope of practice. This is understood in the context of adequate training and /or practice and supervision to equip them with the necessary skills to adequately assess and address spirituality in therapy which is advocated by Richards and Bergin (1997, as cited in Plante, 2007).

When we consider the emphasis that Richards et al., (1997, as cited in Plante, 2007) place on a psychologists' need to undertake additional training and supervision in the integration of spirituality and psychotherapy to ensure they can provide a competent service to clients, it leads us to ask how much training is necessary / adequate and how is it monitored / evaluated? This is definitely worth considering as a future research question.

CHAPTER 5

CONCLUSION

This qualitative study attempted to explore how psychologists' experience clients explicitly referring to spirituality in therapy. This chapter consolidates the findings of this study which was undertaken using thematic analysis. This approach allowed me to discover, interpret and analyse participants' feelings and lived experience from the themes emerging from the text (Braun et al., 2006). An interpretive research paradigm was used to understand the meanings, ideas and thoughts of participants in a flexible manner and to provide "thick descriptions" from the data (Terre Blanche et al, 2006, p. 321).

The literature cited on spirituality in psychotherapy suggested that much research has been dedicated to understanding the importance of a client's spirituality in their growth process, but very little has been done exploring the phenomenon from the psychologist's perspective. This study therefore aimed to address this gap in research knowledge which seems to exist between the theoretical understanding of spirituality and psychology and, in particular, the actual experiences of psychologists when a client's spirituality is presented in therapy as an issue to be addressed.

It was also anticipated that the findings would create awareness of the potential impact that a psychologist's personal spiritual values may have on therapy. It was hoped that this awareness would then have the potential to encourage psychologists to respond to their clients in ways that are beneficial to their client's growth process. It was also anticipated that findings may assist to normalise anxieties psychologists may experience when faced with this phenomenon in therapy.

5.1 Limitations of the Study

The sample used for this study was psychologists who have strong spiritual beliefs in various forms. This may serve as a limitation of the findings as the experience of

psychologists who do not have a strong personal emphasis on spirituality were not considered. We can hypothesise that findings from a sample such as this would be decidedly different from the findings in this study. It would be interesting to look at a comparison of these two populations in a future study of this nature.

It should also be considered that participants may have had the tendency to respond in a professionally desirable manner in order to present a favourable image of themselves. This may have influenced their responses and affected the validity and reliability of the research findings. Consideration needs to be given therefore to the possibility that information supplied by participants may have been in the form of self-deception or they may have tried to conform to professionally desirable behaviour in their responses (van de Mortel, 2008).

Although religion and spirituality have commonalities, they can be clearly differentiated as outlined in the literature review. Psychologists, however, sometimes found it difficult to separate the two and amalgamated both concepts in descriptions of their experiences. This may have impacted on the interpretation of the data and affected the validity of the research findings.

In the analysis of the data in this study it is inevitable that the researcher's preconceptions and own subjective experiences guided the interpretation and integration of data (Willig, 2001). This may have affected the validity and reliability of the research findings.

5.2 Recommendations

5.2.1 Recommendations for professional practice

During interviews with some participants in this study it became apparent that by asking them questions about their experiences of a client's spirituality in therapy it started them thinking about their professional practice. They acknowledged that the process provided them with new insights and understanding of these experiences. It is recommended therefore that psychologists create or seek forums which enable discussion and exploration of spirituality in psychotherapy to enhance their professional practice.

5.2.2 Recommendations for research

The sample used for this study was psychologists who have strong spiritual beliefs in various forms. Future research would benefit from including psychologists in the sample who do not have a strong personal emphasis on spirituality. This would provide an interesting comparative study of psychologists' experiences of spirituality in therapy.

In addition, research into how much professional training in the integration of spirituality in psychotherapy is necessary / adequate to deem a psychologist competent in this area of practice would be beneficial.

5.3 Conclusion

This research has attempted to explore psychologists' experience of clients' explicit spirituality in therapy.

The literature confirms that there is much interest in the integration of spirituality and psychology. This is not surprising as we are increasingly made aware through theoretical orientations of the interconnectedness of the two areas in terms of their focus on healing the mind (Field, 2005) and "a journey towards wholeness" (Storr, 1983, as cited in Carlson, 1997, p. 19). This is especially acknowledged by Jungian, Existential, Humanistic and Transpersonal theorists who recognise the inherently spiritual nature in all human beings (Boornstein, 1996, as cited in Shorrock, 2008). If we consider this, a person's search for meaning and purpose in their lives is likely to incorporate the psychological and the spiritual in which ever form and meaning it takes for the client.

The deeply subjective nature of spirituality in both the psychologist and the client's lives has the potential to affect the therapeutic relationship and process in different ways (Sperry, 2012). In support of this, the overarching finding of this study is that the psychologist's values, biases, judgements and/or acceptance of their client's spirituality and their view of its place in therapy, is informed by their personal experiences of their own spirituality and the journey it has taken them on. This seems to filter naturally into the therapeutic relationship and process through their willingness to learn from their

clients, their level of discomfort with a specific spirituality or cultural belief, their willingness to consider spirituality as part of the therapeutic process and their acceptance of their client's spirituality as integral to their growth process.

This is not a new finding and rather supports the ideas of Zinnbauer et al. (2000) and Allman et al. (1992) who acknowledge a psychologist's values (including spiritual) as being an important influence on how they experience and respond to clients in therapy. However, it does highlight the need for psychologists to be aware of how their own values, spiritual journeys and personal experiences of other spiritualities affect their response to clients and their expressions of spirituality in therapy.

In line with this, it is interesting to note that despite the effect of the psychologist's personal experience of spirituality and its potential to cause judgmental and biased responses towards clients' explicit spirituality, the majority of participants do believe there is an inherent spiritual connection between them and their clients occurring on an unconscious level. Most participants also felt that spirituality could not be separated from a person and therefore forms an integral and inevitable part of the therapy process. Consideration of the level of spiritual connection being dependent on the therapist's own spiritual journey was only articulated by one participant. This emphasises the need for psychologists to consider the underlying impact and influence their own spirituality has on the therapeutic process.

Those psychologists with an interest in Jungian philosophy are most orientated to a client's spirituality and believe in the important link it has to finding meaning in their lives. Findings, however, highlighted the impact that mainstream western training may have on the psychologist's ability to integrate this philosophy into their therapeutic practice. The need for specific training in spirituality in psychotherapy was highlighted by the majority of participants as a major gap in their training.

With this in mind, this study has also highlighted the need for psychologists to pay attention to their competence to work in the area of spirituality in psychotherapy. It seems that little specific attention is given to competence in this area which means that

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psychologists expose themselves to working outside of their scope of practice and in violation of ethical practice.

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Appendix A: Ethical Clearance



21 June 2012

Mrs Susan Haycock (212552415)
School of Applied Human Sciences

Dear Mrs Haycock

Protocol reference number: HSS/0346/012M
Project title: Spirituality in Therapy: The psychologist's experience


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: Professor Graham Lindegger
cc Academic Leader: Professor JH Bultendach
cc School Admin: Ms Nondumiso Khanyile



Appendix B: Informed consent form

INFORMED CONSENT FORM

Dear _____

I am a postgraduate student pursuing my master's degree in clinical psychology at the University of KwaZulu-Natal, Pietermaritzburg. As a requirement of my master's degree I will be carrying out a research project entitled "Spirituality in Psychotherapy: The Psychologist's Experience".

This letter serves to invite you to participate in the study and gain your written consent.

Aim and Rationale of the study:

The aim of the proposed study is to explore the phenomenon of a client's spirituality in therapy as experienced by the therapist. It specifically seeks to address the question of how a psychologist experiences the effect on therapy of client's using an explicit spiritual frame of reference, and how they deal with this phenomenon in therapy. The study is also interested in when and how the psychologist recognises their own limits of competence in the areas pertaining to the client's spirituality, and how they deal with this.

A qualitative approach will be used which will entail the researcher exploring the phenomenon from the perspective of the sample population without assuming a particular standpoint or providing or falsifying a hypothesis.

The rationale for carrying out this research is to explore how psychologists experience their client's spirituality in therapy and how it affects the therapeutic process.

Secondly, much research has been dedicated to understanding the importance of a client's spirituality in their growth process, but very little has been done from the psychologist's perspective. This research therefore aims to address this gap in research knowledge which seems to exist between the theoretical understanding of spirituality and psychology and, in particular, the actual experiences of psychologists when a client with a particular frame of spiritual reference enters a therapeutic relationship with them.

Thirdly, it is anticipated that findings regarding how psychologists respond to their clients' spiritual issues may help to normalize anxieties that the psychologist may experience during the therapeutic process. This process will also serve to heighten the psychologist's awareness of the possible limitations of their competence in this area.

Research Methodology:

A semi-structured interview has been designed by the researcher to ensure each prospective interview is guided along similar lines but that room is left for probing and/or exploring ideas or themes which emerge. Each participant is invited for a 45 - 60 minute interview (either at the university or at the participant's offices) exploring the phenomenon. Each interview will be recorded, with the consent of the participant, and later transcribed for analysis, to ensure that an accurate account of the experience of the participant (and not the interviewer) has been captured.

The population sample of the proposed study consists of 6 practicing Clinical and/or Counselling psychologists who have been chosen purposively due to their experience in psychotherapy. The 6 transcribed interviews will be analysed thematically.

The study will take approximately 7 months to complete and the final product will be submitted to the university in October 2012. The only participation required by the research subjects is the interviews mentioned above and a possible phone conversation if any clarification is required.

Confidentiality and Voluntary Participation:

Confidentiality and anonymity of participants will be respected at all times. Each research participant will be allocated a numerical code (known only to the researcher and their supervisor) and this code (not the participant's name) will be used from the point of data collection onward. At no stage will any record of the research participant's actual details appear in the finished dissertation, oral presentations or publications. Any of the author's notes that record participant's names and their allocated codes will be destroyed once the dissertation has been completed.

Participation in this study is completely voluntary. Research participants may decline to answer any particular question and are free to withdraw totally from the study at any stage should they feel compelled to do so.

For more information or clarification, you may consult the researcher and the supervisor at the contact details provided below.

If you have a complaint about any aspect of this study, you may also contact the ethics committee at the contact details also provided below.

Researcher's details

Susan Haycock	
Highest Qualification:	BA (Hons) Psychology
Current Degree:	Master's Degree in Clinical Psychology
School/University:	School of Applied Psychology, University of Kwa-Zulu Natal
Contact details:	0723122508 / muffyhaycock@gmail.com

Supervisor's Details

Name:	Graham Lindegger PhD
Position:	Professor: School of Psychology, HIV/AIDS Vaccine Ethics Research Group
School/University:	School of Applied Psychology, University of Kwa-Zulu Natal
Contact details:	033-260-5335 / Lindegger@ukzn.ac.za

HSS Research Ethics Committee details

Name:	Phume Ximba
Contact details:	031-260 3587

Consent form overleaf

CONSENT:

I..... (Full names of participant) hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating in the research project. I understand that I am at liberty to withdraw from the project at any time, should I so desire.

The purpose of the study has been explained to me, and I understand what is expected of my participation. I have received the telephone number of a person to contact should I need to speak about any issues that may arise in this interview.

I understand that this consent form will not be linked to any information and that my contributions will remain confidential.

SIGNATURE OF PARTICIPANT: _____

DATE: _____

Additional consent to audio recording:

In addition to the above, I hereby agree to the audio recording of this interview for the purposes of data capture. I understand that no personally identifying information or recording concerning me will be released in any form. I understand that these recordings will be kept securely in a locked environment and will be destroyed or erased once data capture and analysis are complete.

SIGNATURE OF PARTICIPANT: _____

DATE: _____

Appendix C: Semi-structured interview questions

SEMI-STRUCTURED INTERVIEW QUESTIONS

1. How do you define spirituality?
2. What do you think is the function of spirituality in therapy?
3. Do you find that you assess a client's degree of focus on spirituality as a part of your on-going assessment of the client's functioning?
4. Is this a natural process without making a conscious effort?
5. Do you find that many clients look to their spirituality for answers to their psychological problems?
6. How do you feel when a client introduces spirituality into the therapeutic process?
Your thoughts and feelings?
7. Have you ever found that you have introduced spirituality into the therapeutic process?
 - 7.1 What was the client's response?
 - 7.2 Was it beneficial to the therapeutic relationship and the client's growth?
8. How do you experience a client's explicit spirituality in therapy? Any examples you can think of would be helpful.
9. How do you respond to clients who have an expectation that you assist them with issues of their own spirituality?
10. What do you experience when there is a clear discrepancy between yours and the client's spiritual orientation?
11. Does your experience have an effect on your ability to emphasise with the client?

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12. Do you notice any interruption or rupture in the therapeutic relationship due to any discomfort that you feel when there is an incongruence or conflict between the spirituality of the client and your own?
13. How do you think this affects the therapeutic process?
14. What, if any, is the reaction of the client?
15. Have you ever questioned your competence with assisting a client who has an explicit spiritual orientation?
16. At what stage during the therapeutic process did this occur?
17. How did you deal with this with the client?