Spirituality in psychotherapy : a hidden dimension : an exploratory study

Thesis

oro.open.ac.uk

UNRESTRICTED
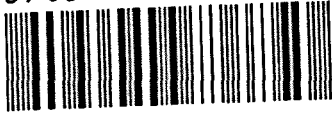
Spirituality in psychotherapy: a hidden dimension

An exploratory study

Claudia Psaila

B.A., B.A. (Hons.) (Psych.),
M.Ed. (Couns. Psych.) (Vancouver)

A thesis presented in fulfilment of the requirements of the PhD degree in the disciplines of psychology and psychotherapy

November 2012

Date of Submission: 26 August 2012

Date of Award : 21 November 2012

Declaration page not scanned
at the request of the
University

ABSTRACT

Many in the caring professions consider spirituality to be a fundamental dimension of human experience and identity. Consequently, some claim that this dimension cannot be ignored in disciplines such as psychotherapy that deals with the human being and with human experience. Moreover, the increase in secularisation and the emphasis on the subjective and the personal in people's experience of spirituality and religion, have led to an increased interest in psychotherapy, counselling and other forms of activities and professions that deal more closely with the personal and subjective. Other themes that connect spirituality and psychotherapy include: spirituality is related to a person's mental health; people make meaning which assumes that they are spiritual beings; and spirituality and psychotherapy both involve enlightenment and meaning-making. For some, spirituality is manifest in psychotherapy either because of spiritual concerns that are raised by clients in the psychotherapeutic process, as a resource, or as a form of pathology. For others, therapy is a spiritual encounter.

The research is a qualitative exploratory study of the experience and perception of the spiritual dimension of psychotherapy of Maltese practitioners. The study was held with two groups of Maltese psychotherapists and clinical and counselling psychologists. Each group attended a series of four focus/study group sessions. Key areas explored include the participants' conception of spirituality and religion and their understanding and experience of the spiritual dimension in counselling and psychotherapy. Broadly, the study focused on the ways in which spirituality may become manifest and express itself in the psychotherapeutic process, the roles and experiences of the therapist and the client regarding spirituality in counselling and psychotherapy and the identification of the factors that may contribute to the spiritual dimension of counselling and psychotherapy.

The findings are presented as two main domains, that of 'understanding spirituality and religion in a postmodern context' and 'spirituality and psychotherapy'. The latter is divided into four themes that are facets of the domain 'spirituality and psychotherapy'. These are a) understanding spirituality and religion, b) the therapeutic relationship as sacred space, c) the being: it is who the therapist is that counts and d) applications in clinical practice. The findings are discussed in relation to the literature and to the Maltese context.

ACKNOWLEDGEMENTS

CONTENTS

CHAPTER ONE

INTRODUCTION

1. Introduction

The topic of spirituality has been receiving considerable attention in recent years. While it seems to escape universalisation in terms of defining the concept (Crossley and Salter 2005; Samuels 2004; Tanyi 2002), its importance and significance seem to be garnering increasing support. This seems to be the case particularly with regards disciplines in which it is being applied such as counselling and psychotherapy, social work and nursing. Some claim that spirituality needs to be studied and discussed as an important human dimension. They believe that it requires acknowledgement, addressing and development especially within disciplines where the human person is at the core of professional practice (Baldacchino 2003; Canda and Furman 2010; Holloway and Moss 2010; McSherry 2006; Richards and Bergin 2005; Sperry 2001). This interest has led to attempts at understanding the concepts of religion and spirituality. The focus of inquiry has been on the differentiation of both and their relationship, particularly with regards socio-cultural changes occurring in the West (Heelas *et al.* 2005; Moore and Purton 2006; Norris and Inglehart 2004; Sperry and Shafranske 2005). The latter elements as well as other features with regards to the current research topic are discussed in this chapter and developed throughout the thesis.

This study is guided by the following research question: 'How is the spiritual dimension of psychotherapy understood and experienced by Maltese counselling and clinical psychologist and psychotherapists?' In this chapter, I start by setting the stage for the study in terms of describing the professional and theoretical contexts in which it takes place. I discuss

1

the cultural context in Chapter Four. Following the presentation of these contexts, I give a brief description of the research and an outline of the structure of the thesis.

2. Setting the stage: the context of the study

I believe that it is important to describe the context in which the study occurs because it places it within a framework that will allow for a clearer understanding of the research topic, the rationale of the study, the research question, the aims of the study, the research design, the findings and their outcome. The current research is set within a milieu which is created by the following elements that create a boundary for the study: myself as a practitioner and researcher, the professions of counselling and psychotherapy, the Maltese context and the theoretical context with regards to spirituality and psychotherapy.

Myself as practitioner and researcher

I was trained as a social worker with a strong psychology background and then continued my education obtaining a Masters degree in counselling psychology to become a warranted counselling psychologist. I adopt an integrative approach that is highly influenced by the humanistic perspective. The person, for me, therefore takes centre stage as does the therapeutic relationship in the work with my clients. I tend to view the therapeutic relationship as a sacred space. Moreover, I am very interested in how people make meaning out of their lives and how their values, beliefs and sense of purpose impact their worldview and coping strategies, particularly in the face of strife. In fact, I have always wondered how spirituality and religion fit into this. Moreover, I am also engaged in a personal spiritual journey within a context that is religious since Roman Catholicism is very present in Malta and has an impact on every facet of Maltese life. This is discussed in great detail in Chapter Four. This spiritual journey has been an important one in my life: it helped me in my self-development and identity, in creating my worldview and it has often been a resource in moments of transition

and/or difficulty. I therefore questioned whether this could also be true for other therapists and/or clients. Moreover, I also queried the impact that my personal spiritual journey may have on my practice. Since genuineness and congruence are so important from a humanistic point of view, then how can I ignore spirituality in my practice once this is so important to me? This gave rise to other questions such as: What about issues of countertransference? What if spirituality and/or religion are not important to my client? How can I deal with a client's radically different views and beliefs? Should bringing spirituality and religion into the therapy room be left to the client? What role does the therapist have in all of this?

Thus, the journey of this research began in my personal and professional life with other questions such as: what is the difference between spirituality and religion? How important are these in practice? What difference, if at all, do they have in the lives of clients? Is the therapeutic relationship a sacred space? Can therapists in Malta where religion is so dominant, 'ignore' spirituality and religion in their work with clients? Is there a difference in terms of resilience between a client for whom spirituality and/or religion are important and another who is not? Are spirituality and religion resources that can be used by the therapist and the client? In my practice, I also noted that in our highly religious Maltese context, religion may also underlie the client's psychological concerns. So, how does this all come together?

Given that this topic was never studied at this depth in Malta, I decided to explore the subject by looking at the literature and I was relatively surprised to find that: a) other writers and/or therapists had similar questions, and b) people had written and carried out research on spirituality, and spirituality and psychotherapy. This encouraged me to carry out this research in Malta that has a very particular relationship with religion and spirituality. I therefore began by immersing myself in the literature on spirituality so as to distinguish it from religion and understand the relationship between the two. I also explored the material on spirituality and

3

counselling and psychotherapy. I will briefly highlight the main points of the literature later in this chapter. However, before doing so, I will discuss the relationship between counselling, psychotherapy, counselling and clinical psychology with reference to the Maltese context.

Counselling, psychotherapy, counselling psychology and clinical psychology

In the same way as spirituality is difficult to define so is counselling. Moreover, the relationship between counselling and psychotherapy and the distinction between the two may be blurred at times making them almost indistinguishable (Bond 2010; Feltham 1997). Furthermore, the close relationship between counselling psychology and clinical psychology too, makes differentiation difficult. Coincidentally, as will become clearer in this chapter and throughout the thesis, this is a parallel that is also shared by religion and spirituality.

The distinction between counselling and psychotherapy has been contested for a number of years and seems to be rooted in the histories and development of both counselling and psychotherapy. Feltham (1997: 20) explains that psychotherapy 'has a longer lineage than counselling' and originated from psychoanalysis. The connection to psychoanalysis seems to be the reason used by some psychotherapists to strongly distinguish between the two. In fact, the distinction between both is sometimes made on the basis of 'depth' such that psychotherapy would be more appropriate when the client's symptoms are a reflection of deeper issues such as phobias and anxiety. Others, however, argue that they are indistinguishable and that the terms can be used interchangeably to refer to very similar activities, values and roles. According to Feltham (1997: 21) 'both address themselves to a wide variety of forms of human distress, by means of disciplined listening and responding, underpinned by explanatory theories'. Bond (2010) points out that the distinction may, in fact, be more significant to practitioners than to clients and is often related to hierarchy and status.

Similar problems arise when attempting to distinguish between counselling and counselling psychology. Both are very similar, engaging in similar activities and sharing the same ethical principles, knowledge and skills (Bond 2010; Feltham 1997). The main distinguishing factor between counselling and counselling psychology, however, is that the latter is a branch of psychology. Woolfe (2001: 4) notes that 'counselling psychology can be defined as the application of psychological knowledge to the practice of counselling'. Moreover, he explains that counselling psychology is concerned with developing persons' potential and enhancing well-being and personal functioning along the lifespan. Its focus is therefore on prevention rather than 'cure'. While the latter is also within the remit of clinical psychology, yet due to the origins of clinical psychology that are rooted in the medical model, clinical psychologists are also very interested in cure and pathology. Clinical psychology is therefore more involved in the 'assessment and treatment of persons with significant degrees of psychological disturbance' (ibid. 8). Furthermore, according to Feltham (1997), clinical psychologists often describe their practice as psychotherapy.

The degree of overlap between the different professions is also reflected in the Maltese context.

The professional context in Malta

The first Masters programmes in counselling psychology and clinical psychology respectively were offered by the Psychology Department at the University of Malta[1] in 1998 (http:/www.um.edu.mt/registrar/regulations/faculties/educ/mpsy-web). Up until that time, all those interested in becoming counselling and clinical psychologists had to pursue their studies

---

[1] There is only one university in Malta: The University of Malta

5

abroad mainly in the UK, North America or Italy[2]. At the University of Malta, both counselling and clinical psychologists are trained to provide psychotherapy using an eclectic approach and follow very similar programmes. The main difference lies in the location of practica with the practicum of clinical psychology occurring in hospital settings. The distinction between counselling and clinical psychology seems to follow the same criteria mentioned above. This differentiation is also established in the descriptions of both professions by the Maltese Psychological Association[3]. The focus of clinical psychology seems to be on helping emotionally or mentally disturbed clients as they adjust to their lives and practise within hospital settings, and counselling clinics. Both clinical and counselling psychologists engage in psychotherapy. The emphasis of counselling psychologists seems to be on helping people in their everyday lives. They work within counselling centres and hospital settings. Both clinical and counselling psychologists may engage in individual or group practices (http//www.mpaonline.net/about.htm).

The psychology profession is regulated by the Psychology Profession Act which passed through Parliament in August 2004 (Opening Speech of the Chairperson of the Malta Psychology Profession Board at the First Warranting Ceremony in January 2007 http://www.mpaonline.net/psyinmalta.htm). This was followed by the establishment of the Malta Psychology Profession Board which met for the first time in February of 2005. Following their Masters programme, psychologists are warranted by this Board after having done two years of supervised practice.

Psychotherapists in Malta are either trained locally or abroad. The main training institute is the Gestalt Psychotherapy Training Institute Malta which was founded in June

---

[2] This includes myself, having pursued a Masters degree in counselling psychology between 1995 and 1997 at the University of British Columbia, Vancouver, Canada

[3] This is one of the two psychology associations in Malta. The other is the Malta Union of Professional Psychologists (MUPP)

1996. The training is accredited by the European Psychotherapy Training Institute. Furthermore, the Malta Association of Psychotherapists was set up in 1999. Since November of 2009, psychotherapy has begun to be regulated by the Council for the Professions Complementary to Medicine (Malta) (CPCM Annual Report 2009).

Up until 2010, persons trained to become counsellors by following a post-graduate diploma. From 2010 onwards, counsellors are being trained at the University of Malta by following a Masters in counselling programme. The programme prepares students to work with individuals, couples, families and groups within the community (http://www.um.edu.mt/registrar/regulations/faculties/educ/mcouns-bl-2010). Moreover, in 2012, two other Masters programmes began to be offered by the Psychology Department at the University of Malta. One is in Transcultural Counselling and the other in Family Therapy and Systemic Practice. The Malta Association for the Counselling Profession (MACP) was set up in January 2002 and one of its current objectives is the promotion of the regulation of the counselling profession in Malta (Message from the MACP president http://www.macpmalta.org/). On the other hand, the Maltese Association of Family Therapy and Systemic Practice was set up in 2005 and is also regulated by the Council for the Professions Complementary to Medicine[4].

The above implies that these professions are developing rapidly in a society which, as will become evident in Chapter Four, seems to be doing the same. Furthermore, the distinctions between the different professions may encounter difficulties in the near future since it is only now that Malta is enjoying the services of these various professions. It is currently a time spent establishing and developing these professions. I foresee similar struggles as those in North America and the UK in the near future. As they endeavour to

---

[4] Email correspondence between myself and the current president of the Association, Ms. Clarissa Sammut Scerri, 28th April 2012

establish themselves, it may become important for the different professions to 'seem different' to other professions in a context where saturation of services due to limitations of the size of the Maltese Islands, becomes an issue.

In this thesis, the close relationship between counselling and psychotherapy is noted such that both terms are often used interchangeably with the term 'psychotherapy' being used to include both. The reason for this is that this reflects the usage of the term in the literature (Bond 2010; Feltham 1997) and the way it was used by the research participants in this study. Moreover, as will become apparent in Chapter Five, the research participants in the study included counselling psychologists, clinical psychologists and psychotherapists since the only counsellor who participated in the study dropped out after the first session.

Theoretical context

In this section, I will briefly present some of the main theoretical themes that frame this study. Each of these will be developed in detail in Chapters Two and Three where I discuss the literature.

Recent sociocultural changes have impacted the manner in which 'spirituality' and 'religion' are being understood and experienced. Such transformations particularly in rich Western post-industrial nations, have led to emphasising the personal and subjective as opposed to authority, norms and an understanding of the transcendent as being external to the person. These transformations reflect the shift from sacralisation to secularisation within a postmodern post-industrial context. From these perspectives, the concepts of spirituality and religion are differentiated through polarising the two. As noted earlier, such change has impacted contexts where spirituality has been applied including psychotherapy and counselling. In these environments, the institutional and dogmatic discourses of religion are

challenged by discourses of spirituality with their emphasis on personal development and individual meaning. Moreover, psychotherapy deals very closely with the subjective and the personal such that there has been a marked interest in this and other activities and professions that do the same (Heelas *et al.* 2005; Norris and Inglehart 2004; Moore and Purton 2006; Sperry and Shafranske 2005; West 2004b). In other literature, a degree of overlap between the concepts of spirituality and religion has led to the acknowledgement of a rather more complex relationship between the two. This is also reflected in the literature that deals with spirituality and psychotherapy (Swinton 2001; Pargament 2007; Zinnbauer and Pargament 2005).

Some understand that there exists a link between spirituality and psychotherapy as both involve 'enlightenment' and meaning-making, whether in terms of increased self-knowledge and self-awareness or with reference to answering existential questions (King-Spooner 2001). Moreover, some argue that spirituality becomes manifest in psychotherapy either because of spiritual concerns that are raised by clients in the psychotherapeutic process, or as a resource, for example, in dealing with stress and coping, or as a form of pathology (Schreurs 2002; West 2004a, 2002). Furthermore, many in the caring professions consider spirituality a fundamental dimension of human experience and human identity, such that one may assume that psychotherapy and spirituality are inevitably linked since psychotherapy deals with the human being and with human experience (Clarkson 2001, 2002; Elkins 1995; King-Spooner 2001; Shafranske and Sperry 2005; Sperry 2001; West 2001, 2002, 2004a, 2004b).

Certain writers argue for spiritually-integrated psychotherapy. This is psychotherapy that acknowledges, assesses and addresses the spiritual dimension in psychotherapy. It is not necessarily linked to one particular school of psychotherapy but can be incorporated into any approach used by the therapist. A spiritually-integrated psychotherapist acknowledges that

9

spirituality is a fundamental human dimension. Such a therapist recognizes the role of spirituality as a resource but also as underlying certain psychological concerns presented by the client (Pargament 2007; Pargament *et al.* 2005; Pargament *et al.* 2005; Richards and Bergin 2005; Zinnbauer and Barrett: 2009). Spiritually-sensitive therapists and writers argue that providing spiritually-integrated psychotherapy is an ethical obligation particularly within a multicultural context (Hathaway and Ripley 2009; Miller 2003; Richards and Bergin 2005; Shafranske 2005; West 2004a; Young *et al.* 2009; Zinnbauer and Barrett 2009). Spirituality and religion are understood as being formed by and shaping culture such that ignoring them or inadequately addressing a client's spiritual and religious issues and concerns would imply ignoring or inadequately addressing the client's culture. Furthermore, studies have found that spirituality and religion are correlated to clients' improved mental health and functioning (Koenig 2004) and that the same is true with regards to the positive relationship between spiritually-integrated psychotherapy and certain client issues such as sexual abuse (Murray-Swank and Pargament 2005), depression, stress, anxiety and eating disorders (Smith *et al.* 2007).

The person of the therapist and the therapeutic relationship are key elements in providing spiritually-integrated psychotherapy. The latter become particularly important for humanistic and transpersonal psychotherapists who seem to propose that psychotherapy is imbued with spirituality. Their views of therapy, the therapeutic relationship, the therapist and the client imply that spirituality is inextricably linked to psychotherapy such that psychotherapy is permeated with spirituality. This is created through the therapeutic relationship as shaped primarily by the therapist (Mearns and Thorne 2006; Rowan 2005; Thorne 2005; Wilber 2001).

The above provides the theoretical framework for the current study which is embedded in a context where counselling, psychotherapy, clinical psychology and counselling psychology share a degree of overlap including for Maltese practitioners. Furthermore, there may be indications of similar trends that are happening in 'Roman Catholic Malta', particularly in relation to secularisation and sacralisation. However, these sociocultural changes and their impact on the psychological helping professions have not been adequately studied. This context therefore inspired the present research.

3. The research

The research is a qualitative exploratory study of the spiritual dimension of psychotherapy as understood and experienced by Maltese clinical and counselling psychologists and psychotherapists. The main aims of the study were the following:

1. To explore the constructs of 'spirituality' and 'religion' from the participants' perspective.

2. To explore the extent to which the participants view a connection between spirituality and psychotherapy.

3. To study the participants' understanding of the manner in which spirituality may be manifest and expressed in psychotherapy.

4. To identify those factors that, according to the participants, may contribute to the spiritual dimension of psychotherapy.

Data was gathered by using a focus group approach. However, since the data gathering process required a reflective, evolutionary process, I created FOST groups. The FOST group is a blend of a focus and a study group such that both individual reflection and group discussion could take place over a period of time in an evolutionary and spiral manner. There were two FOST groups which met over a period of four weeks with a two-hour weekly session occurring for each group. The research participants were Maltese clinical and

11

counselling psychologists, counsellors[5] and psychotherapists working with adults and having at least two years of clinical experience. The reason for the criteria of 'two years of clinical practice' is the fact that the MPPB (the Malta Psychology Profession Board) requires at least two years of supervised clinical practice as one of the criteria for a psychologist to be eligible for a warrant. Since there currently exists no similar requirement for counsellors or psychotherapists I took this as a benchmark.

The data was analysed thematically. Braun and Clarke (2006: 78) argue that thematic analysis is a 'method in its own right' and provides a framework for understanding and organising data in a flexible but rich and complex way. Furthermore, it enabled me to understand, present and analyse the abundant and multifaceted data that was gathered from the research participants. As a result, the data could be dissected and analysed while also eliciting common threads and themes running through it. The data is presented in two main domains: i) the context of practice: understanding spirituality and religion and ii) spirituality and psychotherapy. The latter domain is divided into four main themes: i) understanding spirituality and religion (in relation to psychotherapy), ii) the therapeutic relationship as sacred space, iii) the being – it is who the therapist is that counts, and iv) applications to clinical practice. The themes are discussed in relation to the literature and the Maltese context.

4. Outline of chapters

I now conclude this introductory chapter, the aim of which was to provide a framework for understanding and discussing the research topic and the current study, by outlining the way in which the thesis is structured.

---

[5] One research participant was a counsellor although she dropped out after the first session (please see Chapter Five)

In the following two chapters, the literature regarding spirituality and religion and the spiritual dimension of psychotherapy is discussed. **Chapter Two** focuses mainly on presenting and understanding the concepts of spirituality and religion in a postmodern context including the link between spirituality, religion and psychotherapy. In **Chapter Three**, I discuss the literature that examines the application of these concepts to the field of psychotherapy in greater detail including the raison d'être for spiritually-integrated psychotherapy and how some therapists view psychotherapy to be imbued with spirituality. A brief historical view of the relationship between religion, spirituality and psychology and psychotherapy, will be presented and provides a context for understanding the main themes discussed in the chapter.

Chapter Four presents the Maltese context including an overview of Malta and the Maltese including demographics, size and location of the Maltese Islands, the development and use of the Maltese language and a brief historical overview of Malta. The role and place of religion in Malta is discussed in detail due to the importance of religion to the social, cultural, political and spiritual lives of the Maltese. Once the theoretical context has been studied and discussed in **Chapters Two** and **Three** and the Maltese context is presented in **Chapter Four, Chapter Five** then describes the methodology adopted for the study. In this chapter, I outline the research question, aims of the study, methodology and research design. I also highlight certain ethical considerations that inform the study and the limitations of the research.

In **Chapters Six** to **Ten**, I present the findings of the study. In **Chapter Six**, I depict the participants' perception of the concepts of 'spirituality' and 'religion'. It is one of the domains of this research since it is an overarching theme that frames the study and the results of the research. In **Chapters Seven** to **Ten**, I present the main themes of the domain

13

'Spirituality and Psychotherapy'. These themes are different facets of this domain. I begin in **Chapter Seven**, by portraying the FOST members' understanding of the constructs of spirituality and religion in relation to psychotherapy. Since these constructs would have already been presented in general terms in **Chapter Six**, this chapter is rather short since the focus is on presenting the research participants' perception of these concepts specifically in relation to psychotherapy. **Chapters Eight** and **Nine** deal with the themes that were very important to the participants' understanding of psychotherapy as being imbued with spirituality. These are: a) the therapeutic relationship as sacred space (**Chapter Eight**) and b) the 'being': it is who the therapist is that counts (**Chapter Nine**). **Chapter Ten** deals with another facet of the domain of spirituality and psychotherapy which is the theme of 'applications to clinical practice'. In the latter theme, the following subthemes are presented: a) addressing the client's spiritual and religious issues in psychotherapy, b) collaboration with priests and spiritual directors and c) the use of spirituality and religion as a resource within therapy.

The findings are then discussed in **Chapter Eleven** in relation to both the relevant literature and the Maltese context. The thesis concludes with a final chapter (**Chapter Twelve**) where I present a brief overview of the thesis, implications and recommendations resulting from the research and finally highlight the contributions of the study.

CHAPTER TWO

KEY THEMES IN UNDERSTANDING SPIRITUALITY AND ITS APPLICATION TO PSYCHOTHERAPY IN A POSTMODERN CONTEXT

1. Introduction

In this chapter, I engage in understanding the concept of 'spirituality' which is discussed in the context of changes that have occurred in society, particularly in the Western world and in relation to the processes of 'secularisation' and 'sacralisation'. The constructs of 'spirituality' and 'religion' are discussed within the dimension of both the public and private sphere and in relation to formal and informal religion. Moreover, the notion that spirituality is a universal human phenomenon is examined. I argue that 'spirituality' is a difficult concept to describe such that no consensus exists as to its definition. However, there seems to be some agreement as to the fact that while 'spirituality' and 'religion' are separate constructs they are also overlapping. I will consider 'spirituality' as a multidimensional construct and discuss how it is applied in the caring professions, particularly nursing, psychiatry, social work, counselling and psychotherapy. Lastly, I will examine the literature regarding the link between spirituality and psychotherapy.

2. Spirituality and religion within a sociocultural context

It seems that changes in Western society have led to a decreased interest in religion on the one hand, and an increased attention to 'spirituality' on the other (Swinton 2001; West 2004a). This may be partly due to cultural changes taking place in some countries in the West where people are moving away from their Christian roots and are finding answers elsewhere

that were previously found in their religion (Moore and Purton 2006). Walter (2002) suggests that these changes are mainly occurring in Anglophone societies, particularly in the Protestant Christian world. He clarifies that the discourse of spirituality is mainly one arising from a particular generation and more specifically, from a particular segment of society. He claims that this discourse of spirituality is occurring amongst those who are moving away from formal religion, and it is taking place particularly within the context of the caring professions such as nursing, education, counselling and psychotherapy. In these contexts, the institutional and dogmatic discourses of religion are challenged by discourses of spirituality with its emphasis on personal development and individual meaning. These movements, namely the shift to the more subjective and the changes in culture and personal beliefs, will be further amplified. Walter believes that the emphasis on discourses of spirituality partly results from a critique of religion with its lesser emphasis on personal development and also from a critique of scientific reductionism. He explains that 'in health care, discourses of spirituality bring back the human, the personal and emotional into the area otherwise dominated by medical and financial rationality' (ibid: 135).

To some degree, a similar process also seems to be happening within the counselling and psychotherapy contexts in Britain and possibly the USA where too much emphasis is placed on therapy that is brief and effective in terms of 'visible results' (Thorne 2005: 7):

> The increasing drivenness of many people, and the ravages of competitiveness
> and technological innovation, mean that quick 'cures' and a rapid return to
> functional efficiency are frequently demanded by clients who have neither the
> time nor the inclination to seek below the surface for the cause of their ills. In
> such a climate, therapeutic approaches which promise quick behavioural

change, the immediate control of stress or the illumination of irrational thought patterns are highly acclaimed (ibid: 7).

Thorne (2005) believes that this change in counselling and psychotherapy is influenced by the culture within which such professions are practised. The influence of culture will be discussed further in the discussion of secularisation and sacralisation.

Secularisation and sacralisation

According to Heelas *et al.* (2005) the decline of some forms of the sacred (secularisation) and the increase of other modes (sacralisation) is due to cultural and societal changes that emphasise personal development and individual meaning-making. They describe this change by clarifying that secularisation and sacralisation are not necessarily mutually exclusive and that both co-exist in the Western world. They claim that those forms of the sacred that accentuate the subjective and personal, which they term 'subjective-life spirituality' (ibid: 5) seem to be gaining in popularity while those forms of the sacred emphasising rules, roles, conformity with authority and so on, termed as 'life-as religion' (ibid: 5) seem to be in decline. They describe this process as one in which a subjective turn is occurring, that is, it describes a movement 'away from life lived in terms of external or 'objective' roles, duties and obligations, and a turn towards life lived by reference to one's own subjective experiences (relational as much as individualistic)' (ibid: 2).

Heelas *et al.* (2005) postulate that this change reflects the cultural development occurring in modern Western culture with its emphasis on the personal and individual as opposed to authority. Consequently, those forms of the sacred that reflect the former in other words, 'subjective-life spirituality' (which is characterised by the 'holistic milieu' or New Age spirituality) is on the increase. Heelas *et al.* (2005) describe the holistic milieu as "the

more 'invisible' activities of what is often called alternative or New Age spirituality" (ibid: 8). Such activities emphasise the subjective and individual with the use of holistic language that describe practices that promote growth 'by linking up more holistically with other aspects of life – in particular the spiritual dimension' (ibid: 26). These activities may take two forms: one-to-one and/or group. For Heelas *et al.* holistic activities make possible the 'convergence of the spiritual path and the *personal* path. What lies within is often envisaged as being person-specific' (ibid: 27). Moreover, Heelas *et al.* claim that subjective-life spirituality reflects the subjective well-being culture which is predominantly popular with women (ibid: 94).

On the other hand, the 'life-as forms of the sacred' which they refer to as the congregational domain and which is characterised by the more formal such as church attendance, is on the decline. Heelas *et al.* (2005) describe the 'congregational domain' that characterizes 'life-as religion' as that domain where 'life-as roles take precedence' (ibid: 22). For such persons subscribing to this way of being, the focus is not on developing their unique selves but on 'conforming their lives to higher authority' (ibid: 22). Consequently, the subjective defers to prescriptive norms made by what is perceived to be a higher authority than oneself. It follows that truth is understood as external to the person rather than inside him/her self. This is paralleled by the view that the divine, rather than being immanent (existing within), is transcendent.

Apart from the decline of life-as religion and the rise of subjective-life spirituality as evidence of the co-existence of secularisation and sacralisation, Heelas *et al.* claim that in both the UK and the USA there has been a shift in personal beliefs from those that refer to life-as religion to beliefs that are related to subjective-life spirituality:

Christian theistic belief has been overtaken by belief having more to do with spirit/uality-cum-life – is supported by the 'Soul of Britain' survey carried out in 2000 which finds that only 26 per cent now believe in a 'personal God', with 44 per cent either reporting belief in 'some sort of spirit or life force' or 'there is something there' (Heald, 2000). The same poll also finds that 31 per cent consider themselves to be a 'spiritual person', and 27 per cent say that they are 'a religious person' (ibid: 73).

As has been noted by Walter (2002), it seems that the emphasis on subjectivity is also clearly evident in culture such as in education, nursing, counselling and psychotherapy (Heelas *et al.* 2005). Consequently, while there is evidence of decline in church attendance (life-as religion) in the UK, and to some extent in the USA[6], New Age spirituality is on the increase and these changes have occurred more clearly in different sectors of the general culture and in personal beliefs. I will turn to this later in the chapter.

Norris and Inglehart (2004) are in agreement with Heelas *et al.* (2005) in that they have also noted increased trends in secularisation. However, they add that these trends are particular to rich post-industrial nations and that the world as a whole is becoming more religious. It is important to state that as opposed to Heelas *et al.* (2005), Norris and Inglehart (2004) focus on the construct of 'religiosity' and do not seem to differentiate much between religion and spirituality. Norris and Inglehart (2004) propose a theory of secularisation that is based on the concept of 'existential security' to explain the co-existence of secularisation and sacralisation, or the strength of New Age spirituality in Western Europe and the relative

---

[6] Heelas *et al.* (2005: 57) claim that the rate of decline of the 'congregational domain' in the USA is less than that in Great Britain: 'In the absence of conclusive data on the rate of this decline, however, we can safely say only that it lies somewhere in the range between about 5 and 50 per cent'

strength of church-going in the USA (even though the latter is in decline) and in other parts of the world. Their theory is based on two assumptions.

The first is the 'security axiom' which means that the greater sense of security an individual and nation experience in terms of living conditions such as health care, education, housing and so on, the less vulnerable are people to uncertainty and daily risk. The latter is reflected in the reduced importance of religiosity for the individual and/or for that society making it more secular. Norris and Inglehart (ibid: 25) explain that:

> 'Modernisation' (the process of industrialisation, urbanisation, and rising levels of education and wealth) greatly weakens the influence of religious institutions in affluent societies, bringing lower rates of attendance at religious services, and making religion subjectively less important in people's lives.

Consequently, rich post-industrial nations are becoming more secular. The second assumption on which their theory of secularisation is based is 'the cultural traditions axiom'. Norris and Inglehart (2004) propose that the values, beliefs and traditions of any secular society are influenced by the religion that has prevailed in that society. For example, the people, policies, values and so on of a secular society that has been predominantly Catholic, are still greatly influenced and shaped by Catholic values and beliefs even if church attendance in that particular society has decreased greatly. They claim that such values are transmitted by social institutions, for instance the educational system, such that any person who does not enter a church, mosque, or temple can still be socialized into such values, beliefs and traditions. Subsequently, the rate or level of secularisation in any society is partly dependent upon that nation's religious heritage. To a certain extent, this accounts for the cross-cultural variations present in the process of secularisation, for example when comparing the more church-going Southern Europe with the more secular Northern Europe.

Another difference, that between the higher incidence in church going of one of the richest post-industrial nations, the United States, and other rich nations such as the Scandinavian countries is explained by Norris and Inglehart (ibid: 226) as having to do with the role of economic and social inequality. They provide evidence that:

> Existential security interacts with conditions of socioeconomic equality. The United States has a less comprehensive social welfare safety net than most other countries with comparable levels of economic development, so that many still experience existential insecurity – a situation also found in many oil-rich states.

This all points to the fact that the process of secularisation is not solely determined by modernisation and that other factors such as a nation's religious cultural heritage, and its levels of social and economic inequality come into play. Moreover, Norris and Inglehart (2004) claim that even though rich, post-industrial nations are becoming more secular, although with varied intensity, the world as a whole is becoming more religious. The reason is that as a result of higher fertility rates in more poverty stricken countries, the number of religious people is higher because of the larger populations in these lands. Furthermore, as a result of a higher risk to existential insecurity, the level of religiosity in these countries is higher. They claim that 'conditions of existential security interact with religiosity *and* with patterns of population growth' (ibid: 216). Societies which are threatened by poverty, illness and premature death and which also have a high rate of population growth, are as religious as they were hundreds of years ago. By contrast, those countries which are more affluent and are experiencing lower fertility rates such that their population is decreasing, are becoming more secularized. Norris and Inglehart (2004) claim that this process began at least by the mid-

21

twentieth century. Furthermore, they claim that as a result of these patterns, '*rich societies are becoming more secular but the world as a whole is becoming more religious*' (ibid: 217).

As we have seen, the processes of secularisation and sacralisation provide one context in which to begin to understand the concepts of spirituality and religion. Another such standpoint is the postmodern one.

The postmodern context

The decreased interest in religion and increased attention to spirituality may also be understood from a postmodern context with the person having many more religious, spiritual and secular perspectives with which to understand reality and their lives than in previous decades (Moore and Purton 2006; West 2004b). Sperry and Shafranske (2005: 17) explain this shift in terms of the dynamic between the individual, and cultural and societal forces:

> The increased emphasis on personal autonomy, the privileging of individual experience, the eroding of institutional authority, the exposure to a multitude of competing belief systems and diverse worldviews through patterns of immigration and the proliferation of mass media, all within the context of the postmodern critique shaking the foundations to establish any claims on truth, has led to a dissolution of cultural toeholds as sources of identity and value.

The disenchantment with 'religion', when measured as church attendance, for example, and an increasing fascination with 'spirituality' are shown in studies carried out in the USA and the UK (Elkins 1995; West 2004a; Zinnbauer *et al.* 1997). Zinnbauer *et al.* (1997) explain that this process may be partly due to the distinction that began to be made between 'religion' and 'spirituality'. Due to this differentiation, religion or 'religiosity' began to be negatively evaluated, while 'spirituality' was positively evaluated as it was linked more to personal

experience and transcendence in contrast to religion[7]. The latter may also be understood with reference to the processes of secularisation and sacralisation as proposed by Heelas *et al.* (2005) and the distinction that they make between 'subjective-life spirituality' and 'life-as religion'. The distinction between religion and spirituality will be discussed further.

It therefore seems that changes in rich post-industrial societies provide the backdrop for a waning interest in religion in the West, most especially in Anglophone societies, and a growth of spiritual concerns such that these have now moved to the secular world. Many would argue that the 'spiritual' is no longer the prerogative of religion and thus, the influence of religion and religious leadership have shifted to other areas or professions such as nursing, social work, counselling and psychotherapy with their emphasis on the personal and the subjective. These professions deal with the human person and the human predicament in some form or another. I will return to this discussion later in the chapter after having attempted to understand the constructs of 'religion' and 'spirituality' in greater depth.

3. Spirituality: how different is it from religion?

Discussion on the differentiation of the concepts of spirituality and religion begins with a challenge. While spirituality is understood by many as a fundamental and universal human dimension, it has been difficult to define such that there is no consensus as to its definition (Tanyi 2002). West (2004a: 7) describes it as a concept that is similar to the construct of 'love' in that it is of 'great importance to many people but ... [its] meaning is hard to pin down'. In fact, spirituality has been described as 'diverse and complex' (Crossley

---

[7] As will become evident throughout the thesis, the term 'transcendence' has different meanings. For transpersonal therapists, it includes the understanding of transcendence of ego boundaries and a resulting expansion of consciousness to the 'mystical' or 'actualised' self (Rowan 2005: 45). However, researchers writing about spirituality and religion also refer to transcendence as one dimension of spirituality (please see the explanation provided by Elkins *et al.* (1988) on page 33 in this chapter)

23

and Salter 2005: 295). Samuels (2004) explains this problem as resulting from the fact that while spirituality is pervasive to human experience, it is beyond our comprehension. He therefore concludes that 'we can scarcely attempt a factual definition of spirituality. We can only give an aspirational one, and therefore whatever we say will be very vague' (ibid: 202). Frequently, attempts at defining spirituality have been approached through differentiating between the concepts of 'religion' and 'spirituality'. Some argue that this may be one of the reasons for the difficulty in defining spirituality as it is very complex to tease out the differences between spirituality and religion since overlap between the two constructs exists.

Spirituality and Religion

The terms 'spirituality' and 'religion' or 'religiousness' have been described as fuzzy concepts needing clarification and operationalisation (Zinnbauer *et al.* 1997). Dyson *et al.* (1997: 1184) maintain that 'one of the major hindrances in defining spirituality is its relationship with religion'. Shafranske and Sperry (2005: 14) quote a study conducted by Scott (1997) who found 'no single category accounted for the majority of the definitions, suggesting the lack of a comprehensive and accepted theory or theories of the constructs'. McSherry (2006) agrees that spirituality has diverse meanings and definitions and that the latter is individually determined. He conducted a study with patients and mental health professionals with the aim of clarifying their understanding of the constructs of 'spirituality' and 'spiritual care'. He found that 'participants involved in this inquiry had unique, individual perceptions of spirituality (ibid: 911). Moreover, he claims that understanding the construct of spirituality will 'ultimately be individually determined by cultural, institutional and societal forces' (ibid: 911). In other words, the meaning of spirituality to a person will in turn be influenced by culture, life experience, religious beliefs and so on.

These findings are consistent with an earlier study conducted by Zinnbauer *et al.* (1997) who found that not only do people define 'religion' and 'spirituality' in diverse ways but that this difference depends on their individual experiences of spirituality and religion. Moreover, their research shows that the terms 'spirituality' and 'religiousness' were used inconsistently and interchangeably by some writers. They also found that while 'religiousness' and 'spirituality' are similar constructs yet they are different concepts that are not completely independent. The main distinction was that:

Spirituality was most often described in personal or experiential terms...definitions of religiousness included both personal beliefs, such as a belief in God or a higher power, and organisational or institutional beliefs and practices such as church membership, church attendance, and commitment to the beliefs system of a church or organized religion (ibid: 561).

It was for this reason that spirituality was perceived more positively while religion was evaluated more negatively. Zinnbauer *et al.* (1997) claim that this differential evaluation seems to be linked to their other finding that while 93% of the respondents identified themselves as spiritual, 78% recognized themselves as religious. Zinnbauer *et al.* explained these differences by highlighting the importance of meaning making with regards to 'spirituality' and 'religion'. A person's identification of themselves as 'spiritual' and/or 'religious' depended on their definition (and evaluation) of 'spirituality' and 'religion'. It seems that individuals, and some scholars and researchers, perceive 'religion' as having to do with the institutional or public sphere while spirituality is more concerned with 'individual-personal expressions of religious sentiments with transcendent realities' (Sperry and Shafranske 2005: 14). Walter (2002: 136) proposes that as a result, spirituality is now an

important discourse for many feminists: 'If religion has to do with the institutional, and therefore patriarchal, church, then it is spirituality that such women seek'.

This distinction for religion and spirituality seems to come close to the differentiation by Heelas *et al.* (2005) between 'life-as religion' and 'subjective-life spirituality' discussed earlier. A similar differentiation is made by West (2001: 6) when he explains that 'religion is now seen by many people as the organisational structure for spirituality; whilst spirituality is more usually identified with one's personal beliefs and practices'. Clarkson (2001: 68) explains that religion involves that aspect of human experience that has to do with 'systems of belief' and that 'such systems (explicit or implicit) carry certain norms, laws, rules or regulations for their adherence that are followed or broken'. As we have seen, at one polarity, some definitions of religion are focused on the institutional, the public, system of beliefs and norms. At the other polarity, spirituality is characterised by transcendence, meaning, personal expression and so on. However, Swinton (2001) challenges this perception as do Moore *et al.* (2001) and in so doing they highlight the overlap between the two terms and the fact that the constructs of religion and spirituality are intimately linked.

Swinton (2001: 28) agrees that the concept of religion has to do with a system of beliefs and expands this further adding that this system usually centres on 'some conception of God' which is shared in a community. He adds that 'religion asks deep questions about the nature of human beings, their identity and place within the world, the purpose and meaning of human life, and the destiny of humankind' (ibid: 28). It seems that this is where the overlap between religion and spirituality begins to occur and where a degree of confusion arises. Swinton (2001) claims that religion also has to do with meaning-making, purpose and other existential questions which are usually considered to be key characteristics of the definition of 'spirituality' and are usually used to differentiate it from 'religion'. Spirituality is often

described as a person making meaning of themselves and their relationship with others and with God or a higher value, and that this value is described by the individual (Dyson *et al.*: 1997).

However, according to Swinton (2001), both religion and spirituality engage in answering existential questions related to the meaning of life and suffering 'as well as recognizing the need for human interconnectivity and the desire to transcend the self in meaningful ways' (ibid: 23). It seems that, for Swinton (2001), the main features distinguishing religion and spirituality lie in the former having the key characteristics of the individual's affiliation with a community and, a person's relationship with a transcendental being in whichever way the latter is defined. Moreover, Swinton (2001) further distinguishes between religious spirituality and non-religious spirituality. The former is spirituality that is the expression of a person's religious beliefs while non-religious spirituality 'incorporates humanistic, existential and philosophical perspectives as well as religious ones' (Swinton ibid: 23).

Similar to Swinton (2001), Moore *et al.* (2001) take a wider perspective of 'religion' that incorporates the polarisation created by others when distinguishing between religion and spirituality. Moore *et al.* (ibid: 490) explain that religion is concerned with the human need for meaning-making with regard to 'universal life experiences' including life and death. They claim that, for some, these truths may be arrived at through divine intervention, such as a traditional monotheistic understanding, or are 'humanly accomplished', for example, the Buddhist perspective, or perhaps an amalgamation of both views. Whichever way these truths are derived, Moore *et al.* (2001) claim that they are religious since they 'concern people in an *ultimate* way' (ibid: 490). Moreover, they highlight the importance of culture and society with regards to meaning-making:

Following upon this point, it is further accepted that religious faith (i.e., a willingness to submit oneself to some sense of ultimacy) cannot be cultivated or maintained apart from some sort of social, cultural, and historical traditions consisting of knowledge and practices. Therefore the idea of religion includes *the* idea of (a) personal faith or religious experience *and* (b) the social, historical, and cultural institutions, practices, and doctrines that provide the particular milieu that grounds and supports personal faith and religious experience (ibid: 490).

Moore *et al.* (2001) claim that 'spirituality' is a considerably modern term in Western religious studies. They clarify that the term 'spirituality' is derived from the word 'spirit' and that in Semitic and Indo-Germanic languages the root of 'spirit' is 'breath'. This highlights the fact that 'spirit' is essential to our life and to our existence. Moreover, 'the idea of spirit refers to the unique possibility of human beings to cultivate awareness or consciousness of, and live in relation with, a spiritual, transcendent, or ultimate reality' (ibid: 491). Swinton (2001) adds that while the term 'spirituality' has its roots in the word 'spirit', yet 'spirituality' and 'spirit' while being connected, are distinct. He also clarifies that the word 'spirit' originates from the Latin 'spiritus' meaning 'breath' and that in Hebrew this is 'ruach' while in Greek it is 'pneuma'[8]. All these terms refer to breath or wind and are linked to the concept of an energizing life-force in human beings:

> The word [spirit] is etymologically related, in Hebrew *(ruach)* and Greek
> *(pneuma)*, to the concept and picture of the stirring of air, breeze, *breath* and
> *wind*. In Hebrew anthropology, *ruach* was the enlivening force of a person –

---

[8] In Maltese, which is my native tongue and which is a Semitic language, the word for soul or spirit is 'ruh'

the breath of God which turned the prepared clay into a living soul. In the second creation story in the book of Genesis, Yahweh breathes into the prepared earth and the clay becomes a living nephesh. Thus the very being of the person is permeated by the *ruach* [spirit/spiritus] of God (Lartey in Swinton 2001: 14).

Swinton (ibid: 14) explains that the source of spirit may be perceived in a number of ways including 'God, Brahma or energy, and can be understood as an internal or interpersonal force of interconnectivity, or an external force that is given to people by some form of higher power'. Thus, according to Swinton (ibid: 14) spirituality is the expression or manifestation of spirit as the essential life-force in the individual that 'motivates and vitalizes human existence'. Consequently, while spirit imbues the person with meaning, motivation and purpose and is indescribable and invisible, the effects of spirit (spirituality) are tangible and understood. I will discuss this further when I describe the characteristics and components of spirituality. Moore *et al.* (2001) and Swinton (2001) therefore agree that the constructs of spirituality and religion are intimately linked. Moore *et al.* (2001) add that the term 'spirituality' is currently used to refer to the human search for meaning or the quest for divine presence in daily living as distinguished from the institutional elements usually identified with religion. However, they maintain that from a theological perspective, spirituality is a facet of religion such that differentiating between spirituality and religion, as the latter having to do solely with the institutional and the cultural, is misleading.

It therefore seems that, in their attempts to differentiate 'religion' and 'spirituality', some have polarised the concepts. However, according to Swinton (2001) and Moore *et al.* (2001), while being distinct constructs, 'spirituality' and 'religion' are intimately linked such that overlap exists. More recently, definitions of 'spirituality' and 'religion', for example in

the literature discussing spirituality as applied in psychotherapy, seem to reflect this lack of polarisation. Aten and Leach (2009) describe the similarity of both concepts in terms of their interconnectedness such that they claim that many mental health professionals use the terms interchangeably. Furthermore, Zinnbauer and Pargament (2005) claim that both spirituality and religion involve a search for the sacred on a personal and group level. What distinguishes religion from spirituality is that with religion, the search for the sacred is done 'within a traditional sacred context' or 'organized faith tradition' (ibid: 35).

This view of understanding religion and spirituality to be overlapping decreases the implication that religion is negative while spirituality is positive (Richards and Bergin 2005; Zinnbauer and Pargament 2005). Moreover, it emphasizes the shared elements and meanings of both. Richards and Bergin (2005) however, clarify that some persons still perceive themselves to be spiritual and not religious and that this often implies that they 'are not affiliated with an organized religion, but they do feel connected with God and other sacred things' (ibid: 21). Consequently, they believe that distinguishing between the two in this way may be important as long as religion is not stripped of all that is spiritual and that it is acknowledged that both religion and spirituality are expressed in a social context.

Another way in which the differentiation and overlap has been described is with both spirituality and religion being separately perceived to be encompassing and broader concepts (Zinnbauer and Pargament 2005). Zinnbauer and Pargament (2005) explain that viewing spirituality as a broader concept than religion is in line with certain developments in the field of psychology that have begun to study spiritual phenomena while disregarding previous studies within the psychology of religion. On the other hand, perceiving religion as a broader concept 'maintains continuity with a century of research and scholarship within the

psychology of religion' (ibid: 37). They maintain, however, that whichever view one takes, polarizing the concepts fails to adequately describe spirituality and religiousness since both:

> ...spirituality and religiousness are fundamental human processes and phenomena. As such, they cannot be reduced to other processes, or limited to a single level of analysis. Instead, investigations must account for the micro and the macro, the individual and the social, the particular and the universal, the subjective and the objective, and the meaning and manifestations of religiousness and spirituality (ibid: 38).

Aten and Leach (2009) tend to agree and argue that categorical and dichotomous definitions of spirituality and religion hinder a therapist's therapeutic effectiveness particularly because in polarizing the concepts religion and consequently, religious clients, are viewed negatively.

Furthermore, some have argued that spirituality is a multidimensional concept and this may add to the difficulty in defining spirituality (Crossley and Salter 2005; Elkins *et al.* 1988; McSherry 2006; Swinton 2001; Tanyi 2002; West 2004a; Zinnbauer and Pargament 2005).

Spirituality as a multidimensional construct

While there is no agreement on the definition of spirituality there does seem to be some understanding as to the elements and attributes making up spirituality. Dyson *et al.* (1997) carried out a literature review in order to arrive at a definition of spirituality. They found that the three main elements of a definition of spirituality focus on relationships: the relationship with oneself, with others, and with God or higher value (whichever way the latter is defined by the individual). They explain that this relational framework then allows for the discussion of five key themes in relation to spirituality: a) meaning; b) hope; c) relatedness/connectedness; d) beliefs; and e) expressions of spirituality.

31

Tanyi (2002) also proposes a definition of spirituality which seems to highlight similar key elements such as meaning, relationships, and hope, while adding other characteristics such as empowerment and transcendence. She clarifies that spirituality may or may not be related to a person's religion and is a personal and individual quest for meaning and purpose. It includes a connection to self-preferred values, practices and beliefs, which could be religiously inspired, that give meaning to a person's life consequently motivating them to becoming their 'optimal' selves. According to Tanyi (ibid: 506), 'this connection brings faith, hope, peace, and empowerment'. She also explains that this results in 'joy, forgiveness of oneself and others, awareness and acceptance of hardship and mortality, a heightened sense of physical and emotional well-being, and the ability to transcend beyond the infirmities of existence (ibid: 506).

Tanyi's definition of spirituality emphasises the personal nature of spirituality which is one of the principle components of spirituality identified by McSherry (2006) in his study. He asserts that any definitions of spirituality and spiritual care in nursing need to include the components of: individuality, inclusivity, integration, inter/intradisciplinary, innate and institution. He explains that a definition of spirituality can never be definitive as it relies on diverse, individual perceptions. Moreover, any understanding of spirituality needs to be inclusive of any religious and/or ethnic groups. Spirituality is innate to persons and therefore needs to be integrated in the provision of spiritual care to any person. Moreover, McSherry (2006) found that spiritual care involves an inter/intradisciplinary approach and that institutions must offer adequate resources to provide spiritual care.

Elkins *et al.* (1988) carried out a study in order to arrive at a humanist-phenomenological understanding of spirituality. They based their study on the following four assumptions: a) that spirituality is a dimension of human experience; b) that it is potentially

present in all persons; c) that it is separate from religiosity such that all persons can be spiritual; and d) that it is possible to define and describe spirituality by using a theoretical and phenomenological approach. The assumptive framework of Elkins *et al.* (1988) was therefore similar to the premises of others. They also agree with other researchers that spirituality is a multidimensional construct. Their study found that 'spirituality' consists of the following nine major components:

1. The transcendent dimension: the belief in the transcendent in whatever form that is, whether that is a personal God or transcendence understood from a psychological perspective.

2. Meaning and purpose in life: the belief that life has purpose and meaning and the resultant search for such meaning.

3. Mission in life: or an awareness of one's 'vocation' and 'sense of responsibility to life' (ibid: 11).

4. Sacredness of life: the belief that life is sacred and that the sacred can be experienced in all, including the ordinary.

5. Material values: the belief that ultimate satisfaction in life does not come from material but spiritual things.

6. Altruism: that a person is driven by a 'strong sense of justice and is committed to altruistic love and action' (ibid: 11).

7. Idealism: that a person is motivated and committed to making the world a better place.

8. Awareness of the tragic: that a person's awareness of suffering and death provides an existential perspective with which to live life such that life is lived in a meaningful way.

9. Fruits of spirituality: 'true spirituality has a discernible effect upon one's relationship to self, others, nature, life, and whatever one considers to be the Ultimate' (ibid: 12).

Based on the above nine components, Elkins *et al.* (ibid: 10) provide the following definition of spirituality:

> Spirituality, which comes from the Latin, *spiritus*, meaning 'breath of life', is a way of being and experiencing that comes about through awareness of a transcendent dimension and that is characterized by certain identifiable values in regard to self, others, nature, life, and whatever one considers to be the Ultimate.

The definitions discussed so far highlight the different dimensions to spirituality: that it is a way of being and experiencing; it is a fundamental human dimension; it is very personal and individual; it is reflected in one's values and behaviour; it is not necessarily linked to religion but involves a transcendent dimension; it involves meaning-making and it has an effect on one's relationships to self, others, and God or a higher value. Swinton (2001) also believes that spirituality is a universal human experience and that it is deeply personal. He adds another dimension to spirituality namely that it reveals itself in a number of ways based on culture, experience, personality factors and so on. Moreover, he believes that the central features of spirituality are: meaning, value, transcendence, connecting, and becoming. He provides the following definition of spirituality which, in my opinion, provides a comprehensive understanding of spirituality that includes the main elements that have been discussed here:

> Spirituality is an intra, inter and transpersonal experience that is shaped and directed by the experiences of individuals and of the communities within which they live out their lives. It is *intrapersonal* in that it refers to the quest

for inner connectivity ... It is *interpersonal* in that it relates to the relationships between people and within communities. It is *transpersonal* in so far as it reaches beyond self and others into the transcendent realms of experience that move beyond that which is available at a mundane level (ibid. 20).

Apart from being comprehensive, this definition of spirituality also embraces the overlap between the constructs of spirituality and religion such that they are not presented as polarities. Moreover, as already mentioned, according to Swinton (2001) spirituality may be 'religious' and 'non-religious'. He presents the latter division as two circles each representing both aspects of spirituality. While the inner circle represents those forms of spirituality that are particularly religious (that arise from a person's religious beliefs), the outer circle 'represents the wider dimensions of spirituality' (ibid: 37). Swinton postulates that both circles are 'intimately interconnected, and reflect genuine attempts to express the experiences of the spirit' (ibid: 38) which, as seen earlier, is the energizing life-force present in all.

Spirituality as a human phenomenon in the caring professions

Many in the caring professions believe that spirituality is a fundamental and universal dimension of the human person, especially when spirituality is taken to include 'meaning-making':

> Human beings are essentially spiritual creatures because we are driven by a need to ask 'fundamental' or 'ultimate' questions... We are driven, indeed we are defined, by a specifically human longing to find meaning and value in what we do and experience. We have a longing to see our lives in some larger, meaning-giving context (Zohar and Marshall 2001: 4).

The search for meaning seems to be a clear indicator that human beings are spiritual beings since each of us is motivated by our will to find meaning (Frankl 1964). Spirituality thus permeates the life of each individual person such that '*spiritual experience* is central to our lives' (King-Spooner 2001: 28). As Clarkson (2002: 2) emphatically states, 'human beings will die (and do die) from loss of meaning more violently than from hunger, illness or deprivation'.

Another facet to the spiritual dimension of human experience is 'inter-connectedness'. Thorne (2005: 6) explains that the term '*spiritual* is commonly used by those who wish to affirm their belief in an overarching reality which points to the inter-connectedness of the created order and to a perception of the human being as essentially mysterious and not ultimately definable in biological, psychological or sociological terms'.

Others would argue that spirituality is a fundamental dimension of the person's human identity and experience and that just as a person develops intellectually, emotionally and so on, he/she also does so spiritually (Rowan 2005, Thorne 2005, 2006; Washburn 1995; Wilber 2000, 2001). Some have argued that spirituality is innate (McSherry 2006) and that there exists a physiological-biological foundation to spirituality (Buttery and Roberson 2005; Zohar and Marshall 2001). Spirituality as an essential human element is also evident in a number of studies that highlight its beneficial effects to mental health (Pargament *et al.* 2005; Sperry and Shafranske 2005; Swinton 2001; West 2004a).

Given that some assume that spirituality is a fundamental dimension of the human person and of human experience, many professions are emphasising spirituality as an essential element in their practice. The nursing profession has identified spiritual care and meeting the spiritual needs of persons as fundamental to nursing (Baldacchino 2003; Dyson *et al.* 1997; McSherry 2006; Tanyi 2002). The same is also true in clinical psychology and psychiatry

36

(Crossley and Salter 2005; Swinton 2001), social work (Bullis 1996; Canda and Furman 2010; Canda and Smith 2001; Holloway and Moss 2010; Mathews 2009) and counselling and psychotherapy (Aten and Leach 2009; Clarkson 2001, 2002; Elkins 1995; Johansen 2010; King-Spooner 2001; Miller 2003; Pargament 2007; Richards and Bergin 2005; Shafranske and Sperry 2005; Sperry 2001; West 2001, 2002, 2004a, 2004b). In the next section, the link between spirituality, religion and psychotherapy will be explored.

4. Overview of key themes regarding the interconnectedness of spirituality, religion and psychotherapy

In this chapter, I have presented themes that link spirituality and psychotherapy including: human beings are spiritual persons; spiritual development is part of a person's overall identity formation; spirituality is related to a person's mental health; people make meaning which assumes that they are spiritual beings; spirituality and psychotherapy both involve enlightenment and meaning-making; and counselling and psychotherapy as professions that deal with the more personal and subjective in an increasingly secular world. In this section, I expand on some of the topics mentioned above while introducing other key themes connecting spirituality, religion and psychotherapy.

The inevitability of the presence of spiritual and religious issues in psychotherapy

Up to a few years ago, many were resistant to the idea of linking spirituality and religion to psychotherapy for a number of reasons including the historical tension between psychology, psychotherapy and spirituality/religion. I write about the latter in the next chapter. Another reason for the difficulty of connecting spirituality to psychotherapy is the therapist's difficulty in dealing with such issues (Aten and Leach 2009; Lines 2006; Pargament 2007; Richards and Bergin 2005; Sperry 2001; Sperry and Shafranske 2005; West 2004a; West 2001; Frame 2003; Young *et al.* 2009). Aten and Leach (2009: 17) summarise

37

the following reasons for therapist resistance to the inclusion of the spiritual dimension within psychotherapy: '(a) fear of imposing personal values; (b) bias or negative attitudes toward religion; (c) lack of theoretical model and training; (d) trained to minimize or disregard the importance of spirituality in the lives of their clients; and (e) view of the spiritual as outside of their scope of practice, reserving such dialogue for clergy'. Moreover, this has often led to viewing clients who raise spiritual and/or religious issues negatively, at times pathologizing or misdiagnosing them (Aten and Leach 2009; Richards and Bergin 2005; West 2004b).

However, over the years, this reluctance to dealing with the spiritual and religious dimensions in psychotherapy has shifted such that Hathaway and Ripley (2009: 44) assert that 'the relative ubiquity of spiritual and religious issues in the human condition makes their clinical encounter inevitable'. This seems to be reflected in the results of a study by Shafranske and Malony (1990). They analysed clinical psychologists' spiritual and religious orientations and their psychotherapeutic practice. Amongst their findings, Shafranske and Malony (1990: 78) noted that the participants 'appreciate religious and spiritual concerns; view religious and spiritual issues as relevant to clinical practice; [and] utilise interventions of a religious nature to varying degrees'. Zinnbauer and Barrett (2009: 145) describe this change as a 'welcome sign of progress', particularly within the context of past tensions between psychology, psychotherapy and spirituality and religion.

Moreover, Pargament (2007) claims that spirituality and psychotherapy cannot be separated and that 'spirituality is an extraordinary part of the ordinary lives of people' (ibid: 3). He explains that while spirituality may become visible during moments of crises and times of transition, yet it is also 'interwoven into the fabric of everyday' (ibid: 3) life. Furthermore, he claims that spirituality is manifest in a person's cognitions, actions and relationships. The latter are usually the focus of therapeutic work. Richards and Bergin (2005) also claim that religion and spirituality are important in people's lives with the consequence that they cannot

38

be ignored in psychotherapy. This was mirrored in a study carried out by Knox *et al.* (2005). Their area of study addressed spiritual and religious issues from a client's perspective. They found that their participants were involved in spiritual-religious activities, that religion and spirituality were related to the client's presenting problems and that the clients perceived spirituality and religion as playing 'a central role in their existence' (ibid: 298). Moreover, Knox *et al.* explain that the 'participants' discussions of religion-spirituality were related to their psychological issues and were perceived as helpful' (ibid: 298). Also, it seems that clients want spiritually-sensitive therapy and are eager to discuss their religious/spiritual concerns in therapy (Knox *et al.* 2005; Pargament 2007; Post and Wade 2009; Richards and Bergin 2005; Rose *et al.* 2001).

Pargament (2007) posits that spirituality is one domain which is interrelated to other life domains such that change in one domain as a result of psychotherapy for example, will result in a change in the spiritual domain. Moreover, significant life events, whether traumatic or otherwise, often give rise to existential questions such as 'Why me?' 'Where is God in all this?' 'What is the purpose of this?' 'What direction should my life take?' 'What happens to me when I/my partner/child die/s?' It is often during these times that therapists encounter their clients. Pargament *et al.* (2005: 479) explain that 'major life events touch people spiritually as well as emotionally, socially, and physically. Crises can be viewed through a spiritual lens as threats, challenges, losses, or opportunities for the growth of whatever the individual may hold sacred'. Pargament (2007: 11) describes how a therapist is required to spiritually respond to the client's deep questions.

Additionally, clients often draw on spiritual and religious resources in dealing with their issues and concerns (Pargament 2007; Pargament *et al.* 2005; Zinnbauer and Barrett 2007). According to Pargament (2007), spiritual resources are not simply another tool in the therapist's problem-solving box. As already noted, spirituality provides a lens through which

to view one's problems, issues and concerns such that they can be viewed from a wider perspective and transcended:

> Spirituality, then, represents a distinctive resource for living, one particularly suited to the struggle with human limitations and finitude. By bringing the spiritual dimension into the helping process, psychotherapists could tap more fully into this reservoir of hope and source of solutions to life's most profound problems...Spiritual resources are not simply another problem-solving tool. They are, instead, embedded in a larger worldview... Spiritual resources are, first and foremost, designed to facilitate an individual's spiritual journey. Therapists who overlook the larger sacred purpose and meaning of these resources risk trivializing spirituality by reducing it to nothing more than a set of psychological techniques (ibid: 12).

Moreover, as will become evident later, a person's use of religion and spirituality may be positively linked to client functioning and mental health (Frame 2003). Consequently it would be an important resource to assess and utilise in therapeutic work.

However, Pargament (2007) describes spirituality in psychotherapy as a double-edged sword, in that, while it can be a resource, it can also be part of the problem. In other words, a client's spiritual problems can underlie the issues or concerns that they bring to therapy. As Lines (2006) explains, while spiritual factors may not be the presenting problem, they may influence the client's worldview. Moreover, Lines (2006) claims that some clients might not be conscious of their unresolved spiritual dilemmas as being manifest in their emotional, social and cognitive struggles. For example, a woman experiencing domestic violence may choose to remain in the home because of her religious belief that that is 'her place' and that she should forgive her husband. Another example would be the crippling guilt that a woman

would be carrying as a result of an abortion that she would have committed years ago and which is against her religious beliefs. In such situations, Pargament (2007) claims that the therapist would need to attend to the client's spiritual problems for any progress to be made.

In the study mentioned earlier, Shafranske and Malony (1990: 75) found that sixty percent of the participants claimed that 'clients often expressed their personal experiences in religious language, and approximately half of the therapists estimated that at least 1 in 6 of their client population presented issues which involve religion and spirituality'. Another study, also carried out in the United States by Zinnbauer *et al.* (1997), found that when labelling themselves, 74% of the participants viewed themselves as both religious and spiritual, 19% as spiritual but not religious, 4% as religious but not spiritual and 3% as neither religious nor spiritual.

Consequently, dealing with spirituality and religion seems an unavoidable reality to the extent that Pargament (2007: 13) claims that 'therapists who overlook the spiritual nature of the problem may be neglecting the heart of the matter' and that 'people want spiritually sensitive help' (ibid: 15). Richards and Bergin (2005) assert that therapy is more successful if the client's spiritual and religious issues are addressed. Moreover, Sperry (2001: 34) claims:

> Since research indicates that most clients expect helping professionals to assist
> them with moral issues and dilemmas (Cushman, 1995), it would not be
> unreasonable to anticipate that spiritual seekers and other clients with religious
> issues may need to or want to address ethical and moral matters in the course
> of therapy.

This has led to therapists and related professional associations to consider dealing with and respecting the client's spiritual and religious beliefs as an ethical obligation.

Providing spiritually-sensitive therapy as an ethical obligation particularly within a multicultural context

The perception that the therapist should provide spiritually-sensitive therapy is often viewed from an ethical and multicultural context. It is understood that neither therapy nor the therapist are value neutral (Bond 2010; Pargament *et al.* 2005; West 2004a). Consequently, dealing with clients' values and beliefs that shape their worldview or underlie the concerns and issues that they bring to therapy, together with the therapist examining his/her own values and beliefs, becomes crucial. West (2004b) explains that since therapy is not value-free, therapists are required to be aware of their values so as not to impose them, whether wittingly or unwittingly onto their clients.

Furthermore, Richards and Bergin (2005) believe that it may be important to examine a client's values particularly in terms of 'value-lifestyle congruence' (ibid: 229). They explain that value-lifestyle congruence may result in the client's spiritual and religious beliefs being a source of comfort and strength while incongruence may create anxiety or guilt in the client. It may therefore prove to be important that the therapist helps clients identify their values and religious beliefs to use them as a resource. However, in the case of value-lifestyle incongruence, the therapist may help clients identify their religious beliefs and values and become aware of the discrepancy and its resultant impact on their lives.

Due to the centrality of values and beliefs, including spiritual and/or religious beliefs, to the client's worldviews, assessing a client's values and spiritual and religious beliefs has become included in the ethical guidelines of some of the major associations of the helping professions (American Psychological Association 2002; American Counselling Association 2005). Furthermore, the ethical guidelines of both the British Association for Counselling and Psychotherapy (BACP 2010) and the National Association of Social Workers (NASW 2008) acknowledge the importance of respecting the client including his/her religion. Additionally,

the latter is also viewed from a diversity and multicultural perspective such that attending to and assessing a client's spiritual and religious dimensions is considered essential to practice (Hathaway and Ripley 2009; Miller 2003; Richards and Bergin 2005; Shafranske 2005; West 2004a; Young *et al.* 2009; Zinnbauer and Barrett 2009). Johansen (2010: 8) explains that:

> ...Religious and spiritual issues are gradually getting more recognition as important aspects of the multicultural diversity discussion. Psychologists and counsellors have a responsibility to understand, respect, and competently address religious diversity... The inclusion of religion as an aspect of diversity that mental health professionals need to respect and be competent in can be considered a major development in the field.

Zinnbauer and Barrett (2005: 148) explain that various authors have 'recognized spirituality as an element of culture'. They argue that by adopting a culturally sensitive framework, a therapist can deal respectfully and effectively with spiritual and religious issues. Apart from viewing spirituality and religion as facets of diversity and multicultural practice, researchers and therapists also view assessing and addressing the client's spirituality and religion as a means of enhancing client functioning.

Spirituality, religion, client functioning and the DSM-IV

Many studies have highlighted a positive relationship between spirituality, religion and client functioning including their physical and psychological health. Moreover, Aten and Leach (2009) quote studies that show the positive impact of spiritual communities in relation to providing support, nurturance, acceptance and approval. Koenig (2004) analysed over 500 studies that took place over a twenty year span ranging from 1980 to the year 2000 and found a positive link between spirituality, overall mental health, reduction in substance abuse and well-being. More specifically, he found that 'religious beliefs and practices are associated with lower suicide rates, less anxiety, less substance abuse, less depression and faster

recovery from depression, greater well-being, hope and optimism, more purpose and meaning in life, higher social support, greater marital satisfaction and stability' (ibid: 1195). Additionally, studies have found a positive relationship between spiritually-integrated psychotherapy and particular therapeutic issues including sexual abuse (Murray-Swank and Pargament 2005), depression, stress, anxiety and eating disorders (Smith *et al.* 2007), trauma (Smith 2004) and alcohol abuse (Delaney *et al.* 2009).

However, some other studies elucidate the other side of the coin, namely, the possible negative impact of religion and spirituality on a person's well-being and mental health. These too need to be given attention in therapy as they may contribute to or underlie particular therapeutic issues or concerns (Exline 2002; Exline *et al.* 2000; Exline and Rose 2005; Miller and Kelley 2005; Pargament 2007). Exline *et al.* (2000) discuss the concept of 'religious strain' and its relationship to depression and suicidality. Exline (2002) describes the following four aspects of religious strain: 'interpersonal strains, negative attitudes toward God, inner struggles to believe and problems associated with virtuous striving' (ibid: 185). Exline *et al.* (2000) found that:

> Religious strain was associated with greater depression and suicidality, and these associations existed regardless of religiosity levels or the degree of comfort found in religion. These findings suggest that regardless of whether religion is a positive force in a person's life, the presence of religious strain may still warrant clinical attention (ibid: 1490).

Moreover, depression was associated with 'religious rifts: disagreements with religious institutions or conflicts with family or friends on religious issues' (ibid: 1491). On the other hand, suicidality was more closely associated with religious guilt and fear and the perception that one's sin was too substantial to be forgiven.

Another indication of the link between spirituality, religion and client functioning is the inclusion of the V-Code in the Diagnostic and Statistical Manual (DSM-IV, V Code) that deals with 'Religious or Spiritual Problems' (Diagnostic and Statistical Manual 2000). According to Hathaway and Ripley (2005: 41) it 'describes religious or spiritual issues that warrant the focus of a clinical attention without indicating the presence of a disorder'. These would include questioning of spiritual values which are not necessarily linked to religion, loss or searching with regards to faith and problems that are linked to conversion to a new faith (Johansen 2010). Moreover, this code helps the therapist in differentiating between clients' psychotic and mystical experiences (West 2004b).

In this section, I have outlined some of the main themes in the literature on spirituality and psychotherapy as the context for understanding the link between spirituality, religion and psychotherapy. As I noted earlier, spiritual issues are often intertwined with the client's strengths, mental health problems and solutions (Zinnbauer and Barrett 2005). However, as will become clearer in the next chapter, this was not always the case such that a shift seems to have happened over the last few decades. For most of the last century, religion, spirituality and psychology and psychotherapy experienced great tension and at times, polarisation. This was often the result of the way in which spirituality and religion were understood.

5. Conclusion

In this chapter, I presented some of the themes in relation to understanding spirituality and its application to psychotherapy in a postmodern context. Changes in Western societies, particularly in the Western post-industrial world, have lead to disenchantment with religion and an increased interest in spirituality. This has been influenced by the process of modernisation that has given rise to secularisation, and by the fact that the Western culture is a postmodern one with varied and challenging realities, values, and beliefs. As we have seen,

45

these changes have influenced and are also shaped by the importance of subjectivity and the personal in many different spheres in society that have thus eroded the importance of authority, roles, norms and so on. Within this context, the constructs of religion and spirituality have been differentiated and at times polarised, with religion often being seen to pertain to the normative, institutional, authoritative and formal. Spirituality, on the other hand is seen as pertaining to the personal: personal development and the subjective. However, others have proposed that while they are separate concepts 'religion' and 'spirituality' are also overlapping constructs.

Many believe that 'spirituality' is an inherent and universal element of being human and while it is very intimately linked to 'religion', it is a separate concept. The spirit imbues each and every one of us and is the energizing life-force that helps us find meaning and purpose in life while spirituality is the outward expression of spirit. Spirituality is the manifestation of our spirit operating within us and is evident in our decisions, actions, thoughts, values and so on. Moreover, while there is no consensus as to the definition of spirituality, there seems to be agreement as to the fact that it is multidimensional. There are certain attributes, elements and components that make up spirituality. Furthermore, spirituality may be understood as 'religious spirituality' or 'nonreligious spirituality'. This implies that spirituality may be the fruit of, and expression, of a person's religious beliefs while it may also be the expression of a person's humanistic, existential and philosophical beliefs which are not necessarily linked to the person's religion. Studies have shown that spirituality is a very individual phenomenon and that a person's definition of spirituality is linked to the person's understanding of and experience of life and religion. Moreover, this may be influenced by cultural and societal forces. Consequently, some authors recommend

that arriving at a definition of spirituality would include the individual's understanding of 'spirituality'.

In this chapter, I have discussed key themes in relation to the concepts of 'spirituality' and 'religion'. I have also begun to discuss the link between spirituality and religion in relation to counselling and psychotherapy. I have presented the argument made by some clinicians and researchers that dealing with spirituality and religion in clinical practice is inevitable. This is mainly due to the fact that: spirituality and religion are important to many people (including both therapists and clients), they may be an important resource as well as being part of the problem together with the reality that spirituality and religion are often linked to overall mental health and well-being. Moreover, addressing a client's spiritual and religious needs is often viewed as an ethical obligation and it is often part of multicultural practice with regards respecting the client's culture and diversity, including spiritual and religious diversity. In the next chapter, I expand on these key themes in understanding spirituality and psychotherapy beginning with a brief historical overview of the relationship between religion, spirituality and psychotherapy.

CHAPTER THREE

SPIRITUALITY AND PSYCHOTHERAPY

1. Introduction

In this chapter, I present key themes in relation to the topic of spirituality and psychotherapy. Some of these themes were introduced in the previous chapter and will be expanded upon in this chapter. I begin with a brief presentation of the history of the relationship between spirituality, religion and psychotherapy, both as concepts and in practice. I will then describe the characteristics and goals of transpersonal psychotherapy, spiritually-integrated psychotherapy and psychotherapy that is imbued with spirituality. This will be followed by a discussion of the therapist including the personhood and engagement of the therapist, the importance of the clinician's self-awareness, self-knowledge and self-discipline, issues of countertransference and therapist competencies.

2. A brief historical view of the relationship between spirituality, religion and psychology and psychotherapy

Many attribute the tension between religion, spirituality and psychology and psychotherapy to Sigmund Freud (psychoanalysis) and the early fathers of psychology namely, Burrhus Frederic Skinner (behavioural) and Albert Ellis (cognitive). Although their stance may have changed such that they did not remain so rigidly 'against' religion and spirituality in their later years, they had a lasting impact on the relationship between psychology, psychotherapy and religion and spirituality which is still felt today. Moreover, during the time of their writings, there were other psychologists and psychotherapists such as William James and Carl Gustav Jung (analytic) and later Carl Rogers (person-centred), Victor Frankl (existential), Roberto Assagioli (psychosynthesis), Abraham Maslow, Stanislav Grof and Ken Wilber (transpersonal) who perceived a more positive relationship between

spirituality and religion and psychology and psychotherapy (Aten and Leach 2009; Culliford 2011; Johansen 2010; Frame 2003; Lines 2006; Miller 2003; Paloutzian and Park 2005; Pargament 2007; Richards and Bergin 2005; West 2004a, 2004b).

The birth of psychology occurred in the late 19th century with the work of William James and Granville Stanley Hall. At this time, these early founders of psychology did not separate psychological study and practice from religion and spirituality. According to Pargament (2007: 7) they 'took the root meaning of the word *psychology*, from *psyche* (soul) and *-logy* (study of), quite seriously and focused their attention on a variety of religious phenomena, most notably conversion and mysticism'. William James (1902) studied religious experience, particularly mystical experience. He identified four facets to such an experience: ineffability, noetic, transiency and passivity (West 2004a). James (1902) claimed that a mystical experience 'defies expression' (ibid: 366) and must consequently be individually experienced. Linked to this quality of ineffability is the noetic element in that a mystical state of consciousness gives rise to 'insight into depths of truth unplumbed by the discursive intellect' (ibid: 367). James (ibid: 367) added that such states are transient such that they 'cannot be sustained for long'. Finally, mystical states of consciousness are beyond a person's control such that while they may be facilitated yet they cannot be prescribed. James (ibid: 367) explained that in such instances 'the mystic feels as if his own will were in abeyance, and indeed sometimes as if he were grasped and held by a superior power'. According to Johansen (2010) James took a qualitative approach to the study of religious experience while Hall and his colleagues did so through a quantitative approach. Johansen (2010) maintains that Hall was a leader in his contribution to the psychology of religion because of his writings and his influence on and teaching of other psychologists who wrote extensively on the psychology of religion.

However, the early 20th century saw a change with science and positivism becoming paramount such that religion and the psychology of religion were perceived to be a deficit within this paradigm. This greatly impacted Freud and the early behaviourists who wanted to 'escape religious contamination and establish psychology...as a respected science' (Richards and Bergin 2005: 37). Consequently, they based their theories of human nature and behaviour on scientific naturalism. For Freud, religion and a person's need for religion trace themselves to childhood and the need for protection and the security of one's father. As the child develops into adulthood, the need for safety and protection in the face of insecurity together with the resultant anxiety, is transferred onto God as a benevolent father figure and onto religion which then provide the comfort and safety needed to face a hostile world (Pargament 2007; Richards and Bergin 2005; West 2004a). Consequently, Freud conceived religious concepts to be 'illusions, fulfilments of the oldest, strongest and most urgent wishes of mankind' (Freud, 1927/1961 cited in Richards and Bergin 2005: 38) with religion being 'the universal obsessional neurosis of humanity' (ibid: 2005). Freud came from a Jewish background but rejected his religion.

This is also true for Skinner who, according to Pargament (2007: 8), was a 'product of a fundamentalist religion' which he then discarded. Pargament (ibid) explains that for Skinner, 'God is the archetype pattern of an explanatory fiction' (Skinner 1971 cited in Pargament 2007: 8). This led Skinner to view religious institutions as perpetuating 'this fiction by attempting to control behaviour, primarily through the use of aversive measures, including punitive laws, fears of hell and damnation, and religious practices that discourage sinful behaviour' (Pargament 2007: 8). According to Richards and Bergin (2005) these and other early scholars and practitioners in psychology 'adopted as underlying assumptions

deterministic, reductionistic, atomistic, materialistic, and mechanistic views of human beings' (ibid: 38).

Due to these strong positions and the opposing views of other scholars and psychologists who were writing concurrently such as Jung, the tension between psychology and psychotherapy and religion and spirituality was created. Jung, who was originally Freud's student, had a different view to his mentor. One difference related to his view of religion and religious experience. Jung perceived religious experience as not tied to creed but to numinous experience. As a result, he understood religious experience to be an intrapsychic experience linked to meaning-making, although he seemed to doubt that this type of experience was available to persons attending church. It is almost a similar distinction and observation that some modern writers have made when differentiating between spirituality and religion. Moreover, Jung understood that people's problems may be rooted in their religious experience: West (2004a: 25) writes:

> Jung recognized the psychic reality of the spiritual or religious need in all of humankind and stated: 'A psychoneurosis must be understood ultimately as the suffering of a soul which has not discovered its meaning' (1958: 330 - 1). Jung was convinced that our neuroses had present as well as past causes, otherwise he insisted, they would cease to be active. Consequently he regarded 'the religious problem which the patient puts before me as authentic and as possible causes of the neurosis' (Jung 1958: 333).

In contrast to Freud and his followers, Jung, therefore perceived religion and spirituality in a positive light and saw it to be part of the client's life and psychotherapeutic experience. Jung's philosophy and writings were very influential in the emergence of the transpersonal school (West 2004a) (see below). However, his view came at a time when the opposing

position was strongest. Consequently, tension was created which lasts to this day with therapists and therapeutic schools having varied and, at times, opposing views on the spiritual dimension of psychotherapy. Lines (2006) describes the differing views of classical theorists in psychology as lying on an empirical-mystical continuum. One end of the spectrum represents the empirical discourse where one finds Freud whose position 'is compatible with theories of the sociology of religion' (Lines 2006: 45). At the other end of the spectrum is the mystical position, where one finds Jung. Lines (2006) explains that Jung's concepts of the collective unconscious, the archetypes and the structure of the psyche highlight his belief in intrapersonal transcendence with God residing within the person. This makes his psychology mystical. According to Lines (2006), midway along the spectrum, one finds the relational discourse whose main exponent is Carl Rogers. Rogers' later writings reflect a theory of the spiritual dimension of psychotherapy being created in and through the therapeutic relationship as a result of the therapist's presence. Lines (2006) explains that Rogers integrates the mystical and sociological perspectives and emphasises his own personal experience. A discussion of the relational discourse is returned to later in this chapter.

The move away from an almost aversion to associating spirituality and religion positively to psychology and psychotherapy has led to the formation of the transpersonal school and spiritually-integrated psychotherapy.

3. Transpersonal psychology and psychotherapy

Some of the original founders of humanistic psychology such as Abraham Maslow and Stanislav Grof gave birth to the fourth force in psychology[9] when they experienced the need for a 'psychology that was willing to study and explore experiences, particularly

---

[9] The first force is psychoanalysis with the second being behaviourism and the third the humanistic school

spiritual experiences, in which the sense of identity extends beyond the individual or personal (*trans*personal) to encompass wider aspects of humankind, the natural world, and the cosmos' (Lukoff and Lu 2005: 178). At the heart of transpersonal psychology is the assumption that every person is a spiritual being and not merely a psychological ego or self such that the transpersonal dimension is integral to our humanity (Sperry 2001; Rowan 2005). Keutzer (1984) describes how transpersonal psychology draws upon Eastern and Western traditions, science and wisdom to expand psychological inquiry and become concerned with extending a person's ego boundaries beyond the limitations of time and/or space. Frame (2003) explains that it is this expansion of consciousness that distinguishes a transpersonal experience from a psychological one. This transformation is one of the fundamental assumptions of transpersonal psychology offered by Vaughan *et al.* (1996 as cited in Frame, 2003).

Spirituality, religion and the transpersonal

Daniels (2005) explains that in defining the term 'transpersonal', it is difficult not to be drawn to using the concept of 'spirituality' as one over-arching definition. However, Daniels (2005) emphasizes that in such instances, spirituality needs to be clearly distinguished from religion. In doing so, he defines religious experience as being 'codified in one or other of the organized forms of religion' (Daniels 2005: 12) adding that a person may have a spiritual experience without belonging to a particular religion. He explains how the transpersonal may be understood to be about human spirituality and the spiritual dimension of life. He clarifies that the term 'transpersonal' refers to processes, events or experiences that help one in 'going beyond (or through) the personal' such that 'our normal limiting sense of self is transcended and in which there is a feeling of connection to a larger, more meaningful reality' (ibid: 11). Consequently, for some persons, the transpersonal may include their spiritual and/or religious experiences. Moreover, Daniels (2005) explains how in focusing on

processes, events or experiences, such a definition of the transpersonal moves away from a 'belief in the ontological reality of Spirit' thus making the definition 'metaphysically neutral' (ibid: 11).

Rowan (2005) also clearly distinguishes between the transpersonal and spirituality and focuses on transformation as the distinctive characteristic of the transpersonal. However, for Rowan, the characteristic feature of transpersonal change as 'moving beyond' the limitations of the ego must not be applied too easily and/or loosely. This must be done by distinguishing the mundane from the transcendental when investigating the transpersonal. Rowan (2005) understands the transpersonal as including familiar experiences or traits such as creativity, intuition, one's inner voices, and peak experiences. Furthermore, similarly to Daniels (2005), Rowan distinguishes between the transpersonal and religion while understanding the latter as some type of organisation. He proposes that the transpersonal is about personal experience and personal discovery which may or may not be necessarily linked to religion.

In discriminating between the concepts of the transpersonal and spirituality, Rowan (2005) seems to agree with Daniels (2005) that spirituality is a term that is used too broadly and too generally with the danger of an ensuing lack of clarity as to its meaning. Rowan (2005) distinguishes between prepersonal spirituality, personal spirituality and transpersonal spirituality. This understanding of spirituality is based on Wilber's (2000) psychospiritual model of human development which may be broadly categorised into three phases: the prepersonal, the personal, and the transpersonal. Rowan (2005) proposes that while prepersonal spirituality focuses on traditional beliefs, superstition and fear, personal spirituality would be more likely to be situated in religious tradition and is more likely to be 'based on integrity and authenticity' (ibid: 108). Rowan (2005) describes transpersonal spirituality as that which opens us up and leads us to what is beyond us. It is involved with

54

'the divine, the numinous, the sacred, the holy' (ibid: 108). Once again, the characteristic of transformation beyond one's ego boundaries seems to be the distinguishing element of the definition of transpersonal spirituality.

Clarkson (2002) is in agreement that the transpersonal is difficult to describe. She distinguishes between 'religion', 'spirit', 'soul' and the 'transpersonal' and presents a seven-level conceptual model for understanding the transpersonal dimension of human experience. She describes it as a model that can be used as a tool for 'simultaneously holding and handling a multiplicity of discourses and the complexity or our multi-layered human experience' (ibid: 30). Moreover, Clarkson (2002) explains that we can differentiate between two separate domains when experiencing or discussing the transpersonal. One domain includes religion or systems of values or faith which are usually shared by a group. It is important to note that in defining 'religion', Clarkson (2002) similarly to Daniels (2005) and Rowan (2005), refers to the organisational aspect of spirituality and adds the notion of 'system of beliefs' in describing religion. She adds that such systems involve norms, laws, regulations, and ideologies, whether these are explicit or implied. Anyone adopting such a belief system would thus be expected to follow these norms, rules and so on. She explains that at the level of the model that includes religion or systems of values or faith, 'differences of opinion and values at this level tend to be emphasized... This could be said to be the *divergent* quality of the transpersonal at a collective *level*' (ibid: 33). The other domain has a convergent quality to it. Clarkson describes this other domain of transcendental experience as being highly individual while also universal and as being difficult to put into words. She believes that the mystical traditions of all major religions may fall within this domain. These two main domains are part of the seven-level model used to understand transpersonal experience:

At one *level* are our experiences and discourses concerning *values, beliefs, cultural norms*; and at another *level* is that which *transcends description*. In the seven-*level* model these are respectively the normative (or *level* 4 domain) and the transpersonal (or seventh *level*). (I see 'soul' as the personal aspect, and 'spirit' as the impersonal aspect of the transpersonal) (ibid: 33).

In concluding this discussion on the distinction between the transpersonal, religion and spirituality, I would like to present Daniels' (2005) definition of 'transpersonal experience' as it seems to bring together some of the main themes discussed in this section. He explains that transpersonal experience subsumes and is not restricted to cosmic consciousness or to traditional classifications of religious or mystical experience. He adds that frequently, transpersonal experiences 'have no necessary or apparent 'spiritual' quality (for example, cellular consciousness or visits to other times and spaces) and they include the full gamut of paranormal experience' (ibid: 23).

The above discussion has also highlighted that the transpersonal is related to transformation such that the ego 'goes beyond'. This is very clearly expressed by Wilber (2001) who posits that the ''transpersonal' means that some sort of process is occurring in the individual that, in a sense, goes beyond the individual' (p.7). Wilber (2000, 2001) explains that transpersonal change implies a shift in consciousness. This is closely linked to the practice of transpersonal psychotherapy.

Transpersonal Psychotherapy

Given a person's capacity for transcendence, Rowan (2005) explains that psychotherapy becomes an endeavour where one opens up to one's spiritual centre and the divine such that whatever 'separates us from our spiritual centre has to be questioned, seen

56

through and transformed' (ibid: 3). Psychotherapy thus becomes a bridge leading us to the spiritual realm. This follows Wilber's psychospiritual model of human development. As noted earlier, Wilber (2000) suggests that a person's spectrum of consciousness ranges from the prepersonal, to the personal and to the transpersonal. According to Rowan (2005), the spiritual may be experienced as inside ourselves (contact with the real self, the centaur level); outside ourselves (contact with the subtle self); and at other times as a total letting-go (connection with the divine, the ultimate self). Moreover, transpersonal identity entails a person becoming aware of a desire for a deeper sense of self involving self-transcendence. Wilber (2001) explains that growth and self-awareness as it occurs in psychotherapy (but not only), involves development along the spectrum of consciousness. Essentially development involves the widening and deepening of one's 'horizons, a growth of one's boundaries, outwardly in perspective and inwardly in depth...When a person descends a level of the spectrum he has in effect remapped his soul to enlarge its territory' (ibid: 13). This expansion of self-awareness and identity is one of the main assumptions of transpersonal psychology put forward by Vaughan *et al.* (1996 cited in Frame: 2003). They believe that helping clients to expand their awareness and become free of limiting ideas, feelings, and experiences is one of therapist's main tasks. This could be done through using different techniques from various psychotherapeutic schools as well as different spiritual practices such as meditation (Lukoff and Lu 2005; Frame 2003; Rowan 2005; Wilber 2000, 2001).

Transpersonal psychotherapy is therefore committed to the spiritual dimension of human development and experience. Wilber (2000) argues that different psychotherapeutic approaches address different levels of the spectrum of consciousness. While most psychotherapeutic approaches address the lower levels of the spectrum, transpersonal psychotherapy aims at the upper levels (Wilber 2000, 2001). Rowan (2005) explains the

difference in focus in these therapeutic approaches as moving 'from the realm of deficiency (where all the motivation is to repair some deficit) to the realm of abundance (where the motivation comes from a positive urge to explore, create and grow)' (ibid: 79). It can also be regarded as a change from focusing on having, to emphasising being. Psychotherapeutic work at the subtle level of consciousness is normally done by Jungians, practitioners in psychosynthesis and transpersonal psychotherapists. At this stage, one moves out of consensus reality such that all is questioned. For Rowan (2005) psychotherapy now becomes 'an area where symbols are pursued for the insight and growth they may bring. Words become of lesser value, because we are moving out of consensus reality' (ibid: 82).

Transpersonal psychotherapy is therefore committed to the spiritual dimension of a person's personality and life experience. The transpersonal therapist is dedicated to the client's psychospiritual development and uses a number of techniques from various psychotherapeutic schools as well as different spiritual practices such as yoga and meditation. The person of the therapist is crucial in this form of therapy. Firstly, the therapist needs to be committed to his or her own spiritual development and to a 'spiritual orientation toward life that informs his or her work with clients' (Frame 2003: 5). This is echoed by Rowan (2005), Wilber (2001, 2000) Lukoff and Lu (2005) and Clarkson (2002). Secondly, the therapist uses him/her self and the therapeutic relationship to allow for the process of transpersonal transformation. In particular, transpersonal psychotherapists must continue to 'develop qualities of attention, clarity, compassion and nonattachment. They should also have firsthand experience of transpersonal states to work effectively with those who seek guidance in dealing with them' (Lukoff and Lu 2005: 184). I return to both themes of 'the therapist' and 'the therapeutic relationship' later in this chapter.

Wilber (2000) proposes an integral psychology model that focuses on the different spiritual experiences, developmental levels, and concerns. Lukoff and Lu (2005) explain how Wilber has put forward which 'types of spiritual experiences should be employed or avoided at each stage and which types of psychopathology are related to specific developmental stages' (2005: 180). They also show that transpersonal approaches may be indicated when working with persons with mental disorders including psychosis, persons with addiction disorders and those dealing with death and grief. Lukoff and Lu (2005) believe that this highlights the shift that has occurred in transpersonal psychology and psychotherapy over the past few years. They claim that initially transpersonal psychology and psychotherapy was mainly concerned with 'ultimate states', however, a transpersonal approach now addresses the whole person. In this way, the interest of a transpersonal psychologist or psychotherapist is the spiritual as it manifests itself in everyday life. This is elucidated in Wilber's model of psychospiritual development where the spiritual is immanent and transcendental.

Wilber (2000, 2001) explains that while the 'Spirit' is the highest level of the self, it is also immanent in the person's psychospiritual development. In this model of psychospiritual development, the transpersonal is available to all and involves the ego going beyond its boundaries. Consequently, the main goal of therapy is going beyond the restrictions of the ego to higher levels of the Spirit self. In transpersonal psychotherapy, the spiritual dimension is kept central through the attitude and world view of the therapist and the work done with the client. Lines (2006: 56) notes the difference between transpersonal psychotherapy and other forms of therapy. One difference is in 'examining *consciousness* as opposed to the 'contents of consciousness'. He also claims that in contrast to other psychotherapeutic approaches which focus on the self to the extent that there may be a certain 'indulgence' of the self, the

transpersonal psychotherapeutic experience engages in the Buddhist practice of 'non-attachment and the cessation of desire' (ibid: 56).

While dealing with the spiritual and transpersonal is part and parcel of transpersonal psychotherapy, others are insisting that adopting spiritually-centred counselling or spiritually-integrated psychotherapy (Aten and Leach 2009; Bergin and Richards 2005; Frame 2003; Lines 2006; Miller 2003; Pargament 2007; Sperry and Shafranske 2005; Zinnbauer and Barrett 2009) is an ethical and moral obligation in view of the omnipresence of spirituality and as part of multicultural practice.

4. Spiritually-integrated psychotherapy

The focus of spiritually-integrated psychotherapy is on providing psychotherapy (using any therapeutic approach) while integrating the spiritual needs, concerns, strengths and limitations of the client through assessing and addressing such needs. It is also an acknowledgment of the dual dimension of spirituality in that while it can be a resource, it may also be a part of the problem that needs to be addressed by the therapist. Pargament (2007: 315) explains that the sacred is brought to the 'foreground of clinical conversation' such that the person's spirituality is integrated in his/her life. He explains that spiritually-integrated psychotherapy is multimodal and can be used with all clients whatever the problem.

Pargament *et al.* (2005) have identified four characteristics of spiritually-integrated psychotherapy. The first is that it needs to be based on a theory of spirituality that understands the concept of spirituality, incorporates a developmental model of spirituality as it changes over the lifespan and differentiates between spirituality as a resource or as part of the problem. Pargament *et al.* (ibid: 161) claim that 'spiritually-integrated psychotherapy will require far more theoretical and theological attention to the meaning of spirituality and its

roles in people's lives'. The second characteristic is that spiritually-integrated psychotherapy needs to be empirically-oriented to find answers to the following and similar questions: What are those spiritual interventions that are most useful/inappropriate? What is the therapist's obligation to his/her client when he/she notices that the client's faith is contributing to the problem? The third feature of spiritually-integrated psychotherapy is that it should be ecumenical thus respecting the diversity of faiths of various clients. Lastly, this type of psychotherapy needs to be integrative such that the spiritual dimension is incorporated with other dimensions of the person's life including the social, psychological and physical elements.

Spiritual assessment and intervention

In the past few years, psychotherapists and psychologists have written about integrating the spiritual dimension of psychotherapy along the therapeutic process: from intake (Leach *et al.* 2009) through treatment planning (Zinnbauer and Barrett 2009) to termination (Aten *et al.* 2009). Moreover, attention has been given to the assessment of a client's spirituality and spiritual needs and appropriate intervention, including the use of spiritual interventions (Faiver *et al.* 2001; Frame 2003; Pargament 2007; Pargament and Krumrei 2009; Richards and Bergin 2005; Sperry 2001; Sperry and Shafranske 2005). Assessment may include the use of multiple assessment methods. Frame (2003) explains that assessment may be done through intake forms, the clinical interview, the spiritual genogram and paper-and-pencil instruments such as the Spiritual Assessment Inventory (Hall and Edwards, 1996 cited in Frame 2003) and the Spiritual Health Inventory (Veach and Chappel, 1992 cited in Frame 2003). However, Pargament (2007: 201) warns that:

> The goal of spiritual assessment is to develop a concrete plan of action for
>
> addressing spirituality in psychotherapy. A dry set of intake questions or a few
>
> formal tests of spirituality in the first session or two will not provide the

clinician with the information that is needed to move from assessment to intervention.

Consequently, he stresses the importance of a *process* of assessment that is 'fully interwoven into the larger therapeutic task of forming a relationship with the client. Spiritual assessment is the process of getting to know the spiritual dimension of the client's life' (ibid: 202). He believes that this process develops as the relationship between the therapist and the client grows across the therapeutic journey. Moreover, he distinguishes between initial and implicit spiritual assessment and explicit spiritual assessment. Pargament (2007) explains that implicit spiritual assessment involves the therapist asking questions that 'hint at the possibility of a deeper dimension for the client' using 'psychospiritual language' (ibid: 217). Moreover, he describes how implicit spiritual assessment also involves that therapists switch on their 'spiritual radars' and are sensitive to the client's spiritual responses including the clients' use of psychospiritual language that 'point to deeper spiritual struggles' such as 'contrasts between brokenness and wholeness, curse and blessing, foolishness and wisdom' (ibid: 219).

Pargament (2007) recommends that the therapists notice changes in the atmosphere in the therapy room that might highlight 'spiritual material' underlying certain emotions. He also suggests that 'clinicians are alert to 'spiritual-like' processes, processes that parallel spiritual practices, relations, beliefs, or experiences' (ibid: 219). With explicit spiritual assessment, the therapist is focused more directly on the presence of spirituality in the client's life including the way spirituality could be part of the problem or part of the solution. According to Pargament (2007), this type of assessment is multifaceted and depends upon a 'clear, evaluative framework for the clinician, multiple assessment methods, and sound clinical judgment' (ibid: 221). It involves eliciting and listening to the client's spiritual story, attending to the client's nonverbals, placing the client in context, using quantitative instruments and the use of the therapist's clinical judgment. It is because of all of this that

62

Pargament stresses that assessment is a *process* that subsequently guides intervention. Bergin and Richards (2005) also highlight the importance of process in religious-spiritual assessment. They focus on the importance of carrying out a multilevel, multisystemic assessment strategy that involves the spiritual dimension as one of several dimensions including the social, psychological and emotional, physical and so on.

The assessment process informs the therapist about the possible interventions, including spiritual interventions that might be useful when working with the client. Bergin and Richards (2005) divide spiritual interventions into the following five categories. The first is religious versus spiritual interventions. While differentiation between the two is not always easy due to the interrelationship between both, yet religious interventions are those that are 'more structured, behavioural, denominational, external, cognitive, ritualistic, and public' (ibid: 289) such as encouraging clients to attend church or engage in religious practices or ritual. On the other hand, Bergin and Richards (2005) define spiritual interventions as 'those that are more experiential, transcendent, ecumenical, cross-cultural, internal, affective, spontaneous, and personal (ibid: 289) including meditation, prayer and spiritual journals. The second intervention focuses on where the interventions are used whether they are used in-session or out-of-session. In-session interventions occur during the therapy session and involve 'teaching clients spiritual concepts, quoting or paraphrasing scriptures, confronting clients about discrepancies between religious beliefs and behaviours' (ibid: 289). Out-of-session interventions are typically those that are done outside the therapy session and usually involve homework tasks given by the therapist such as encouraging a client to meditate or pray during the week.

The third type of spiritual intervention is denominational versus ecumenical interventions. Richards and Bergin (2005: 290) understand denominational interventions to be 'those that contain theological content or religious practices that make them suitable only for

clients who belong to a particular religious tradition'. Ecumenical interventions, on the other hand, are not tied to a particular religion or denomination. Consequently, an ecumenical approach would be 'general, flexible, and as universal as possible' (ibid: 291) such that it could be used with all clients.

The fourth type of spiritual intervention is transcendent versus nontranscendent interventions. According to Richards and Bergin (2005: 291) transcendent interventions require that the therapist, client or both 'believe in God and in the reality of transcendent influences. Examples include client or therapist prayer, blessings from religious leaders, and spiritual meditation'. Nontranscendent interventions include analysing discrepancies between the client's behaviours and religious values, encouraging clients to forgive others, asking clients to keep a spiritual journal and referring clients to their religious communities. Finally, according to Richards and Bergin (2005), spiritual interventions may be categorized into affective, cognitive, behavioural and interpersonal interventions. This is similar to other interventions in therapy that focus on change in one of these dimensions. Another form of intervention is collaboration with spiritual leaders or the clergy (Faiver *et al.* 2001; Frame 2003; Johansen 2010).

Assessment may therefore indicate when and how it is appropriate to intervene and include the spiritual dimension within therapy. However, some have hinted at certain client issues that may make it particularly appropriate to do so.

Issues for therapy: the client

While spiritually-integrated psychotherapy may be appropriate to all clients there are certain persons for whom this may be particularly the case. According to Lines (2006), this is particularly true when clients are confused and feel overwhelmed due to life events or circumstances. He suggests seven areas when therapists could 'move into a spiritual mode of counselling' (Lines 2006: 64). He explains that the following three categories apply mainly to

pre-adolescent to adolescent young people: a) paranormal experience in youth; b) bereavement and the resultant existential questioning; and c) overcoming obstacles in relationships. On the other hand, the next three categories apply particularly to adults, specifically those beyond middle age. The first type includes persons with unresolved religious issues or experiencing ambivalence regarding the Church: feeling distant from it, yet valuing it. The second category includes those searching for meaning particularly when a person's identity, especially in relation to certain roles, is no longer pertinent, for example through retirement. The last category involves confronting non-being whether through facing one's own death or the death of a loved one. This may involve facing existential questions including beliefs around life after death. Lastly, Lines (2006) explains that the category of 'discovering inner self' is linked to any person facing a crisis in whatever life stage he or she may find him/her self. It involves 'reaching the inner-depths of personal resources' (ibid: 74).

In this section, I explored spiritually-integrated psychotherapy and explored its characteristics and goals. This was followed by a brief understanding of spiritual assessment and interventions, together with certain client issues that are pertinent to this form of therapy. In the next section, I present another view of psychotherapy as being imbued with spirituality, particularly through the therapeutic relationship. Spirituality is thus not *integrated* into psychotherapy but is seen as *permeated* by spirituality because of its very nature and the connection between the therapist and the client.

5. Psychotherapy as imbued with spirituality

As I have already discussed, fundamental to transpersonal psychotherapy, are the assumptions that spirituality is central to the client and the therapist and that therapist functioning and the process of psychotherapy are critical. Furthermore, the relational discourse of person-centred and transpersonal therapy also highlights the fact that spirituality imbues psychotherapy. Both the transpersonal and person-centred models focus greatly on the

65

therapeutic relationship as the vehicle through which the spiritual becomes manifest but also as itself being the manifestation of the spiritual in psychotherapy.

From both perspectives, psychotherapy is understood as a spiritual encounter that is fostered in and through the relationship between the therapist and the client. From a person-centred perspective, the therapeutic relationship has been described as an 'existential encounter' (Thorne 2005: 22) or an 'existential meeting' (van Kalmthout 2006: 159), a 'meeting at relational depth' (Mearns 1997; Mearns 2006; Mearns and Thorne 2006), and, a meeting where the therapist and client meet as 'person to person' (Thorne 2005: 22). This perspective is based on the assumption that we are relational beings and as such require relationship for healing (Mearns and Thorne 2006). Such a relationship is based on the provision of the three core conditions of empathy, unconditional positive regard and genuineness or congruence. Moreover, the therapist's presence could be considered as the culmination of the embodiment of the Rogerian core conditions. On the other hand, these conditions could be deemed to be the pre-requisites to the quality of presence (Wilkins 1999). Thorne (2005: 37) describes presence as the:

> Outcome of the experience by both client and therapist of the core conditions in their most intensive form which could lead to a breakthrough, however brief or temporary, into a transcendental or mystical state of consciousness where healing agents of great potency were released.

Thorne (2005: 56) claims that for Rogers it is 'who the therapist is, how fully he or she can invest himself or herself in the moment and how secure he is in his own being that matters'. Rogers (1986) explains that in such moments, 'when I am closest to my inner, intuitive self, when I am somehow in touch with the unknown in me, when perhaps I am in a slightly altered state of consciousness in the relationship, then whatever I do seems to be full of healing'

(cited in Mearns 2003: 7). Rogers (1986) explains that the therapeutic relationship reaches very deep levels of intimacy and intensity such that the therapist's presence is healing. He clarifies that this healing presence is not something that he creates but occurs 'when I can relax and be close to the transcendental core of me' (ibid: 203). In these instances, he explains that his behaviour is spontaneous and turns 'out to be *right* in some odd way. At those moments it seems that my inner spirit has reached out and touched the inner spirit of the other' (ibid: 7).

The quality of 'tenderness' as discussed by Thorne (2006) is similar to Rogers' concept of presence. Moore and Purton (2006: 14) explain that Thorne defines tenderness as 'a state of being' involving 'heightened awareness, a high degree of contact with the intuitive side of one's being, the risk of being fully alive, a sense of being caught up in a stream of love, and 'an overpowering sense of energy, well-being and healing''. It is clear that both the qualities of 'tenderness' and 'presence' are very similar and involve the person of the therapist. It is thus through the therapist's presence and way of being that the spiritual and transformative dimensions of the therapeutic relationship become evident. At such moments of intense intimacy there seems to be a deep connection between the therapist and the client such that the inner self of each is in communion and there is a release of resources and healing energy. Thorne (2006: 37) explains that Rogers perceives that at such moments, there is also connectivity with the cosmos or universe: 'Our relationship transcends itself and becomes part of something larger. Profound growth and healing and energy are present'.

Similar to some humanistic psychotherapists[10], transpersonal therapists assert that the therapeutic relationship between the client and therapist is crucial (Keutzer 1984). Rowan and

---

[10] The spiritual dimension of the therapeutic relationship seems to be shared by some proponents of the Gestalt approach. Williams (2006: 14) claims that the therapist's presence and awareness creates the opportunity 'for spiritual experience in a relational context'

Jacobs (2002: 73) explain that: 'we apprehend the numinous through the relationship with another person – a relationship in which both I and the other are transformed'. In fact, Lukoff and Lu (2005) describe the therapist-client relationship as one which is made up of two spiritual travellers who are both tuning in to their deeper selves in their spiritual quest and process of discovery. The therapeutic relationship is the means of transformation of *both* the therapist and the client and is thus a vehicle or 'space' for the sacred or spiritual. Clarkson (2002) adds another dimension to the interconnectedness between the therapist and the client. She explains how Jung believed that we are all connected through our consciousness ('relational unconscious') and that individual consciousnesses are 'like islands showing up in the ocean; at the *level* of the sea-bed we are joined... The fact of our connection is the primary reality and our separateness (as individuals) a secondary one' (Field 1996 cited in Clarkson 2002: 21).

Our inter-connectedness thus gives rise to a deep relationship between the therapist and the client. Rowan (2005) and Rowan and Jacobs (2002) refer to this as the concept of 'linking'. They explain that the concept of linking is not empathy, is not projective identification, is not countertransference, and yet has elements of all the latter processes. Rowan and Jacobs (2002: 82) define linking as:

> That way of relating that refuses to take separation seriously, and assumes instead that the space between therapist and client can be fully occupied and used by both, to the advantage of the therapeutic work. This can only be done in a state of subtle consciousness where the fear of relating at such depth can be overcome or set aside or just not experienced.

The 'linking' element of the therapeutic relationship seems to be one of the three categories of the 'transpersonal relationship' identified by Clarkson (2002). She defines it as 'the timeless

68

facet of the psychotherapeutic relationship, which is impossible to describe, but refers to the spiritual dimension or post-positivist scientific aspects of the healing relationship' (ibid: 5). According to Clarkson, one of the three categories of the transpersonal relationship involves that which is not presently understood or recognized including events or experiences in the therapeutic relationship that Jung refers to as 'synchronicity'. The second category of the transpersonal relationship refers to knowledge and metaphors from quantum physics and complexity theory that help us explain and understand cycles of change and evolution, for example that all things are interconnected and that everything is a whole. The third category refers to:

> Some implicit or explicit recognition of the possibility, if not the existence, of an explicitly transpersonal relationship between <u>healer</u> and <u>healed</u> as it unfolds within the psychotherapeutic *vas* (container)...Then the spiritual, mystical, transcendent or numinous can be brought out openly into conversation (Clarkson 2002: 8).

The transpersonal relationship is thus understood in the context of the interconnectedness between the therapist and the client which could also be at an unconscious level such that transformation in both can occur. Consequently, the concept of 'linking' can be seen to be an integral dimension of the transpersonal relationship since it involves a oneness with the client, a lack of separation. It is similar to two experiences described by Grof (1988), that of 'dual unity' and 'identification with other persons'.

Both the humanistic and transpersonal approaches therefore view the therapeutic relationship as being central to therapy. In fact, the importance of the therapeutic relationship has long been established in psychotherapy (Catty 2004; Clarkson 2001). Furthermore, it seems that the therapeutic relationship is essential in providing or leading to the spiritual or

69

'sacred' in psychotherapy. It seems that the therapeutic relationship becomes a 'space' where change can occur. According to Clarkson (2002: 19), the therapists are responsible for the creation of this space by emptying themselves of their ego thus 'leaving room for something numinous (glowing) to be created in the 'between' of the relationship. This space can then become the '*temenos*' (sacred space)'. Moreover, change in one person brings about change in the other person and in the *relationship itself* (Clarkson 2002). Furthermore, Fraser (2000: 214) posits:

> People are equipped through the dynamic of the therapeutic relationship to create internal and transitional spaces or islands of safety that provide opportunities to find self-value and value of one's world. In this process of meaning-making, space itself can be imbued with the Holy, a sense of the sacred of one's life and of one's part in the sacred story of the universe.

Fraser (2000) explains that through the relationship that therapists develop with their clients, they create the 'space' or opportunity for the sacred to occur that is, for awareness, enlightenment, and transformation to happen. She explains that this space creates an 'opportunity for depth relationship' such that 'the event of 'sacred space' may occur. This is because the activity of meaning-making can be a sacred event that escapes closely defined definitions within a religious category' (2000: 214). She believes that sacred space can be created by the therapist providing a safe, environment in which the client feels held, accepted, listened to and understood.

Thus, from the perspective of some transpersonal and humanistic therapists, spirituality is not simply integrated into psychotherapy but therapy is imbued with spirituality. This is created through the therapeutic relationship as fashioned primarily by the therapist.

6. The therapist

Whether engaged in spiritually-integrated psychotherapy or psychotherapy that is imbued with spirituality, the therapist plays a central role. When writing about therapy, spirituality, and the psychotherapist, writers focus on therapist self-awareness, self-knowledge, respect for client's spiritual beliefs and values, countertransference and building a strong therapeutic relationship. Engaging in this type of therapy also requires particular skills and competencies as well as spiritual discipline. This has implications for the therapist's supervision and training.

The personhood and engagement of the therapist

Some therapists, particularly humanistic and transpersonal psychotherapists, seem to agree that the therapist's way of being and consequently the therapeutic relationship that the therapist engages in and develops with his/her client is fundamental to encouraging and fostering the spiritual in psychotherapy. One such way of being is therapist mindfulness. King-Spooner (2001: 33) believes that 'mindfulness' in therapy is promoted in different ways including that the therapist is non-judgemental and provides an 'I-Thou relation'. Bien (2004: 493) also views psychotherapy as 'a kind of mindfulness practice'. He explains that the role of the therapist is to 'create an environment conducive to such transformation by producing true presence and modelling calm, concerned, sustained attention to the dilemma presented by the client' (ibid: 493). Bien also draws upon Rogers' three core conditions of empathy, unconditional positive regard and genuineness or authenticity in providing this presence. Providing such a presence requires the therapist to *be* in therapy and to be fully engaged on a personal level. Some therapists claim that the therapist and client go on a spiritual journey since both the therapist and client are affected and transformed by the relationship and by the meeting of their true selves (Clarkson 2002; Mearns and Thorne 2006). To some degree, this

was described above when discussing transpersonal psychotherapy. Furthermore, it is described very well by van Kalmthout (2006: 159):

> In this [person-to-person] contact, both the therapist and the client transcend their usual patterns and roles to meet each other at a deeper level. This deeper level allows us to see and experience each other as we actually are and not as images, patterns, and façades. And such transcendence can certainly be referred to as spiritual or religious.

Iseli Shudel (2006: 133) portrays the meeting of the true selves of the therapist and client in terms of their nakedness where the therapist experiences resonance with the client. Through this type of relating, the client can move from self-rejection to self-acceptance (Thorne 2005). Mearns and Thorne (2006) explain that, as a result of the deep relating between the therapist and client, the inner resources and richness of the self can now be accessed through self-acceptance.

Mearns (2006) adds that such deep relating and the subsequent effects are possible as a consequence of the full involvement of the therapist that results in therapeutic space offering containment. This is similar to Fraser's explanation of therapeutic space (2000). This type of relating and, therefore the creation of this therapeutic space, demands from the therapist a way of being, one in which he/she offers a quality of presence, full involvement and if necessary, that the therapist is vulnerable and does not 'don the protective armour of therapeutic knowledge or methodology' (Mearns and Thorne 2006: 61). Instead, Thorne (2005) and Mearns and Thorne (2006) insist that relating at such depth requires that the therapist be – in relation to his/her own self, in relation to others and in relation to the cosmos. It requires a commitment to:

Constant self-exploration and self-awareness which is the prerequisite for the genuine expression of the self (congruence), the dedication to the expressed understanding of the other's world (empathy) and the ability to willingly accept unconditionally the other person in all his or her kaleidoscopic uniqueness (unconditional positive regard) – this is the disciplined agenda of a lifetime. It can only be undertaken by someone who has profound faith in the infinite worth of the human person, including himself or herself (Thorne 2005: 4).

Such a commitment demands that the therapist embodies the core conditions as a way of being in the world and not simply as the implementation of therapeutic techniques. Thorne refers to this as a 'spiritual imperative' (ibid: 5).

Moreover, West (2004a) claims that the therapist who is also on a spiritual journey is 'spiritually awake' (ibid: 108) and this is unconsciously intuited by the clients who are therefore encouraged to engage in their own spiritual journey. Furthermore, West (ibid: 108) refers to Jung's concept of synchronicity in explaining this phenomenon:

There seems a curious and unconscious alchemy or synchronicity (Jung: 1933) that brings a particular client to a particular therapist at a particular time, resulting often in a growthful experience for both involved... The therapist regards himself or herself as a supporter, witness and fellow traveller who is alongside the client, occasionally slightly ahead or behind... For the spiritually minded client and/or therapist the client's journey will be regarded as a spiritual journey.

Lines (2006: 88) also perceives the therapist to be a fellow traveller who 'aligns himself with his client on life's journey' as opposed to a 'psychological technician' as described by Thorne (1997: 211). While accompanying the client, the therapist must be aware of his/her own self.

Self-awareness, self-knowledge, self-assessment and self-discipline

As will become clear, some have agreed that self-awareness, self-knowledge and self-assessment are critical in providing psychotherapy that is sensitive to a client's spiritual needs while respecting those needs. West (2002: 87) claims that 'being present to one's clients' spirituality necessitates that one knows oneself in relation to spirituality. This means being aware of what spirituality means to you'. Wiggins (2009) insists that the more therapists are aware of their own spiritual and religious history, the better positioned they are to assess and address the clients' spirituality respectfully and individually. She highlights the importance of therapists becoming aware of their worldview, belief system, values and cultural heritage. This is particularly important for the therapist to resist potential 'clinical triggers' (ibid: 59) particularly in relation to dealing with spirituality and religion in therapy. She claims that (ibid: 70):

> It is especially important for therapists to come to terms with their personal history, their unresolved issues, and their responses to critical life questions such as 'Who am I?' 'What is my purpose?' 'How do I make sense of the universe?' 'What is my belief about a Higher Power?' and 'What are my experiences with transcendence?' because these are questions clients often wrestle with as well. In addition, therapists can benefit from exploring their notions about tragedy, forgiveness, faith, the afterlife, materialism, and the sacred.

Zinnbauer and Barrett (2005) agree that therapists should reflect on their own worldviews so as to minimize the risk of countertransference (this is discussed below). In this context, Lines (2006) proposes the concept of the spiritually-centred therapist developing an 'internal supervisor'. According to Pargament (2007), self-awareness is among the main characteristics that a spiritually integrated therapist should have. The others are that such therapists should be 'grounded in spiritual literacy and competence' (ibid: 190) and possess knowledge of spirituality and therapy and the connection between the two. He believes that therapists should also be open, tolerant and authentic.

According to Thorne (2005), being authentically present to the client requires that the therapist adopts a spiritual discipline and is capable of self-love and self-surrender. This spiritual discipline requires the therapist to be open to his/her self and faces his/her inner self fearlessly and lovingly (Mearns and Thorne 2006). It also involves the therapist engaging in activities that help him/her become still and in touch with the self. Thorne (2005) clarifies that the therapist's spiritual discipline needs to emphasise self-love that includes love of one's body, and awareness and acceptance of the inner world of the therapist which at times may be incongruent. It also involves 'a profound faith both in the nature of personhood and in the transformational power of relationships' (Thorne 2005: 42) and the 'cultivation of 'double vision' in the sustaining of relationships' meaning that the therapist is able to 'confer worth even when to all outward appearances there is little of worth to behold' (ibid.: 42). Thorne (ibid: 45) further claims that the spiritual discipline of the therapist also entails 'the cherishing of the natural world and of human creativity, and finally, the patient waiting upon the invisible world'. He claims that such a discipline will arm the 'therapist in his or her desire to be fully present to clients in such a way that the movement into an altered state of consciousness, where 'something larger' enters in and potent healing forces are released, is

more likely' Thorne (ibid: 46). This spiritual discipline corresponds with Mearns' (1997) prerequisite of inner stillness of the therapist in preparation to becoming present to the client. Such practices can also be important in dealing with countertransference.

Countertransference

Wiggins (2009) lists different forms of countertransference reactions and responses when dealing with clients' spiritual and religious issues in psychotherapy. She also distinguishes between positive and negative countertransference. An example of negative countertransference includes the therapist being unaware of the importance of religion and/or spirituality to a client and possibly ignoring it. Therapists may also engage in arguing with dogmatic clients therefore encouraging the clients to stick rigidly to such beliefs and refrain from exploring other possibilities. Similarly, they might be 'too eager to move' clients with dogmatic beliefs 'beyond their flexible views' (Wiggins 2009: 55). At other times, therapists who have dissociated themselves with the spiritual or religious beliefs of their family of origin may become very anxious when faced with clients who are questioning similar beliefs and may, whether consciously or unconsciously, redirect the clients to other topics. The therapist may be experiencing a crisis in their faith and may be angry at God for not preventing certain experiences linked to trauma and/or loss. Consequently, when faced with clients who are having similar experiences, the therapist's own powerful feelings may be triggered with the consequence that they might not respond appropriately to their clients' needs. Likewise, therapists might overidentify with clients who have similar spiritual/religious issues which might lead them to lose focus on their clients. Another countertransferential issue for therapists may be 'the conflict they feel when their clients hold social and political positions, buttressed by a particular spiritual or religious perspective, that are diametrically opposed to their own' (ibid: 56) such as a client who is against abortion because of their religious beliefs.

The therapist's countertransferential response may be one of opposition or hostility towards their clients. Wiggins (2009) explains that this may result in the therapist minimizing clients' issues by only addressing the social or political perspective and omitting the religious dimension or by focusing on 'freeing the clients from what they perceive as unsound religious or spiritual beliefs' (ibid: 56).

Another example of negative countertransference is the therapist neglecting important psychological issues to focus on spiritual or religious ones. Wiggins (2009) explains that therapists who may themselves be spiritual or religious may stop themselves from addressing the client's spiritual or religious beliefs and practices because 'they themselves consider religious ideology sacred' (ibid: 57). Frame (2003) adds that some therapists may impose their religious or spiritual beliefs onto their clients, particularly if they feel strongly about such beliefs.

However, Wiggins (2009) explains that countertransference may also be positive and may positively impact the client's therapeutic experience. This may happen when the therapist and client share similar beliefs such that the therapist becomes more eager to help such a client out because of a more meaningful connection that he/she has with the client. Another example is when the therapist's reactions are that of admiration and respect following the clients disclosing their inspiring stories. Wiggins (2009: 58) explains that in such circumstances this might 'increase therapists' respect for and admiration for their clients, resulting in therapists' expectations of positive therapeutic outcomes'.

Due to the impact of countertransference on the client's therapeutic experience, a number of authors consider it imperative for the therapist to be aware of and deal with possible countertransference particularly as it relates to religion and spirituality. This may be largely to do with the fact that these are such 'personal' and 'political' issues such that it is

inevitable that they will be triggered in the therapists' work with clients' for whom such issues are also inevitably 'personal' and 'political'. Wiggins (2009) suggests that therapists use personal therapy, supervision and possibly client referral in dealing with countertransference. Moreover, many also focus on the need for therapist training and preparedness in dealing with spirituality and religion in psychotherapy (Frame 2003; Lines 2006; Pargament 2007; Shafranske and Malony 1990; West 2004a, 2002; Zinnbauer and Barrett 2005). The training of therapists in dealing with spirituality and religion in psychotherapy not only focuses on helping clinicians deal with countertransference but trains professionals in the appropriate competencies which include skills and knowledge.

Therapist competencies

Amongst therapist competencies mentioned in previous sections namely openness, genuineness, empathy, acceptance, respect and the capacity to build and maintain strong therapeutic relationships, there are certain other competencies that professionals must have when dealing with the spiritual dimension in psychotherapy. The Association for the Spiritual, Ethical and Religious Values in Counselling (ASERVIC 2009) has published a list of competencies for addressing spiritual and religious issues in counselling. The fourteen competencies are categorised into the following six categories: culture and worldview, counsellor self-awareness, human and spiritual development, communication, assessment and diagnosis and treatment. Amongst the fourteen competencies, the following nine deal with the therapist's most basic knowledge and intervention (the first four categories). The therapist:

1. Is able to explain the differences and similarities between religion and spirituality.

2. Is able to describe religious and spiritual beliefs and practices in a cultural context.

3. Engages in self-exploration of one's religious and spiritual beliefs in order to increase sensitivity, understanding and acceptance of diverse beliefs.

4. Describes his/her religious and/or spiritual belief system and explain various models of religious or spiritual development across the lifespan.

5. Is able to demonstrate sensitivity and acceptance of a variety of religious and/or spiritual expressions in client communication (listening, understanding and validating the client's experience).

6. Can identify the limits of her/his understanding of a client's religious or spiritual expression, and demonstrate appropriate referral skills and generate referral sources.

7. Is able to assess the relevance of the religious and/or spiritual domains in the clients' therapeutic issues.

8. Is sensitive to and receptive of religious and/or spiritual themes in the counselling process as befits the expressed preference of each client.

9. Is able to use a client's religious and/or spiritual beliefs in the pursuit of the client's therapeutic goals as befits the client's expressed preference.

Moreover, Pargament (2007) highlights the importance of boundaries when using spiritual resources. Zinnbauer and Barrett (2005) have also noted that the therapist needs to be sensitive to timing and to the way in which spiritual interventions are included in treatment. Additionally, Sperry (2001) notes that the clinician needs to be skilled in differentiating between healthy and pathological religious experience. Others have also written about the therapist being capable of collaborating with priests and other spiritual leaders (Aten and Leach 2009; Pargament 2007).

Given that the therapist may be perceived to have replaced the priest or shaman (Thorne: 1997, 2005; West 2004a, 2002) and due to the complexity of dealing with spirituality and religion in psychotherapy, issues of transference and countertransference and lack of training in dealing with these issues, the ASERVIC guidelines regarding therapist

competencies become particularly useful in dealing with spirituality and religion in psychotherapy.

7. Conclusion

In this chapter, I expanded the argument made by some that dealing with spirituality and religion in clinical practice is inevitable. The latter was not always the case as is attested by the historical relationship between spirituality, religion and psychology and psychotherapy. In fact, this strain may still be present and may become manifest in the resistance and/or countertransferential reactions experienced by some therapists in relation to dealing with spirituality and religion in psychotherapy. Moreover, the past tensions gave birth to the transpersonal school and transpersonal psychotherapy, with their emphasis on dealing with spirituality and transcendence as a natural consequence of the fact that people are spiritual beings. Attention to consciousness as well as dealing with spirituality as residing within the person is the focus of transpersonal psychotherapy.

For a transpersonal therapist, psychotherapy is therefore understood as an intrapersonal journey leading to the mystical. The therapeutic relationship and the person of the therapist are key in this work. The latter characteristics are also important to the humanistic school of psychotherapy, particularly for some person-centred therapists who claim that the connection between the therapist and the client is what makes psychotherapy spiritual and what facilitates the spiritual in psychotherapy. On the other hand, spiritually-integrated therapy is understood as paying attention to and including the client's spiritual and religious issues and needs using any psychotherapeutic approach. The focus is on assessing such needs and using interventions including spiritual interventions in addressing the client's problems. The therapist as a person together with his/her skills and competencies are key in these forms of therapy.

In conclusion, Faiver *et al.* (2001) maintain that counselling and psychotherapy may be perceived to be spiritual practices and that this depends on the 'attitude and intent' of the practitioner. They claim that:

> The counsellor may in fact be engaging in a type of spiritual practice when he or she enters the counselling relationship aiming toward a deep sense of wholeness; a connectedness with the client and perhaps God; and seeking to practice spiritual qualities like love, compassion, patience, and forgiveness (ibid: 19).

They claim that the latter attitudes and goals make such work spiritual, particularly if the counselling helps in the client's spiritual development. West (2004a: 51) also argues that counselling and psychotherapy are spiritual practices. In his view, these can take three different forms, namely that either the therapist or the client view therapy as spiritual or 'that some or all of what happens within the therapy room is seen by either or both as a spiritual process'.

Finally, West (2004a) puts forward the paradox of psychotherapy and spirituality and asks whether psychotherapy is subsumed in spirituality or vice-versa. He maintains that (ibid: 3):

> Taking the view that spirituality is something in which we all live and move and have our being, then psychotherapy becomes subsumed in spirituality. However, if the function of psychotherapy involves questioning and interpreting our deepest beliefs in the light of modern secular psychology, then spirituality becomes subsumed within psychotherapy.

In the following chapter, I present an overview of the Maltese context which is the milieu for this study and which has an impact on the research design and the way the findings can be understood in relation to the literature presented in this and the previous chapter.

CHAPTER FOUR

THE MALTESE CONTEXT: AN ISLAND IN A TIME OF RAPID CHANGE

1. Introduction

The aim of this chapter is to introduce the reader to the Maltese context in which clinical and counselling psychologists and psychotherapists practise. Throughout this chapter, I pay particular attention to the role of religion in Maltese life. I begin by giving an overview of Malta and the Maltese including information on demographics, size and location of the Maltese Islands. I then go on to describe the development and use of the Maltese language and present a short summary of Malta's long history. This is followed by a discussion of religion in Malta.

2. Malta and the Maltese: an overview

What follows is a brief overview of the main socio-cultural themes that constitute the Maltese context including: demographics, size and location of the Maltese islands, the development and use of language in Malta and a concise overview of the history of the Maltese islands.

The Maltese Islands: demographics, size and location

The Maltese islands are an archipelago covering an area of 316 square kilometres. The main islands are Malta (246 square kilometres), Gozo (67 square kilometres) and Comino (3.5 square kilometres). The most recent census reports that the Maltese population stands at 404,962 persons with the majority of the Maltese living in Malta such that only 7.7% of the

population (31,007 persons) live in Gozo and Comino[11]. Moreover, Malta is the most densely populated country in the European Union since an average of 1,285 persons live per square kilometre (National Statistics Office 2007). Furthermore, this census report highlights the fact that the Maltese are a relatively homogenous community with 97% of the population being Maltese nationals. I must point out that this is a snapshot of the Maltese Islands taken in 2005. Since then, another census was taken in November of 2011 but the report has still not been published at the time of writing this thesis. It is important to keep in mind that as a result of Malta's accession to the European Union in 2004, this picture may be very different today (2012).

The Maltese archipelago is situated in the centre of the Mediterranean Sea with the closest neighbouring land being the Italian island of Sicily which is to the North of the Maltese Islands and is 93 kilometres away. To the South of the Maltese Islands is the North African coast with Tunisia being the closest to Malta at a distance of 288 kilometres. The location and size of our islands has had an impact on our society in terms of history, culture, politics, religion and language.

The development and use of the Maltese language

Maltese is the national language of Malta serving also as an official language of the European Union. It is of Semitic origin with influences of the Romance languages particularly Sicilian, Italian and French. More recently, the English language has also been assimilated into the Maltese language. While Maltese is the national language, both English and Maltese are the official languages of Malta with both being taught in compulsory education that is, from primary through to secondary school. In fact, both are required for entry into courses offered at the University of Malta. Moreover, the language of instruction at the University is

---

[11] However, the website of the Department of Information (Malta) notes the population of the Maltese Islands at 413,609 people on the 18th of April 2012. Moreover, it states that Comino inhabits a very tiny population (http://doi.gov.mt)

English. Many Maltese are bilingual and adopt code-switching particularly in certain localities. Both the development and use of the Maltese language have been influenced by our history.

A brief historical overview of Malta

The first settlers in Malta date back to 5000-4000BC and are likely to have hailed from Sicily. Finds in a prehistoric cave in Ghar Dalam (Malta) indicate that Malta was united to mainland Europe at this time (Degabriele 2004). During the Neolithic period, apart from developing their craft and communities, the Maltese dug burial grounds and an underground temple, the Hal Saflieni Hypogeum, which indicates a cult of the dead. Throughout this period, megalithic temples were built in Hagar Qim, Tarxien, Imgarr, Imdajdra and Ggantija. These are a testament to the fact that Maltese life is thought to have been centred on the religious cult of the Mother Goddess. There is also evidence of the first priestly order who are believed to have directed the Maltese through its oracles (http://www.doi.gov.mt).

Due to its strategic position which is mainly to do with trading, the Maltese Islands have been 'wanted' and 'needed' by major political and economic powers since the times of the Phoenicians (800BC). Consequently, our history has been chequered by different invaders and colonisers. This also means that the Maltese, being such a small nation, were rather defenceless against the 'powerful enemy' such that we succumbed to whichever power won our island until the next episode. However, as will become evident later, we also learnt to adjust, grasp opportunities and shape our history, especially in later years. Archaeological evidence at Tas-Silg Temple in Marsaxlokk shows that the Phoenicians introduced the cult of Astarte to the Maltese. This temple was easily visible from the sea and was used by seafarers who presented offerings at the temple for their safe arrival to the island (Degabriele 2004). In 700BC, the Carthaginians overtook Malta while in 216BC Malta became a Roman province and part of the Roman Empire until they were taken over by the Byzantines.

85

The arrival of Christianity in Malta occurred in the last half of the first century AD. After the Byzantines, Malta was ruled by the Arabs for more than two centuries during 870 – 1090AD. This was followed by Norman rule and later by the different royal houses of Spain. During the period 1530 to 1798, Malta was ruled by the Sovereign Military Hospitalier Order of St. John[12]. The Knights of St. John had a great impact on the social, cultural, political, educational, religious and architectural dimensions of the life of the Maltese. It was a time of growth, including population growth. Moreover, during this time, many churches were built in different towns and villages and a number of colleges were built by various Catholic religious orders. The French, under Napoleon Bonaparte (1798 – 1800), conquered and ruled Malta for the following two years. The Maltese rose against the French and asked the British for help. The French capitulated to the British in 1800 with Malta becoming a British colony in 1814. The British rule was another time of change and development. However, it was also a time of hardship and discontent which led to Malta gaining its independence in 1964 while remaining a Commonwealth country. Malta became a republic in 1979 and a member of the European Union in May 2004.

This brief exposition of the history of Malta and the Maltese spanning thousands of years sheds light on important aspects of Maltese life including religion.

3. Religion in Malta

As can be noted in our history, religion has always played an important role in the social, political and cultural lives of the Maltese. The figure below is adapted from a similar chart by Montebello (2009: 102) and indicates the religious influences on the Maltese over different time periods. Montebello (ibid: 103) clarifies that this does not mean that the Maltese changed 'their belief in a haphazard manner, as this process was gradual and not without the overlapping elements from one religious form to the next'.

---

[12] This Order is still active in Malta and the World (see http://orderofmalta.org/english)

Religious Influences on the Maltese

5000-4000BC
Primitive Religion
(1000 years)

1150AD-2012AD
Catholic Religion
(812 years)

900AD-1150AD
Muslim Religion
(300 years)

60AD-900AD
Christian
Religion
(800 years)

200BC-60AD
Punico-Roman Religion
(300 years)

1000BC-200BC
Punic Religion
(800 years)

4000BC-1000BC
Neolithic Religion
(3000 years)

Figure 1: Religious Influences on the Maltese

What is immediately striking in this figure is the presence of religious influences, particularly Christianity, and later, the Catholic religion in Maltese life. This is still the same today. In fact, the Maltese Constitution registers Roman Catholicism as the national religion with 95% of the Maltese population being Roman Catholic (International Religious Freedom Report 2003). However, the most recent census on Sunday Mass Attendance (Discern 2005) shows that church attendance in Malta is in decline[13]. Sunday Mass attendance on the islands of Malta and Gozo stood at 75.1% in 1982, 63.4% in 1995 and 52.6% in 2005. The census

---

[13] Sunday Mass attendance is an obligatory practice for Roman Catholics

87

report shows that the decrease in attendance between 1995 and 2005 is at a rate of 1.08% per annum which is slightly higher than in past decades. One wonders whether the decline in church attendance in Malta reflects the changes in secularisation and sacralisation in other Western countries. Moreover, there are other developments that hint at changes in values and attitudes that may highlight the diminishing influence of the Roman Catholic Church on the Maltese and their values, lifestyles, and perceptions. In a recent study, the disenchantment with the normative and institutionalized aspects of religion was reflected in the responses gathered by Tabone and Zammit (2003). The research that was carried out amongst Maltese university students shows that 25.4% of the participants do not 'believe in the Church, while maintaining their belief in God and in the fundamental principles of the Christian faith' (ibid: 14). Moreover, many respondents do not adhere to the Church's institutional norms and key teachings on life issues such as divorce, contraception, premarital sex, cohabitation and abortion. This trend seems to have been reflected in a recent socio-political debate that took place in the country around the issue of divorce.

A referendum as to whether Malta should introduce the legalisation of divorce took place in Malta on 28th May 2011. Apart from being highly politicised, the national debate was also greatly influenced by religion and the local Catholic Church. The anti-divorce argument was very clearly linked to the Maltese 'retaining their Catholic values and identity' by voting against the legalisation of divorce. The Church in Malta was highly visible in promoting the anti-divorce campaign including increasing its presence in the media. Large pro-marriage and anti-divorce posters were placed all over the island including on the church parvis in some parishes. However, it was not only priests and the bishops who pushed this agenda but also

politicians from two of the main political parties in Malta[14]. The pro-divorce movement won the referendum with 53.2% of the votes and divorce legislation was passed. On the one hand, this did not come as much of a surprise when one considers that marital breakdown and separation is on the rise. Moreover, since the introduction of divorce in late 2011, 500 people were registered as divorced by May 2012[15].

These early divorce rates and the number of marital separations in Malta may indicate similar trends with regards divorce and separation in the West. On the other hand, the Church may still have a strong influence on the Maltese as was apparent in the divorce debate and referendum results with both politicians and a large section of the population (46.8%) still heeding the Church. This apparent contradiction is understandable in the context of the history of the relations between the State and the Church in Malta especially when one considers that years ago, the distinction between the two was very blurred. Historically, the Church has always had a very strong say in local political, social and economic debates. An example is the period between April 1961 and April 1969 when the Archbishop of Malta, Archbishop Gonzi, issued a personal interdict[16] against the leadership of the Malta Labour Party and warned that voting for the Labour Party would be committing a grave mortal sin. This was the third of its kind, the others being during 1930 and 1933.

---

[14] There are two main political parties in Malta: the Nationalist Party which is a demo Christian party and the Labour Party which is a Socialist party. Another third and smaller party is Alternattiva Demokratica which is a Green party. The latter has never won the elections while the former two parties usually fight a neck-to-neck election race

[15] http://www.timesofmalta.com/articles/view/20120527/local/Malta-has-more-than-500-divorcees.421421

[16] 'In Roman Catholic canon law, an interdict is an ecclesiastical censure that excludes from certain rites of the Church individuals or groups, who nonetheless do not cease to be members of the Church' (http://en.wikipedia.org/wiki/Interdict)

It therefore seems that the Maltese may seem to be shifting away from the Church (and possibly religion) in their private lives (hence the rise in separation cases and divorce legislation), and in the public sphere, even though the influence of the Church may still be considered to be strong. It may also highlight a movement in the Maltese beginning to follow other Western European countries and the US in making a distinction between religion and spirituality. It may seem that some Maltese are less inclined to stay in a marriage due to religious dogma while still searching for meaning, and living a lifestyle based on their values therefore indicating a shift from the institutional and authoritarian aspects of religion to the more spiritual aspect of religion (or spirituality). Furthermore, it may reflect the move to a more postmodern context for Malta with diversity gaining in incidence.

Religion has also played a role in the social, cultural, architectural and educational aspects of Maltese life. The Catholic religion is taught in all schools and is a compulsory subject in the curriculum. Moreover, town planning in Malta, particularly in the older villages, has the Church at the heart of the village, with other important buildings such as a police station and civic centre in the same square. The Church usually has a rather large parvis where many Maltese gather and socialise. Furthermore, a quick look at most of the Maltese public holidays shows that many are linked to important events in the calendar of the Catholic Church. Maltese social and cultural lives seem to be organized around other important church events such as the village feast or *'festa'*. The latter is usually the highlight of each town/village with weeklong celebrations and activities being organized, usually in the summer.

The town/village people are usually very involved in the preparation and celebrations of the *'festa'* with village bands, fireworks committees and others planning for months ahead. The village/town is decorated with banners and with street vendors selling typical culinary

delights. People would throng to the main square and church parvis during the summer evenings and enjoy entertainment in the form of musical and other performances. Private homes usually undergo a facelift in time for the *festa* and are open to families and friends for visits. The religious ceremonies in the church and streets are also very well attended with prayers, masses, processions and so on being very important to the celebrations. Other village committees or groups such as the Scouts and Girl Guides are also involved in the celebrations. It is usually a very communal and family affair with people meeting one another in the streets and socialising. Furthermore, many Maltese also visit other *festas* in other localities outside their own.

Apart from the village *festa*, Malta also goes through similar events and activity during Christmas and Easter time with processions, plays, cribs and other displays, available in every part of the island. The whole island is abuzz with such activities. Other important family and social events surround the Baptism, Communion and Confirmation of children with these events being taken very seriously by most. Apart from the Church rites, each event is usually celebrated in the family with a party being organised for friends and extended family. Preparation and celebrations related to these sacraments are usually also done in most schools in Malta. Later in life, marriages and funerals are also commemorated and planned within a strong religious context. In Malta, all social and cultural rites are inextricably linked to religious practices throughout an individual's lifecycle. It is against this background that Maltese clinical and counselling psychologists and psychotherapists practise.

4. Conclusion

In this chapter I presented a description of the Maltese context in which practitioners work. It is a context that has been shaped by a long and chequered history and one in which religion seems to be especially interwoven in Maltese life in all its different facets. Maltese

society is one which is changing rapidly, particularly since its accession to the European Union. As became evident in chapter one, the same is true to the training of helping practitioners in the fields of psychology, counselling and psychotherapy. This chapter provides a social structural framework with which to understand the context for the topic being studied together with the way in which the research design has been chosen. Moreover, it helps to understand the data which is presented and discussed in later chapters. In the next chapter, I discuss the methodology chosen for exploring the understanding and experience of Maltese clinical and counselling psychologists and psychotherapists of the spiritual dimension of psychotherapy.

CHAPTER FIVE

METHODOLOGY

1. Introduction

As I explained in Chapter One, my interest in studying the topic of spirituality and psychotherapy stemmed from sociocultural changes occurring in the Western world including in Malta, and in the fields of counselling and psychotherapy. Moreover, my fascination with the area of study also derived from questions regarding my own reflective practice as a counselling psychologist. Furthermore, the particular context of Malta as a small island in the Mediterranean and member of the European Union, and the impact of the Roman Catholic Church on the life, culture, identity and experience of the Maltese raised further questions such as: Is there a difference between religion and spirituality for Maltese psychotherapists, counsellors and counselling and clinical psychologists? Do they see a link between spirituality and counselling and psychotherapy? How do they deal with a client's spiritual concerns? Do Maltese clients bring spiritual issues to therapy? All of these questions led me to eventually identify the following research question: 'How is the spiritual dimension of counselling and psychotherapy understood and experienced by Maltese counselling and clinical psychologists, counsellors and psychotherapists?' More specifically, the study had the following aims:

1. To explore the constructs of 'spirituality' and 'religion' from the participants' perspective.

2. To explore the extent to which the participants view a connection between spirituality and counselling and psychotherapy.

3. To study the participants' understanding of the manner in which spirituality may be manifest and expressed in counselling and psychotherapy.

4. To identify those factors that, according to the participants, may contribute to the spiritual dimension of counselling and psychotherapy.

I then set out to establish the most appropriate methodology to answer the research questions and achieve these aims.

2. Methodology and epistemology

The research question, together with the aims of the study, indicate that the participants were to reflect on and discuss the concept of 'spirituality'. As is evident in the literature presented in the previous chapters, 'spirituality' is an abstract and complex concept, is difficult to define and is often linked to the personal and the subjective. It is a topic that may be considered sensitive and emotionally-laden, particularly in the Maltese context (please refer to Chapter Four on the Maltese context). Moreover, as discussed in the literature review, the link between spirituality and psychotherapy is contested in that not all therapists and/or clinical and counselling psychologists see a link between the two. It is also rather complex with various practitioners having different views of the spiritual dimension of counselling and psychotherapy (please refer to Chapters Seven to Ten). Furthermore, the respondents would be required to reflect on their professional practice both with regards to their experience and also their understanding of spirituality and psychotherapy. The aforementioned led me to conclude that the focus of the study was on an in-depth exploration, description and explanation of the phenomena of spirituality and psychotherapy from the participants' unique perspectives.

A qualitative approach as opposed to a quantitative approach was therefore deemed more appropriate since, as Denzin and Lincoln (2011: 3) claim, I was aiming to 'study things in their natural setting, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them'. Furthermore, Bryman (2004: 266) explains that three main elements of qualitative research are that it is inductive such that theory is developed from research, it takes an interpretative epistemological position in that the emphasis is on 'the

understanding of the social world through an examination of the interpretation of that world by its participants' and it takes an ontological position which is constructionist such that 'social properties are outcomes of the interactions between individuals, rather than phenomena 'out there' and separate from those involved in its construction' (ibid: 266). As will become clearer below, this seemed to fit well with the research questions and aims of the study.

The contested meaning of spirituality and the lack of agreement as to the spiritual dimension of psychotherapy were influential in choosing a qualitative approach which emphasizes the existence of multiple realities which are often multifaceted. An in-depth understanding of these realities was therefore required. Moreover, the epistemological framework underlying the study is that I wanted to understand this reality from the perspective of the participants, that is, how they understood and experienced the spiritual dimension in psychotherapy (Creswell 2007). For this reason, a broadly phenomenological approach was adopted in the study. Creswell (2007: 57) describes such an approach as one where it 'describes the meaning for several individuals of their *lived experiences* of a concept or phenomenon'. He (ibid: 58) quotes Moustakas (1994) in clarifying that data is gathered from the participants experiencing the phenomenon, who in this case, were Maltese practitioners who carry out psychotherapy, such that the researcher 'develops a composite description of the essence of the experience for all the individuals. This description consists of 'what' they experienced and 'how' they experienced it'. This fit very well with the research questions and with the aims of understanding the concepts of 'spirituality' and 'religion' and on understanding how the participants viewed the link between spirituality and psychotherapy.

Moreover, the study also aimed to explore and describe the ways in which the participants understood how spirituality is expressed and is manifest in psychotherapy and, based on their experience, identify those factors that contribute to the spiritual dimension of psychotherapy. The study thus had a phenomenological emphasis with the primary object, as Lyons and Coyle (2007: 15) explain, being that of 'obtaining detailed descriptions of experience as understood by those who have that experience in order to discern its essence'. The focus was on 'obtaining an individual's personal perception or account of the experience' (ibid: 15).

Another paradigm which I drew upon is that of social constructivism. The literature and research indicate that the meaning and experience of spirituality and religion are undergoing transformation as a result of socio-cultural changes in the Western world. Furthermore, the Roman Catholic Church in Malta has a strong social, cultural and political impact on Maltese life. These latter elements led me to assume that there is a strong interplay between what is personal and public and what is individually and socially constructed. In other words, spirituality and religion are understood on a 'personal level' based on one's experience, and also on the person's experience of both religion and spirituality in their socio-cultural context. Consequently, I wanted to focus on the process of 'social construction' in the way that the participants understood the phenomenon being studied. Based on this paradigm, the individuals are understood as attempting to make meaning of their experiences of spirituality in their professional practice (Gibbs 2007), while also constructing it with others. Smith (2008) claims that persons are not only perceivers and thus make meaning of reality, but they are also constructors, that is, they also construct their reality. They are 'sense-makers' (ibid: 15). Individual meanings are socially and historically negotiated and as

Creswell (2007: 21) described 'are formed through interaction with others (hence social constructivism) and through historical and cultural norms that operate in individuals' lives'.

This process of social construction may be particularly important in view of the Maltese historical, cultural, spiritual, religious and professional context. The latter elements may influence the way psychotherapists construct their understanding of religion and spirituality and the way this interacts with the concept and philosophy of their professional practice. Furthermore, these constructs will then influence the manner in which the practitioners view and experience the link, or lack of it, between spirituality and psychotherapy.

The method chosen for the study thus needed to be one which was qualitative and which was structured in a manner that allowed for personal description and understanding while also eliciting the social construction of meaning. The qualitative method that seemed most appropriate was the focus group approach given that focus groups emphasize group interaction that is facilitated by the researcher as a means of gathering data (Barbour 2007; Krueger 1998; Linhorst 2002; Morgan 1998). While the importance of the individual is retained as a source of data collection, emphasis is placed on data that is generated through group interaction such that as Morgan (ibid: 32) explains, 'during the discussions in a focus group, you learn about the range of experiences and opinions in the group'. I believe that the group process and experience, together with the group dynamics and discussion are important because the emphasis is on both individual and co-construction of meaning which are key to the way participants may make sense of the spiritual dimension of psychotherapy in their lives and practice.

As Bryman (2004) and Linhorst (2002) suggest, focus groups are particularly useful in researching topics that are relatively new such as the research topic, especially in the local

context. They allow for the clarification and discussion of concepts, particularly complex ones as those being studied, through interaction. Also, focus groups are best suited to gather in-depth information regarding beliefs, attitudes and values. One reason for this is that a person is encouraged to give his/her opinion while listening to others. Consequently, the discussion is evolutionary such that concepts and ideas develop and individuals find a space to analyse their ideas and beliefs while being 'allowed' to change their minds (Barbour 2007; Krueger 1998; Linhorst 2002).

The other reasons for valuing the existence of the group and group discussion as a data collection method for this study are that in the particular Maltese context, such a topic has not been researched and can also be considered a potentially sensitive topic. Given the strong influence of the Roman Catholic Church, deviating from the norm in terms of having different values and beliefs, questioning such beliefs, and attempting to separate the secular from the religious also in terms of professional practice, may, in my opinion, be likened to the 'coming out' process of a homosexual person. It takes courage and determination to do so. For these reasons, in the Maltese context, the research topic may be considered a challenging one that would benefit from a focus group method as it may provide the space, opportunity and support to 'intellectually' discuss such a sensitive and often personal and emotionally-laden topic without necessarily being 'singled out' for one's opinion (Linhorst 2002). The focus group may be less intimidating than a one-to-one interview. Moreover, Barbour (2007) explains that what is sensitive is constructed and that as a result, focus groups are a very good method for gathering data on sensitive topics. She claims that 'the sensitivity of a topic is not fixed - rather it is socially constructed with one person's or group's 'no-go area' being perfectly acceptable for another' (ibid: 18).

However, I believed that having a group of professionals meet once to discuss such an intricate, deep, sensitive and complex topic was insufficient. It was inadequate both in terms of satisfactorily discussing the topic in a meaningful way and also in terms of creating enough safety and trust in the group. The elements of trust and safety were crucial if members were to be encouraged to 'deviate from the norm' in relation to this challenging topic. Furthermore, Linhorst (2002) suggests that one of the limitations of focus groups is that because group discussion is time-consuming then the number of questions that may be put to the group in one session is usually small. This was not appropriate given the complexity and novelty of the subject matter being studied. A focus group that met once would not have allowed for the practitioners to interact, reflect and discuss further thus allowing profound meaning to be created and constructed within the group over a period of time in an evolutionary way. The elements of time and space for these personal and social constructions and perceptions were deemed to be essential. Moreover, as already noted, a sense of safety and trust was needed so as to develop truly meaningful conversations about a potentially sensitive and personal topic such as the one being researched.

I judged that all this could be catered for by allowing for an *evolutionary process* to develop where participants felt safe to listen to themselves and others, reflect, and further share and discuss. While focus groups provide all the potential benefits mentioned above, Barbour (2007: 30) stresses that they also 'excel at providing insights into process rather than outcome'. However, the process that was required in this study required more time and a relatively more evolutionary quality than that which is normally achieved through the use of focus groups. I therefore, designed a FOST group method that could potentially cater for and develop these processes.

The FOST group method is a blend of a focus group and a study group approach. In the 'Concise Oxford Dictionary' (1990: 1211) a study group is defined as 'a group of people meeting from time to time to study a particular subject or topic'. The FOST group is made up of participants meeting over a stipulated period of time to reflect and discuss a particular topic with the aim of generating and gathering data on that topic. Essential to the FOST group method of data collection is the attention that is given to group and process developments and dynamics as these occur over a series of meetings. The FOST group provides the context for a spiral and evolutionary process of personal reflection, group interaction, further personal reflection and group discussion that take place over a period of time. In-depth individual reflection occurs both within and outside the group such that the participants are encouraged to continue their reflections (and possibly interactions with others) in their lives and in their professional practice. This enriched reflection is then once again brought to the group where it is further discussed and explored. Individual and group reflection and conversations thus take place within a process which is spiral and evolutionary.

For this research, I therefore chose to carry out an exploratory qualitative study which used a broadly phenomenological and social constructivist approach in answering the research question. The emphasis was on understanding individual meaning and experience in the context of multiple and socially constructed realities. Choice regarding the most appropriate method was based on interaction, co-construction of meaning, reflection over time, and process such that a blend between focus groups and study groups was established through the FOST group method. In the next section, closer attention will be given to the format and design of the FOST sessions as well as to the recruitment and choice of research participants.

3. Research design: establishing the FOST group sessions

In this section, I describe the content and structure of the FOST group sessions. I decided to collect the data over a series of four (4) two-hour FOST group weekly sessions that ran over a period of four (4) weeks. This allowed for the group to develop into a safe and supporting space where one's beliefs, attitudes, values and understanding could be questioned, listened to and developed. The spiritual dimension of psychotherapy could therefore be explored and examined in a very thorough and evolutionary manner.

The FOST sessions were planned such that each session had a topic and aims based on the major themes in the literature (Krueger 1998). The sessions were structured so that there was progression from one session to the next. Each session may be considered to be a 'stand-alone' session, each with its own aims and focus or theme as identified through the relevant literature. However, attention was given to process in planning the sessions. Both intrapersonal and interpersonal processes and interaction were encouraged throughout the 4 sessions. Each session built on the other. Linhorst (2002) explains that the degree of structure used to plan a focus group may vary. Morgan (1998) claims that the research purpose should guide the researcher on the type of structure that should be adopted. Given that a FOST group method was used that allowed for thought and discussion to develop over a series of meetings and also because of the complexity of the topic being discussed, I attempted to create a balance between structure and flexibility. While the sessions were structured, attention was given to encouraging discussion and individual reflection in a flexible and nondirective manner through the use of different techniques in the data gathering process. These are discussed later in this chapter.

As indicated, the topics chosen for each FOST session reflected the relevant literature and were guided by the research questions. The four (4) FOST group sessions were planned in the following way:

o ***Session 1: understanding spirituality***

Aims:

1. To establish the group and begin to create a safe and trusting environment. The following ground rules were discussed and agreed to:

   a) That confidentiality was maintained.

   b) That participation of each member was required and important.

   c) That consensus was not being sought such that it was perfectly acceptable to have a different opinion. This was particularly important to stress given the topic that we were discussing, and the Maltese context which does not encourage diversity of views, particularly in relation to religion. Moreover, acceding to demand characteristics is one of the limitations of focus groups (Barbour 2007).

   d) The participants pledged respect and punctuality. This was considered important since as Morgan (1998: 61) claims, 'the sharing of ideas and experience [which] is at the heart of focus groups...requires a climate of mutual respect'.

   e) The participants agreed to commit themselves to all four (4) sessions without forfeiting their right to withdraw from the study at any point during the process.

   f) As researcher/moderator, I pledged anonymity for participants throughout the process of the thesis.

g) I promised that all recorded data would be used for transcription purposes only and kept secure, in a locked cupboard, thereafter.

A consent form (see Appendix 1) explaining much of the above was given to the participants to sign and return to me as researcher/moderator.

I reminded the group members of the ground rules at the start of each session.

2. To discuss the constructs of 'spirituality' and 'religion'

o *Session 2: the spiritual dimension of psychotherapy*

Aims:

1. To discuss the link between spirituality and psychotherapy

2. To study the expression and manifestation of the spiritual dimension in psychotherapy.

o *Session 3: the therapist and the client*

Aims:

1. To continue exploring the 'spiritual dimension in psychotherapy'.

2. To understand the role of the therapist in relation to the spiritual dimension of psychotherapy.

3. To understand the role and needs of the client regarding the spiritual dimension of psychotherapy.

o *Session 4: closure*

Aims:

1. Closure and conclusions. This was important to draw together and bring an end to the group and the group process where participants were sharing personal reflections. Closure and concluding was also important since one of the

characteristic features of focus groups is that people may change their minds. This may have happened particularly as a result of the FOST sessions as they took place over a period of four (4) weeks such that the participants could continue their reflections and interactions in their lives and practice. I therefore wanted to check whether the participants' understanding, including their perceived understanding, changed over time.

2. I provided input on the spiritual dimension of psychotherapy. This was considered important given that the FOST group was also following a study-group format. Moreover, one of the ethical problems that may be faced by researchers is that the participants may ask for information or the researcher's opinion, particularly when the subject being studied is a relatively new and possibly controversial one (Barbour 2007). This may have also been particularly pertinent as I am also a fellow professional and may have been perceived by the participants as the 'expert' who may share knowledge. Consequently, a way of dealing with the questions placed by participants during the data gathering process was to inform them that my views would be discussed in the last session after they had given their opinions and views. In this way, I was not influencing the participants' views on the subject matter.

The principles of the focus group method were followed in designing the sessions. First of all, an activity guide was prepared for each session based on Krueger's (1998) recommendations for systematic analysis. One of these recommendations suggests that the techniques used for data gathering should be varied. This was particularly important and useful since the data was being collected over a series of four (4) sessions. Different techniques were used so as to stimulate discussion and enhance individual reflection as opposed to consensus which is one of the limitations of focus groups and which might have

been particularly pertinent to discussing a sensitive topic in the Maltese cultural and religious context which does not favour diversity. It was also important to use different techniques so as to help participants to 'think creatively', to help them to clarify and concretise rather abstract concepts and to reflect on their practice. Such techniques included:

1. *The use of questions*

Different questions were used as a way of stimulating discussion and gathering information. Attention was given to: using different types of questions, the phrasing of questions and sequencing the questions from general to specific so as to enhance interaction and help the participants, as Kreuger (1998: 39) proposes, 'to anchor their opinions and build on their views'. The types of questions used included:

a) The use of open-ended questions. For example, 'How would you describe a 'spiritual moment' in psychotherapy?'

b) The use of 'think-back' questions such as: 'Think back to a session when you felt that the spiritual dimension was present. What were the main ingredients that made it 'spiritual'?'

c) The use of follow-up questions so as to build on the participants' previous replies.

2. *Listing Things*

Listing things was done in two ways:

a) The use of brainstorming. For example, a brainstorming exercise was held where participants were asked: 'In general, what helps the expression of the 'spiritual' in psychotherapy?'

b) Asking individuals to write their reflections and answers on sheets of paper provided and then share their answers with the other group members. This was

also important in encouraging intrapersonal reflection before group interaction could take place, thus possibly also limiting the pressure to give in to the general opinion.

3. *The use of predetermined scales*

Predetermined scales were used in the first session through the use of a questionnaire on 'Understanding Spirituality' (see Appendix 2). The participants were asked to go through each statement and mark whether they considered it to be 'True', 'False', or 'Don't Know'. The questionnaire was designed based on the literature and research that focuses on understanding and defining spirituality. After answering the questionnaire, the participants were asked to share their answers which were then used as catalysts for further discussion.

4. *The use of 'complete incomplete phrases'*

The technique of asking the participants to complete incomplete phrases was used to stimulate discussion. For example, 'For me, spirituality means...'

5. *Reaction to statements*

Participants were asked to react to statements such as: 'What is your reaction to the statement: 'All clinical practice is spiritual'?'

6. *Positioning themselves*

Participants were also asked to position themselves with regards the following two statements:

   a) Counselling and psychotherapy are made up of spiritual moments

   b) Counselling and psychotherapy are spiritual journeys

Once again, this exercise was used as a catalyst for discussion based on two predominant views found in the literature on the spiritual dimension of counselling and psychotherapy.

Now that the FOST group sessions have been described, I will explain how I selected and recruited the participants to take part in the study.

4. Recruitment and selection of research participants

Through the use of purposive sampling, I decided to create a homogenous group made up of Maltese clinical and counselling psychologists, counsellors and psychotherapists working with adults and having at least two (2) years of clinical experience. The reason for the criteria of 'two years of clinical practice' is the fact that the MPPB (the Malta Psychology Profession Board) requires at least two years of supervised clinical practice as one of the criteria for a psychologist to be eligible for a warrant. At the time of doing the research, there was no similar state board requirement for psychotherapists or counsellors. I therefore took this as a criterion for all participants.

The decision to create a homogeneous group was based on Morgan's (1998: 58) recommendation that the composition of a focus group should be based on 'the participants' comfort in talking to each other about the topic' and the researcher's 'goals for creating productive discussions about the topic' (ibid: 58). Compatibility of the participants was the main concern in composing the group since the type of discussion created is influenced by the group dynamics which, in turn, depends on compatibility. The group members therefore shared the same client group (adults) and had over two years of clinical practice and were thus compatible in terms of professional background and experience and could best 'generate the

most productive discussions' (ibid: 56). Besides, the participants did not need to be from a particular school of thought. This was important given that:

a) The number of practicing professionals in Malta is relatively small, reflecting its size. Moreover, most practitioners practise eclectically, even though they may have a preferred psychotherapeutic approach.

b) A diverse, or possibly similar, range of views that might be influenced by one's preferred theoretical style was welcome in the discussion.

An invitation to potential participants (see Appendix 3) was sent to members of the main associations of the psychology, psychotherapy and counselling professions in Malta: the Maltese Psychological Association (MPA), the Malta Union of Professional Psychologists (MUPP), the Maltese Association for the Counselling Profession (MACP) and the Malta Association of Psychotherapists (MAP). Moreover, the invitation was also sent to all the psychologists who are registered through the Maltese Psychology Profession Board (MPPB) which caters for all warranted psychologists in Malta. Unfortunately, at the time of recruiting participants for this study, there were no similar boards for psychotherapists or counsellors in Malta. In the case of other potential participants, including those who are not members of the MACP and MAP, snowball sampling was used as the researcher asked the recipients of the invitation to invite any fellow professionals who might be interested in the study, provided that they fall within the eligibility criteria.

The invitation to potential participants outlined a brief description of the research including the research questions, the aims of the study, the format of the FOST group sessions, information that the data was to be recorded and ethical considerations such as anonymity. The invitation began with placing professional practice within the context of the

professional who may grapple with crucial questions related to their practice. This was intentional and was based on Barbour's (2007: 42) assumption that people may 'crave the opportunity to talk to other people in the same situation as themselves'. I wanted to tap into a potential need which may have enticed persons to commit to the research. Other motivational incentives involved highlighting the potential benefits for the research participants including that:

1. They may have benefitted from the opportunity to discuss issues that might have been of concern or interest to them in a friendly, relaxed, and collegial manner.

2. The process of discovery, exploration and understanding of the spiritual dimension of counselling and psychotherapy might have contributed towards their personal and professional development and might inspire their practice.

3. If they attended the four sessions, they would receive a 'Certificate of Attendance' which they might present as part of their Continuing Professional Development (CPD) requirements.

4. Their participation and input would help to formulate conceptualisations of the spiritual dimension to counselling and psychotherapy with particular reference to the local context.

5. They would be part of a study that was being carried out on this topic for the first time in Malta.

6. They would be part of research that was studying a domain in the counselling, psychotherapeutic and psychological fields that is currently receiving attention in the academic field.

The eligibility criteria were also clearly stated. Moreover, they were told that each member needed to commit him/her self to attend the four two-hour sessions. It was explained

that commitment to the four sessions was important as much emphasis was to be given to the process of the joint construction of meaning and the trust and safety that were built within the group. The recipients of the invitation were told when the FOST groups would begin although the actual dates and times of the group meetings were to be set based on the availability of the participants. This was done so as to entice as many participants as possible and so as to make it easier for the participants to commit to the four sessions. They were then asked to contact me by a particular date. To each of the potential participants who replied an information sheet (see Appendices 4 and 5) was sent. This included gathering information about their professional position (that is, whether they were a counsellor, psychotherapist etc); their qualifications, a brief description of their therapeutic work experience with adults, their preferred time and day for the FOST group meetings and their contact details. The information sheet was sent so as to: a) determine eligibility; b) establish their availability and preferred times to meet; and c) through the information gathered, establish the group based on compatibility of background and experience.

Eighteen (18) persons showed interest but three (3) of these did not meet the eligibility criteria. Moreover, three (3) other persons could not take part due to not being available on the chosen days. The final number of potential participants was twelve (12). This was over and above my expectations given the relatively small number of practitioners who were eligible to take part in the study. The motivations for participation in this study seemed to be multidimensional. In one of the FOST groups, a spontaneous discussion arose with the participants mentioning that apart from benefitting from continuing professional development, other reasons that instigated their participation included:

a) The opportunity to reflect that would then result in making their belief system more meaningful to them;

b) A continuation of their spiritual journey;

c) An opportunity to connect to friends and colleagues who are on a similar wavelength;

d) To help me in my research;

e) An opportunity to ask and answer questions related to spirituality and psychotherapy.

Earlier in the process of designing the study, the group size was established at six (6) to eight (8) members. This was based on Morgan's (1998) recommendation who claims that the ideal focus group size should be between six (6) to ten (10) participants. Having a small group is particularly important when the topic under discussion is complex, sensitive or emotionally laden as in the case of the study (Morgan 1998; Bryman 2004). Moreover, given that the group was to meet for a series of four (4) sessions, I wanted to allow for the space, in terms of time and group dynamics, for the group to develop. A group of six (6) to eight (8) participants was therefore deemed appropriate.

Since twelve (12) practitioners were available for the study, I decided to accept all twelve participants since I felt that it was an opportunity that was too good to be missed given the lack of research on the topic and the small pool of potential participants from which the group was taken. There were therefore two (2) FOST groups. The second group was to provide more evidence and possibly more in-depth data on the novel and complex subject matter being studied. Apart from the fact that each group is unique, with its unique dynamics and resultant discussion that may influence the data that is gathered, the information was being collected from a larger group of people. Barbour (2007: 59) suggests that 'holding two focus groups with groups with similar characteristics may place the researcher on firmer

ground in relation to making claims about the patterning of data'. However, twelve (12) persons making up one group was too large given the reasons already noted. Moreover, Krueger (1998: 18) adds that 'there is greater benefit in conducting two groups of six participants instead of one group of twelve. This gives the researcher the power to compare the results of the two groups'. I therefore decided to hold two separate FOST groups and divide them based on the availability of the potential participants.

One group of five (5) professionals was to take place in the morning while another of seven (7) was to occur in the late afternoon. The first group was made up of three (3) counselling psychologists, one (1) psychotherapist and one (1) clinical psychologist. The second group was made up of seven (7) members: one (1) clinical psychologist and Gestalt psychotherapist, two (2) counselling psychologists, three (3) Gestalt psychotherapists and one (1) counsellor. The latter dropped out of the FOST group after having attended the first session due to personal reasons. There was one male member in each group. It so happened that all the research participants had a humanistic-existential preference. While this was not intentional, yet, it may not be coincidental and might indicate a link between their theoretical orientation and their interest in the topic of spirituality. It may also create a bias in the study with regards to the participant's understanding of the spiritual dimension of psychotherapy. Consequently, while the criterion of being from a humanistic-existential tradition was not applied to the participant selection process, it is important to be aware that this dimension may influence the participants' perception of the spiritual dimension of psychotherapy.

The tables below depict the formulation of both FOST groups. Due to the small community of professionals on the island, I have purposely camouflaged some information so as to avoid identification. For example, the age and years of practice are not presented in actual terms but as a range. Furthermore, I did not specify whether psychotherapists are

Gestalt psychotherapists or other types of psychotherapist. Otherwise, the participants might be easily identifiable.

FOST GROUP 1				
PSEUDONYM[17]	**GENDER & AGE**	**PROFESSION**	**YEARS IN PRACTICE**	**THEORETICAL ORIENTATION**
Alex	Male (30-35 years)	Counselling Psychologist	2 - 5 years	Integrative: humanistic, CBT, psychodynamic.
Claire	Female (30-35 years)	Counselling Psychologist	5 - 10 years	Eclectic: psychodynamic, humanistic and CBT
Mandy	Female (30-35 years)	Counselling Psychologist	5 - 10 years	Eclectic: humanistic, psychodynamic, CBT, and existential.
Rachel	Female (35-40 years)	Clinical Psychologist	5 - 10 years	Psychodynamic and systemic
Chantelle	Female (30-35 years)	Psychotherapist	2 - 5 years	Eclectic approach: humanistic, cognitive, behavioural and psychodynamic

Table 1: Composition of FOST 1

---

[17] The names of the participants have been changed so as to adhere to the ethical principle of anonymity

	FOST GROUP 2			
PSEUDONYM	GENDER & AGE	PROFESSION	YEARS IN PRACTICE	THEORETICAL ORIENTATION
Alicia	Female (50-55 years)	Psychotherapist	20 – 25 years	Gestalt and psychodynamic
Jade*	Female (45-50 years)	Counsellor & Psychotherapist	20 – 25 years	Humanistic and systemic
Maureen	Female (50-55 years)	Counselling Psychologist & Psychotherapist	20 – 25 years	Humanistic
Sandra	Female (45-50 years)	Psychotherapist	2 - 5 years	Humanistic and systemic
Audrey	Female (55-60 years)	Psychotherapist	5 - 10 years	Gestalt and CBT
Bridget	Female (40-45 years)	Clinical Psychologist & Psychotherapist	5 - 10 years	Humanistic-existential
Jeremy	Male (30-35 years)	Counselling Psychologist	5 – 10 years	Integrative: mainly humanistic-existential

*Jade dropped out after the first session

Table 2: Composition of FOST 2

Another feature of the FOST groups, which may be particular to the Maltese context, is that most of the participants in each group had met one another previously, were acquaintances or friends and/or were colleagues at some point in their professional lives. This is quite usual for an island as small as ours and in a professional community which is even smaller. The fact that many of the participants knew one another may have both advantages and disadvantages. If relationships were good, it might have helped in the quick development of a safe and trusting environment, while if the relationships were less positive it might have inhibited the latter. Moreover, the formation of 'cliques' might have hindered the group dynamics. I was mindful of these factors in facilitating the groups and the group discussion.

In this section, apart from describing participant recruitment and selection, I have also begun to describe some of the procedures that were adopted in the study. The latter are developed below in the following section.

5. Procedures for data collection

Once the FOST groups were established, I communicated with the participants at least three times before the first meeting as recommended by Morgan (1998). Reasons for the communication included that it increased the likelihood that the participants would turn up for the sessions but it also began to establish rapport with me as researcher/moderator.

The first communication was done electronically to inform the participants that they had been accepted for the study and to give them the dates of the FOST Group sessions. Another e-mail was sent to the participants approximately ten (10) days prior to the first session (see Appendix 6). In the e-mail, I asked them to fill in a pre-FOST group questionnaire (see Appendix 7) and return it to me a few days before the first session. The aims of this communication and the questionnaire were to: a) act as motivational incentive; b)

gather information about the participants and their understanding of the spiritual dimension of psychotherapy; c) begin the intrapersonal process of reflection on the topic; d) give them information regarding the research setting; and e) make myself available for any other information the participant might require. The third communication consisted of a text message that I sent a couple of days before the first session reminding them of the session and venue. These communications were important so as to increase the motivation and commitment of the participants and decrease the likelihood of the participants failing to turn up (Morgan 1998). Increasing the likelihood of participant attendance was also a consideration in establishing the research setting.

The choice of the research setting was based on: a) the comfort and needs of the participants, and, b) the needs and requirements of the researcher (Morgan 1998). The setting was one that was known to all, was centrally located, with no parking problems, and had all the necessary amenities. The setting met my needs as researcher in terms of having a large enough room to accommodate a group seated in a horse-shoe arrangement and that was complete with a whiteboard and flip-chart. The room needed to be large enough to allow for two cameras, technician and an assistant moderator apart from myself and the participants, while not too large that it created an impersonal space. Moreover, the setting was ideal as technical assistance was at hand.

The decision for the seating arrangements to be in a horse-shoe format was important. Morgan (1998: 122) claims that when planning focus groups, the 'seating arrangements are a central consideration'. The participants were seated in the shape of a horse-shoe, in chairs that had a writing arm with a very small table in the centre of the room where the microphone and MP3 player were placed so as to record the sessions. In this way, the participants were facing me while having a clear view of one another. The setup was purposely planned such that there

was no large table obstructing communication and thus created a more informal atmosphere that was conducive to personal sharing and to free-flowing interaction between and amongst the group members and also myself. Moreover, this arrangement allowed for the participants to face a white-board and flip chart that were placed opposite them in full view of each participant. The assistant moderator was seated in as unobtrusive a position as possible, close to the door and a table with refreshments. This enabled the assistant moderator to talk to any latecomers and helped them to settle in, thus minimizing disruption (Morgan 1998). The seating arrangement also facilitated the recording, both visual and auditory, of the FOST group sessions.

In order to facilitate the data collection process, the sessions were recorded visually and audibly. This was done since all the sessions were to be fully transcribed. Having a visual and audio recording of the sessions encouraged and ensured clarity and precision of the data-gathering process (Krueger 1998; Bryman 2004). This was particularly important in the Maltese context given that people tend to talk over each other, particularly when they become engaged and emotionally involved in a conversation. Moreover, visually recording the data was also a way of capturing the group dynamics.

Two cameras were used and both were placed on a tripod. One was placed behind the participants and captured the moderator, flip-chart and whiteboard while the other was placed to the side and front of the participants. A technician was often present and sat next to the camera that was placed behind the participants. The placing of these was planned in such a way as to be as unobtrusive as possible while adequately capturing the interactive nature and experience of the FOST sessions. It was evident that the participants forgot about the presence of the cameras once the sessions began. This might be because many of the participants were mature professionals who are accustomed to public speaking and addressing a group. The

assistant moderator also captured any writing on the board (after a brainstorming exercise) through photography.

The language used during a focus group needs to be given particular attention (Krueger 1998; Barbour 2007). The language adopted in all communication with the participants and also within the FOST group sessions is English. Although Maltese is the official language, Malta is a bilingual society with English being the second language. Moreover, the language of instruction at University of Malta is English. Apart from this, many of the participants furthered their training and education through mainly English-speaking fora whether locally or abroad. It is very clear that the participants were comfortable in speaking and expressing themselves in English. Moreover, in Malta, it is very typical for people to code switch, that is, speak mainly in one language (English), and then switch to another (Maltese) (or vice-versa), even within the same sentence. The participants were aware that they could have done so if they wished, even though this rarely occurred.

Another important consideration in the data gathering process was the choice of moderator and assistant moderator and the clarification of these roles. Apart from being the researcher, I was also the moderator of all the FOST sessions. As researcher/moderator, I was very careful to bracket my expectations, emotions, opinions and ideas and focused on listening and facilitating the group discussion. This was considered to be very important so that the members felt free to discuss and share their ideas and were not overly influenced by demand characteristics. The latter was particularly important given that I am also a fellow colleague. Watts (2006) describes this role as 'insider researcher'. Sharing the same profession may be considered an asset since one may argue that the power imbalance could be lessened and the participants and researcher/moderator share the same language and knowledge. However, the 'sameness' of the moderator and participants can be problematic in

terms of unquestioned assumptions (Barbour 2007) and increasing demand characteristics. My role as researcher/moderator was focused on facilitating personal expression and group communication with the aim of answering the questions set and gathering the necessary data from the perception of the participants. Apart from the use of bracketing, my impact as researcher/moderator on the participants was attenuated through the practice of reflexivity and through discussions with the assistant moderator in debriefing sessions that were held after the FOST group sessions. Furthermore, I paid particular attention to the ethical principle of 'do no harm' in terms of being very clear about the research question as well as the aims and the potential benefits of the study.

The assistant moderator was chosen based, among other things, on her very good administrative, communication and facilitation skills. The latter were considered important so that she could observe and make notes of group dynamics and also take an active role in the debriefing sessions with me. She also had an interest in the subject area and had carried out undergraduate research on a related topic. This was all very important in the event that she would have needed to substitute for me in moderation in case of an emergency. Moreover, the assistant moderator had very good organisation skills and was very helpful in dealing with practicalities during the FOST sessions such as: greeting and dealing with latecomers, providing the refreshments, ensuring that the audio recording was fine, taking photographs of brainstorming exercises carried out on the whiteboard, the preparation of flipcharts, handing out forms and giving any other technical help (Krueger 1998).

Data collection and data analysis involve an iterative process. Data was being analysed throughout the data collection process through reflexivity, the debriefing sessions between the researcher and moderator and transcription. This iterative process continued in the form of thematic analysis. According to Barbour (2007: 127) 'rigour is achieved through a systematic

and thorough iterative process'. In the next section closer attention will be given to the in-depth analysis of the data collected.

6. Data analysis

I decided to use thematic analysis to understand the data. Braun and Clarke (2006: 78) identify thematic analysis as 'a method in its own right'. They claim that it 'provides a flexible and useful research tool, which can potentially provide a rich and detailed, yet complex, account of data' (ibid: 78). This was thought to be particularly pertinent to this study which aims to provide a rich and complex data set on a rather complex and at times abstract topic. The objective of thematic analysis is to identify, analyse and report themes as they emerge in the data while also moving on to analytically interpreting this data (Braun and Clarke 2006).

I was faced with the decision whether to manually code the data as opposed to using computer software programmes. Since the nature of the data that was collected lends itself to immersion in the process of data analysis, I decided on the former since my complete involvement would be more possible through a more 'hands on' approach. Moreover, becoming familiar with the required software programme would have been too time-consuming, given my limited knowledge of these software packages (Padgett 1998). The process of thematic analysis began with the transcription process. Krueger (1998) claims that, while transcript-based analysis is more time-consuming, it is more rigorous. I decided to fully transcribe verbatim all the FOST sessions so as to totally and accurately capture the participants' experience. This was done by listening to and watching the audio and visual recording of each session. Gibbs (2007) advocates for the researcher doing his/her own transcription because the researcher thus becomes steeped in the data and this familiarisation may give rise to ideas and reflections with regards to the data, thus beginning the process of

data analysis. However, the transcription of eight (8) two-hour sessions was too time-consuming (Padgett 1998). Consequently, I undertook the transcription of one FOST group (that is, the four two-hour sessions of this group) while the assistant moderator transcribed the other group. I checked the accuracy of all the transcriptions when I began the coding process. I began by viewing the DVDs of each session of one FOST group while reading the transcriptions. I intentionally began this process with the FOST group sessions that were transcribed by the assistant moderator. The reason for this is that I attempted to lessen the impact of not having transcribed the sessions myself and thus losing out on familiarity with the data of this particular FOST group.

An important decision was whether to consider the data gathered throughout all the sessions of both FOST groups as one data set or take one FOST group and the data that was gathered throughout the four sessions as one data set and the data of the other FOST group as another data set. I decided on the latter procedure. The impact of *process*, on data collection and on the participants' meaning-making experience and perceptions, which was an essential methodological consideration, would have been lost had I immediately identified all of the data gathered in both FOST group sessions as one data set. Moreover, in this way the data gathered in one FOST group could be used to increase depth and comparison in the evidence-gathering process.

As already mentioned, the coding process began by reviewing the DVDs and concurrently reading the transcripts. I began to: a) check for the accuracy of the transcriptions; b) code the transcripts; c) note and observe group dynamics; and d) write memos. This process carried on when re-reading the transcripts and eliciting the codes. I began with eliciting the codes of one group, that is, the four (4) two-hour sessions, then doing the same with the second group. Cross-analysis of both groups followed. While going through the

transcriptions and DVDs I wrote memos. This was done so as to distance myself from the data and let the data 'speak to me' without impinging on it with my own knowledge, assumptions and agenda and therefore remain grounded in the data. Gibbs (2007: 30) explains that the writing of memos, 'are seen as a way of theorizing and commenting as you go about thematic coding ideas and about the general development of the analytic framework'. Moreover, they provide the next step in analysis as one moves from coding to reporting. The memos were organised into the following categories: a) self-reflective memos: my own thoughts and feelings arising from viewing the DVDs and/or reading and listening to the transcriptions; b) analytic memos: theorizing and interpreting in relation to the data and the literature that I had read; and c) group analysis: notes, observations and reflections regarding the group and its dynamics.

The first step that I took was that of coding, which, according to Gibbs (2007: 31) is 'the process of identifying passages (in the field notes or interviews) that exemplify certain thematic ideas and giving them a label – the code'. At this point coding began by being descriptive, using the participants' language. Gibbs (2007) explains that the terms 'code', 'index', 'category' or 'theme' are at times used interchangeably. I used a mix of 'in-vivo' (Barbour 2007) or data-driven (Gibbs 2007) codes and 'a-priori' (Barbour 2007) or 'concept-driven' (Gibbs 2007) codes. Since the FOST sessions were structured depending on the themes in the literature, a degree of 'a-priori' or 'concept-driven' coding was used. It provided the starting point of analysis. However, particularly because I was using a phenomenological approach, I then moved on to elicit 'in-vivo' or 'data-driven' codes.

After the initial process of coding, I had a very large amount of codes (or themes) which I then grouped and reorganised into categories such that these were no longer descriptive but theoretical and analytical. Themes were identified based on their prevalence,

as suggested by Braun and Clarke (2006: 82), 'in terms both of space within each data item and of prevalence across the entire set'. In my study, both are emphasised, that is, how much a topic/issue was spoken about by a number of participants and also the 'keyness' of an issue in relation to the research questions, even when brought up by one or more participants. A thematic framework or coding frame was then used to hierarchically organise the themes/codes into super-ordinate and subordinate themes. The thematic framework was organised based on the literature that was reviewed, the data that was gathered and the design of the FOST sessions.

As has been mentioned, both FOST groups were initially analysed independently. However, a level of cross-analysis followed the initial coding process and similarities and differences were noted. New codes that arose from the second group being analysed were added onto the initial group once it was noted that there were more similarities than differences between the groups. It almost seemed like a question of nuance than a totally different perspective. In the final stages, the data gathered from both groups became one data set.

Apart from thematic analysis one of the strengths of using focus groups is the comparison of data within a group and across groups (Krueger 1998). Moreover, attention is given in the analysis to the context and dynamics of the focus groups and how these affect the data gathering process. However, this aspect of focus group analysis was not emphasised in this study. The reasons for this include:

a) The study used a focus group *approach* and adapted this method to create the FOST group as a data gathering method;

b) The research questions and aims of the study guided me to focus more on understanding the meaning and experience of the participants in relation to the spiritual dimension of psychotherapy. I was concerned about understanding and presenting the very large amount of data that was collected, in a concise manner and in a way that accurately answered the research questions.

7. Ethical considerations

Ethical issues were considered throughout the processes of data collection and analysis. In the first instance, I decided that it was not necessary to submit the OU Human Participants and Materials Ethics Committee (HPMEC) Proforma since the participants were not: a vulnerable group, OU University students or alumni or NHS patients or staff. Moreover, the research did not fall under the other criteria of the OU Ethics Triage Document which determines whether the researcher should submit the Proforma document.

As mentioned earlier, an ethical consideration is that the participants were very clear about what they were letting themselves in for before committing to the study (Gibbs 2007). Consequently, I was clear about the research, its aims, eligibility criteria and potential benefits for the research participants. Moreover, it was also clear that the participants were asked to commit to the four FOST group sessions while they reserved the right to withdraw from the study at any point in the research process. In fact, one research participant withdrew after the first session due to unforeseen personal matters. Their commitment and right to withdraw were also made explicit in the consent form.

The consent form (see Appendix 1) was presented to the participants during the first session. They were asked to read it and I addressed any queries that they had. This was a confirmatory activity since the ethical principles being followed and other information in the

consent form were presented to the potential participants in my earlier communication with them. The participants signed the consent form and returned it to me. The consent form addressed issues around anonymity, that is, their identities were to remain anonymous throughout the research process. It also highlighted the research purpose and that they were agreeing to participant in this study. The consent form addressed the issue that the FOST sessions were being recorded and that the recording were to be used for the sole purpose of transcribing the data and would not be used for any other purpose without the prior consent of the participants.

During the first session, I suggested that the participants might want to adhere to the principle of confidentiality. This was considered particularly important given the nature of the FOST group sessions and the likelihood that personal and sensitive ideas and feelings may be shared (Linhorst 2002). This was quickly and easily agreed to, perhaps also because the particular research group is very cognizant of the importance of this principle in their professional practice. Moreover, client confidentiality and anonymity were assumed and maintained by the participants during the discussions.

Although the participants may not be considered a 'vulnerable' group as they are experienced professionals with a degree of autonomy and agency who volunteered to participate in a study which was clearly explained to them, yet a degree of vulnerability may still be considered. Liamputtong (2009) describes various elements to 'vulnerability' some of which pertain to this study. Firstly, the groups were discussing a sensitive topic in a particularly insular society. Thus, they may have been susceptible to 'overexposure' and may have run the risk of, or feared, being negatively judged by their fellow professionals. It is for this reason, that I took special care to establish the ground rules of respect and acceptance of diverse opinions in the first session. Moreover, I was sensitive to moments when participants

may have experienced fear of being negatively evaluated or seemed reticent of giving their honest opinion and in those moments, I reminded the group members of these rules. Secondly, their own personal and emotional issues or hurts in relation to their experience of the Church and spirituality may have been triggered. In fact, to some degree, this was evident in the personal discussions that ensued in both groups. However, I was also aware of the fact that these were professionals who are habituated to their issues and hurts being triggered as a result of their practice. They are persons who are normally equipped to deal with these through personal therapy and/or supervision. However, despite this, given these concerns, I stressed with the participants the importance of the principles of confidentiality, anonymity, the right to pass in a discussion and the right to withdraw from the study at any time. I retained ethical awareness throughout the process.

8. Limitations of the study

In this section, I describe some of the limitations pertaining to this research. One of the limitations of this study is that the voice of the client is not included. The reason for this exclusion is that I wanted to explore the practitioners' perception and experience in depth. Consequently, adding the client's voice would not have been feasible and would have detracted from the focus on the clinicians' understanding and experience. In addition, accessibility to clients for research could prove to be difficult. One reason is that the numbers of clients (and practitioners) in Malta is small due to our size. Furthermore, due to the small pool of potential research participants, approaching clients for research could result in possible ethical dilemmas such as difficulty in maintaining anonymity and clients feeling obliged (particularly to their therapist through whom the contact would necessarily take place) to take part in the study.

Other limitations to the study are related to basing the research design on a focus group approach. In focus groups, one or more members may dominate the discussion therefore limiting the individual expression of other participants. I kept this very much in mind when moderating the FOST groups. For example, I included the right for individuals to hold a different opinion as a 'ground rule' in the first session and reminded the participants of this at the beginning of each session and whenever I thought it appropriate during the actual sessions. Examples of the latter included when I sensed that a person was hesitating in giving a different opinion, when some members were silent or when I perceived the discussion to be taking a consensual turn. I would therefore check for diversity. Having said this, one cannot deny that some participants were more vocal than others and that their opinions may have therefore been more influential.

On the other hand, this is also one of the strengths of using this approach, that is, that meaning and understanding are socially constructed within a well-facilitated group. The latter is also linked to the fact that had I chosen individual interviews, the participants may have had more opportunity to delve in depth into their own meaning and experience. However, this approach would not have benefited from the personal reflections over time (between one session and another) and as a result of the group discussion. The latter processes gave rise to more in-depth personal reflection which was also influenced by the discussion occurring in the group. I believe all this to have been critical to this research.

One other limitation is the 'sameness' that I shared with the research participants in my roles as moderator and researcher. The fact that I am a counselling psychologist who adopts an integrative approach in my practice while also being primarily humanistic, may have hindered me from taking on a more critical stance in facilitating the conversations in the groups and in the process of data analysis. I attempted to offset this by being very aware of it during the preparation and implementation of the FOST sessions, discussing my thoughts,

concerns and feelings with the supervisory team, carrying out a debriefing session with the assistant moderator after each FOST session, and writing notes and memos during the data collection and data analyses processes that helped me maintain reflexivity and lessen the potential for subjectivity. One need also keep in mind, however, that the issue of 'sameness' may be a strength in that as a researcher and fellow practitioner, I shared similar values, language and understanding which helped the participants feel at ease and participate in the research. Furthermore, the fact that I was a fellow professional may have spurred persons to participate in the research (as was highlighted by a number of research participants).

Moreover, as noted earlier in this chapter, this study seems to have attracted participants coming from a humanistic-existential orientation. Consequently, this may have biased and coloured the participant's understanding and experience of the spiritual dimension of psychotherapy. Had the FOST group members come from more diverse backgrounds, the findings may have been different. At the same time, the fact that this study, which had the spiritual dimension of psychotherapy as a topic, attracted these participants is an interesting fact in itself.

9. Conclusion

This chapter presents the methodology, epistemology and research design of this study which includes the processes of data collection and data analyses and the ethical issues that are considered. The main objective of the study is to answer the question: 'How is the spiritual dimension of psychotherapy understood and experienced by Maltese counselling and clinical psychologists, counsellors and psychotherapists?' Since the focus of the study was on exploring, describing and explaining the phenomenon of spirituality and psychotherapy from the participants' perspective, a qualitative approach was deemed more appropriate. Epistemologically, a broadly phenomenological and social constructivist paradigm was

adopted since the main objective of the study was understanding the participants' meaning and experience of the phenomena while acknowledging the social constructivist process that occurs both in the lived experience of the participants and also during the data collection process. Consequently, a FOST group method of data collection was used that catered for and encouraged the creation of co-construction of meaning among the participants. It also facilitated the spiral process of intrapersonal reflection, interpersonal sharing, further reflection (including reflections from practice) and interaction. It was hoped that this process facilitated a degree of clarity in understanding and explaining the spiritual dimension of psychotherapy which may be considered vague and complex. Moreover, it allowed for the joint construction of rich thought processes and data that developed a synthesis of ideas.

Two FOST groups were formed, one with five (5) participants and another with six (6). They all met the eligibility criteria which included that they had over two (2) years of clinical practice with adults. It so happened that all the participants were from a humanistic-existential background. This may be important as it may have influenced the way in which they understand and experience the spiritual dimension of psychotherapy. In itself, it may be considered an interesting finding of this study as it is these professionals who seemed interested in committing themselves to the research. It may be argued that their humanistic-existential preference influenced their interest in the spiritual dimension of psychotherapy.

The data was analysed thematically since thematic analysis was considered a flexible research tool that allowed for the organisation and analysis of rich and complex data by the identification and analysis of patterns. In the following chapters (six to ten), I present the main research findings. As is evident in the figure below, these are divided into two domains: a) the context of practice: understanding spirituality and religion and b) spirituality and psychotherapy. The latter domain is divided into four main themes: i) understanding

spirituality and religion (in relation to psychotherapy), ii) the therapeutic relationship as sacred space, iii) the being – it is who the therapist is that counts, and iv) applications to clinical practice.

Domain 1
The context of practice: understanding spirituality and religion

- *Spirituality and religion as distinct and opposite*
- *Spirituality and religion as separate and overlapping*
- *Spirituality and religion as meaning-making, giving direction and values*
- *Spirituality and religion as connection*
- *Idiosyncratic factors of spirituality*

Domain 2
Spirituality and psychotherapy

- *Understanding spirituality and religion*
- *The therapeutic relationship as sacred space*
- *The Being: it is who the therapist is that counts*
- *Applications to clinical practice*
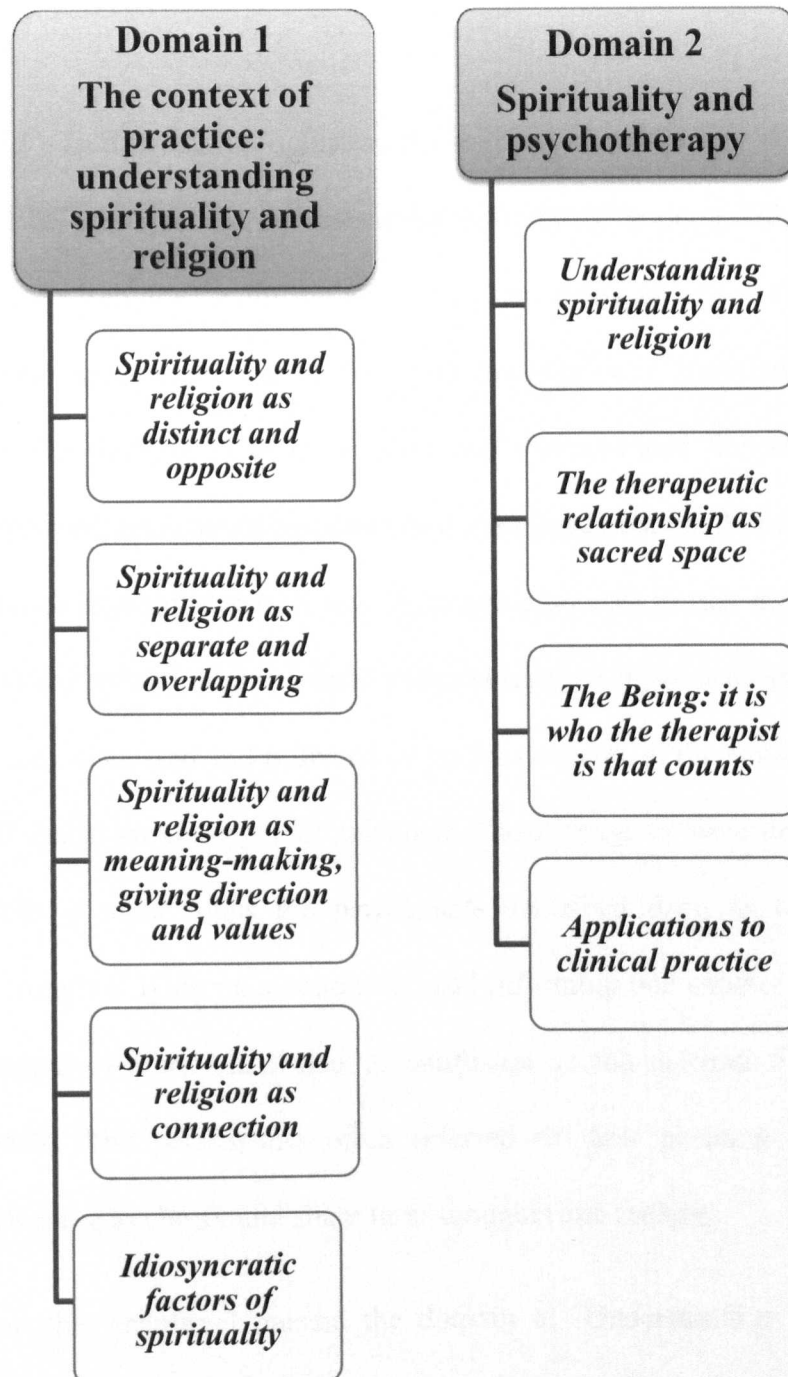
Figure 2: The Domains

CHAPTER SIX

THE CONTEXT OF PRACTICE: UNDERSTANDING 'SPIRITUALITY' AND 'RELIGION'

1. Introduction

'Spirituality' is difficult to define and has been described as a 'fuzzy concept' (Zinnbauer *et al.* 1997). Frequently, understanding 'spirituality' is done within the context of distinguishing it from 'religion', with the concepts often being polarised (Watts and Psaila 2010). Clarifying the concepts of 'spirituality' and 'religion' was important to the research participants while they developed their thoughts and differentiated the terms. It was also crucial as they explained, understood and described their experience and understanding of the spiritual dimension of psychotherapy. It was an iterative process in that the members of the group continued to clarify and question their understanding of these concepts throughout the FOST process as they discussed and reflected on various aspects of the spiritual dimension of psychotherapy. At times, the concepts of 'spirituality' and 'religion' were depicted as distinct and opposite while at other times the participants described them as overlapping, with 'spirituality' and 'religion' lying on a continuum and informing one another. The participants experienced moments of clarity and also of confusion as the discussion and perceptions continued to unfold. The participants often referred to their personal and professional experience in attempting to clarify and share their thoughts and feelings.

Throughout this chapter, I present the domain of 'Understanding 'spirituality' and 'religion'' as the context in which practice occurs. This domain is divided into five main themes as illustrated in the figure below:

THE CONTEXT OF PRACTICE: UNDERSTANDING SPIRITUALITY AND RELIGION

- *Spirituality and religion as distinct and opposite*
- *Spirituality and religion as separate and overlapping*
- *Spirituality and religion as meaning-making, giving direction and values*
- *Spirituality and religion as connection*
- *Idiosyncratic factors of spirituality*
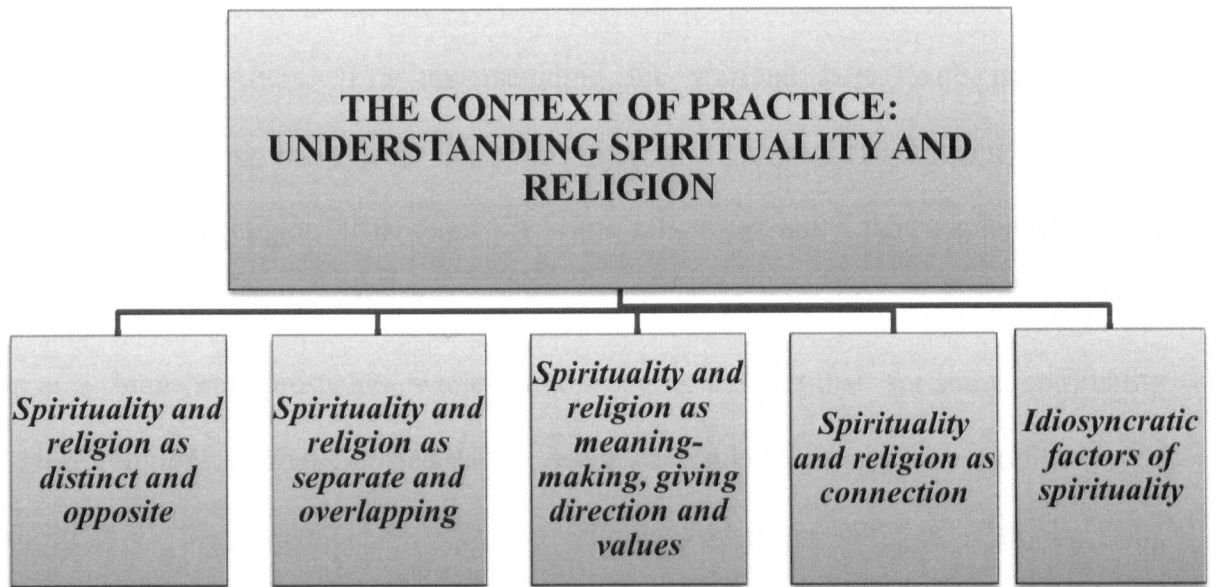
Figure 3: The Domain of 'The context of practice: Understanding spirituality and religion'

2. 'Spirituality' and 'religion' as distinct and opposite

For some of the participants, 'spirituality' and 'religion' were understood as distinct and opposite. On the other hand, other members of the FOST groups viewed them in this way, at least temporarily, at different parts of the process as they discussed and reflected on these concepts. This theme is divided into three subthemes: spirituality and religion as distinct and opposite; religion stunting people's search and growth as opposed to spirituality; and spirituality, growth and development.

Spirituality and religion as distinct and opposite

The perception of spirituality and religion as distinct is clear in the following statement made by Alicia, 'I'm understanding the spiritual here, with no religious connotations. It's talking about life'. The implication seems to be that spirituality is distinct from and opposed to religion. It is about life while religion is not. Claire explained that, 'I didn't think at all of religion when I thought of spirituality'. She then went on to describe religion as a 'branch of spirituality' while acknowledging the fact that 'for some, spirituality would mean religion'. Rachel clarified that 'It doesn't mean because you have a religion, you have spirituality'. She explained that 'certain religions, even our faith, the Catholic faith, people who adhere very strictly to certain principles of religion, do not allow themselves, to develop their spirituality'. Apart from distinguishing between the two, the participants often polarised the terms. They described spirituality as having to do with connection, meaning-making and values. Jeremy summarised an understanding of spirituality made by his FOST group: 'Spirituality is about being; a way of making meaning, about relating, you know, *(pause)* being. We mentioned in the group it being about relationships, it's about, you know, a way of looking at life with, a way of looking at the people around you'. Later, he explained that spirituality is about meaning in life which is transcendent but is not necessarily linked to deity or to a religious theme:

> The person is coming across with their meaning, with their constructions, their way of looking at life, I mean, without talking about God, or without having a god in their life, you know it could be a very mundane sort of, practical sort of way of living, but they still have a value, they still have an attitude, they still have a framework, a meaning for their life. I mean, I cannot accuse them of not being spiritual just because they don't have a religion.

In contrast to religion, spirituality was described as personal and not necessarily linked to religion. Audrey explained that spirituality is 'Something that belongs to you personally. It does not have to be specifically linked to the religion you belong to'. Mandy added that spirituality is 'a very personal creative energy'. At one point, Mandy clarified this as she described her surprise that during the discussion people were distinguishing between spirituality and religion: 'We all mentioned an aspect of, sort of, of meaning, and connectedness and some kind of depth, and there was less *(pause)* talk about institution and religious dogma, which I thought welcoming'. In fact, religion was frequently depicted as relating to the institution, knowledge, dogma, norms, ceremony, devotion and legality. Religion was described as 'knowledge', 'ideology' and 'a way of thinking' that is often linked to a particular culture and geographical area. Consequently, a person could 'know a lot about the religion of Islam' but does not 'need to be in that spirituality' (Jade). The members agreed that persons can be religious and not spiritual when such persons are devotional and legalistic and follow rituals and religious practice out of habit, without eliciting meaning. Mandy clarified this very well when she said:

> I think a person can be religious and not spiritual in the same way that a person
>
> can be academic and not intelligent *(people nodding in agreement)*. We're
>
> born into a culture and a family and a country and political system that dictates
>
> a certain religion and some of us, you know, don't even stop to think whether
>
> this is exactly what we believe, what feels right for us, what feels good for us
>
> and I don't think it necessarily cultivates spirituality.

As is evident from the above quotation, when discussing the concepts of 'spirituality' and 'religion', apart from distinguishing the two and at times, polarising the terms, the participants highlighted that one can have spirituality with or without religion and vice-versa:

'Spiritual can be without religion and religion can be without the spiritual' (Audrey). Chantelle, however, clarified that, 'You don't really need a religion to be spiritual, in my opinion. If I was born in a culture where there is no religion, it doesn't mean that I might not feel that there is something beyond me or something which connects me, which makes me feel happy and in tune with life'. However, at times, the participants explained how religion cannot be aspiritual. As will be discussed later, this is where the participants began to describe an overlap between the two concepts with a dialectic occurring between the two.

Often, the distinction between 'spirituality' and 'religion' seemed to be one that was judged as positive and inducing growth (spirituality) and negative and stifling people's development (religion). This leads to a subtheme in the theme of 'spirituality and religion as distinct and opposite', namely that of 'religion stunting people's search and growth as opposed to spirituality'.

Religion stunting people's search and growth as opposed to spirituality

Rachel explained that 'being in a religion can sometimes constrict your spirituality' because people are told how to be and are indoctrinated with 'shoulds'. In this vein, Bridget clarified that people's spirituality, which includes a personal process involving personal growth and development, may be stunted by religious communities as they are not allowed to search for meaning (implying spirituality) but are given the answers to their questions. She explained that, 'Organised religion in the instance of some communities like the Neo-Katekumenali[18] *(Neo-Catechumenal Community)*, Charismatics[19] and so on, actually stunt people's own search for meaning, because the answers are given and that's the way it is'. Bridget added that as a result, these people's understanding and experience of spirituality is

---

[18] Words or phrases in Maltese. See italics for translation into English

[19] Catholic Religious Groups or Movements

less developed such that it does not allow for spiritual growth as a result of the rigidity imposed by the 'shoulds'. Mandy expanded that since spirituality is a personal creative energy then, 'If we have an institution that's telling us how we should be spiritual, I think it just kills it'. This implies that religion, especially 'in its extreme form' (Mandy), kills spirituality which is a personal creative energy. Chantelle introduced another dimension to religion that stifles people's way of being as opposed to spirituality. She described how 'religion can sometimes impose certain ideas and then it might cause certain discriminations unnecessarily whereas spirituality doesn't. There's a deep understanding that we're all equal, irrespective of how we lead our lives'.

Another feature that highlights the difference between 'religion' and 'spirituality' is the participants' perception of spirituality leading to personal growth and change and to being related to a person's development. This is presented in the subtheme spirituality, growth and development.

Spirituality, growth and development

All of the participants agreed that persons are born with the potential for spirituality which then needs to be developed. As Mandy explained, spirituality 'needs to be cultivated'. The developmental, spiritual journey may sometimes happen as persons free themselves from the 'shoulds' imposed by religion (Rachel and Chantelle). This process of development was also described as a process of change, with spirituality involving metamorphosis. In fact, Alicia drew a cocoon with a caterpillar transforming into a butterfly as a symbol of spirituality due to its potential to change and transform. She added that a person's spirituality is in itself changing and developing while also being constant. Alicia believes that a person goes through a principal change which involves that of becoming a spiritual being. According to her, there would be a 'change into a spiritual being, at some point, because it's also a choice that one

makes. And then there'll be the other choices and growth, transformations as you go along, which might not be as evident'. She clarified that this would include psychological growth since the latter involves spiritual growth. Alicia linked the idea of spiritual and psychological change to adjustments in meaning-making, 'because if we're talking about meaning making, I find new meaning maybe even daily, sometimes in minimal ways *(sighs)*. And it's also a shedding... I have to shed: shedding the old ways, or the restrictions. Thinking more openly'.

Mandy also believes that spirituality may change. She described it in terms of intensity. Her symbol for spirituality was a flame that is present in all but burns at different intensities, with the potential to becoming a full fire. She explained that the flame burns most intensely during 'an encounter of, or closeness with, another person'. Rachel, on the other hand, described spirituality as an 'aura' or 'shield' that changes and protects the person based on what the person needs.

Audrey introduced another element to spirituality and growth or development. She believes that for persons to feel spiritual, they would need to have the capacity for thought and reflection. She added that as the person becomes older they may start to link their spirituality to their religion and make meaning of their religion. Other members in the group reacted to this by adding that as the person goes through the latter process, he/she might also decide to renounce his/her religion. Finally, as will become clearer later in the next chapter, the participants also linked the element of change, growth and development to the spiritual dimension of psychotherapy.

This theme has therefore described the participants' understanding and experience of 'spirituality' and 'religion' as being different from and distinct to one another. The terms are often described as being opposed to one another, for example, because one encourages growth and development while the other does not and can actually stifle a person's psychological and

spiritual process. It also became evident during the discussions, that there were moments of lack of clarity or change in perception as some members began to move from a strong position of spirituality and religion as being distinct and opposite to the realisation that they are overlapping concepts. The latter is what is discussed in the next theme.

3. 'Spirituality' and 'religion' as separate yet overlapping: a dialectic

While discussing the two concepts, the participants all noted a degree of overlap between the terms. For some, this was stronger than for others and was largely dependent upon their personal experience. The theme is divided into the following subthemes: dialectic between spirituality and religion; spirituality is bigger than religion: it is an umbrella term; and spirituality and religion lie on a continuum.

Dialectic between spirituality and religion

Some of the participants described the overlap as a conversation between spirituality and religion, with one informing the other and vice-versa. They explained how a person's spirituality could be influenced by his/her religion and how religion could inform a person's spirituality. Jade described it as, 'one is the sustenance of the other'. Alex suggested that the overlap could be noted with people using their religion to make meaning of difficult situations or circumstances. He referred to situations of poverty, for example in Africa, and questioned:

> Why is, per ezempju *(for example)*, Western cultures, you know, religion is
>
> dead and in Africa, religion is so alive? You know, it's like when a person is, is
>
> in some kind of need, or illness, or death, there's a need to, you know, like,
>
> question your existence: 'Is this what life is all about? This is, you know, hell.
>
> How can I live in this, in this hell?' And then, you know, religion could be an

avenue to meaning-making. Qisu *(like)*: 'But you're loved by God and there's a Heaven after, so, at least...'.

Here, Alex described religion as a source of comfort, hope and meaning in the midst of harsh living circumstances that are beyond a person's control.

At times, the participants seemed to become confused and questioned their own definitions of 'spirituality' and 'religion' as their understanding developed. At one point, Alex referred to situations with clients when they would ask him to pray for them, or, as Rachel added, where clients would say that they would pray for them, and he asked: 'Is it spiritual? Is it religious? Is it both?' At one point, the participants were talking about spirituality and began to discuss values and belief systems such that as a moderator, I was no longer sure whether they were referring to 'religion' or 'spirituality'. When I asked them to clarify Rachel said, 'it's a bit of both' and Alex added, 'there's an overlap'.

It was also evident that for some participants, their own personal experience influenced their perception of both concepts and of the overlap or conversation between the two. Jeremy clearly stated, 'I find it very difficult, on a personal level, to separate my spirituality from my religion'. He went on to explain, 'I cannot separate my spirituality, in the sense that most of my spirituality and my needs, let's call it my meaning making, and the way I view the world and the way I construct it is very much informed by my Catholic values'. Jeremy described it as a conversation happening between spirituality (meaning-making) and religion (values). Jade also described them as 'going together' with religion contributing to spirituality by providing ideology and knowledge. Alicia spoke about religion helping her to ground her spirituality. She said, 'I sometimes go back to religion to ground me again in the rituals, the meaning of what other people have made of the spirituality and I'm not on my own. Then, I look for community because otherwise, I think, I become very narcissistic'.

139

While in the above examples, the participants were very clear about the link between spirituality and religion in their lives, others seemed to be surprised by it. This occurred when they chose a symbol for spirituality which was inspired by religion, particularly their Catholic religion. It was especially the case for those who saw a clear distinction between the two. This was Bridget's experience. In fact, she claimed that:

> Religiosity and spirituality can be very, very different. But yet, for my symbol, it's like this came and I put Father *(referring to what she had written on the board: 'Father, into your hands I commend my spirit')*. For me, that's surrender. Father in inverted commas, because it could be father in the Christian sense, in the way Jesus said it on the cross. But for me it's almost like surrendering to what is. That is what spirituality is.

Maureen was also surprised because her symbol seemed to be inspired by the Jewish tradition (even though she has a Catholic background). Despite the fact that Jeremy spoke about his spirituality and religion influencing one another, he was still surprised to find that his symbol was religiously inspired and reflected the Holy Trinity of the Catholic faith.

The overlap between spirituality and religion was also implied in the participants' debate which oscillated from religion as having almost no relation to spirituality and therefore being hollow, shallow, constricting, rigid, habitual and legalistic, to religion which could lead to spirituality. Bridget described religion without spirituality as 'structure without the depth'. Audrey added to Bridget's concept of lack of depth in describing a lack of satisfaction when one practices a religion out of habit and cultural prescription, 'I do believe you can have religion without spirituality; people just following the rules, you know? Just going through the motions, and not getting any spiritual satisfaction, maybe, out of following the religion'. Jeremy described such a situation as 'leaving out the meaning' of rites, rituals and other

practices. As Alex explained, 'It can be hollow *(Chantelle agrees)*. There's shallow meaning. No connectedness with oneself or the other. It's just a habit'. These thoughts were linked to similar ones that were reported above in discussing how the participants viewed spirituality and religion as distinct and opposite. However, at times, the participants described religion as leading to or being inextricably linked to spirituality.

Maureen explained that religion is 'an organised set of values, beliefs and rituals, which can lead to spirituality. But there's structure, in a sense, structured and organised, such that the rituals, the ritualistic aspect I think is very strong in religion'. As we saw earlier, Alicia uses religion to ground her through being in communion with others and the meaning that they have made while Audrey said that, 'there's a lot of spirituality in religion'. Claire believes that religion and spirituality are inevitably linked because, 'to be religious you have to have some form of spirituality, even if limited'. Furthermore, she distinguished between 'religion' and 'religious'. While religion pertains to rites, ritual and prayer, being 'religious' means 'internalizing, in a more active way the religion', which, in turn, is closer to her understanding of 'spirituality'. Bridget added to this perception as she claimed that being religious involves a relationship with the transcendent, which for her, implied that the person would be spiritual. Alex described how religious practice could be a spiritual experience such that spirituality could also be 'expressed religiously'. He explained that this would particularly be the case in the context of understanding spirituality to mean connection and meaning-making:

> You can be religious, going to church, going to the functions, adhering to those
>
> beliefs and feeling in connection with your fellow believers, and being
>
> connected to God, to others, to yourself, and seeing God's image in you. So,

you're being very religious practice-wise, but also it's a very spiritual experience *(Mandy nods in agreement)*.

Chantelle pointed out that at the basis of all religions is spirituality.

Another way in which the participants spoke about a link between spirituality and religion is that they described spirituality as being 'bigger than' religion such that it was an umbrella term. The implication being that it subsumes religion and is part of it. This is the topic of the following subtheme.

Spirituality is bigger than religion: it is an umbrella term

In defining spirituality, the participants used descriptors such as 'bigger than', 'broader than', 'deeper than', 'going beyond', and 'above' religion. So, apart from them viewing spirituality as encompassing religion, there seemed to be a more positive or favourable judgment or evaluation of spirituality as opposed to religion. Moreover, it seems that some of the participants used 'religion' as their frame of reference and compared spirituality to religion such that, as we have noted before, they are distinct. These issues will be discussed in greater detail in Chapter Eleven.

At one point during the discussion, Maureen gave the example of a Catholic practice, that of saying the rosary, as a spiritual and religious experience. Bridget reacted to this saying, 'but isn't spirituality bigger than that? I'm thinking of integrity, I'm thinking of values'. For Bridget, spirituality seemed to be a wider all-encompassing concept which should not be narrowed down to religious practices. Alex also viewed spirituality as a wider concept and suggested that spirituality is broader than religion and is an umbrella term that would incorporate religious beliefs and practices. He described spirituality as 'the individual expression of our beliefs'. Moreover, he added that while spirituality has no language,

religion could provide such a language such that spirituality could be expressed religiously. Religion would therefore be 'an expression of a form of spirituality'. This seems to reflect Jeremy's experience of describing a conversation between his Catholic religion and spirituality. Moreover, he also perceived spirituality as being broader such that a person who does not practise a particular religion, could also be spiritual since spirituality implies meaning-making and connection to the transcendent which, as was noted earlier is not necessarily linked to a 'particular deity or a particular religious theme'.

The close relationship between religion and spirituality is again evident in the next subtheme, that of, religion and spirituality lying on a continuum.

Spirituality and religion lie on a continuum

The perception that religion and spirituality lie on a continuum was alluded to when I presented the following participants' perceptions: religion and spirituality having a conversation with one contributing to the other and vice-versa, the view that at the basis of all religions is spirituality and the understanding that a person may link their spirituality to their religion as they grow older.

Alicia also described the continuum as a process which begins with people asking questions such as, 'what is this? Who am I? Where are we? What are we doing here?' She explained that people would then try to:

> Find some common ground and they try and set it down in stone. And you
> can't set this down in stone because then it becomes organised religion *(pause)*
> which doesn't really perhaps incorporate everyone's belief, or everyone's,
> meaning. And then people start reacting to it, and then want to leave religion

and go back to just spirituality. So I'm seeing it as a continuum. Then they find new rituals and regulations. And, and then they go back to spirituality.

It appears that the continuum begins at the existential and spiritual end of the spectrum and moves towards organised religion. However, it seems like it is a spiral process with people returning to spirituality after finding that religion is inadequate in incorporating their individual, personal spirituality.

Even though the participants viewed religion and spirituality as separate and distinct concepts, the themes of spirituality and religion as separate and overlapping concepts and that they lie on a continuum, highlight the interrelationship between the two. The next theme once again mirrors this relationship.

4. 'Spirituality' and 'religion' as meaning-making, giving direction and values

There seemed to be consensus amongst the participants that the elements of meaning-making, direction and purpose were central to their understanding of spirituality. Moreover, these dimensions were often seen to be missing from religion such that it was considered mainly to be about ritual, norms, institution, culture and knowledge. It is for this reason, amongst others, that spirituality and religion were considered to be distinct and opposite. However, as has been evident from the participants' reflections and discussion, they also perceived both to be interlinked. Consequently, while meaning-making, direction and purpose were central features of spirituality yet, to some degree, the participants also saw them to be part of religion. This is evident in this theme which is divided into the following subthemes: spirituality as meaning-making, direction, purpose and values, and religion as shared meaning and also as giving direction.

Spirituality as meaning-making, direction, purpose and values

The centrality of the elements of 'meaning-making', 'direction' and 'purpose' in understanding spirituality is evident in Claire and Chantelle's symbols representing spirituality. For Claire, spirituality is depicted by a bright light that shows the way and gives direction. According to Chantelle, it is the sun that represents spirituality because 'it gives life, it gives direction, it gives a source, a point of reference. So, everything becomes vivid, and meaningful'. Moreover, all the participants agreed that all human beings are spiritual or have the potential for spirituality since 'everybody has a way of looking at the world; everyone has a way of, looking at relationships, whether they call it spirituality or they don't call it spirituality' (Jeremy). Consequently, all human beings have the potential to make meaning and are therefore spiritual. As Alex said, 'spirituality means the human experience of giving meaning to one's life' and 'the way one views his or her existence in the world' (Claire). For Rachel, this included being guided by one's values and morals. She added that spirituality includes, 'the way you give meaning to life through the experiences that you have and the different ethical, moral and sometimes, religious values that we have'. Rachel's explanation highlights the dimensions of guidance and motivation in relation to spirituality. In fact, for some participants, a facet of meaning-making included the motivational force behind the choices that one makes. This is clear in Alex's description, 'it's what's guiding your interaction with others, what choices you're making, what meaning do you give to relationships, to death, to life?'

For the participants, spirituality incorporates giving meaning to life in all its complexity including experiences of suffering, moments of difficulty and desperation, death and religion. Audrey explained how spirituality 'gives a meaning to whatever is happening to you at that point in time in your life, whether it's, you know, positive or negative. But, it does

give meaning and it stops you from, you know, going into some, *(pause)* being desperate about trying to solve the problem but more into acceptance'. To which, Bridget added, 'Surrender'. An element of surrender is also evident in the search for meaning and in asking questions such as, 'Why am I suffering? ...What's going on? What's the purpose of this?' (Bridget). Spirituality incorporates the search for meaning, even when one may not find the answers to one's questions, and the capacity to accept and live with the unknown. Maureen, whose symbol for spirituality was a question mark, added that it involves 'constantly unfolding more questions' which includes an element of 'mystery'. In fact, Bridget explained that 'spirituality is living the questions with the hope that maybe one day you live into the answer'.

Many of the symbols chosen by the participants to represent spirituality included the elements of direction, mystery, omnipresence, 'greater than us', and the infinite. When describing her symbol of spirituality, which was a drawing of the sun's rays peeping from the clouds over the horizon, Sandra said, 'something which is greater than us. Like there's the horizon which is infinite. You know, and there's a lot of space, and, it's the horizon, but also the space around it. Like, it's so big, and again *(pause)* it would be, also the mystery of, and *(pause)* there's enough space to explore. Infinity'. In Audrey's explanation of clouds that represent spirituality, she also highlighted the elements of omnipresence and mystery, and added that the clouds are always changing in the same way that spirituality does.

The elements of meaning-making such that one's perception of life and relationships helps one to survive, giving direction and purpose, and being guided by one's values, were very strongly present in the participants' understanding of 'spirituality'. As will be evident in the following subtheme, these were also present in their perception and experience of 'religion', although to a lesser extent.

Religion as shared meaning and also as giving direction

The components of meaning-making and giving direction were evident in the participants' understanding and experience of religion on both an individual and community level. In their explanations of spirituality, the participants focused on spirituality as being personal and giving direction and meaning to an individual. However, with religion this was also true on a shared level and not only an individual and personal level.

Sandra described religion as 'very personal' as something that 'gives direction', 'apart from being a discipline, an ideology'. Such descriptions were also evident when the participants depicted an overlap between religion and spirituality, for example, when describing religion as a source of meaning-making or when Alex described religion as an expression of a form of spirituality such that there are different spiritualities that are inspired by the various religions, for example, Buddhist spirituality or Christian spirituality. However, religion was also described by Alicia as a 'common ground' for individual spiritualities and meaning. Alicia explained that religion is then a way of setting spirituality within parameters and thus organising the individual, personal meanings. She believes that this is when religion becomes problematic because one cannot 'set this *(individual spirituality/meaning)* down in stone' because it 'cannot incorporate everyone's beliefs and meaning'.

Spirituality as meaning-making was also described as a means of helping people cope and as a source of motivation. This was also true for Rachel and Claire in terms of religion as is evident in the following extract:

Rachel: I think, I think, man creates religions, in a way. I think there's a

need to create a religion, b'xi mod jew iehor *(somehow)* because qisu *(like)*

147

religion gives you a sense of belonging. It gives you a lot of what we have written on the board *(referring to spiritual needs)*. Having this...

Moderator: Meets your spiritual needs is what you're saying?

Rachel: Yes. Having a religion meets spiritual needs. I think that's how religion had started aeons ago.

Claire: To have some kind of direction, or, meaning to life

Rachel: Yes. Because it does. And then obviously structures grow out of that and so on and so forth.

Consequently, for Rachel and Claire, religion is a human means of meeting an individual's personal spiritual needs which include meaning-making and direction or purpose.

In this theme, both spirituality and religion were understood to include the elements of meaning-making, direction, purpose and values. However, in defining spirituality, these elements were more strongly emphasised than in their understanding of religion. Moreover, while religion and spirituality were important in providing individual meaning and purpose, with religion this was also true on a community level, with participants describing religion as shared meaning and purpose or direction.

The next theme, which is that of 'religion and spirituality as connection' follows a similar pattern.

5. Religion and spirituality as connection

'Connection' and 'relationship' were features that were highlighted in the participants' description of both religion and spirituality. However, as with the elements of meaning, purpose and direction, the characteristics of connection and relationship were more central to

148

the participants' understanding and experience of spirituality than of religion. This will become clearer in the following subthemes: spirituality as love, dedication, connection, being human - it is all about relationship and religion: I am not alone in making meaning and sharing beliefs and values.

Spirituality as love, dedication, connection, being human: it is all about relationship

Apart from meaning-making and direction or purpose, the other central dimension to the participants' understanding of spirituality was 'connection' and 'relationship'. The participants viewed this as: a) connectedness to self, others, God or Higher Being and nature, and b) relating, sharing and loving.

For Mandy, 'spirituality means having a set of values, emotions, thoughts, actions and beliefs that allow me to feel connected to life, human beings, nature and the universe'. This element of connection to self, others and the world in their understanding of spirituality was important to other participants. Some perceived the need to connect as a human need which is universal such that life would be meaningless without connection. Consequently, according to them, this meant that it is a spiritual need. Mandy went so far as to describe it as the soul. Chantelle linked the need for and practice of connection to the sacrament of Holy Communion in the Roman Catholic faith where Catholics believe that they are receiving the Body and Blood of Christ. She described this as 'communion at the spiritual level. You receive, and it makes you feel in tune or connection, with the universe, with what makes us human after all. It's a communion with the Supreme, let's put it this way'.

For others, particularly for Claire, another important element to connection with regards to spirituality is connection to self and the resultant self-awareness that makes life meaningful. Claire defined spirituality as 'the part of self that links body, mind and soul'. In

fact, Claire understood being in touch with her spirituality as being in touch with herself. Consequently, it is very important for her to 'stop, rather than be on the go, and take some time to connect with' herself. Rachel described this as creating the space to allow for reflexivity. The connection to self was also important to Alex who explained that such a connection makes him centred and therefore connected to the world and to others which in turn, is expressed in daily life and guides his actions, interactions, choices and the meaning he gives to life and death.

According to Mandy, the connection to life also includes connection after death. This is important to her and she finds 'solace' in this belief as it helps her to make meaning out of death and to feel connected to her loved ones: 'my spirituality allows me to continue that relationship as opposed to being the end'. The sense of comfort experienced as a result of this belief was shared by Chantelle who described death as 'a passage'. In fact, Chantelle's definition of spirituality included, 'something beyond me or something which connects me, which makes me feel happy and in tune with life and moving on'. The connection that supersedes life was also important to Alex although from a slightly different perspective. He explained how human beings are also connected 'beyond just the present' and that 'we're the product of all these generations'. He then alluded to the 'collective unconscious'. This belief is linked to the meaning he gives to his life and the way he lives it:

> The point is that, if this life, the life I live, I can contribute to others, and give meaning to it in that way, so that when I die, at least, there's my physical remains, you know, a gift to the world in compost and whatever, and also my existence, and that had an impact on *(pause)* the generations, u *(right)*? Be it through biology and having kids, or through just affecting other people around you.

For Alex, therefore, his connection to past generations is important to him and affects the way he lives his life in the knowledge that his life will continue to affect others even after his death. Moreover, he believes that he will continue to be connected to others even after his life is over. He explained this connection as an 'energy that's created over, through, the generations'. To the definition of spirituality, he therefore added the characteristic of 'creative energy' through connection.

The connection to self, others and the world creates a 'warmth you feel inside' (Chantelle) and has an effect on the way one lives one's life and relationships. According to some of the participants, it encourages generosity and an other-centredness which translates into love, sharing and being nonjudgmental and empathic. Consequently, connection is not only an important characteristic of spirituality but it is also an expression of spirituality. The latter will be described later. Jade portrayed spirituality as:

> A relationship with God, call it what you want, or the Higher Being, or the Being or the Buddha or whatever *(pause)* and the community because I think it involves relationship: relating with people. There's a spiritual element in being close with someone or sharing or knowing them well.

The participants considered that being close to someone and having meaningful conversations is spiritual. As I described earlier, this sense of intimacy is reflected in Mandy's understanding of the spirit inside each person, represented as a flame, which burns most intensely when two persons are close to one another. She described it as two 'flames dancing' and therefore interacting with one another. Moreover, in times of hardship, other persons' love gives one strength and does not allow the flame to die out. Alex explained:

There's a connection of these flames, imma *(but)*, it's also that the outcome of it is that that person's flame can be helped to light up, qisu u *(like, right)*? And flare up, if it's dying out. So, it's also a process where the other person gets in touch with their own life, with their own flame, with their own being.

The characteristics of connection and relationship were therefore key to the participants' understanding of spirituality, both with regard to its definition and its expression. In the next subtheme, the elements of connection and relationship with regards religion will be described.

Religion: I am not alone in making meaning and sharing beliefs and values

The elements of connection and relationship in relation to religion were similar to and different from the way they viewed spirituality. Often, in relation to religion, connection and relationship were viewed in terms of sharing common ground with regards individual spiritualities, sharing beliefs, rituals and practices and feeling connected to others through religious practice. Moreover, Bridget acknowledged that for a person to be religious, he/she would have 'a relationship with a transcendent'. For Alicia, religion is important in her life as it grounds her because otherwise, 'my spirituality, separate from religion, can also be my narcissistic traits'. As described earlier, Alex portrayed religion that is devoid of connectedness to self and other as 'hollow': 'I think someone can be very religious, following the practices of their particular church to the letter, and goes to every function, you know, does all the prayers, pero *(but)*, it can be hollow *(Chantelle agrees)*. There's shallow meaning, no connectedness with oneself or the other, it's just a habit'. Moreover, religion seems to bind people together in sharing and meeting people's spiritual needs and fulfilling a sense of belonging and universality. As discussed earlier, it is for this reason that according to Rachel, 'man creates religions'.

Consequently, while the dimensions of 'connection' and 'religion' are important to both religion and spirituality, in the former it is mainly to do with sharing of beliefs and practices, satisfying a sense of belonging and universality, and relating to God and others. However, they take on a more central role with regards to defining and expressing spirituality.

While the above themes and subthemes have acknowledged the similarities and differences of 'spirituality' and 'religion' as well as the interrelationship between the two concepts, the following theme deals with the idiosyncratic factors of 'spirituality'.

6. Idiosyncratic factors of 'spirituality'

So far, the central dimensions to the definition of spirituality were those of 'connection' and 'meaning-making'. Moreover, at times, 'spirituality' was presented as the antithesis of religion. During the discussions, however, other elements seemed to be important to the participants as they discussed and reflected on their understanding and experience of spirituality. These will be presented in the following subthemes: spirituality as personal and unique - just being; spirituality as containment, serenity and surrender - it relieves my soul; spirituality as going beyond - greater than us; spirituality is difficult to define, and expressing spirituality.

Spirituality as personal and unique: just being

Due to the participants' understanding of spirituality being concerned mainly with 'connection and relationship', and 'meaning-making and purpose', many of them stressed that spirituality is also personal and unique to the individual. It was also not about doing anything, such as practicing a ritual, but it was just about 'being'. According to the participants, it is for these reasons that spirituality is ever-present. The descriptors, 'private', 'personal' and

'unique' were frequently used either directly or indirectly by the group members when discussing spirituality.

During the last FOST session, the participants were reflecting on and discussing their definitions of spirituality and the way that these may have changed during the FOST sessions. Most of the members were happy with their original definitions. Rachel noted the uniqueness in the way persons understood spirituality. She said, 'how different it *(definition of spirituality)* is for every one of us and that's how it should be, in a way. It's very reflective of what we've been talking about in terms of spirituality that we have all our different ways of seeing it and living it, and *(pause)* it's all very different. And, it's good that it is so'. In the first FOST session (of the other group), Jade also noted the inevitability of persons having different perceptions of spirituality since it is very much linked to a person's experience. In fact, during the first session of the other FOST group (that is, Rachel's group), Mandy also highlighted the fact that while the definitions seemed similar, 'all of us, perhaps, probably have our own sense of what is spiritual for us', therefore making spirituality very 'unique' (Chantelle).

In highlighting the personal understanding of the different definitions, it also seems that the participants were distinguishing between an intellectual understanding of the definition and a more emotional and experiential perception of the concept. Audrey explained this when she said, 'It is just the way we feel it, the way we feel spirituality. How it is for us'. Jeremy also noted that read by someone else his definition would not have the same power as it has for him. Consequently, apart from meaning different things to different people (Rachel), even similar definitions might have different meanings to persons as a result of the emotional and experiential reaction to the words describing the concept.

Another way in which the FOST members described spirituality as personal and unique is by viewing it as part of the self. As we saw earlier, for Claire, spirituality is that part of the self that links 'mind, body and soul'. It is therefore 'deep inside' oneself, making it 'private' (Jade). Chantelle described it as 'something inside which is, we could call it the heart, the soul, exactly, when everything is in tune, even your senses are more open, more in tune, and even your sensitivity heightens'. She explained that the person becomes 'the vessel of that spirituality' because one could then become caring and 'do good' (Chantelle). The members agreed that as a result of spirituality being inside the person, it requires that one reflects and connects with oneself and that it increases self-awareness. This was alluded to earlier when discussing how connection to self is part of the way the members defined spirituality. Alex noted that a 'spiritual experience is becoming aware of who you are, and connecting to our own beauty and also connecting to that of others. Respecting yourself, and respecting others'.

As was evident earlier, another way in which the participants described spirituality to be personal and about 'being' is when they compared spirituality to religion. As Mandy explained, 'spirituality, for me, can't be a dogma, it can't. It's unique to each client *(or person)*'. It was also described as an individual expression of belief systems and a personal creative energy (Alex). This was often contrasted to religion which was often described as rigid, depersonalised, imposing, constricting and having to do with rules and regulations.

The personal dimension of spirituality is also manifest in the following subtheme where spirituality was described in terms such as 'my opium' because it 'relieves my soul' (Mandy).

Spirituality as containment, serenity and surrender: it relieves my soul

In describing spirituality as residing deep within the person, the participants often referred to it being a source of serenity, comfort, energy and a driving force. Audrey alluded to the fact that we often neglect our spirituality so that we need to look 'deeper into the soul'. For Bridget, on the other hand, going deeper into herself means 'making contact with that life force'. Moreover, she understood this to be 'bigger than myself' such that she is 'part of something bigger'. She tied this to attempting to make meaning most especially of experiences such as suffering which may otherwise seem meaningless. Making sense of chaos and experiencing peace and serenity even in such difficulty was also important to Jade's understanding of spirituality. According to her, such serenity may come from 'believing in personal depth rather than believing in another being'. Alicia described these elements of surrender, serenity and peace in relation to spirituality as 'the swing between the polarity of just fighting that or just resigning to it'. The rest of the group members continued this discussion:

Audrey: It *(spirituality)* does give meaning and it stops you from you know, going into some, being desperate about trying to solve, but more into acceptance

Bridget: Surrender?

Audrey: Surrender

(Pause)

Sandra: Surrender in a safe place. But, like, you know, you're, it's not just giving up, or, you know?

Bridget: No. I don't think surrender's giving up. I think it's   finding,

giving up your control, and paradoxically

Alicia: Exactly

Bridget: You gain control

Alicia: Yes okay, okay

Bridget: I think, I think this is what it is. Surrendering your control

Maureen clarified that 'spirituality for me is not safety. It's the opposite of safety in fact'. She explained that it is reaching peacefulness through accepting that there are no answers to the questions that she is asking. Jeremy added that it involves becoming more aware of the unknown and being able to live with it. For Alicia, this means 'letting go of my control. Being able to allow the chaos to take me without disturbing me'. It seems like the participants differentiated between the anxiety and uncertainty involved in searching for meaning and the acceptance and serenity that comes from surrendering to the unknown, to what is 'bigger' than them. They identified this as 'containment'. This was important to them in understanding spirituality. It is for this reason that Jade described spirituality as relieving 'my soul' and that Mandy described spirituality as 'my opium' as it 'helps me get through the rough periods in my life'.

Surrendering to 'what is bigger' thus seemed an important element of spirituality. The theme of 'going beyond' and 'greater than us' also features in the next subtheme that describes another dimension of spirituality.

Spirituality as going beyond: greater than us

All the participants agreed with the following statement: 'spirituality involves a transcendent dimension, that is, the belief in the transcendent in whatever form that is, whether that is a personal God or transcendence understood from a psychological perspective'. Moreover, Alex claimed that without transcendence, a person could have a spiritual life 'but there's something missing'.

When choosing and describing a symbol to represent spirituality, some members chose symbols or words that represented infinity and 'greater than'. For example, Sandra chose the horizon to represent infinity. Alex chose two rings and two triangles which, while being separate, were also infinitely interconnected. These represented infinity, continuity, separateness and interlinking. As described earlier, for Alex being connected involves doing so beyond the present moment and involves connection with persons in the past and also in the future. It therefore also involves the energy that is created over the generations. At different moments, other participants also described the transcendent dimension as 'life force', 'God', 'creative energy' or 'Buddha'.

Chantelle described spirituality as 'something greater than what is human'. This was mentioned by many of the group members as being 'bigger than me'. This also involved 'believing more in what is beyond our means when it comes to changes in our lives' (Audrey) and reflects the element of surrendering to something or some experience which is beyond our human capability which was discussed earlier. For Bridget, it also included making meaning of life, suffering and pain which would otherwise seem senseless while for others it incorporated the sense of containment in anxiety and uncertainty alluded to previously. It is 'finding a meaning in life which is beyond, which is transcendent' (Jeremy). According to Maureen the spiritual dimension is beyond the material one.

To some degree, this element of 'bigger than' to describe spirituality as incorporating mystery, infinity and lack of control may lead to the participants not having the language to define spirituality. This is considered in the next subtheme.

Spirituality is difficult to define

At one point, Sandra was having difficulty expressing her understanding of spirituality such that she could not 'find the words'. It seemed like it was 'bigger than her' to the extent that she continued to reflect on her definition over the week from one FOST session to the next as she attempted to 'try to put it in my own words'. Later, she explained her difficulty in describing 'spirituality' as 'the thought would be more mature than the language'. This difficulty in putting such a concept into words was experienced by other members in both groups. It seemed mind-boggling to the extent that Alicia claimed, 'You can never define here, you can always come up with an exception or a similarity or, *(pause)* it's just impossible!' Chantelle's frustration is palpable when she said, 'How difficult it is to express it in words, ej *(isn't it?)* You kind of know it, you feel it but it can't come out'. Moreover, some of the participants claimed that after the process of the FOST groups, the participants were more aware of spirituality and could label it as such. Maureen explained, 'It's almost like, when something happens which is, very spiritual, I can acknowledge it more. I got like a word for it'. They could now 'label it' (Alicia) as such and they had 'the language for it' (Bridget). For Jeremy, this was pertinent more on an affective than on an intellectual level. He explained that over the course of the FOST sessions, his definition did not actually change, although 'the emotion, what I'm putting into it now, is a lot more than I could describe'.

At other times, the inadequacy of language in defining spirituality was linked to it being so personal, deep and unique. Chantelle claimed, 'Sometimes it's so personal you can't even put it into words, it's so, so deep. The words become trivial, it's like, it's so deep'.

159

Moreover as we saw earlier, the fact that spirituality is personal and unique implies that it is difficult to have a universal definition of spirituality. As Jade explained, 'we have different understandings of these things'. In the same way that persons understand spirituality in their own unique ways, there is no one way to express spirituality. This is described next.

Expressing spirituality

The participants' definitions of spirituality which were centred on 'connection', 'meaning-making' and 'being' affected their perception of the way spirituality is expressed. For many, it is conveyed through conversations, relating and connection: in the sharing of deep, personal issues and feelings, through being there for one another, and through the growth that can result from being challenged by the person through the discussion. Maureen described the times when she feels more spiritual as 'the times when I have these conversations, when I am open to receiving and giving of ideas, feelings, thoughts about the non-material world. Be open to them, where there's a kind of flow in two directions of meaning and of the expression of something which is intangible'. Moreover, such moments create a heart-warming, touching connection. Mandy and Chantelle expressed this and how they were feeling it in the moment during the session:

Mandy: I'm just thinking that as we speak about it, I feel more spiritual and more connected to my colleagues. You know, it's like

Alex & Moderator: It's happening now

Mandy: Hearing this, hekk *(well)*, it's really touching, you know?

Chantelle: And it's heart-warming to know. Sometimes you feel alone, you know, tahdem kontra l-kurrent *(moving against the current)*. It's warming to find a connection

160

According to Audrey, such conversations require that one puts aside one's thoughts and feelings to be 'fully there' for the other person. She considers this to be spiritual. As maintained by Sandra, the way one acts and relates is dependent on one's spirituality. This was expressed by others who considered that spirituality is expressed through a person's presence and through who he or she is, that is, that person's being. Bridget described presence as, 'it's who I am, how I am with you, how I live my life'. Consequently, for the group members, spirituality is also expressed through silence as it is focused on the person being present for the other. However, Bridget clarified that it is 'More than silence. It's a person's integrity, and a person's beliefs and *(pause)* behaviour match as well'. Alex believes that spirituality is expressed through the decisions one takes and the values that guide these decisions and the meaning one makes of one's life. Rachel described this as 'what informs our being'.

As a result of spirituality being an expression of one's being, it is expressed pervasively, tacitly and explicitly. As Jeremy explains, 'spirituality can be quite explicit in the way we think. It can be tacit in simply the way we are with people. So it's kind of very pervasive'. According to Alicia, this also depends on the way 'one integrates the experiences of life' which involves 'the ability to grow and blend life's meanings and messages and experience'. It also involves 'an acceptance of who you are, that you are a kind of child of God' such that 'I can also, with His help, change' (Audrey).

The emphasis on 'being' as an expression of one's spirituality led to the participants focusing on the importance of feeling centred and connected to oneself, God and others. As discussed earlier, they understood this to be another expression of spirituality. Alex believes that being in touch with oneself and appreciating oneself can lead to respecting self and others, which is an expression of spirituality. Similarly, Mandy believes that spirituality is

161

expressed through love: 'loving ourselves and loving other people, and loving nature and all the animals. For me, it's just love really'. Consequently, according to the participants, being human is an expression of spirituality. This was explained by Claire, 'Spirituality is what distinguishes us really from animals, somehow. It gives us *(pause)* something beyond just instinct. So, I think, within itself, if a person can, being a person is already an expression of spirituality'.

Lastly, for some of the participants, spirituality may also be expressed through the creative arts and, as was discussed earlier, religiously.

7. Concluding thoughts about 'religion' and 'spirituality'

The process of understanding the concepts of 'spirituality' and 'religion' was an iterative one. The participants experienced moments of clarity and confusion as they grappled with the terms and attempted to differentiate them. The participants viewed a distinction between the two and at times polarised the concepts such that religion was described as involving practice rites, ceremonial, cultural, normative, devotional, ideological and an organisational framework for rituals, values and beliefs. Moreover, religion was also described using negative or unfavourable descriptors such as 'rigid', 'confining', 'legalistic', 'imposing' and 'stunting growth'. Spirituality on the other hand, was described more positively. Central to the concept of spirituality were the elements of 'connection and relationship', 'meaning-making and purpose' and 'being'. It was described favourably as motivational, directional, personal, unique, deep, transcendental, comforting and encouraging growth. For some of the participants, however, this oppositional distinction between religion and spirituality was not so clear and they appreciated an overlap between the two.

Moreover, they acknowledged a dialectic between the concepts with both influencing one another. Additionally, one could have religion which was aspiritual, although it was considered to be hollow and shallow, and one could be spiritual without being religious. At some point, though, the participants seemed to conclude that in its true or pure form, religion cannot be aspiritual since at the basis of all religions is spirituality. This was also linked to the fact that all human beings are spiritual as they all seek meaning and connection. In fact, the participants declared that being human is an expression of spirituality and it distinguishes us from animals. All humans have a spirit inside them and they are the vessel for spirituality. Since, inherent in a person is the need to connect and search for meaning, religion is therefore a means of seeking universality in meaning and a common ground for beliefs and values, while sharing in community and connecting. It is a way of expressing one's spirituality in communion.

However, as some members explained, attempting to satisfy individual spiritualities in communion seems impossible such that religion becomes constricting and cannot accommodate for the uniqueness of individual spiritualities. It was described as a continuum or cycle which could happen on an individual level and also on the level of humanity. A person may begin with searching for meaning and communion and find it in religion, which then becomes constricting such that religion is, at times, discarded and he/she returns to spirituality or makes individual and personal meaning out of religion. It seems that this cycle was also viewed as happening on the level of humanity. The starting point of such a cycle would be religion being created so as to deal with the need for connection and meaning.

While there was a degree of commonality between the concepts of 'religion' and 'spirituality', yet there were idiosyncratic elements to spirituality. It was described as a concept that is difficult to capture and define for a number of reasons. It is very personal and

unique and is a manifestation of one's being. Consequently, spirituality is pervasive as a person is spiritual just by being and expresses spirituality through being. Moreover, while it can be explicit and expressed religiously and through the creative arts, yet it can also be tacit and expressed through one's actions and decisions, the effort one makes to be present for the other, through loving others and having meaningful conversations and relationships.

In this chapter, I portrayed the participants' general understanding of the concepts of 'spirituality' and 'religion'. As I already mentioned, these were constantly revisited throughout the FOST group processes as the participants expressed their understanding and experience of the spiritual dimension of psychotherapy. Consequently, the more general terms of spirituality and religion expounded in this chapter provided the FOST members with a conceptual framework in which to discuss the topic of spirituality and psychotherapy. In the next four chapters, I will present the research participants' understanding and experience of the spiritual dimension of psychotherapy. Each chapter represents the findings with regards the four facets of the domain of spirituality and psychotherapy. In the next chapter, I will put forward the first theme of the topic of spirituality and psychotherapy which is the FOST members' understanding of the concepts of spirituality and religion as applied to psychotherapy.

CHAPTER SEVEN

SPIRITUALITY AND PSYCHOTHERAPY: UNDERSTANDING 'SPIRITUALITY' AND 'RELIGION'

1. Introduction

The participants made use of their understanding of the two concepts of 'spirituality' and 'religion' (presented in Chapter Six) in reflecting on how these terms are experienced, defined and expressed in psychotherapy. Consequently, this is the shortest of the five chapters that describe the findings. In this chapter, I present the theme of 'understanding spirituality and religion' which is the first facet of the domain 'spirituality and psychotherapy'. Figure 4
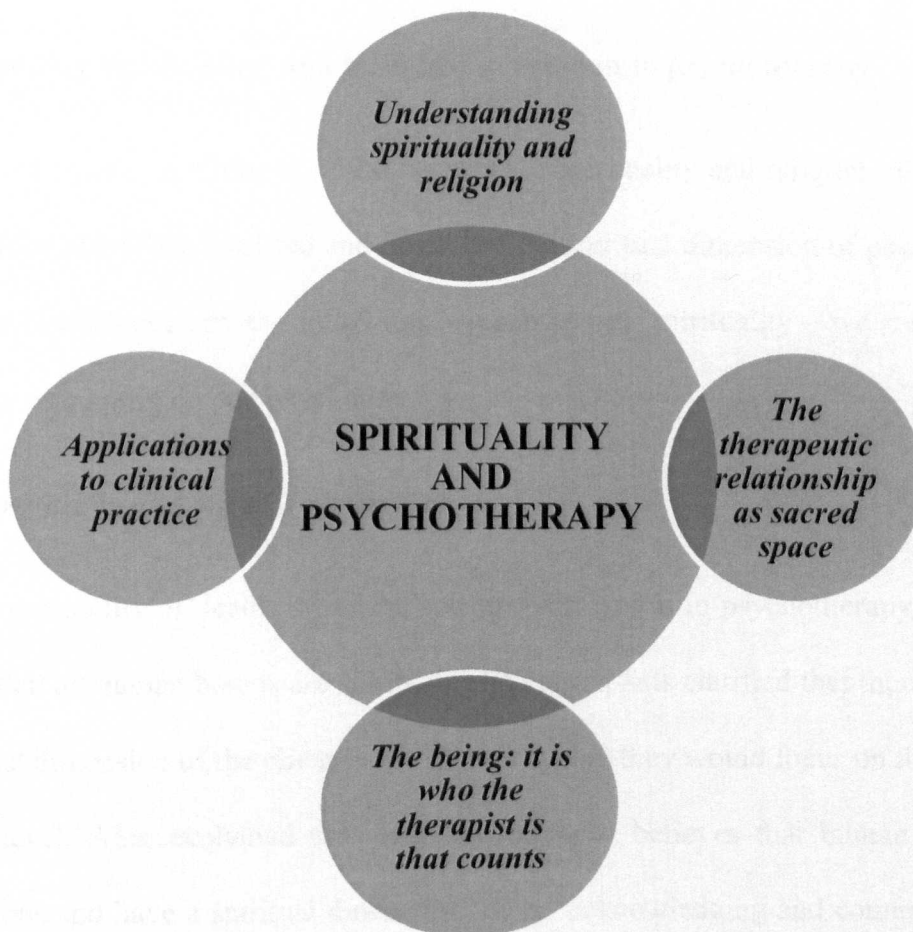
Figure 4: The Domain of 'Spirituality and psychotherapy'

illustrates the domain of spirituality and psychotherapy and its four main themes. Each circle

shows how each theme overlaps the central domain of spirituality and psychotherapy.

The theme that I present in this chapter (understanding spirituality and religion) is

divided into the following three subthemes:

- Understanding spirituality and religion in relation to psychotherapy

- Psychotherapy is all spiritual: it is a spiritual journey made up of spiritual moments

- Client transformation and transcendence as spiritual

These subthemes introduce some of the findings that will be presented in greater detail in

further chapters. They provide a brief, general overview of the participants' understanding of

the spiritual dimension in psychotherapy.

2. Understanding 'spirituality' and 'religion' in relation to psychotherapy

The participants' definitions of the concepts of spirituality and religion influenced the

members as they identified, clarified and described the spiritual dimension of psychotherapy.

This theme is characterised by the following two subthemes: spirituality – we are in and out

of it all the time and religion and psychotherapy.

Spirituality: we are in and out of it all the time

The inevitability of dealing with the spiritual dimension in psychotherapy was linked

to the belief that all human beings are spiritual. The participants clarified that therapists focus

on the spiritual dimension of the client in the same way that they would focus on the cognitive

or affective level. Alex explained that once the therapist believes that human beings are

spiritual persons and have a spiritual dimension, then, 'acknowledging and connecting to the

client's spiritual being or experience is also part of the process of helping the person to grow

or overcome hurdles'. Claire shared this belief and claimed: 'It's like one of the dimensions to look at when you're working with a client'.

Moreover, as mentioned in the previous chapter, due to the fact that the participants consider spirituality to be mainly about connection, meaning-making, being or experiencing, the FOST members considered spirituality to be both explicit and tacit, and ever-present. This was true also for the way they viewed and experienced the spiritual dimension of psychotherapy. Rachel explained this clearly when she said:

> If we had to think about spirituality as connectedness and searching for meaning, I think therapy is all about that really. It's about connecting, it's about helping the client think about his connectedness or her connectedness with other people, and in a way, it's about a search for meaning. So, I guess, therapy could be a spiritual journey with the client, as he develops an understanding of his connectedness and searches for meaning, in whatever aspects of his life.

Consequently, within this framework, some of the participants viewed all psychotherapy to be spiritual. This will become more evident in the next theme. However, more specifically, the participants' perception and experience of the spiritual dimension of psychotherapy was mainly centred on the therapeutic relationship and the connection that is created between the therapist and the client, the way the therapist is in therapy focusing on his/her being, the meaning-making that occurs in therapy and the resultant change in the client, working on the client's religious and spiritual issues, and using both religion and spirituality as a resource. These main themes will be discussed in greater depth in this and the following chapters.

Religion and psychotherapy

Whereas spirituality was seen as an integral part of psychotherapy this was not true for religion. Moreover, there seemed to be a degree of caution experienced and expressed by some of the participants with regards to bringing religion into the therapy room which was not the case in respect of spirituality. This is clear in Bridget's comment which she hesitantly made when arguing that she would raise spiritual issues but not religious ones: 'And again, spirituality as opposed to religion. I don't bring religion in *(hesitates)* as in, I would, if there's a, if it's the client's belief system *(tone of voice implying that she would raise it in therapy)* but spirituality as being part of something bigger, and suffering, the meaning of suffering'.

From this quote, it is clear that while Bridget feels confident in bringing up spiritual issues, the same is not so clear to her with regards to religious issues and that this is linked to her definition of spirituality as related to meaning-making while religion is more narrowly understood. She does imply, however, that she would deal with the client's belief system (implying religion) if it is important to the client. Some participants also discussed using religion (and spirituality) as a resource in helping clients deal with their problem situation and issues. Moreover, clients may present with issues which are religious in nature, such as dealing with guilt and Satanism. Some issues may be of a transferential nature such that they may be psychological issues with religious overtones or vice-versa. The participants also discussed how they may help clients deal with religious introjects which would consequently help them to deepen their spirituality and become psychologically healthier. The themes and issues that are highlighted in this subtheme will be discussed in greater detail in Chapter Ten.

3. Psychotherapy is all spiritual: it is a spiritual journey made up of spiritual moments

At one point in both FOST group processes, some of the participants began to equate spirituality and psychotherapy. According to Jeremy, one could link spirituality and psychotherapy as both involve a 'process of throwing light on the soul'. Similarly, Maureen said, 'You asked at one point, what is the difference between therapeutic and spiritual? And I *(pause)* was mulling over it. I think it's the same thing. Therapeutic is, equals spiritual. Spiritual also means therapeutic'. She added that they both involve integrity and wholeness, 'it's all about becoming whole'. In Maureen's group, the members came to agree that psychotherapy is all spiritual since therapy involves healing, meaning-making and relating and sharing. Maureen explained:

> When Bridget said, 'healing, love, belonging, meaning making', that's what
> we do all the time. I mean, when I work with a client who's been abused
> sexually, and I *(pause)* I go with the pain, and I either ask about how's it
> affected her and how she feels about herself, and her emptiness or whatever
> feelings she finds... it's all spiritual. So, it's like, you're asking us, how do you
> do therapy?

In equating spirituality and psychotherapy, Rachel distinguished between religion and spirituality and said that while as a therapist she works spiritually with all clients, she does not necessarily work on religious issues with every client. She viewed spirituality as an overarching and inevitable theme in psychotherapy which is not shared by religion:

> **Rachel:**   Some clients come with religious issues; 'cos as I said last time,
>
> I see a difference between religion and spirituality. So, sometimes, qisu *(like)*
>
> in their relationship with God, there will be a lot of transferential issues and we

work through those, 'God does not like me', 'He, I can't see him', 'He doesn't want me', bla, bla, bla... and we work through those

Moderator: So you see those as transferential issues

Rachel: Yes. And it would be about religion more than spirituality *(pause)* because as I said, qisu *(like)*, spirituality is something *(pause)* above the religion bit. I mean, it's this search for meaning, this, kind of, wanting a sense of direction in life, connectedness, and, all that. And that is part of therapy; that is something that happens with all, most of, when we work on a certain level.

The perception of spirituality being inevitable in psychotherapy was shared by other participants. Audrey claimed that when a person comes for therapy, he/she would be necessarily embarking on a spiritual experience since 'the fact that they have decided to come to therapy, for me means that they are ready to start exploring the spiritual dimension' and they are 'open to becoming aware of what is spiritual about them, you know, about their existence'. Mandy, also hinted at the inevitability of psychotherapy being spiritual because of the nature of psychotherapy: 'If one is seeking to better themselves, and if one is seeking, you know, connection with another person, and sort of, in itself, there's already a spiritual aspect to it'. Rachel explained how therapy is spiritual because it is a process of growth that involves the possibility of change, even though 'not all change is spiritual' (Mandy).

Jeremy claimed that therapy is a spiritual experience for him whether the client considers it as such or not. Some of the other participants in fact agreed that providing therapy 'enlivens' and 'energizes' them and is healing for them too. Audrey further described this when she said, 'I'm not only helping the client to heal, but the client is helping me to heal as

well. And then I get more in touch with my being, even after I have left the session, I am a different person'. Bridget also explained that therapy is a spiritual experience as people 'are really baring their soul'. She said that she experiences this as a 'privilege'.

Most of the participants agreed that psychotherapy is primarily a spiritual journey made up of spiritual moments. Bridget clarified that both life and psychotherapy are journeys for both the client and the therapist. The fact that the therapist accompanies the client on his/her life journey through psychotherapy and then both separate to continue on their individual journeys, makes psychotherapy a spiritual journey. She considered this to be especially true in moments when the therapist is accompanying the client in making meaning of the pain and suffering involved in dealing with their situations. The fact that psychotherapy is a spiritual journey for both the client and the therapist and affects both was also important for Audrey. The reason is that therapy is a process of discovery for both. 'We are exploring the soul' (Audrey) and this exploration may lead to spiritual moments. The characteristics of accompaniment and joint searching were also highlighted by Alicia. She explained that it was important that the client *experienced* the therapist as sharing and accompanying him/her in the journey of discovery that might include exploration of struggles, with *both* searching for the answers.

Through focusing on the fact that the therapist accompanies the client and is a fellow explorer and that it is this which makes therapy and spirituality equal, it is the therapist's *way of being* that is highlighted by the participants. This seems to be true for Jeremy who said that 'trust, openness, meeting the client, staying with the client, acknowledging and sharing' and 'being with' are the elements that equate therapy with spirituality. Moreover, what is emphasized is the involvement of the therapist and the fact that the relationship between the client and therapist is strong.

While describing how psychotherapy could be a spiritual journey made up of spiritual moments the FOST members described spiritual moments as more intense ones. Jeremy described a spiritual moment as 'a wow moment'. The intensity was usually described in affective and relational terms and included mutual understanding, connection and meaning-making.

4. Client transformation and transcendence as spiritual

As discussed in the previous chapter, the participants' understanding of spirituality is that in itself, spirituality transforms and develops while it can also help or drive a person towards change and growth. Psychotherapy is also an avenue through which persons grow and develop and as such, many of the participants understood this transformation to be also spiritual. However, as noted earlier by Mandy, not all change is spiritual.

Rachel agreed with Mandy although she added that 'the most impactful changes are the ones that happen within a spiritual context'. She claimed that this is so because when doing in-depth therapeutic work, the therapist is helping to create 'bigger change' in the client since this usually involves new meaning-making. She gave an example of working on a client's fear and how she would help the client understand the root cause of his/her problem by delving into his/her childhood rather than only focusing on managing the fear. She explained, 'You're creating a bigger change and, in a way, you're creating new meaning for that person, in his life, in the way he sees things and that is where I think then the spiritual comes in'. She added that this is particularly the case because as a therapist she would be working on the self and 'his own idea of himself and how he works with what he has'. The implication therefore seems to be that in-depth psychotherapeutic work is spiritual since it involves change in the self which requires restructuring of the personality and new meaning. This perception seemed to be held by other participants.

One of the dimensions of working on the self that was mentioned by the members is when the person becomes aware of who they are (Claire). This was shared by other participants who viewed increased self-awareness and self-knowledge leading to self-love as being spiritual. Alicia described that she had a similar experience as a client. She described how the therapist's appreciation of who she was led her to appreciating and loving herself and this is where 'I felt I entered a more spiritual realm for myself' and as a result 'this is where I found my own spirituality. It's like I love myself, I love my neighbour and I know who's my creator'.

Other ways in which work on the self was considered to be spiritual included the client 'mourning parts of himself that he lost' (Maureen) and moving 'beyond the self obsession, towards something bigger than himself'. Both these processes involve surrender, meaning-making and transcendence which are all elements that were identified in the participants' understanding of 'spirituality'. A degree of transcendence and transformation was also present in other examples given by the participants of the spiritual dimension of psychotherapy. One such example was given by Sandra when she explained how the therapist would help the client overcome blockages in the self so that 'there could be a creative adjustment'. Another example given by Chantelle was when she facilitated the process of helping a client to overcome blockages within herself and in the relationship with her father such that they could re-connect. She described such an experience as 'liberating'. Helping the clients become free from the conditioning of religion so that a person could go deeper into themselves and come in touch with and develop their authentic selves was another example of liberation of the self which was thus spiritual that was given by Alicia. Moreover, she explained that it was a spiritual experience also because the person could deepen their spirituality after freeing themselves from the introjects imposed by their religion. Alex gave a similar example where

he challenged a client to question her religious beliefs and how these were faulty interpretations of her religion while also being destructive. He was careful to point out that he did this through a conversation in which he pointed out the irrationality in her thinking and the way in which she was interpreting her beliefs.

The participants thus viewed a connection between spirituality and psychotherapy since both involve change and moving beyond restrictions or blockages whether these are psychological, religious, or practical in nature.

5. Conclusion

In this chapter, I presented the participants' understanding of the concepts of 'religion' and 'spirituality' in relation to psychotherapy and how the spiritual dimension is experienced and becomes manifest in therapy. This paralleled the process of reflection and clarification that the participants experienced in the FOST sessions. It was important in helping them to clarify what was, at times, confusing especially in relation to distinguishing the concepts.

While religion and spirituality were considered to be distinct and at times at extreme poles of the spectrum, yet they were also perceived as interlinked and overlapping. The elements of connection and meaning-making were understood as important to both although they are more strongly present in spirituality. Spirituality was recognized to be more about 'being' and experiencing than religion and was understood as motivating and inducing growth and development. On the other hand, religion was viewed as often leading to restriction and may block or stunt a person's development. The participants also viewed spirituality as an inherent dimension of a person such that all human beings are spiritual and do not need to be religious to be spiritual. However, religion may satisfy people's need for connection and

meaning-making and may be an avenue for satisfying and expressing spirituality, particularly in communion with others.

The inevitability of spirituality being part of psychotherapy was viewed by the participants to be a result of the fact that both spirituality and psychotherapy share the elements of relating, meaning-making, healing, change and transcendence which are central to the way the participants defined both psychotherapy and spirituality. Moreover, all human beings were considered to be spiritual. Psychotherapy was thus viewed as primarily a spiritual journey made up of spiritual moments. The participants noted, however, that not all change or practice is spiritual and this seemed to be linked to the absence of connection and meaning-making. Moreover, it seemed to be more present in in-depth psychotherapeutic practice which involved change in the self.

The view of psychotherapy and spirituality being centred on connection, meaning-making and 'being' led the participants to focus on the centrality of the therapeutic relationship as one which provides containment, love and intimacy. Moreover, it influenced the participants' view of the role of the therapist as being one of a person who is sharing and involved in the spiritual journey of life and of psychotherapy. The importance of 'being' in therapy was essential in this role. These themes make up the other facets of the domain of spirituality and psychotherapy. In the next chapter, I will present the findings regarding the theme of the therapeutic relationship as sacred space.

CHAPTER EIGHT

SPIRITUALITY AND PSYCHOTHERAPY: THE THERAPEUTIC RELATIONSHIP AS SACRED SPACE

1. Introduction

In the previous chapter, I described how the participants perceived psychotherapy to be imbued with spirituality to the extent that some understood therapy and spirituality to be one and the same thing. Psychotherapy was understood to be a spiritual journey made up of spiritual moments. This was based on the notion of spirituality being about meaning-making, connection and relationship, healing, change, transcendence and being. Consequently, the FOST members emphasised the therapeutic relationship and how the therapist *is* in therapy or *'the being'* of the therapist as central factors of the spiritual dimension of psychotherapy. The participants viewed spirituality to be already present in and through the therapeutic relationship such that spirituality in psychotherapy is pervasive and tacit while also being explicit. According to the FOST members, the connection that is created between the therapist and the client and the meeting of both as human beings in relationship are key to the spiritual dimension of psychotherapy.

Moreover, psychotherapy was viewed as a means of connecting the client to self and others such that there is the opportunity for change and growth through in-depth psychotherapy. As has been presented in the previous chapter, the sharing and relating that occurs within therapy, together with the love, dedication and intimacy that the therapist provides are key to the dimension of spirituality in psychotherapy. These are the main elements of the theme presented in this chapter, 'The therapeutic relationship as sacred space'. This theme is divided into the following subthemes:

- Therapy without connection is soul-less

- Meeting in our humanness: soul to soul connection

- Intense moments in the relationship as spiritual

2. Therapy without connection is soul-less

The connection that occurs between the client and the therapist through the therapeutic relationship was perceived by some of the FOST members as essential to the spiritual dimension of psychotherapy such that 'transformation happens when we're in contact[20]' (Alicia). Not only is the connection indispensable, but Audrey explained how spirituality is *already present* in psychotherapy through the therapeutic relationship and through helping clients become aware of the meaning that they make of their situations. Rachel agreed adding that what is spiritual is all that happens within the connection between the therapist and the client including when this is a text message that is communicated between the therapist and the client. This shared perception of spirituality being part of psychotherapy through the therapeutic relationship is based on the therapist's openness, presence, and loving, empathic and nonjudgmental attitude. Consequently, Mandy viewed the role of the therapist as that of 'selling intimacy, connection, love'.

The participants also viewed the struggle to connect as being related to feeling spiritual or experiencing spirituality in psychotherapy. The strain to relate to the client could result from the therapist who, for whatever reason may be grappling to connect. An 'interruption to contact' could lead to the therapist not 'feeling spiritual' (Alicia). The difficulty could result from the clients including those who are unclear about what psychotherapy involves and those who are not engaged in the process. Maureen narrated an experience of working with a couple who was undergoing a separation and who consulted her

---

[20] The term 'contact' is a Gestalt notion of connection in relationship

177

regarding the effect of the separation on their child. She explained her frustration at not being able to connect with the clients:

> But I felt it was really soul-less. There was something about not wanting to go on a journey. Not wanting to think, not wanting to feel, not wanting to go with the process at all. It was like: 'Tell me how it's going to affect the child. Don't give me anything else. I don't want anything else. Don't go... Go anywhere, except... there'. *(sighs)* And I felt it was like *(pause)* I couldn't touch them in any way and I couldn't be touched in any way.

This perception seemed to be echoed by other participants who described therapy in which there is no connection as soul-less and as not involving a spiritual journey.

Connection through touching and being touched emotionally and psychologically, together with the notion of a relationship being built over time, seemed critical to the participants experiencing psychotherapy as spiritual. In fact, Rachel explained that she considers her practice to be spiritual depending on the connection that is created between herself and the client and not so much on the type of work that she does. Consequently, while the work could be considered 'clinical' yet she would not describe it as 'spiritual'. She added that this is the case also with clinical work that may not lend itself so readily to the spiritual dimension. Rachel gave the example of work that she did with two different couples for whom she needed to carry out a clinical assessment. The difference between the two was in the rapport that was created between her and the couples and not in the type of work that she needed to do. Rachel added that any therapeutic work with clients must be built on the connection between the client and the therapist, whatever psychotherapeutic approach the therapist uses. She explained that even a therapist who uses CBT (Cognitive Behavioural Therapy) which places less emphasis on the relationship, must necessarily develop a

178

connection with the client for it to be therapeutic and therefore spiritual: 'It <u>has</u> to be there, the connection. It has to be there for anything to work, even CBT. I can't see CBT working without that'. So, according to Rachel, while she acknowledged that the connection is not always present, yet, for the therapy to work, it needs to be based on the connection between the therapist and the client. This was echoed by most of the participants.

Mandy admitted that she would like to believe that all psychotherapy is a spiritual journey even though this is not always the case and she based this on the notion that not all clients require the same type of relationship with the therapist. She therefore stressed the importance of building a relationship that is unique to each individual client. While both Claire and Alex agreed that the connection with the client is not always present, Claire, however, disagreed that it is always necessary. Moreover, Alex saw the lack of connection that results from a blockage that needs to be worked on while Claire believed that it is simply not always needed:

> **Alex:** I'm thinking of *(pause)* blockages to that *(pointing to the statement on board: 'Counselling and Psychotherapy are Spiritual Journeys')*. Qisu *(like)*, that's, that's I'm not sure whether to use the word 'ideal'... that's something to aim for. Obviously, sometimes you come across blockages

> **Claire:** I don't agree that it's ideal. It's not for everybody

> **Mandy:** For who, for us or the client?

> **Claire:** Yes, is it ideal? *(Interrupted by Mandy's comment)* Exactly what I was going to say! *(Referring to Mandy's comment)* Is it because we

prefer to be in that connection or is it because the client needs...? Because not everybody needs that. Maybe they have enough connections elsewhere!

Alex: Yes, yes. Pero *(but)*, they came to you, Claire, in terms of connection, again, I'm seeing it in a broad way, but, but, you know, basic empathy, you know? You're connecting to understand what's the hurt, you know, when something is blocking their way. So, you're also connecting with every client in a way of understanding, in a way of, of

Claire: You're seeing spirituality as connection. I'm not

The above extract may seem confusing on the one hand and clear on the other. It seems that Claire and Mandy do not agree that psychotherapy as a spiritual journey is necessary for each client. They seem to base this on the idea that not all clients require the same type of connection. However, Claire talked about giving the client space to share her thoughts and feelings, which some of the participants would consider to imply that the therapist would be creating an empathic therapeutic relationship that consequently makes psychotherapy spiritual. This will become clearer in the presentation of the next theme. In fact, Alex attempted to explain this to Claire who then admitted that she does not consider spirituality to be about connection. Moreover, Alex claimed that even when there is no connection, therapy could still be spiritual 'in the sense of helping the clients see the meaning, and connecting to oneself, to others' and also 'in what I bring' to the therapy. This last point will be discussed in the next domain which relates to the 'being' of the therapist.

For many of the clients, therefore, psychotherapy is necessarily a spiritual experience since it is based on the connection between the therapist and the client. Consequently, for many of the participants, therapy without connection was considered to be soul-less. In the

next theme, the type of connection and the nature of the relationship will be presented in greater depth.

3. Meeting in our humanness: soul to soul connection

While the connection between the therapist and the client seemed to be central to many of the FOST members' understanding of the spiritual dimension of psychotherapy, they seemed to emphasise certain elements of the therapeutic relationship, namely, its depth and qualities of genuineness, respect, empathy, presence, reciprocity, understanding and humanity. This is the theme that is presented here. As will become evident, many participants referred to Buber's (1937) 'I-Thou' relationship and the Gestalt concepts of 'The Field' and 'The Third' in describing the therapeutic relationship as essential to the spiritual dimension of psychotherapy.

The elements of omnipresence and inevitability of spirituality in psychotherapy were described by Jeremy and other participants as being linked to the process of psychotherapy where the relationship between the therapist and the client becomes deeper. When there is depth in the relationship, the client explores and elaborates his/her issues. Jeremy explained that:

> Psychotherapy, or therapy, or counselling, is about being with the person and understanding how they look at their world. It's trying to create a particular relationship with a person, a collaborative relationship. As the relationship between you deepens, I think the other, the spirituality, eventually does come into it. So given enough time, it kind of, you know, you're able to sort of give a voice or maybe express or help the person better express the spirituality as a process.

While the participants often linked the deepening of the relationship with the development of the therapeutic process over time, Maureen explained how depth in communicating and relating could also be obtained in one session. The elements of spirituality being already present and then emerging as a result of the deepening of the relationship were therefore highlighted as factors of the spiritual dimension of psychotherapy. Jeremy and other members of the FOST groups insisted that spirituality in psychotherapy does not only have to do with 'spiritual talk' or with dealing with spiritual issues but it is about the relationship. During one of the sessions, a degree of confusion and frustration was experienced when I asked the members to give me examples of client spiritual issues. This happened because they linked spirituality in psychotherapy so closely to the encounter and to the relationship. In fact, Bridget felt the need to clarify, 'so now we're talking about spiritual issues rather than the relationship'. Maureen added to Bridget's comment, 'we're, making it smaller. Before we were talking about the spiritual in a very wide sense'.

Another aspect to the depth of the relationship between the therapist and the client and that characterizes the soul-to-soul connection that was discussed by the participants refers to the profundity of understanding that may occur between them such that the perception gained by both moves beyond the cognitive level to the intuitive and affective levels. This shared insight intensifies the bond between the two while being the result of such rapport. Bridget gave the example of working with a client's suffering: 'For me it's really an understanding of a different level, which is not cognitive. I think there was the understanding of a particular suffering which was, which was here *(points to the heart)*, which wasn't here *(points to the mind)*, and I mean, it's like we met there, in that understanding'. A similar example was given by Rachel who described the encounter as emotional for both her and the client:

One particular client of mine, where finally we made sense of all that was happening in a drawing that she did, which totally *(pause)* threw me completely because I wasn't expecting her to go there and what she came up with was amazing, jigifieri *(really)*. What we made of that drawing was very, very, very, very *(pause)* strong and emotional, for both of us, jigifieri *(so)*. I was crying, she was crying...

Mandy described such an experience in similar terms where she described the connection as being so deep that as a therapist she would feel 'genuine love for this person' which is reciprocated by the client. Moreover, she described such moments as 'emotional', 'genuine' with 'no effort to be empathic'. The therapist is '<u>really</u> engaged' such that there is a 'melting' with 'the spirit of two human beings actually meeting somewhere, and connecting' (Mandy). The participants described this as a moment when the therapist meets the client as a human being meeting another human being in the vulnerability of humanity. This is the type of relationship that describes and characterizes the spiritual dimension of psychotherapy. This is evident in this excerpt of a similar conversation that occurred in the other FOST group:

Bridget: It's almost like at that moment you both go with your nakedness; with your nothingness rather than your nakedness. Your, so, maybe at that point, the power is no longer as therapist and client. The power is equal at that, at that point

Maureen: I'm thinking that the distinction between you and me at that point is irrelevant

Bridget: Yeah

Sandra: Is it the I – Thou?

Alicia: It is the I – Thou! This is why I meant to call it 'God's Grace', anyway

Maureen: It's me and you, and you and me and we're both at the same place together at the same time, and we're both, living this and... And experiencing it as a way to healing *(Agreement amongst the group)*

This moment of 'melting' and meeting on the level of humanity, apart from being an example of the 'I-Thou' relationship, was also described by Maureen as a 'soul to soul connection': 'I mean, you're looking into the soul of another person, aren't we? And as Bridget says our soul. So, our soul's response to it. So there's like a to and fro, between the soul of the client and myself'. Jeremy described such a moment as 'a felt moment' of connection which is not necessarily verbalised but is often transmitted nonverbally. This was explained very succinctly by Maureen when describing an experience with a client, 'so there was a moment of mutual understanding and a moment of mutual gaze, and of mutual focus'. In such an instance, the therapist experiences 'a falling of the ego; like a meeting in our common humanity' (Maureen) such that the moment is healing for both the therapist and the client. This type of relating highlights the concepts of 'reciprocity' and 'mutuality' which will be presented in the next chapter.

Bridget described such a moment as a moment of intimacy and related it to orgasm:

I'm thinking a bit as well about intimacy, and I don't know when you were talking about both of you growing and then meeting. It's like when we talk about intimacy and two people needing to have a sense of their own identity, but yet at a point, they merge, and then they can go back to their identities

(pause) and I'm thinking of this. I suppose this is for me, I suppose this is the way it relates to orgasm as well. Where at one point, I said, 'Forget yourself'

As Bridget spoke, a number of participants nodded their agreement. It is really interesting that in the other FOST group, Mandy also described such a moment as 'the orgasm of the therapeutic journey. So, when the client's soul meets the therapist's soul and they're both open to melt into each other. I'll leave it at that *(smiling)*'. Rachel agreed adding: 'but it's true. It's this coming together. I like it!' Moreover, at another point, Rachel adjoined that in such moments of understanding, the spiritual journeys of both the client and the therapist meet through the relationship:

> Even the journey of the therapist, I suppose. Because in a way, the journeys meet somewhere. So sometimes, you'd be thinking about something and somehow, the client starts to talk about the same thing *(pause)* and if they're talking about the same thing, somewhere along the line, somehow, you have connected on that level.

This intense understanding that is based on the therapist and client's shared humanity together with the resultant powerful emotional bond and intimacy was likened to orgasm by both groups and was crucial to their perception of the spiritual dimension of psychotherapy. Moreover, at one point, the participants described how the elements of safety and trust in the relationship, create an attraction which could be another description of 'melting' and which they refer to as 'the Field':

> **Sandra:** I'm thinking of the field that is created *(pause)*. It's, it's, that moment of the, which is, which just happens. You know when they are attracted to each other and, and, but within the *(pause)* once illi *(that)* it starts

185

the process, of the, the whole and there's a kind of hekk *(sort of)* dance between

Moderator: The two

Bridget: The client and the, and the holding, you know, the holding

Sandra: And feeling safe

During these conversations, apart from agreeing that such 'a meeting' occurs on a human to human level, the group members also insisted on the therapist meeting the client on the level of 'being'. This will be presented in the next chapter. However, at this point it is important to note that according to the participants, the type of relationship that needs to be built between the client and the therapist is one which is empathic, accepting, nonjudgmental and loving. Chantelle described it in this way:

> You just realise that you're so much there for the person that you're not there physically, you're just there emotionally *(pause)* the empathy goes so deep, you know. Issa *(now)*, call it connectivity, calling it 'in the pain with the client', and the client notices so much that he or she will tell you something like, 'It's like you are inside me' *(pause)*. And the words that they can't put out because it's difficult, you manage to verbalise, you manage to see them. And, it's there, it's short and it's intense. You totally, you totally, *(puts her hands together)* become one.

Accepting and loving the client were emphasised by others too. Alex explained how the therapist helps the client find meaning and connectedness through the relationship in the here and now with 'the client feeling affirmed, cared for, loved. And then, that's how they could learn to love themselves, that they're lovable'. According to him, this makes therapy a

186

spiritual experience. Rachel expanded on this describing it very well when she said that through the creation of a trusting and accepting relationship:

> The client allows you to be able to see into him or her, knowing that you are going to be loving, what you are going to see. And that, somewhat decided, you know, the fear that the client would have, if there's a badness inside, just kind of softens up because you are able to be with him and, kind of *(pause)* accept that person as he or she is. So when, when, the person gives you the self, kind of, and you can actually take care of it and be with it, and *(pause)* nurture it and let it grow, and kind of hold it.

Through the trusting, accepting, empathic and loving relationship the client is therefore able to connect with other parts of him/her self or his/her life. Mandy added that this makes therapy spiritual and not 'just a job' as it is based on interacting with a client with 'genuine care and respect for the other'.

Genuineness and trust are another two elements of the relationship that were highlighted by other participants. Claire explained that there are 'two different things which I feel are essential for spirituality between the client and therapist relationship. It's like, genuineness - if I think back of moments I experienced; and trust. I think the moment when the therapy is at its most genuine and the most trusting, these moments can happen'. At other moments, the participants agreed that the trust that the client places in them is a 'privilege' (Bridget). Audrey added, 'I mean for me that is, makes it really, really special. For me that makes it very spiritual. You know, this person wants to trust me'. According to Jeremy the trust needs to come from both the therapist and the client: 'I think the more trust there is, I mean from both sides, because I think it's not just, 'I trust in you', but your trusting, trusting yourself, the client you know; and the deeper the trust, I think the more it facilitates the

expression of spirituality'. Chantelle explained how through the therapist's genuineness and nonjudgmental attitude:

> The client feels able to take off her mask, whatever she's hiding behind, because she, there is a space, a person in front of her, that doesn't judge her, would accept her in whatever state she is or he is. And won't impose, whereas, the world out there imposes *(pause)* would give them that relief to feel that they're ok if they're themselves.

The participants added that through empathy, the therapist is really present for the client and really 'sees the client' and the client feels 'seen in a deep way' (Alicia) and allows the client to see his/her true self. Alicia described how she experienced this in her own therapy. She felt that she was being 'held' by her therapist, 'where I became so grateful, so appreciative of him, it was a male therapist, holding parts of me, which I, which I felt I couldn't hold myself.' The qualities of containment, safety, authenticity and empathy were often referred to by the participants when describing the type of relationship that needs to be created with the client, as were the ideas of 'staying with' or 'presence'. In fact, in stressing the strong relationship between spirituality and psychotherapy Jeremy, referred to an earlier definition of psychotherapy: 'I go back to the older version of therapy meaning being with a person – presence – as opposed to treatment, because lots of people in the modern day see therapy as a treatment; doing something to someone'.

Moreover, some of the participants described the contact between the therapist and the client as one that creates a 'Third' and 'holy ground'. Bridget described it in the following way:

One of the things I'm mostly thinking about is when you create a space for the other, or when you talked about holy ground, is that this contact between therapist and client, actually *(pause)* creates a third. It's almost like together, you are creating something which is the sum being greater than the parts? *(pause)* And this is what spirituality is, I suppose.

The focus of this theme, 'meeting in our humanness: soul to soul connection', was the participants' description of the type and nature of the relationship that the therapist builds with the client. I explained that according to the FOST members, the connection is characterised by depth, empathy, genuineness, trust, presence and acceptance. Moreover, apart from identifying these elements as those that create a soul-to-soul connection, the participants also portrayed moments of intimacy and intensity in relating as being spiritual. This is the topic of the next theme that will be presented.

4. Intense moments in the relationship as spiritual

The FOST group members spoke about moments of intense connection when discussing the therapeutic relationship as essential to the spiritual dimension of psychotherapy. The terms used included 'depth', 'orgasm', 'wow moment' (Jeremy), 'melting', 'merging', 'touching and being touched' and 'privilege'. It was also described as 'the high of when we meet' (Bridget) alluding to the feeling experienced by the therapist when meeting the client on a human level which goes beyond the cognitive level. The nonverbal aspect of connection to the client, namely, eye contact and communicating through silence were also characteristics of moments of intensity in relating which were perceived as spiritual. For example, Jeremy identified moments of silence as moments of intense connection and spirituality when he said that the 'deeper spiritual moments I think are more in the silence moments, sort of when there is a connection, you know. You do feel a strong

189

connection and it's not necessarily been verbalised'. Moreover, intense moments were also expressed and experienced physically:

Mandy: I think it can, I think, there are moments where it would be expressed explicitly, where I would, you know, acknowledge it and say, you know, 'What a beautiful moment we just shared together and what was that like for you?' I'd say what it was like for me *(pause)*. But then there are moments where it's implicit and it's just the look in your eyes, and maybe emotion can be seen in your eyes, a hug, like Alex said

Rachel: Goose bumps. Sometimes, I get goose bumps

Mandy: X'inhu? *(what's that?)*

Rachel: I get goose bumps, sometimes. Sometimes it's a really physical thing   (Alex: yes, yes) I just kind of feel it

Mandy: And, and for me also *(pause)* something happens with my vis...(Chantelle: vision) (Moderator: perception) Like I'm seeing you in this space, then all of a sudden, the client looks like they're sitting right in front of you

Moderator: Engrossed in a space, like

Mandy: *(nodding in agreement)* And the, I don't know, the energy feels like, you can actually feel the confluence in that moment *(Rachel agreeing)*, you know. I know this can sound a bit freaky

Moderator: What did you say?

Mandy: I said it sounds a bit freaky when you say it *(laughing)*

*All talking at once and agreeing (**Claire** and **Rachel** say 'intensity')*

The physical experience and expression of an intimate connection between the therapist and the client was also explained by Maureen when she said, 'I can think of times where, you know, I've, tears had come to my eyes, at one point when, just before the client starts crying'. Some of the participants said that in such moments of intense connection, the issue of money and being paid by the client cheapened the experience. Claire added that she deals with this by consciously making 'sure that the last five to ten minutes of the session is really grounding them back'. The other members agreed with her.

While intense moments of connection were identified as spiritual, the participants noted that not all spiritual moments are necessarily intense ones such that some moments were intense, while others were less so but were still considered as spiritual. Rachel explained this when she was describing an intense moment that she had experienced with a client and she added, 'but then I had other moments, they would be smaller, perhaps *(pause)* less intense. But they happen! So, when you're there, with someone, it happens, minghajr ma tirrejalizza *(without you being aware of)* how it happens. It's not something you work for, it's something that happens'. Rachel described such a moment as 'happening to her' when she is present to her client. This element will be described further in the next chapter which focuses on 'the being of the therapist' where the therapist's presence was greatly emphasised by the participants in creating a therapeutic relationship that elicits and is a vehicle for the spiritual in psychotherapy. Alicia also explained how a spiritual moment does not necessarily have to be orgasmic but can be a shared moment with the client, silence or the therapist's effort to attend to the client:

Because I'm saying, the spiritual moment doesn't always have to be felt as spiritual, because in a way *(pause)*,it doesn't have to be orgasmic, you know? Or silence. Sometimes, it could just be a giggle you have with someone that could be spiritual, you know? *(sighs)* And even when the attending is frustrating I think that could be something spiritual. So it, it might not necessarily be a very nice feeling only.

Sometimes, the effort of 'staying with' the person was described as a spiritual moment in itself as Audrey said, 'even though I really didn't want to be there, I still made the sacrifice of being there. Maybe that could be considered as being a spiritual act as well'. This was said in the context of not having an intense connection in the moment with the client where the therapist felt that she could not be present. Audrey was brought to this awareness by the others in her group.

Intense moments in relating were therefore seen by the FOST members as spiritual moments based on depth of understanding, respect and mutuality. However, spiritual moments were also moments which were less intense and which focused on the therapist making the effort to be present to the client.

5. Conclusion

The therapeutic relationship seemed central to providing a space for the spiritual to emerge and be experienced but it was also perceived as a vehicle for spirituality in psychotherapy. Therapy without a connection between the therapist and the client was considered to be soul-less while therapeutic work, especially in-depth therapy which creates profound change in the client was not conceived to be possible without a therapeutic relationship, whatever the therapeutic approach chosen by the therapist. It is the therapeutic

relationship and the connection with the client that for most of the participants makes psychotherapy a spiritual journey. Moreover, spirituality is already present in the therapeutic relationship such that a strain in connection between the therapist and client was perceived to create difficulty in experiencing the spiritual in psychotherapy.

The type of relationship and connection was characterised by empathy, presence, depth, respect, genuineness, acceptance, reciprocity and humanity which were described by some through the use of Buber's concept of the 'I-Thou' relationship. The deeper the relationship between the client and the therapist, the more likely the participants thought it that spirituality would emerge. Moreover, according to many of the participants such depth was also related to great trust, respect and empathy such that the understanding between the therapist and the client transcended the cognitive to the emotional and intuitive, further strengthening the bond between the two and encouraging deeper transformation in the client. The client experienced being truly 'seen' in all his/her humanity and allowed him/her self to be seen by the therapist as a result of the connection. The depth of the therapist's engagement was perceived to be such that the client and therapist met as two human beings so that the distinction between the client and the therapist became irrelevant. Such moments were considered to be intense and mutual such that a 'merging' of the therapist and client occurred before separating once more. The meeting between the two happened on the level of 'human to human' or 'spirit to spirit'. According to the participants, sometimes the therapist and the client are on the same wavelength with the consequence that at times, the spiritual journeys of the therapist and the client meet.

The therapeutic relationship as sacred space thus requires that the therapist, too, does not hide behind the 'expert role' or 'techniques' but focuses on authentically 'being' in therapy so as to provide empathy, presence, acceptance and respect. This was highlighted by

the participants and it is the next facet of spirituality and psychotherapy which will be presented in the subsequent chapter.

CHAPTER NINE

SPIRITUALITY AND PSYCHOTHERAPY: THE BEING - IT IS *WHO* THE THERAPIST IS THAT COUNTS

1.   Introduction

In this chapter, the theme of 'The being: it is *who* the therapist is that counts' will be presented where findings relate to the importance of the therapist and his/her *being* in relationship as opposed to him/her only *doing* and therefore focusing only on using skills and techniques. This seemed to be a very important distinction made by the participants and one which differentiated between what they considered to be a mechanical form of therapy and a more spiritual psychotherapy. It is also closely associated to the FOST members' perception that the therapeutic relationship is the expression and vehicle of the sacred in psychotherapy. Consequently, the therapist's way of being in relationship became central. This theme is divided into the following subthemes:

- The involvement of the 'being' of the therapist: we bring who we are

- Self-awareness and self-care: therapists need to be committed to own growth and be spiritually alive

- The influence of the therapist's spiritual and religious life: possible issues of countertransference

2.   The involvement of the 'being' of the therapist: we bring who we are

In an earlier chapter, we read how some of the participants perceived such a close link between psychotherapy and spirituality that they were almost indistinguishable. From this point of view, the members emphasised the therapist's way of being and open attitude as being central to the spiritual dimension of psychotherapy. They described how the therapist

opens up to him/her self, to the process and also to the client. This element was also described when the members spoke about creating a connection where the therapist not only touched the client but <u>allowed</u> him/her self to be touched. Maureen, one of the FOST members, described this as 'creating a space inside myself' where the focus is not on doing anything <u>for</u> or <u>to</u> the client but it is on <u>being with</u> the client through being open and present to the person and letting go of the need to do anything. Apart from creating a space inside him/her self, the therapist also creates a space in the therapeutic relationship for the client to experience him/her self. It involves a letting go on both parts. The participants saw this as therefore creating a space for the spiritual to occur.

Apart from stressing the importance of the therapist being present and staying with the client, in the previous chapter the participants also emphasised that the therapist needs to be respectful, authentic, trustworthy and trusting, accepting and deeply empathic while also being humble. The focus was very much on the therapist 'being' and providing a therapeutic relationship in which the client could feel safe, seen while allowing him/her self to be seen and connect to parts of him/her self and his/her life and relationships in a deep way. This way of being included the qualities of reliability and constancy such that the therapist emphasises with the client, whether verbally or non-verbally, that 'I'm here for you. This is going to be a journey. There are going to be ups and downs, but I'm here. I'm constant' (Mandy). The emphasis was on communicating and relating on a human to human level such that the masks of both the therapist in his/her 'expert role' and the client are shed. In this respect, many of the participants stressed bringing 'who we are' in therapy and presenting the personhood of the therapist while using the necessary techniques.

Some participants noted that it is almost inevitable that we bring 'who we are', whether one is aware of it or not. Bridget expressed it in this way, 'you come, *(laughs)* come

as yourself. I think that's what we have to offer. Nothing else'. Mandy emphasised that 'we bring everything into the [therapy] room'. She was discussing this in the context of her doubts about whether a priest could also be a therapist. A discussion then ensued about whether a therapist can 'wear two hats'. The participants seemed to disagree about whether a person can leave an integral aspect of his or her identity, such as that of 'priest' out of the therapy room and only don the 'therapist' identity. Claire suggested that being open and self-aware as well as refocusing on the client are ways in which she deals with similar situations such as regarding the degree of transparency she shows with respect to her beliefs and ideas. To some extent, Mandy agreed with her that openness with the client is important. So much so that she later described persons going to a therapist who is also a priest as 'safer than the clients who go to somebody whose agenda *(regarding their beliefs)* is not on the table. Those clients are abused by their therapist, in my opinion'.

A similar discussion occurred in the other group when Audrey was reacting to Bridget's comment about the therapist's integrity and how he/she should be the same person inside and outside the therapy room:

Audrey: What I don't agree with is that you don't necessarily have to be that person on the outside of the therapy room. You could be a totally different person and change when you are in a session with a client

Maureen: A different aspect of you comes out?

Audrey: Yes, different

Bridget: *(interrupts)* Can you? For instance, if in the outside world I haven't dealt with my pain, ok? I've run a mile away from it, you think I can go into therapy and stay with a client's pain?

Audrey: If you are the person that can forget yourself, leave yourself out of the room, yes, I think you can. Issa *(now)* sometimes, if you are over there *(experiencing the same pain)*, yes, I think you're right. If you are going to be dealing with the same kind of pain in your client, that is paining you, it's going to be a bit difficult in that case, yes

The conversation continued such that Audrey corrected her initial stance saying that she would leave her issues and not herself out of the room. Jeremy disagreed with Audrey that he would leave his issues out of the room and emphasised rather that he would bracket them or use them in the therapy with his client. He said, for example, that 'I do let my clients see my anger. I do let them see my pain from time to time. I mean, obviously, very judiciously and very sort of, when it's appropriate to the moment'. Bridget agreed that therapists sometimes allow their humanity to show and not simply the expert role such that they use 'the foolish part' of themselves and not only the wise part in therapy with clients. For her and for other participants, what was paramount was the integrity and congruence of the therapist, together with self-awareness as will become evident in the next section.

During one of the conversations where psychotherapy was likened to orgasm in that both are experiences of deep intimacy and merging while the participants are also separate persons, Bridget described how orgasm also involves the person forgetting him/her self. She said that this is also true for the therapist in therapy with the therapists letting go of their ego, techniques and thoughts about what they are going to do next. She clarified, 'and that's the nakedness' of the therapist in therapy. According to Bridget, therefore, therapists need to allow themselves to be in the process. In fact, the participants discussed how the therapist may, through the poor quality of his/her presence, consciously or unconsciously, block the client. Audrey explained it in terms of the therapist's presence which would model openness

for the client and create an atmosphere and relationship such that the client would also dare to open up. The other FOST group also discussed the importance of the therapist's openness both in general terms and also in relation to giving the client the message that they may bring up any religious and/or spiritual issues:

> **Alex:** Because on the one hand, if the client brings it up, then you can do things to block it (**Mandy:** or be open) or be open to it. Jigifieri *(so)*, on the one hand, it's, kif qalet Claire *(as Claire said)*, allowing that space, you know, especially if it's client initiated. Hekk *(well)*, if... you're initiating it, I think you're also facilitating the exploration of one's spirituality, one's meaning-making, one's connectedness li tkellimna fuqha *(that we spoke about)*. So, it's by either giving attention to, probing, you know, empathic listening, *(pause)*. If the client is talking about anger towards God, you know, in some ways, like other processes, I would say... *(unintelligible)*...that's my initial thought

> **Mandy:** I think to continue with what Alex is saying, by <u>really</u>, <u>really</u> giving the message that '<u>Whatever</u> you believe is Ok', you know, sort of, *(pause)* and I think I would do that, also, as Chantelle said, the relationship is key, in the sense that I wouldn't self-disclose if I think I'm going to influence the client in any way, you know *(Mandy continues to explain)*

These discussions therefore highlight the participants' belief in the high involvement of the therapist through his/her humanity which includes the expert role. At one point, the members liken the role of therapist to that of a dance partner as opposed to being a technician. However, during a particular conversation, Maureen explained that just as driving a car becomes second nature to a person, so, too does using the necessary skills and techniques for the therapist. She explained that this analogy of driving a car 'assumes that to have that kind

of journey you need to know your techniques inside out'. While the members stressed the importance of knowing and using techniques appropriately, yet the focus seemed to be on the therapist's personhood and the relationship between the therapist and the client such that therapy was viewed as a dance with both the client and therapists as dance partners. In this comparison, the therapist is described as being flexible, open, complementing the client and trusting in the client and in the process. Sandra described the therapist as allowing him/her self to be led. This requires flexibility such that the therapist does not have 'a preset mind or prejudices or is free from assumption *(pause)*. Just let yourself go with the flow' (Sandra).

The issue of who should lead the dance/therapy was discussed further with the participants focusing on the therapist and the client being in sync with the therapist adapting to the client's pace. The emphasis was on the therapist 'being sensitive to the other' (Alicia) while also 'seeing a wider picture', 'focusing' and pushing the client 'towards that direction' (Bridget). The participants explained that the therapist uses his/her influence to help the client gain new perspectives, especially when the latter is stuck. It is for this reason that while it is important to follow the client's pace, yet at times, the therapist must also lead.

Due to the therapist's personal involvement in the ways described above, the participants claimed that therapy is healing for them too. The elements of 'reciprocity' and 'mutuality' were highlighted by the FOST members. As was noted earlier, at times, the spiritual journey of both the therapist and the client meet through the therapeutic relationship. Moreover, we also observed that the participants are enlivened and energized through touching the client 'in his deepest self' (Maureen) and described themselves as experiencing healing when meeting the clients at relational depth. Moreover, Audrey explained how entering into therapy with a client means entering the spiritual dimension, 'So, for me, there is a healing for me as well. So I'm not only helping the client to heal, but the client is helping

me to heal as well, and then, I get more in touch with my being, even after I have left the session'. Jeremy expressed that the therapist allows 'him or her self to be changed by the relationship'. Apart from the fact that the type of contact between the therapist and the client is healing for the therapist, Sandra explained how 'this type of work, really like, makes me grow'.

Bridget made a further comparison between the therapist as technician and as wounded healer. According to her, the therapist as wounded healer is a person of integrity who can model the meaning of transcendence and growth over one's own issues. It seems that such modelling gives space in the form of encouragement and containment for the clients to take the plunge and engage in their own growth process. Bridget used the analogy of a mother's behaviour with her child, 'allowing her toddler to experiment but is there and is encouraging and is containing'. The discussion of the therapist as wounded healer as opposed to a technician carried on with the participants reflecting on their own experience of therapy as clients. They highlighted further characteristics of the 'wounded healer' which focused on the therapist's personal qualities of nurturance, acceptance and nonjudgmental attitude. The latter seemed to be important elements of the therapist's presence and factors which created a connection between the therapist and client that allowed the client to authentically be and experience him/her self in therapy. Moreover, the FOST members explained that at times words are not enough and that 'being with' a client can be more important. Chantelle explained how, at times, 'saying nothing is best and perhaps, a hug, or holding a hand, or just be in silence, is more than any words *(pause)* almost they are clutter, the words are clutter, and the presence of the person is important'.

During both FOST groups, the participants discussed the importance, or otherwise, of one's theoretical orientation with regards the spiritual dimension of psychotherapy. While

201

many of the participants acknowledged that the 'for humanistic and existential schools, the being is fundamental' (Bridget) and process-oriented and therefore lends itself to the spiritual in psychotherapy, yet they concluded that it is the person of the therapist that counts. Consequently, a person with a CBT orientation would still focus on process, depth and relationship while working cognitively. According to the participants, this would thus create space for the spiritual in psychotherapy. Rachel explained that, 'I'm quite cognitive in my work, imma dejjem nispicca *(but, I always end up)* going to the self and going to your, the identity, the feeling of being a good person, you know, those messages, and that is very, in a way, therapeutic and very spiritual'. At one point, a discussion ensued about whether the theoretical orientation is chosen based on who the therapist is as a person or whether the person is trained into the attitudes, values and skills of the particular theoretical school. Rachel put this question, '... is it the school or the person?' Claire described the dilemma in this way, 'it's a bit like the chicken and the egg. We're both saying, she's *(referring to Rachel)* saying you choose the theoretical orientation based on personality, and I'm just saying the personality of the person and how you apply your theoretical orientation'. Whichever answer one arrives at, it seems that the participants are stressing the importance of who the therapist as a person as being fundamental.

The participants' emphasis that the therapist brings who he/she is in therapy including the fact that the therapist is a wounded healer, led the FOST members to highlight the importance of the therapist being self-aware and committed to self-growth and development. This is the topic of the theme that will be presented next.

3. Self-awareness and self-care: therapists need to be committed to own growth and be spiritually alive

The concept of the therapist as wounded healer was also linked to the therapists being aware of their issues and being responsible in bringing about transformations in their own lives. Alicia discussed this in terms of the therapist's awareness of life as a journey 'because life is wounding but it is also healing'. She explained that, 'if I can make my experience of life into a spiritual experience, then, it's going in the session with me'. For Bridget and other FOST members, therefore, being committed to one's growth and development was central such that 'then you are open to what is', wherever you are (Bridget). Moreover, 'if you are committed to working on yourself, this is what you're presenting' (Bridget). Some participants portrayed it as an issue of congruence such that if 'spirituality is meaning-making, then I need to work on my own meaning-making' (Bridget). Rachel added that, 'we need to practise what we preach. If we tell clients to love themselves, we need to first love our selves'. The participants also perceived the importance of the therapist connecting to self, nurturing self, being present to oneself and dealing with one's issues as being essential in helping the client do the same.

Another important point that arose in the discussion is the importance of self-care and nurturance in order that therapists may continue to 'give' in therapy. Alex explained that 'in order to give, you also need to *(pause)* receive'. Claire spoke about the importance of maintaining a good work-life balance while others discussed the importance of taking 'care of our flame' (Rachel) because this gives the therapists the 'energy to be with my clients' and 'nourish the spiritual' (Claire). Receiving support through friends and also from colleagues was observed as important in this quest to replenish oneself and reflect on one's work.

The participants also spoke about the therapist being committed to deepening their knowledge, reflecting on their own lives and practice and working on their issues. Bridget described it as a responsibility that she has towards herself and her clients 'to deepen my manners, my knowledge, my understanding *(pause)*. It's not just reading. It's the actually staying, sitting down *(pause)* with pencil and a paper, and deepening, not just being happy with what's just being given to me, regarding therapy, regarding spirituality'. In itself Bridget perceived this to be 'a spiritual process: since it's got deepening'. Rachel explained how 'your own journeys inform you about life, about meaning-making. So, the meaning that you've made of life *(pause)* would be there. And, in a way, the way you kind of, put words, or the way you, say things, come from somewhere *(pause)* and it comes from your own meaning-making'. It is this self-awareness, reflection and commitment that make it possible for the therapist to be spiritual in psychotherapy. Alicia added that this is not related to the therapist's age but to who the therapist is as a person such that you could have a young therapist who is capable of reflecting and deepening his/her experience. For this reason, many of the participants discussed the importance of the therapist being committed to a 'me time to connect' with themselves (Bridget). The participants suggested that this could be through prayer, meditation, writing, drawing or whatever 'quiet time' helps 'to get in touch with myself and the world' (Alicia). For Audrey, this is particularly important in her 'busy-ness' when 'I'm disconnected with myself'. They understood that this was also important with regards to having the time and the space to reflect on their practice.

In moments when the therapist is going through moments of difficulty, such as disillusionment, lack of hope, meaninglessness, being in pain, what seems to be important to the participants is that the therapist is aware of what he/she is going through, is working on him/herself and can then incorporate it in the therapy with their clients because they are aware

of what is going on. Moreover, according to the members, the therapist's effort to be with the client is even greater. They considered this effort to stay and be with the client as important in making psychotherapy spiritual. Some of the participants clarified, however, that there are times when making this effort is not possible and where they shared that they took a break from their practice to work on themselves as they felt that they had nothing to give. Alicia explained that 'I need to sit back, and receive rather than give at that point, you know, nurture myself at that point rather than give'. Such moments were described by some as the therapist experiencing a 'spiritual low'. The members explained that at similar moments which are less dire, the therapist goes to the therapy session as more of a human being than an expert and goes 'with my non-knowing, and more humility, and less arrogance' (Alicia) and is therefore better able to stay with the client. She described herself in such moments as a 'better therapist' because 'there is a sense of journey' with the client and therapist being more equal such that 'the I-Thou is probably more respectful' (Alicia).

Another aspect of self-awareness involves the therapists being aware of their own spirituality and spiritual needs before they could recognise it in others. Rachel expressed this when she said, 'I think you have to be in tune with yourself *(pause)* with your own spirituality. And being in tune with spiritual needs as such, makes you be in touch with other people's spiritual side as well. I think it needs to be something that you can see and own, and be with, before you can identify it in others'. The influence of the therapist's spiritual and religious life will be discussed next.

4. The influence of the therapist's spiritual and religious life: possible issues of countertransference

Apart from self-awareness being important so as to be able to identify the client's spiritual needs and deal with the spiritual dimension of the client, the FOST members

believed that self-awareness is also important so as not to project their religious and/or spiritual issues onto their clients through the process of countertransference. They were also clear that they would want to be open to their clients' beliefs and values without imposing theirs onto them. Alicia described an almost helplessness and inevitability regarding the process of countertransference:

> **Alicia:** But I had to struggle a lot within myself because *(pause)* when I was probably rebelling against religiosity, that also came into the session, unfortunately *(pause)* because

> **Maureen:** *(nonverbally shows agreement)*

> **Alicia:** You are who you are, and even our blocks and our problems, sometimes then manifest themselves, and I remember a client, who was very religious, and hated being there, because she would have preferred just being prayed over by her community and given the word of knowledge, because they're given word of knowledge. To her that would have been better than having to sit in front of me. And in my rebelliousness, I had told her, 'Can't you ask for a direct hotline with your God instead of going through these?' You know? It was my rebelliousness, and because I questioned her, I had insulted her

> **Maureen:** Of course

> **Alicia:** Because I was working my own issue, through my client, which was wrong. And then I realised. You know we're talking about our own gains of spirituality *(being used in therapy)* but unfortunately, even our deterrents

> while we're working through our spirituality *(impact therapy)* and I can look
>
> back and realise that my issues were also there with the clients

Bridget: The countertransference

Alicia: Exactly! Exactly!

The inevitability of the process of countertransference was linked to the fact that the therapist brings him/her self to the therapy room. It is for this reason that the FOST members, such as Claire, emphasized the importance of therapist self-awareness. This seemed to be fuelled by a fear of ramming 'religion down clients' throats' (Mandy) and the mindfulness of the therapist's powerful influence over the client. Mandy described this very well when she said, 'If the therapist is in there, and we're <u>so</u> influential and <u>so</u> powerful, influencing our clients, or, or, you know, feeding our clients, they're not going to benefit from that, because, spirituality, for me, can't be a dogma. It can't! It's unique to <u>each</u> client'. Rachel agreed that therapists must be very careful not to impose their spirituality and beliefs, being very attentive to respect the client's values and beliefs, even when they are diametrically opposed to theirs. This opinion was shared by all the participants.

In one conversation, the participants were discussing how their own confusion, questions, and feelings which are coming from their religion and which they are trying to work through, spill into the session with the client. They spoke of the difficulty of 'controlling' this. At times, the situation is more difficult when the therapist shares similar religious and spiritual questions, or backgrounds with the client. Bridget gave an example of a client who might share the same school background. She said that she would identify her own religious issues, such as dealing with guilt, in her clients. She was quick to classify these as

religious rather than spiritual issues. However, for Maureen and Jeremy, this distinction is not always that clear. In fact they commented:

> **Maureen:**   It's very different from religion isn't it? But it's *(pause)* even for me it's hard *(laughs)*, because I struggle. I still struggle with that religious side of my spiritual side in conflict

> **Jeremy:**   Yeah., that is a real conflict

Maureen reflected that her confusion about her religious beliefs 'hinders my time with the clients, it kind of creates *(pause)* a fog. Like I don't know what I believe. I should know what I believe, and I should, I should be a better Catholic, and I should pray more *(pause)*. All the 'shoulds' create, *(pause)* blockages, instead of flow'.

Jeremy said that he deals with such situations by taking responsibility for his own questions and confusion and deals with it separately from the client. He also then differentiates between himself and his client by focusing specifically on his client and what he/she needs and helps the client take responsibility for their own issues and/or blockages. As Bridget claimed, 'I think we really need to recognise, what is ours and what is not'. Alicia added that in such moments, 'that's when we need to work on ourselves then, to not let it affect our work'. At the same time, the participants discussed that working on their own religious and spiritual issues can then enable them to do the same with their clients. Claire claimed that the struggle to differentiate between the client's issues and the therapist's issues, especially when they are similar, as being too hard sometimes such that she would tend to 'pathologise' client's issues. Mandy explained that this is harder when clients are 'harming themselves big time, u *(right?)*. And they're coming to you because they want to be happy,

and their religion is making them miserable'. In such situations, the participants discussed that self-awareness is not enough and they would have to seek supervision.

5. Conclusion

In this chapter, the theme of the therapist's being in therapy was presented. The participants seemed to give much importance to the way the therapist is in relationship with his/her client and the type of relationship that he/she creates. The emphasis was on establishing a relationship in which the clients feel safe such that they can be vulnerable and authentic while taking the plunge and engaging in their own growth. For this to happen, the FOST members believe that the therapist must engage in 'human to human' connection, which is based on the therapist being a 'wounded healer' and 'dance partner' rather than a 'technician'. While it is important for the therapist to know his/her techniques inside out and use them appropriately, yet the emphasis was on the therapist bringing him/her self into the therapy room. In its essence, that is all they believe that they have to offer: themselves in their totality. This includes their vulnerability, pain, issues, not-knowing, and integrity while letting go of their ego and expert role. The focus was on being present to their clients, reliable and constant, trustworthy and trusting, authentic, congruent, respectful, nurturing, nonjudgmental, accepting and empathic. They perceived it as involving the creation of a space inside themselves where they allow themselves to touch and be touched by the client and to present themselves in their humanity. In this way, they create a space in the relationship for the client to experience him/her self in his/her vulnerability: they see the client while the client allows him/her self to be seen. Consequently, both the therapist and the client let go to their humanity and vulnerability.

Given that the participants believe that the therapist brings who he/she is to the therapy room, they understood that the level of engagement and involvement of the

personhood of the therapist to be very high. Consequently, the FOST members claimed that the therapy with their clients was healing for them too. However, they acknowledged the importance of self-awareness and self-care in being able to be in therapy such that they need to be committed to their own growth and be spiritually alive if they are to present their personhood in therapy. They believe that this requires that the therapists are committed to their own growth, development and meaning-making in their lives whether on a personal level or in relation to religious and spiritual issues. They recognise that therapists need to be dedicated to deepening their knowledge, practice and themselves. Consequently, therapists would benefit from 'me time' where they could connect with themselves and reflect on all aspects of their lives including their practice. What was also crucial for the participants is that the therapists nurture and care for themselves – they believe that therapists need to receive so as to be able to give.

Apart from self-care, the FOST members understood the importance of self-awareness in relation to bringing themselves to the therapy room especially in relation to their own spirituality and spiritual needs. Firstly, so that they could recognise and acknowledge both spirituality and the client's spiritual needs in their work. However, they also highlighted the relevance of self-awareness so that therapists do not project their own values, beliefs and spiritual and religious conflicts and needs onto their clients. They believe that through self-awareness the therapist may distinguish between what belongs to him/her and what belongs to the client. They also emphasised the significance of therapists continuing to work on their own issues such that when self-awareness is not enough they would seek supervision and/or their own therapy. Therapists could then bring their selves into the therapy room in all their totality while keeping clear boundaries between themselves and their clients.

In the next chapter, I present the last theme of the domain of spirituality and psychotherapy, that is, applications to clinical practice. This is divided into the following subthemes: a) addressing the client's spiritual and religious issues in psychotherapy; b) the therapist's collaboration with priests and spiritual advisors, and c) the use of spirituality and religion as a resource in psychotherapy.

CHAPTER TEN

SPIRITUALITY AND PSYCHOTHERAPY: APPLICATIONS

IN CLINICAL PRACTICE

1. Introduction

In this chapter I will present findings related to the spiritual dimension of psychotherapy which are not directly linked to the connection that is created between the therapist and the client and the therapeutic relationship that is built between the two. They are also not immediately associated to the person of the therapist and his/her impact on spirituality and psychotherapy. This theme is divided into the following subthemes:

- Addressing the client's spiritual and religious issues in psychotherapy

- The therapist's collaboration with priests and spiritual advisors

- The use of spirituality and religion as a resource in psychotherapy

2. Addressing the client's spiritual and religious issues in psychotherapy

Differences that were noted in the research participants' understanding of 'religion' and 'spirituality' re-emerge in the findings regarding addressing client's spiritual and religious issues. Firstly, the FOST members usually distinguished between religious and spiritual issues although at times, an overlap between the two was also observed. Secondly, some participants seemed more wary of addressing religious rather than spiritual issues and thirdly, religious issues were often viewed negatively particularly due to their restrictive nature. Moreover, discussions arose around who is to raise spiritual issues in therapy and about the different

types of clients and their concerns in relation to spirituality in psychotherapy. These subthemes will become clear in the presentation of the findings.

Addressing the client's spiritual and religious issues and needs

As also noted in earlier chapters, religious and spiritual issues were perceived by some participants to be different. Mandy explained that while 'the psychotherapeutic process is very spiritual, in its very nature' she had 'a very strong aversion to incorporating anything religious' into her practice. She then went on to add that she would never introduce the concept of spirituality in itself except 'when I'm doing bereavement work, if I find that they're very, very, sort of, lost' and unless it is part of the client's support system that would have been identified previously. Rachel also noted a difference between spiritual and religious issues. She linked this to her understanding of spirituality which is 'above religion' and deals with meaning-making and connection. Consequently, she perceived spirituality to be included in depth psychotherapy with all clients. However, she referred to working with a client's religious issues as dealing with transference: 'so, sometimes, in their relationship with God, there will be a lot of transferential issues and we work through those: 'God does not like me', 'He... I can't see him', 'He doesn't want me'. And we work through those'. Bridget also strongly stated that she would include spirituality but not religion in therapy, although she also qualified unless 'it is the client's belief system'. She added that she would have no problem including spirituality 'as being part of something bigger' and when exploring the meaning of suffering. Audrey also referred to being 'wary about getting religion into the session unless it is specifically mentioned by my client' although she admitted that religious clients usually do mention their religion.

Other FOST members were a little less hesitant and mentioned that they would actively include the client's religion in therapy. Maureen described how she would help the

213

client 'make sense' of their concern 'religiously' or question them as to their belief system. This was especially the case when the issue that the client was working on was either fuelled by their religion or may have been processed through their religion. In Bridget's experience, issues of guilt are usually 'religious more than spiritual'. Dealing with guilt in relation to other psychological and relational issues was given as an example of clients having to deal with religious matters or as religion underpinning their concerns. Jeremy spoke about a client who had committed adultery and who was in torment since she was a person who was very religiously involved. He explained that it was important for him to address her issues 'through the same belief system' such that they 'could use that language'. Rachel also highlighted the importance of using the client's belief system in helping them deal with their issues in cases where this seems to be important to the client. She said that, 'I would see myself, in certain circumstances say, 'What would God say about this?' If that is the issue of the client, I would *(pause)* create a dialogue or a fantasy about what would God say about what she is saying'.

Other situations that needed to be dealt with religiously, spiritually and psychologically were marital issues, particularly in cases where the couples were moving towards separation[21]. Mandy seemed exasperated by the anxiety created by the Church in couples who were considering separation. Maureen described how she worked with a couple towards separation and that even though it was their choice it was a decision which went against their religion. She explained that they had to 'survive spiritually by leaving the marriage'. She described spiritual survival as dealing with issues of guilt and encouraging the persons to grow since the marital relationship was stifling them and blocking their personality development. Another example provided by Claire was the work that she carried out with a teenager who was experiencing Satanism. She spoke about the importance of dealing with the

---

[21] In Malta divorce legislation was introduced in 2011, that is, before the FOST group sessions occurred

issue from both psychological and religious perspectives. Maureen believes that helping clients 'push away religious introjects is another aspect which is spiritual yet looks anti-religious'.

The FOST members reinstated their commitment to being careful of respecting their client's belief systems and not imposing their spirituality and their beliefs. However, they did admit that sometimes this can be difficult, especially when the client's beliefs or spirituality are diametrically opposed to theirs. This became clear in a particular conversation where Rachel was discussing the importance of helping a homosexual client address his religious concerns. He was coming out as gay and he was having difficulty dealing with this and with the Church's teachings on homosexuality. The therapists' difficulty is evident in the following excerpt:

> **Rachel:**   ...If it was something that had to do with his relationship with God and his coming out, it, I cannot, what can I tell him? I can tell him, 'Taghtix kaz il-knisja' *(ignore the Church)*. But that doesn't make sense, taf kif, *(you know)*?

> **Mandy:**   I think that that would be my inclination

> **Rachel:**   No! *(emphatic)* Because if it is something very important for him, then you cannot tell him 'taghtix kaz il-knisja' *(ignore the Church)* because he's renouncing a very big part of his identity. So he needs to integrate that bit into his own perception of who he is. The coming out, the identity of the gay person, needs to be integrated with all other aspects, not like, 'you be gay and forget who you are'. It needs to be somewhat of an integration

Mandy: But is that possible? Because the split is still going to exist... The reality is that the Church, *(insists while Rachel is attempting to interruupt)* but the reality is that the Church welcomes the homosexual and disapproves of the sexual act (**Rachel:** *nonverbally agrees with the clarification*), right? He might find one priest on that occasion who's going to say, 'U iva, aghmel li trid' *(Oh, go on, do as you wish)*, whatever, behind closed doors, right? But ultimately, it's a façade really, isn't it? I'd rather facilitate my client to come to terms with the fact that this is the Church's position, but it does not mean that he can't have a relationship with God, you know what I mean? Speci ta *(sort of)*, I would try and incorporate

Rachel: There's the Drachma group [22] as well, per ezempju *(for example)*...a religious group. I don't know what they do exactly, imma *(but)* again Charmaine Bugeja[23] (**Mandy** agreeing) suggested that he talks to them. Mmm, so there are avenues, taf kif *(you know)*?

The difficulty with dealing with the client's religious dilemmas when these are opposed to the therapist's is evident in the above discussion. There seems to be a conflict for the therapist between being respectful and accepting the client's values and beliefs and being congruent and genuine to one's own values and beliefs. In fact, the participants did not seem to come to a clear conclusion regarding this quandary.

Many of the therapists seemed more comfortable dealing with the client's spiritual rather than religious needs, particularly as they perceived spirituality and psychotherapy to be

---

[22] This is a Maltese Catholic group of homosexual persons who meet to discuss religious and spiritual matters

[23] Fictitious name of a therapist who works with homosexual clients

so intimately linked. Mandy explained that 'the needs that are being explored in the therapeutic process can be seen as spiritual needs'. In fact, Bridget explained how therapists address spiritual needs 'automatically cos they've all got spiritual needs'. She added that 'according to Thorne, people have three spiritual needs: belongingness – love, meaning making and healing. And he says that clients come to us for these'. She added that as a therapist she would then assess where the need is greatest. Some of the participants seemed to equate spiritual with therapeutic needs such that they perceived themselves as constantly addressing a client's spiritual needs. In fact, Audrey claimed that 'these sessions have made me realise that I do this all the time, without even being aware of it'.

Alex, however, qualified that while dealing with connection and meaning-making is part and parcel of the psychotherapeutic process such that it is a spiritual experience, yet addressing the client's spiritual issues also depends on the presenting problem. This was also evident in the above examples that were given by the FOST members. Claire seemed to be less inclined to take this view. She explained that she would assess the client's spiritual needs as part of her overall assessment. She described how:

> Part of me is always a step back in therapy; the part of me that isn't engaged. I'm always asking myself, 'What does this client need from me right now?' So, I suppose, if it comes up, as I said last time, sometimes, there isn't that need, so we don't go there at all. But if there's something that the person needs to explore, beliefs, or, or where they get their strength from or whatever, then, I would go there.

Besides discussing how spiritual and religious needs are addressed in therapy, the participants also had a conversation about who raises spiritual and/or religious issues in therapy.

Who raises religious and/or spiritual issues in psychotherapy?

In answering the above question, the FOST members discussed whether it was the client, the therapist or both. A degree of wariness was evident in some of the therapists' responses above regarding addressing the client's religious and spiritual issues. Consequently, as a result of this guardedness, many participants would normally leave it up to the client to bring up these issues. However, as the discussions developed some noted that the therapist could be either a 'facilitator or initiator' (Alex) of such conversations. As Mandy explained, 'it depends on the client and it depends on the situation. There are, you know, there are times where I initiate it. There are times where I don't have to because they bring it up and there are times when it doesn't come into the equation at all'.

For Chantelle, it also depends on the relationship that therapists have with their clients and whether they have been seeing their client for a period of time. She believes that in these situations, the therapist would know whether spirituality and religion are important to the client and may then use this information to initiate the topic. Some FOST members mentioned that for those clients for whom religion is important, they would normally bring it up. However, Alex highlighted the importance of the therapist being accepting and nonjudgmental so as to give the message to the client that he/she may bring these to therapy. He mentioned that sometimes clients would be hesitant and would test the therapist to gauge whether it is permissible to bring up religious issues and whether the clients would be accepted. He explained that he:

> Had a couple of clients who would be kind of apologetic about mentioning
>
> God *(pause)* or prayer, or, or a religious group they attend. When, you know,
>
> when there's a nonjudgmental...or I kind of affirm that, that is something that
>
> is of value, then there's a relaxedness that, that kicks in. You know, when

218

there's a nonjudgmental attitude or, or approach, then the relaxedness comes in and they can talk about it. They can explore it further.

Other participants noted that it was the client's issues that would guide them as to whether they should raise spiritual and/or religious issues. Mandy explained that:

> In situations where I think the client is stuck in some kind of *(pause)* vacuum, you know, sort of the clients come with, 'I don't know why I'm living', and speci *(sort of)*, 'there's no meaning in life', 'there's no scope' (**Chantelle:** existential questions), certain existential stuckness or crises, I will introduce it very tentatively.

Another situation which would cause many of the therapists to raise spiritual and/or religious issues is in bereavement work. Alex also included other issues related to loss and childhood trauma. Apart from these issues, the participants highlighted the following client concerns that more readily bring out the spiritual in psychotherapy: sickness, suffering, death and dying, happiness, change and growth, exploration of self or identity, addictions, imprisonment and confinement, depression, despair, suicide, trauma, crises, violence, abuse, anxiety, rigidity and scrupulousness, poverty and sexuality.

Different types of clients with whom spirituality is easier or more difficult to bring out

Besides discussing the different client issues that would tend to make it more likely to raise spiritual and/or religious concerns, the FOST members also indicated that different types of clients may make it easier or more difficult to touch on the spiritual in psychotherapy. In one of the FOST groups, the research participants drew up a list of client personalities with whom dealing with spirituality is easier to bring out. This is represented in Table 3 below.

Rigid religiosity: strong do's and dont's
Abandoned/neglected
Anger-based
Repeatedly abused
Victim personality
Older persons
Catholic clients (guilt and shame)
Depressive persons
Fearful (PTSD)
Clients who have had a near death experience
Phobias
'Lost clients' – existential
Fear of losing one's mind

Table 3: Client Personalities

For some of the research participants, it is difficult to experience spirituality with people suffering from disorders such as borderline, narcissistic and antisocial personality disorders because therapy would not be 'an equal encounter' (Bridget). Maureen explained how it is easier to connect to 'healthier' clients. She described the latter as persons who are trying to find meaning and 'make sense of things'. Jeremy emphasised however, that neither 'healthy' clients nor non-disordered clients who are not open and are unwilling 'to go there' or have poor insight are just as unlikely to experience spirituality. Alicia explained that with

people who are psychologically very well defended, it would be harder to experience the spiritual in psychotherapy. She clarified that psychotherapy would probably not be a spiritual journey with such clients but that she 'would maybe have spiritual moments, even if they're few' (Alicia).

In this subtheme, I presented the respondent's experiences and thoughts in relation to addressing clients' spiritual and religious issues. Some of the participants discussed their collaboration with priests and spiritual advisors as a way of dealing with such client concerns. This is the subtheme that is presented next.

3. The therapist's collaboration with priests and spiritual advisors

For some of the FOST members, collaborating with priests and spiritual advisors in helping their clients was somewhat important. In this theme issues of competence, different types of collaboration and the difficulty in working with priests or spiritual advisors will be presented.

For a few participants, the collaboration may have meant referring the client to a priest or working more closely with the priest as two professionals who are concurrently helping the client. In fact, Rachel explained that she works with priests and spiritual advisors in the same way that she works with other professionals:

Sometimes what I do is what I do with other professionals, like, I would say to the client: 'We've been having this discussion and you're telling me these things. I also work with other people who *(pause)* are in tune with people who've been through those things, and, I wonder if you would want me to talk to them as well, or would want me to suggest that you talk to them yourself to

have a second opinion, perhaps'. Or else I'll talk to him. I'd tell her, 'Do you

mind if I speak to him? Sometimes I invite him over for the sessions.

Rachel also noted the different ways in which she collaborates with priests. This will be discussed later.

In describing her collaboration with priests, Bridget acknowledged issues of competence and noted that therapists 'really need to recognise, what is ours and what is not'. It is for this reason that therapists need to refer to, or work with priests. She gave the example of sending a client who would have performed an abortion to a priest so that she would experience 'the ritual of confession'. She clarified that this would need to be appropriate to the client. Bridget described that the healing that the client would experience through such a ritual as '<u>so</u> healing! It's nothing that I can do in therapy'. In a later session, Bridget also added that in certain situations, 'the authority of the priest would help' the clients. In the other FOST group, Claire mentioned how in certain situations, the priest's presence and opinion would hold more weight than hers. She added that this is particularly the case when working with adolescent clients and their parents. The priests (and herself) would be attempting to mediate between the client's spiritual and religious beliefs and needs and the parents who would be highly religious: 'There's almost a conflict there between the teenager's beliefs and the parent's beliefs and that, perhaps, for them, what I say as a psychologist isn't as valid as what the priest says'.

Jeremy agreed that the priest may have a particular role to play. He said that at times, the therapist may need to 'go beyond the therapy' such that sending clients to a priest may help them achieve 'closure and forgiveness' that seemed to elude the therapy room. The latter was alluded to in Bridget's example above. Maureen included in the category of clients who would benefit from the help of a priest 'the gay people that I work with, and some of their

need to be blessed by the Church'. This was a similar example to that given by Rachel earlier. Mandy gave another example where she 'felt like the client came with a spiritual issue that could not be resolved psychologically in the session and part of my work was encouraging her to go to confession. And, eventually, when she did go to confession, it was like *(pause)* this massive relief'.

Claire also distinguished between the spiritual and religious relief that the priest may give and the psychological work done by the therapist. She was giving the example of a young female client who was working on issues of having been sexually abused by her father. She explained that:

> I think the spiritual advisor saying, 'Look, you don't need to go and see your dad and that's OK' relieves her spiritually and then we can work with it psychologically, somehow. So, I try to work with, rather than against those beliefs. Because otherwise, it would be too confusing for her especially if she feels that is something that gives her strength.

According to Claire, apart from providing spiritual and religious support that concurs with the client's beliefs, working with the priest is another source of support for the client. The latter is the topic of the findings in the next section.

Both Claire and Rachel mentioned that, at times, priests attend the therapy session such that there would be a conversation between the therapist, priest and client. Rachel explained that during these sessions they would work through any transferential issues related to the client and his/her problem situation. Claire, too, has priests attending the session, however, she also sometimes goes to the priest's office to have the three-way conversation.

Moreover, Claire explained that at times, the request to visit the priest together with the client, came from the client himself as is clear from this excerpt:

Somebody who I was working with on drug addiction and who was also a Satanist and he wanted to go to a priest but he wanted me to go... somehow to unify the psychological with the spiritual. So I used to go and, I mean, I didn't participate *(laughs)* in any of the prayers, but what, what happened there, then we could process psychologically. So, I think if you find the right person, then you can work with it *(pause)* without, I find, without touching the spiritual side too much of <u>this</u> kind of thing.

The last comment made by Claire above also highlights the difficulty in collaborating with priests and/or spiritual advisors. The choice of the priest to whom to refer clients was critical for the participants. The person had to be someone that they could trust and who would 'not hurt' (Alex) the clients. Rachel explained that 'you need to find the right person. You need to have a network of people in this kind of work'. It was also very important to some of the participants that they do not cause more confusion in the client's life by giving the person a conflicting or opposing message to that given by the priest. However, this may be difficult especially when the priest or spiritual advisor is going against the work that is occurring in therapy. This is evident in the following excerpt:

Mandy: ... The problem is when the spiritual advisor

Claire: Then if they say something

Mandy: *(laughing)* is saying one thing, which is maybe totally, psychologically unhealthy for your client, you know **(Moderator:** like, 'forgive him') *(Mandy nonverbally agrees)* How do you <u>do that</u>? *(general*

agreement) When, especially in domestic violence, per ezempju *(for example)* (**Claire:** Oh God, yes!). You know? And the priest is saying, 'Dak ir-ragel tieghek u trid ...' (*'That's your husband and you must...'*)

Rachel: 'Trid iggorr is-salib' (*'You must bear your cross'*).

Mandy: *(nonverbally agrees)*... speci...tasal fl-kunflitt ghax qisek mhux (*You, sort of, find yourself in a bind because you are not going to*), you don't want to *(pause)* create a split, you don't want to turn them against their, you know, fundamental beliefs. It's really, really tricky

In similar situations, Chantelle said that she would deal with it by helping the client reflect on what the priest would have told him/her. Rachel agreed and added that at times, she would offer to speak to the priest herself. Both Rachel and Claire suggested that another way of dealing with such a challenge was by accompanying the client to the priest. An additional difficulty in working with priests was raised by Claire who explained that in one case, the priest's approach and her approach to the client were so different that she felt that 'psychologically and spiritually, we could not move on the same level'.

The precarious balance between helping clients and potentially harming them was raised by Mandy who described a situation where she had very different views from the client's spiritual director. This is evident in the following extract:

Mandy: I think there's a case where sometimes we can even, sort of, take part in harming our clients because, in this specific case, he has a spiritual advisor who's telling him one thing, then my *(therapeutic)* journey says, 'Don't you think that's a bit extreme? Don't you think you're hurting yourself

by doing this? Why shouldn't you enjoy...?' You know? And then that's where his

Moderator: That's where you feel the conflict, is what you're saying

Mandy: (*nonverbally agrees*) That's where, you know

Claire: That is too diametrically opposite to work with

Mandy: Illallu! (*You can say that again!*)

Rachel: You have to start from where he is, in a way

Claire: No, no. I'm saying, I don't know if I'd work if somebody sees (*hesitates*) you know, it's like if a person is seeing two therapists, if you are working on the same lines, as I said before with the spiritual advisor, it's OK, imma (*but*) if you get somebody who's such an extreme

Rachel: Veru! (*That's true!*)

From this conversation, it is evident that the participants were facing a dilemma. Alex suggested that the way to deal with this is to be 'committed to the client's agenda, in finding their own fulfilment'. He clarified that:

> If they're genuinely fulfilled and they're satisfied in life and if that (*alluding to religious practices and beliefs that he does not agree with*) is making them happy...But if they're latching onto this but deep down they're unhappy and, and for some reason they took on an identity that's not theirs and they want to rebel against it, and they need to thrash it out, then I'll be happy to help them

226

thrash it out, if that is their journey of getting happy. Pero *(but)*, if they're satisfied in what they're doing then I wouldn't impose my beliefs.

The participants seemed to agree with Alex's proposition while concluding that it may be appropriate to respectfully challenge a client in such situations.

In discussing their collaboration with spiritual advisors and/or priests a few FOST members mentioned the priest referring clients to them and Alicia jokingly said that 'they refer a lot to me when they don't know what to do with them'. Moreover, two participants mentioned that the therapists were 'replacing the priest' (Bridget) because as Jeremy explained 'as a therapist, you almost become like a priest in the sense that what's being revealed is the deepest and darkest parts of people'.

The participants therefore discussed collaboration with priests and/or spiritual advisors and clarified the different forms that such collaboration could take. They also highlighted issues of competence and raised concerns related to the difficulty of working with such persons. In the same way that the priest or spiritual director may be used as a resource, the participants highlighted using spirituality and/or religion as another resource in psychotherapy.

4. The use of spirituality and religion as a resource in psychotherapy

Some of the findings that I will outline here have been touched upon elsewhere in the presentation of the participants' experience and understanding of the spiritual dimension of psychotherapy. According to the participants, spirituality and religion are used by the therapists in addressing psychological issues. The latter may be fuelled by a person's religion or else the client's beliefs may be utilised to help the person make sense of their concerns.

Claire spoke about her work with a bulimic client who was also rather religious and the link between her religion and bulimia:

> I don't get people necessarily bringing up religious issues very frequently, but generally, if they do, then I follow their cue, especially if for them, it's something helpful or perhaps something which isn't helpful. It's almost like another given in the therapy. Per ezempju (*for example*), I'm thinking of a client of mine, she's an older woman, but who's bulimic as well, and she's very involved in the Church. But I kind of, try to look at the psychological aspect of it and what we have discovered is that she's had a lot of *(pause)* restraints on her being herself and actually her, perhaps, way of looking at religion, is another. So, then, I look at it from a psychological aspect.

Other FOST members spoke about the therapists working with the client's introjects and/or transferential issues. According to other participants, spirituality and religion are also incorporated into therapeutic work as a means of making meaning out of a crisis or problem situation such as dealing with death. Maureen explained that at times she believes that it is important to 'give permission to the client to talk about what sense she's making of it religiously'. Alicia described how she sometimes used 'religiosity' in the form of 'scriptures' or 'the bible words' to help the client spiritually by making meaning. At this point, Bridget commented on the utility of the therapist and client sharing 'a religious heritage' such that the therapist may use rituals and 'the same language' to help the clients.

Sandra also described spirituality as a way of both herself and the client 'going deeper' into the issue that is being dealt with. Audrey clarified that she would introduce 'the element of spirituality' as a way of helping the clients to become less defensive and move to acceptance. Claire considers it important when a person is going through a process of self-

discovery as a way of 'placing themselves in the world according to' their 'value system'. Other participants mentioned using the clients' belief systems as a means of support and meaning-making. Claire described it as igniting their 'internal resources. She said that this is particularly helpful when working with adolescents such that she would 'create a space for them to talk about what their beliefs are, what gives them strength and what keeps them safe'.

Moreover, in the FOST sessions some of the members spoke about spirituality and religion as a resource that they not only use with their clients but also for themselves. Sandra spoke about using spirituality when she is facing a crisis so as to 'find a bit of hope'. Alicia said that 'when I'm really, really stuck in a session, I pray inside myself'. Bridget described it as the therapist deriving 'spiritual sustenance' for her/him self during the session. Alicia also mentioned the use of rituals so as to protect herself during her therapy sessions with her clients, particularly during group work: 'I like doing this ritual of placing angels, especially when I have a group, so there's so many dynamics and so many things coming in, usually when we're working on generational issues and ancestry, I place my angels as protection around me'.

Many of the participants spoke about using religion and spirituality as a form of support. Claire and Mandy were very clear that they would use religion and religious support such as a person's prayer group, for example, in the same way as they would use other forms of support. In fact, asking about the client's support system is one of the tasks of their initial assessment. Consequently, 'if *(religion, God, prayer group)* happens to be one of them *(resources)*, then I would go with it' (Mandy). Audrey also spoke about how she would use a particular client's religion especially as 'it is her strength'.

In this section, I presented the participants thoughts and experiences with regards using religion and spirituality as a resource whether that is in the shape of cognitive

processing, deep introspection and reflection, the evaluation of one's beliefs and values followed by the subsequent consequences on one's identity and relationships and as an external source of strength such as a network of persons who could support the client.

5. Conclusion

In this chapter I presented the research participants' thoughts, feelings and experiences with regards to more practical applications of spirituality and psychotherapy. The three themes are interlinked. The first theme described the FOST members' understandings of a client's spiritual and religious issues, who should be the person to raise these concerns and needs in therapy and how different types of clients and client problems may make it easier or more difficult to experience spirituality in psychotherapy. The therapist's collaboration with priests and spiritual advisors was the topic of the second theme. Issues of competence with regards therapists, priests and spiritual directors were raised by the participants. They also discussed the different types of collaboration that may exist between the psychotherapist and the priest or spiritual advisor. Some of the members discussed the difficulty of working with the latter, especially in view of the fact that they would not want to impose their own values and beliefs onto the client. They also stressed the importance of not creating a conflict within the client between the therapist and the priest or advisor. The importance of being client-centred was highlighted in this dilemma. Lastly, the theme of using spirituality and religion as a resource was presented. The participants viewed spirituality and religion as both internal and external resources.

This chapter concludes the presentation of the research findings. In the following chapter I will discuss these findings in relation to the literature explored in Chapters Two and Three in the context of the Maltese setting.

CHAPTER ELEVEN

DISCUSSION OF FINDINGS

1. Introduction

In this chapter, I discuss the findings that were presented in Chapters Six to Ten in relation to the relevant literature and to the Maltese context. The findings were presented in two domains: i) understanding spirituality and religion as the context for practice and ii) spirituality and psychotherapy. There were four themes that reflected different facets of the domain of spirituality and psychotherapy which were: i) understanding spirituality and religion (in relation to psychotherapy), ii) the therapeutic relationship as sacred space, iii) the being – it is who the therapist is that counts, and, iv) applications in clinical practice. The data was analysed thematically and did not focus on group analysis mainly due to the fact that the principal objective of the research was on understanding the meaning and experience of the research participants in relation to the spiritual dimension of psychotherapy. The FOST group method was therefore used as an approach to data collection and was not aimed at producing data on the groups themselves (for an in depth discussion please refer to Chapter Five). Consequently, the discussion presented here is that of the domains and themes that were presented in the earlier chapters.

The data is rich and, while being relatively similar to the literature and research presented in Chapters Two and Three, it is more culturally bound. This different cultural nuance is discussed in this chapter. Furthermore, it gives rise to implications in the way psychotherapy is practised in Malta. Additionally, it may also reflect a gap in the way that counselling and clinical psychologists, counsellors and psychotherapists are trained in Malta. These issues are discussed in this and the following chapter.

2. Spirituality, religion and the relationship between the two

During the FOST discussions, the participants seemed to fluctuate between clearly distinguishing between the concepts of spirituality and religion and becoming confused about the two notions. This seems to reflect the literature which describes spirituality as difficult to define such that there exists no universal definition, it is beyond our comprehension and, while it is important to human beings, it remains vague (Samuels 2004, Tanyi 2002, West 2004a, Zinnbauer *et al.* 1997). Furthermore, both the participants and the literature also allude to the inadequacy of language in describing spirituality which may contribute to the confusion. At times, the FOST members saw a clear distinction between spirituality and religion such that they were presented as opposite while, at other times, they could either observe an overlap and dialectic happening between them or were unable to clearly differentiate the concepts.

Another factor that may lead to this ambiguity in defining religion and spirituality is the cultural context and the complex love-hate relationship or push-pull dynamic that may be experienced by some persons with regards their experience of religion. This may be particularly pertinent in the Maltese context, with regards to Catholicism and the Church, and people's experience of spirituality and religion. For many Maltese, one's experience of spirituality is almost necessarily done within this religious context such that the Catholicism and the Catholic Church remain the person's reference point, whether directly or indirectly and whether one accepts or rejects this position. This was also clearly experienced by some of the participants in this study and will be discussed further in this chapter.

Oppositional differentiation and negative and positive appraisals of religion and spirituality

When describing religion as the antithesis to spirituality, the participants seemed to strip the concept of anything existential and human such as meaning-making, values, transcendence and belonging and relate it to the institution, norms and ritual. This is also reflected in studies and writings that polarise religion and spirituality, with the former having to do with rules, the organisational structure of beliefs and values, authority, practice and ritual (Clarkson 2001, Sperry and Shafranske 2005, West 2001, Zinnbauer *et al.* 1997). Moreover, it also reflects the shifts that seem to be occurring in the Western world and possibly in Malta, from sacralisation to secularisation and the differentiation between 'life-as religion' and 'subjective-life spirituality' (Heelas *et al.* 2005). The oppositional differentiation coincided with negative evaluations of religion and positive appraisals of spirituality. Additionally, the FOST members seemed to oscillate between feeling positive about spirituality and religion and experiencing feelings of frustration as they tried to grapple with the concept of spirituality. They also experienced irritation, disappointment and disapproval in their considerations about religion.

The polarisation of the concepts and the resultant appraisals seem to parallel the ambiguity experienced by the FOST members and the push-pull dynamic referred to earlier and described in greater detail in the next section. This may be linked to the participants' disenchantment and frustration with the institutional aspects of religion, including the Church and its dogma. Consequently, one way of dealing with the possible resultant intrapersonal conflict that such emotions may give rise to, is to split psychologically, the spiritual elements from the institutional features of religion such as religious practices and dogma. Such a person may therefore 'reject' the organisational elements of religion while maintaining the elements that provide meaning-making and values that influence one's worldview, decisions and

lifestyle. This reflects local and other research of persons describing themselves as believing in God but not the Church or being spiritual while not religious (please refer to Chapters Two and Four). This distinction, however, is not clear cut, especially in a context where the presence of religion and the church, or the institutional elements of any religion, is strong. Consequently, ambiguity may arise both at conceptual and affective levels. I believe that this may be true not only for the Maltese context but for any other context or situation (such as a particular community or family) where there is a personal or historical and cultural religious heritage.

In some persons, the relationship between religion and spirituality may be experienced in a calm, integrative manner such that they perceive an overlap and interrelationship between religion and spirituality. It may lead to them experiencing 'religious spirituality' as described by Swinton (2001). However, for others, this may cause confusion, ambiguity, anxiety and conflict whether they take one polarised position or the other. It needs to be noted that the process of taking a position may itself create anxiety, confusion etc. that may lead individuals to present themselves in the therapy room. Others may experience a firm and tranquil distinction between religion and spirituality. The latter may consider themselves spiritual but not religious or having a 'nonreligious spirituality' (Swinton 2001). These different experiences will be referred to further in this chapter.

At times, the participants experienced such strong emotions during the sessions and were overwhelmed by their feelings. The latter points very strongly to other literature that indicates that defining and understanding both spirituality and religion are very individual and personal processes and are closely linked to the individual's experience of both religion and spirituality (McSherry 2006, Zinnbauer *et al.* 1997). It may also be the result of the personal

psychological experiences explained previously. Furthermore, as already indicated, I believe this to be particularly strong in the case of the Maltese participants in this study.

As noted, due to our social, religious and cultural heritage and context, religion is ever present in Maltese society and psyche such that one is influenced by this context whether one likes it or not, either consciously or unconsciously. During the discussions, the participants were often surprised by the way that religion, particularly Catholicism, was dominant in their thinking and experience either subtly or overtly. This was also the case for participants like Jeremy, whose personal experience of the interrelationship between spirituality and religion is strong such that he described a 'dialectic' occurring between the two. Being influenced by Catholicism and Church, seemed to be common to all the participants. This was also the case for all the FOST group members (like Bridget and Mandy) who saw a clear distinction between the two and who at times implied that spirituality is healthier and more positive than religion. They perceived religion to be more about dogma, authority and the institution. Being part of the Maltese culture and exploring their spirituality may mean that they have to move away from Catholicism and/or the Catholic Church with the implication that, paradoxically, it is still their reference point. It seems that the Catholic Church and religion are so interwoven in our culture, history, politics and lives, both personally and socially, that being influenced by it is inevitable. Consequently, this may point to the fact that the person of the therapist and his/her worldview, values, beliefs, will inevitably be present in the therapy room. The same may be said for the client.

Furthermore, one needs to keep in mind that the different reactions noted earlier (tranquillity, clarity, anxiety, confusion etc.) may be true for both the therapist and the client. The implication is that if the therapist and the client match in their understanding and experiences, this may give rise to certain reactions, emotions and cognitive understanding.

However, a mismatch can prove to be challenging for both. Whether mismatched or not, such situations may give rise to certain countertransferential reactions in the therapist. It needs to be remembered that it is the responsibility of the therapist to provide a therapeutic encounter which is respectful of the client and his/her values, beliefs and spiritual and/or religious needs. The therapist needs to be aware of how best to deal with his/her emotions, dilemmas and concerns together with the spiritual and/or religious concerns of the client. The latter may therefore require particular training and supervision. Such issues are discussed further in this and the next chapter. At times, the therapist may need to deal with the 'push-pull of religion' either in themselves or their clients, or both.

The push-pull of religion and the overlap between religion and spirituality

In Malta, the relationships between the individual, society and the Church have been undergoing rapid change in the past few years particularly since our accession to the European Union in May 2004. The tensions between the influence of the Church and the secular pull of society is omnipresent also in political discussions and in the individual psyche as can also be evident in the experience of guilt, shame, fear and discomfort experienced by the FOST members during certain discussions and also as they referred to issues and concerns presented by their clients. It is interesting that the participants' feelings seemed to parallel the experience of their clients. This may point to the influence of religion and the Catholic Church in Malta and the fact that we are all immersed in it.

At times, participants such as Alex, Jeremy and Rachel, for whom the Catholicism is important, seemed almost apologetic and hesitant in stating this clearly in the session. I believe that this may indicate a change that reflects the gradual secularisation of Malta. In Chapter Five, I described how going against the norm and being different, whether politically or religiously, may be likened to the coming out process of the gay/lesbian person. Therefore,

236

the FOST participants' apologetic and hesitant reaction seems to contradict this comparison since, at face value, they may be reflecting the dominant religious discourse. It may be that the tables are turning and that this once again reflects ambiguity in relation to spirituality and religion. In fact, for other participants such as Mandy, Claire and Bridget, it seemed really important to make a very clear distinction between spirituality and religion. They implied that the former 'is better' than the latter as it is related to positivity, growth, and transcendence and is all encompassing. Religion, on the contrary, was described as guilt-inducing, imposing, shallow and authoritarian. It is important to note, that from the perspective of group dynamics, these participants, particularly Mandy and Bridget, may have respectively influenced the opinion and discussion of the other members of the groups. And yet, I question whether this discussion and process may have occurred about ten years ago when, perhaps, the religious discourse was even stronger.

It must be noted, however, that the FOST members who saw a clear distinction between religion and spirituality were also surprised by the way that Catholic religious thoughts and sentiments seemed to be influencing them. This was evident, for example, in their choice and description of a symbol to describe spirituality. Once again, these reactions may have implications with regards to these issues and feelings being present in the therapy room whether from the therapist and/or client's perspective.

The influence of the Church, and the 'push-pull' sensation that some may feel in their religious experience and spiritual growth, may be quite emotionally overwhelming. This was evident in one session when Mandy broke down while discussing how a therapist would assess and address a client's spiritual needs, particularly a gay client who is experiencing difficulties because of wanting to feel part of the Church while experiencing the Church as discriminatory. She was quite strong in her arguments against the Church. At one point, she

said, 'I'm feeling *very angry* with the Church' and struggled to control herself from breaking down and crying. She also explained to us how she herself was experiencing anger, frustration, hurt and discrimination by the Church over a personal matter. This incident also indicates how a person's understanding and appraisal of religion and spirituality is personal, unique and influenced by their own experience of both within a particular cultural context (whether familial, communal or societal).

As noted earlier, it is also a topic that may elicit strong emotions. This was also evident at the end of the FOST process when the participants claimed that there was not much of a change in the content of their definitions of spirituality even though their emotional relationship to the term changed. They also indicated that the same words describing the concept would still mean different things to different people. These findings seem to be similar to results in other studies (McSherry 2006, Zinnbauer *et al.* 1997). The unique and personal nature of the topic of spirituality and religion also points to possible issues of therapist countertransference and the importance of therapist self-awareness and knowledge which is discussed later in the chapter.

Dyson *et al.* (1997: 1184) claim that 'one of the major hindrances in defining spirituality is its relationship with religion'. As explained earlier, this may be particularly pertinent to Maltese society where the Catholic Church has played such a dominant role in Maltese life, even though this seems to be slowly changing. This notwithstanding, its presence continues to be predominant in Maltese society, whether directly or indirectly. As Norris and Inglehart (2004) explain, the influence of religion seems to be important also for other countries where church attendance is in decline and where the role of religion is less felt. Consequently, they argue that the values, beliefs and traditions of any secular society are influenced by the religion that has prevailed in that society. In the current scenario, this does

not seem to be entirely the case for Malta. However, recent changes such as public discussions regarding greater respect for the rights of lesbian, gay, bisexual and transgendered persons, in-vitro-fertilisation, abortion, stem cell research and the legalisation of divorce, as well as a decline in church attendance may indicate similar trends. Furthermore, as discussed earlier, I doubt whether research such as the current one would have yielded the same results ten years ago. Mandy, one of the FOST group members, expressed similar sentiments when she welcomed the fact that in discussing spirituality, the group steered clear of talking 'about institution and religious dogma, which I thought welcoming'.

The participants also viewed a degree of overlap between spirituality and religion such that they described a conversation happening between the two with one informing the other, that a person can be spiritual and not religious and vice versa, that values, beliefs and rituals can lead to spirituality, and that religion provides a language for spirituality and can ground a person's spirituality. Moreover, some participants discussed the fact that religion without spirituality is hollow and meaningless. In fact, according to the participants *both* religion and spirituality have the following elements: meaning-making, purpose, giving direction, values, connection and relationship, change and transcendence. For those who tend to polarise the concepts, the latter are the factors that usually differentiate between religion and spirituality. However, these shared facets of both spirituality and religion reflect other literature (Frame 2003, Moore *et al.* 2001, Richards and Bergin 2005, Swinton 2001, Zinnbauer and Pargament, 2005). Furthermore, they may reflect the complex relationship of religion and spirituality in the Maltese context. Additionally, perhaps the distinction is 'easier' to make conceptually but may be more difficult to do experientially, particularly when one is immersed in a strong religious culture. In fact, I believe that this overlap is particularly relevant to the Maltese context in which the religious discourse is so strong.

As mentioned earlier, in Malta, very often Catholicism is nearly always the reference point, either because it informs a person's spirituality or because the person's spirituality is one that moves away from it. Moreover, the FOST members seemed to emphasise the 'shared' and 'community' elements of the above facets of religion. This follows Swinton's (2001) perception that one of the distinguishing factors of religion is a person's belonging to a community and the shared understanding of the community with regards to God. Moreover, due to the size and history of the Maltese islands, the emphasis on the family and neighbours and the importance of a communal lifestyle of the Maltese, I believe that this becomes particularly salient with regards to the shared elements of belief, ritual, values and so on.

Another important factor is that up to the accession to the European Union, Maltese society was rather homogenous to the extent that, as already noted, diversity in its different shapes and forms was usually frowned upon. For example, the fact that a member of a family had different political leanings sometimes led to family rifts and conflict. This still happens, although it is less common. The need to belong and the importance of 'sameness' were (and to some degree are) still very important.[24] This may therefore be challenging to those who wish to move away from Catholicism and the Catholic Church, and experience or be open to other religions or forms of spirituality. Consequently, it may lead to certain psychological difficulties such as increased anxiety, low self-esteem, confused identity, rebellion, anger, loneliness and so on, which may become manifest in the therapy room. Furthermore, they may be present either directly as part of the presenting problem or indirectly and subtly, as underlying other issues or concerns.

---

[24] This may also be the result of our historical heritage in that the Maltese were ruled by one power or another up to our independence in 1964. Consequently, the importance of sameness and belonging when faced with the 'oppressor' could have had particular salience to Maltese identity and culture

One participant in particular, described the relationship between spirituality and religion as being on a continuum beginning at the existential and personal end of the spectrum (spirituality) and ending at the other end that deals more with ritual, practice and norms (religion) and which is more public. Norris and Inglehart (2004) refer to this shift in societies from sacralisation to secularisation. However, they do not provide this explanation in individual terms as this participant does. Furthermore, she described it in cyclical terms such that a person would seek community and shared meaning of individual spiritualities in religion but dissatisfaction with religion would return the person to his/her own spirituality and so on. This may also reflect the co-existence in Maltese society of secularisation and sacralisation as described by Heelas *et al.* (2005). Consequently, within this context, Swinton's (2001) differentiation between religious and nonreligious spirituality[25] becomes particularly salient and important in Maltese society.

Spirituality as having different dimensions

As already noted, in discussing spirituality the participants seemed to echo the literature which refers to spirituality as a multidimensional construct. They identified spirituality as having the dimensions of meaning-making, purpose, connection, hope, growth and change and direction. However, Chantelle also spoke about spirituality leading to love and a nonjudgmental and empathic attitude which reflects the dimension of 'altruism' highlighted by Elkins *et al.* (1988). The participants also emphasised that spirituality has an effect on one's life and relationships, guides one's actions and decisions and drives persons to do good and be caring. These reflect the different dimensions of idealism, meaning and purpose in life, fruits of spirituality, 'awareness of the tragic' and 'mission in life' presented by Elkins *et al.* (1988: 10) amongst others.

---

[25] Religious spirituality is spirituality that is derived from a person's religious beliefs while nonreligious spirituality is spirituality that is not linked to any religion

Moreover, they also emphasised that there is a transcendent dimension to spirituality and Alex mentioned that, without transcendence, a person could have a spiritual life 'but there's something missing'. The latter was another factor that seemed to particularly distinguish religion from spirituality. The transcendent dimension seemed to be paramount to religion while being important to spirituality. Once again, this may be the result of the close relationship that some of the participants perceived between religion and spirituality and the fact that, for some, their spirituality is religiously-inspired.

Finally, in their understanding of spirituality, the participants placed great emphasis on the transformative aspect of transcendence with regards to spirituality and on the importance of presence and 'being'. The latter were evident in the participants' considerations of the link between spirituality and psychotherapy.

3. Spirituality and psychotherapy as inevitably linked

The participants understood that spirituality and psychotherapy are inevitably linked mainly because both share the following dimensions: meaning-making, connection and relationship, being, enlightenment and growth and transcendence. This is probably influenced by the fact that they come from a humanistic-existential background. However, as is evident in Chapters Three and Four, this was reflected by a number of authors, amongst them Pargament (2007), who claims that spirituality cannot be separated from psychotherapy in the same way that spirituality cannot be differentiated from life since it is interwoven in everyday life. Both the participants and these writers focused on the fact that people make meaning out of their existence and perhaps more so in times of crisis and when facing difficulty whether physical, emotional, psychological or existential. It is what informs their worldview, which is shaped by and changes as the person interacts with his/her environment. Naturally, this is often when people seek professional help including psychotherapy. It is often a question of

242

making sense of what is happening to them on a number of levels: identity, relationships, spirituality and/or religion. The participants highlighted these as issues and concerns which inevitably link spirituality to psychotherapy.

Bridget was one of the participants who focused on the fact that when clients come to make meaning out of their suffering (in whatever form), they are embarking on a spiritual journey. The participants also noted that it is the client's issues that alert them to the possibility of raising spiritual and/or religious issues in therapy. Moreover, they identified certain client concerns that more readily lend themselves to addressing the client's spiritual issues such as: existential stuckness or questioning, bereavement, depression, trauma, addictions, sexuality, abuse and rigidity of personality amongst others. In Chapter Four, I presented a number of studies that showed a positive correlation between spirituality-integrated psychotherapy and a number of these issues.

Furthermore, the FOST members insisted that spirituality is one of the facets making up a human being such that one assesses this dimension and utilises it as one would use other facets of a client's personality such as the cognitive and affective aspects. This, too, is reflected in the literature in that: human beings are regarded as spiritual beings, spirituality is innate, there is a biological basis to spirituality, all persons make meaning and need to connect, and spirituality is part of a person's identity and therefore is part of the human condition. It is a domain that would need the therapist's attention and/or focus in the same way as others would, particularly because the domains are interlinked and affect each other (Bergin and Richards 2005, Buttery and Roberson 2005, Hathaway and Ripley 2005, McSherry 2006, Sperry 2001, Pargament 2007, Pargament *et al.* 2005, Wilber 2000, Zohar and Marshall 2001). Moreover, Jeremy clarified that he considered the process of therapy to

be a spiritual journey for him, whether the client considers it or not. This echoes West (2004a) who claims that the journey is a spiritual one for either or both the therapist and the client.

The FOST members viewed spirituality and religion in psychotherapy to be a double-edged sword in the same way as evidenced in the literature (Knox *et al.* 2005, Lines 2006, Pargament 2007). However, during such discussions, the oppositional differentiation in understanding religion and spirituality seemed to be highlighted in the groups. The latter may be due to the push-pull influence of the Catholic Church and religion in Malta. It may also be linked to their own countertransferential reactions, and the ambiguity they might experience on conceptual and experiential levels.

It seems that the participants were more resistant and hesitant in bringing up and dealing with religious dilemmas and issues rather than spiritual ones. This was partly due to the fact that the members viewed spirituality to be part and parcel of psychotherapy since they share the similar dimensions mentioned above and both involve a journey of discovery for the therapist and the client. In fact, therapeutic and spiritual needs were sometimes equated by the participants. Alex qualified that this also depended on the client's presenting problem. However, this was not true for religion.

One of the reasons for the FOST members' resistance in dealing with religious issues is that at times being respectful of the client's religious beliefs and values provided a challenge to the participants' own values and beliefs. They spoke about a dilemma being created between being respectful and not imposing their own beliefs while being congruent to themselves. This seems to reflect the findings by Aten and Leach (2009) who claim that fear of imposing personal values is one of the reasons for therapist resistance in dealing with the spiritual dimension in psychotherapy. Another reason that they give is the therapist's negative attitudes and bias towards religion. This becomes evident in the therapist's own

countertransference that was mentioned earlier and that is dealt with later in greater detail later in this chapter. It may also become manifest in the way they view religious issues that are presented by their clients.

Rachel and other FOST members spoke about dealing with religious issues when dealing with transferential issues such as the client claiming that God does not love him/her, and when trying to 'free' the client of religious introjects, especially as these may affect the way that clients process what is happening to them and may underlie some of their psychological problems. Some questions asked by clients may include: 'Is God punishing me?', 'What does God want of me?' 'What happens to my daughter when she dies?' How can I be gay and still Catholic? 'Am I a good person since I carried out an abortion?' The participants mentioned feelings of guilt and anxiety which have their roots in the client's religion underlying certain psychological concerns as well as feelings of anger and self-hatred triggering issues such as Satanism. These issues and concerns reflect Lines' (2006) claims that some clients may be unaware of the impact of their spiritual dilemmas on their social, cognitive and emotional struggles. Moreover, as Exline (2002) noted 'religious strain' and 'religious rifts' could lead to depression and suicidality. I believe that therapists need to be aware of this because Maltese clients may be particularly prone to these issues due to the push-pull effect and centrality of religion in Maltese life. These implications are discussed in greater depth in Chapter Twelve.

Consequently, both spirituality and religion could also be part of the problem or issue needing to be worked on in the sessions. However, as already noted, both the participants and the literature maintain that they may also be an important resource that can be utilised in a person's life and therefore the focus of attention in therapy. This could be as a result of making meaning whether through religiously-inspired or spiritually-inspired values and

beliefs. The FOST members spoke about using a client's religion and/or spirituality as a source of internal strength and social support. Alex and Claire were two of the participants who clarified that, at times, this might mean helping the client to note the link between their psychological issues and their religious beliefs which could be irrational. Working through the client's irrational religious beliefs such that they could then use their religion to support and strengthen them was seen by these therapists as one of their therapeutic tasks with their clients. Pargament (2007) claims that attending to such spiritual matters may be essential to therapeutic progress while Sperry (2001) adds that clients expect therapists to help them in their moral and spiritual dilemmas.

Other examples of religious social support were described by the participants as other sources of support. In the Maltese context, where reliance on the community and the interrelationship between the individual and the group is strong, the use of religious groups (prayer groups, Christian movements, parish groups and so on) can be particularly useful for the client. In fact, the participants spoke about the latter as other sources of support that they would utilise. However, they also spoke about the other side of the coin, namely, the negative influence of some of these communities and the potential psychological disturbance of these groups on the client. In these cases, delicate work would need to be done by the therapist to help their clients work through these psychological issues while also helping them to use the same or other groups as healthy sources of support. The participants acknowledged the difficulty and challenge of the precarious balance that is involved in this work. Pargament (2007: 265) claims that 'by cultivating ties with diverse religious communities, therapists can help these clients reconnect to a supportive group' particularly in the case of 'socially marginal clients' with no other sources of social support. Furthermore, Aten and Leach (2009)

noted studies that show a positive effect of spiritual communities in terms of bestowing acceptance and support.

Another source of support noted by Pargament (2007), Lines (2006) and the FOST participants is the collaboration between the therapist and religious leaders. More often than not in the Maltese context this is usually the Catholic priest, although this may be changing as Maltese society becomes more diverse. However, in the same way that there seems to exist a 'push-pull' experienced with regards understanding and appraising religion and, with religion being experienced as both a resource and as underlying a client's concerns, the participants also had a conflicting view on collaboration with priests. This seems to be due to their professional experience of encountering priests who compound their client's problems, and at times, as a result of their own personal experience with such priests and their overall impressions of the clergy. However, they also noted that working with a priest or spiritual advisor, whether directly (for example, the priest/spiritual director being present in the session) or indirectly (such as referring to the client's report on what the priest has said), could be very important in the therapeutic work with a client.

Furthermore, the participants highlighted that the priest's influence may at times be stronger than the therapist's such that they would knowingly utilise this influence when they believe that it would be of benefit to the psychological work undertaken with their client. They also highlighted the therapeutic benefit of certain religious practices and ritual such as the Catholic sacrament of reconciliation (confession) in helping a person heal and deal with feelings such as guilt. They perceived this collaboration with priests/spiritual advisors in the same way as the collaboration that they would practise with other professionals. Once again, I believe that this is also influenced by the fact that priests, religious communities, other religious persons (nuns, bishops) and religious institutions (such as schools and residential

homes) are so intrinsically part of the Maltese social, political and economic fabric of life. To some degree, their presence and potential contribution is accepted and appreciated by the therapists in this study, including those who might not seek out a priest in dealing with their own issues or who no longer align themselves with the Catholic Church. They respected and acknowledge the influence and importance of such persons in the lives of their clients. Consequently, the need for the therapists to have a network of priests that are open, flexible and humane in their approach and that they can trust as collaborators results from this study.

In this section, I discussed how spirituality, religion and psychotherapy are inevitably linked. In the next section, I will discuss how the participants viewed psychotherapy to be imbued with spirituality and how this is also observed in some of the literature.

4. Psychotherapy as imbued with spirituality

There seemed to be a strong emphasis by the participants of both groups that psychotherapy seems to be imbued with spirituality. A reason that may have influenced this is the fact that all the participants happened to be from a humanistic-existential background. As noted in Chapter Four, for therapists adopting a humanistic and transpersonal approach, psychotherapy is imbued with spirituality that focuses on the therapeutic relationship and the person of the therapist as essential elements to spirituality and psychotherapy. Moreover, such therapists view both spirituality and psychotherapy as involving meaning-making and understand that client transformation is central to the spiritual dimension of psychotherapy.

'Meeting in our humanness': therapy without connection is soul-less

Many of the FOST members described psychotherapy as a spiritual journey made up of spiritual moments. The latter were often described as intense moments of connection in terms of shared understanding and an emotional bond between the client and the therapist.

Within this journey, the therapeutic relationship takes centre stage. Such moments of intensity were described in relational terms such as 'a meeting in our common humanity' and a 'soul to soul connection' (Maureen), 'a melting' with 'the spirit of two human beings actually meeting somewhere and connecting' (Mandy), 'a felt moment' of connection (Jeremy) which is not necessarily verbalised, and 'orgasm' (Mandy and Bridget). They highlight the deep understanding, which at times is emotional and not simply cognitive, that is shared by the therapist and the client and is based on their shared humanity. They describe that this results in feelings of intimacy and connection. The centrality of the relationship together with its description echoes that made by certain person-centred and transpersonal therapists and writers. Moreover, others writing about spiritually-integrated psychotherapy, such as Pargament (2007), also view the therapeutic relationship as central to spiritually-sensitive psychotherapy. Consequently, emphasis on therapist training in creating and maintaining a therapeutic relationship is implied.

Thorne (2005: 22) described therapy where both the therapist and client meet as 'person to person' and engage in an 'existential encounter'. It was also described as 'meeting at relational depth' (Mearns 1997, Mearns 2006, Mearns and Thorne 2006). Rogers (cited in Mearns, 2006) describes his inner spirit reaching out and touching the inner spirit of the client. This is very similar to Maureen's description of the soul to soul connection as 'a to and fro between the soul of the client and myself' and to Mandy's description mentioned above. Moreover, the participants often used the terms 'merging' and 'melting' to describe the relationship and at times, to depict intense moments of intimacy in the connection. In fact, orgasm was alluded to in this portrayal as a moment of forgetting oneself where there is an experience of letting go and a momentary merging of identities and spiritual journeys such that there is a soul to soul connection. Bridget claims that for this to happen, the therapist and

client meet in their 'nothingness' such that there exists no power differential between the two. Maureen adds to this by saying that, at that point, there exists no distinction between the two, 'It's me and you, and you and me and we're both at the same place together at the same time, and we're both, living this and... experiencing it as a way to healing'.

This is also similar to Iseli Shudel's (2006) description of the therapist and client meeting in their nakedness as their true selves. It also seems to echo the concept of linking proposed by transpersonal psychotherapists. Rowan and Jacobs (2002: 82) explained it as 'that way of relating that refuses to take separation seriously, and assumes instead that the space between therapist and client can be fully occupied and used by both, to the advantage of the therapeutic work'. This requires that the therapist empties him/her self of the ego (Clarkson 2002: 19) 'leaving room for something numinous (glowing) to be created in the 'between' of the relationship. This space can then become the '*temenos*' (sacred space)'. This was also discussed by participants as they referred to the fact that the therapist goes to the therapeutic encounter as another person sharing in the vulnerability of humanity. Maureen described how the therapist experiences 'a falling of the ego' in such moments. This form of relating therefore requires that the therapist would have met him/her self first, and have faced, or dealt with, or is in the process of dealing with, his/her issues. It implies an ongoing process of self-awareness, self-knowledge and growth which is discussed later.

The participants used Buber's (1970) concept of 'I-Thou' to describe this way of relating. This deep form of relating, according to Thorne (2006: 37), releases energy such that 'profound growth and healing' takes place. Moreover, at such intense moments Rogers (cited in Thorne 2006: 37) explains that the therapeutic relationship 'transcends itself and becomes part of something larger' which he identifies as the cosmos or the universe. Some of the

250

participants alluded to a similar phenomenon when they explained that the connection between the therapist and client creates a third.

It seems that, according to the participants and a number of therapists, this type of relationship creates a space where the clients feel safe and contained, such that they experience themselves as 'being seen' and allow the therapist to 'see' them. Alicia explained how this process allows the clients to discover their true selves. Thorne (2005), and Mearns and Thorne (2006) discuss how such a relationship encourages depth work that creates the space for self-discovery and a movement away from self-rejection to self-acceptance. Such in-depth work and processes are considered by the participants and also some humanistic and transpersonal therapists as spiritual. Mandy claimed that, while not all change is spiritual, the most impactful transformations are those that happen within a spiritual context. Many of the participants perceived this as having to do with a change in meaning-making, even when this happens on a personal and individual level. They observed that the process of increased self-awareness and self-knowledge leading to self-love is spiritual.

Moreover, this self-discovery may imply self-transcendence from limitations that in themselves may be considered transpersonal and may include a change in consciousness that moves beyond the limitations of the ego (Daniels 2005, Rowan 2005, Wilber 2001). One example was given by Maureen when she spoke about a client who had to let go of and mourn parts of himself so that he could move 'beyond the self obsession, towards something bigger than himself'. Sandra spoke about a client overcoming blockages to self so that 'there could be a creative adjustment' while Chantelle added the dimension of overcoming blockages in relationships (and the self) as examples of transformation which she considers to be spiritual. Helping clients to free themselves from the conditioning of religion so that they could discover their true, authentic selves was another example given by Alicia of change and

251

transcendence. Alex also perceived that helping clients question religious beliefs that are 'faulty' and harmful to their clients was another important therapeutic task and involved transcendence. The participants saw this transformation to be possible as a result of a safe, loving, trusting, empathic, genuine relationship that creates the space for persons to acknowledge their true selves and transcend themselves. This is shared by some humanistic and transpersonal therapists. These qualities of the therapist will be discussed further in the next section.

It therefore seems that, for the participants as well as researchers writing about the spiritual dimension of psychotherapy, whether humanistic and transpersonal psychotherapists or those writing about spiritually-integrated psychotherapy, the therapeutic relationship is central to the spiritual in psychotherapy. I propose that the therapeutic relationship and the 'in-between' thus become a 'sacred space'. It seems that spirituality and psychotherapy merge in the creation of sacred space which is done in and through the therapeutic relationship such that the client and the therapist may be transformed and reach enlightenment and transcendence. The therapeutic relationship as sacred space thus becomes a spiritual experience.

I would propose that the factors making the therapeutic relationship sacred space include the deep interconnectedness proposed by the humanistic and transpersonal schools of psychotherapy; the practice of mindfulness in psychotherapy; Jung's concepts of 'relational unconscious' and 'synchronicity'; Buber's 'I-Thou' relationship; the qualities of unconditional positive regard, genuineness and congruence, empathy, presence and tenderness. Moreover, both the participants and some of the literature allude to the fact that, because of these elements, spirituality is already present in the therapeutic relationship. Furthermore, it is an encounter where transformation for the client and also for the therapist

252

happens 'when we're in contact' (Alicia). Due to the emphasis on the therapeutic relationship, the person of the therapist and the therapist's way of being becomes critical.

The person of the therapist

The emphasis of the research participants on the creation of a sacred space through the therapeutic relationship and the concept of the connection between the therapist and the client being central to the spiritual dimension of psychotherapy requires that the therapists present themselves as human beings and do not hide behind their expert role. This is reflected in the literature. Transpersonal therapists claim that the person of the therapist is crucial such that he/she would use him/her self and the therapeutic relationship (Frame 2003, Rowan 2001, 2005, Wilber 2001, 2000, Lukoff and Lu 2005, Clarkson 2002, 2003). This is also true for person-centred therapists who claim that the therapist must present him/her self and engage the client as him/her self without the masks/images that one tends to put on in life (Iseli Shudel 2006, Mearns and Thorne 2006, Wilkins 1999, van Kalmthout 2006). As noted earlier, this also requires a 'falling of the ego' (Maureen) on the therapist's side (Clarkson 2002). It seems that this is possible, according to both the participants and the literature (including writers on spiritually-integrated therapy), when the therapist adopts these and similar skills and attitudes: empathy, trust, genuineness, containment, nonjudgmental attitude, compassion, presence, tenderness, acceptance, congruence, respect and openness. Moreover, as a consequence of the therapist adopting these skills, the participants believe that spirituality is omnipresent in and through the therapeutic relationship.

Furthermore, according to the participants and some writers, it is through these skills and attitudes that deep change and transformation and healing which may be considered spiritual, can take place (Fraser 2000, King-Spooner 2001, Mearns and Thorne 2006, Thorne 2005, Rowan 2005, Rowan and Jacobs 2002, van Kalmthout 2006, West 2004a). These

require that the therapist does not mechanically convey these skills but is an embodiment of these skills. The latter requires a *personal commitment* and *involvement* on the part of the therapist. In fact, both participants and some writers distinguish between the therapist as a fellow traveller and as a technician (Lines 2006, Lukoff and Lu 2005, West 2004a). The FOST members highlighted the importance of the therapist being knowledgeable and skilled but using the latter through 'being' and not 'doing'. According to Maureen, this requires that the therapist creates a space inside herself and the therapeutic relationship where she can simply 'be with' the client. She clarified that this means that she would need to let go of the need to 'do something'. Other participants also emphasised the importance of 'being with' a client also through silence, a gaze, a hug and so on (Chantelle, Jeremy). However, they also clarified that the therapist would need to be well versed in the skills and techniques necessary for their practice and use them 'automatically'.

The participants distinguished between the therapist as a 'dance partner' (Sandra), a 'wounded healer' (Bridget, Alicia) and a 'technician'. It seems that the concepts of 'dance partner' and 'wounded healer' emphasise the distinction between 'being' and 'doing'. In these depictions, the FOST members describe the therapist as presenting him/her self as a person who is also on a life/spiritual journey, is vulnerable, is 'non-knowing' (Alicia) and does not have all the answers (Audrey) but is authentic, constant and reliable (Mandy), trustworthy and models commitment to own growth and development (Bridget). This is emphasised in the literature, particularly with person-centred therapists (Mearns and Thorne 2006, West 2004a). West (2004a: 108) describes this as the therapist being 'spiritually awake' while Thorne explains that the therapist's way of being is not only a technique that is used in therapy but is a way of being in the world. He referred to this as the 'spiritual imperative' (Thorne 2005: 5). This understanding was also shared by the participants who emphasised qualities such as

reliability, constancy and integrity to reflect these facets of congruence. Rachel emphasised that 'we need to practise what we preach'. According to the participants this also means that therapists need to be committed to their own growth and development on personal, spiritual and professional levels. This implies that the training of therapists would need to encourage this reflexivity, introspection and personal growth and development.

Due to their 'personal involvement' in therapy, both the participants and some transpersonal and person-centred writers highlight elements of reciprocity and mutuality with both the therapist and the client being touched, healed and transformed. The participants understood that the therapist accompanies the client on this life journey of meaning-making and sharing of pain and suffering. Consequently, the participants perceived themselves to be fellow explorers who are also on a journey and who are also being healed, touched and transformed. This description comes very close to that provided by Lukoff and Lu (2005) of the therapist and client as two spiritual travellers, while West (2004a) and Lines (2006) describe the therapist as 'fellow travellers' and 'supporter' or 'witness' (West 2004a: 108). These seem to match the concept of the therapist as 'dance partner' and 'wounded healer' as described by the participants as opposed to 'technician' (participants) or 'psychological technician' (Thorne 1997: 211). The emphasis made by these writers and by the participants is of the therapist as accompanying the client. Through the therapist's way of being and judicious use of skills, the therapist creates a safe, trusting relationship that acts as a container or a 'holding' (Bridget) environment for the client which in itself is considered a sacred space.

Due to the personal involvement of the therapist and to the complexity of providing spiritually-sensitive psychotherapy, both the participants and the literature emphasise self-awareness, self-knowledge, self-discipline and self-care as important therapist aptitudes. The latter are also alluded to in the list of therapist competencies provided by ASERVIC (2009) as

255

presented in Chapter Four. Bridget and other FOST members spoke about the importance of being aware of one's issues and working on them since 'this is what you're presenting'. As we saw earlier in Rachel's comment, the participants also seemed to present this as an issue of congruence: 'spirituality is meaning-making, then I need to work on my own meaning-making' (Bridget). Moreover, the participants spoke about being models to their clients of struggle and growth. This is also linked to their perception of 'being themselves' in therapy and not hiding behind their professional persona.

Furthermore, through self-awareness and by taking responsibility for themselves and their own growth and difficulties, the participants believe that their own struggles can be judiciously incorporated in the work with their clients (Alicia). They believe that for this to happen, they must allow for 'me time' (Bridget) or 'quiet time' (Alicia) where they can connect to themselves and engage in reflection on themselves, their lives and their practice. Audrey claimed that this is particularly important when she is very busy and 'disconnected' from herself. A number of authors agree with the importance of self-awareness and engaging in mindfulness practice and stillness as important in providing spiritually-integrated psychotherapy. Pargament (2007) claims that self-awareness, together with openness, tolerance and authenticity, is the main characteristic of the spiritually-integrated therapist. Mearns (1997) claims that the therapist needs to cultivate inner stillness as a prerequisite to being 'present' to the client. The FOST members spoke about engaging in a number of activities such as prayer, writing, meditation and drawing to deepen self-awareness and self-knowledge together and to enable them to practise in a meaningful way. Thorne (2005) refers to the fact that the therapist needs to engage in spiritual discipline which includes engaging in activities that help therapists become still and in touch with themselves.

Apart from self-awareness and self-knowledge, the participants also stressed the importance of self-care in order to be in a position to 'give themselves' in therapy. This takes different forms such as maintaining a good work-life balance (Claire), engaging in 'me time' (Bridget) or 'quiet time' (Alicia) and working on oneself and receiving support through therapy, and/or supervision and colleagues.

Lastly, the participants also highlighted the importance of self-awareness in relation to dealing with possible issues of countertransference. They spoke about the 'inevitability' of countertransference when practising by bringing their selves into the therapy room, particularly when dealing with religious and/or spiritual issues. This is reflected in some of the literature which highlights the importance of self-awareness and self-knowledge (including an understanding of one's worldview, values, beliefs, cultural heritage) and what spirituality means to the therapist, as ways of minimizing countertransference (ASERVIC 2009, West 2002, Wiggins 2009, Zinnbauer and Barrett 2005). The FOST members highlighted the importance of the therapists being aware of their own spirituality and spiritual needs before they could recognise them in others. Rachel expressed this when she said, 'I think you have to be in tune with yourself *(pause)* with your own spirituality... I think it needs to be something that you can see and own, and be with, before you can identify it in others'.

Self-awareness was also presented by the FOST members as a tool used by therapists to control themselves from projecting their issues and concerns (particularly spiritual and/or religious) onto their clients. They also viewed it as a means in which it could help them to be open to their client's values and beliefs particularly when these are opposed to theirs (Rachel, Mandy, Claire, Alicia, Bridget). They claimed that the latter is one situation where maintaining psychological boundaries and avoiding countertransference becomes particularly

challenging. Other difficult situations include when a client shares a similar background (particularly a religious one) (Bridget), when the therapist herself is experiencing a push-pull between religion and spirituality as described by Maureen such that it creates confusion or 'a fog' (Maureen) that spills into the session. The latter are similar to situations of countertransference presented by Wiggins (2009). Jeremy explained that, in these situations, he places great emphasis on self-awareness and on taking responsibility for his own questions. However, Claire admitted that at times, this may prove to be too hard such that she may, unwittingly, pathologise the client's issues. The latter is also referred to in the literature particularly when therapists are not trained in spiritually-integrated psychotherapy (Frame 2003; Lines 2006; Pargament: 2007; Shafranske and Malony 1990; West 2002, 2004b; Zinnbauer and Barrett 2005). The participants reflected the advice in the literature of using supervision in situations such as these or when self-awareness and self-knowledge is not enough (Wiggins 2009).

5. Conclusion

In this chapter the main themes of the data were discussed with reference to the relevant literature and to the Maltese context. While similarities are noted between the literature and the findings, there are also certain differences, particularly in emphasis or nuance. For example, the participants' struggle to define spirituality and religion as well as the multidimensional nature of spirituality, the overlap between spirituality and religion and the oppositional differentiation and negative and positive appraisals of religion and spirituality were all present in the literature. However, these take on a different perspective when viewed within the Maltese culture, particularly with respect to the omnipresence of the Catholic Church and the push-pull of religion. On the other hand, this may not only be true to Malta

since comparable patterns may also be present in families, communities, or societies where the presence of religion is relatively strong.

The similarity to some of the literature was also evident in the research participants' experience and understanding of the spiritual dimension of psychotherapy. They all acknowledged spirituality and psychotherapy to be inevitably linked either because of certain similarities between spirituality and psychotherapy or as a result of the fact that spirituality is another important human dimension which cannot be ignored. Moreover, they also recognised that both spirituality and religion can be a useful resource in the therapeutic work with the client while they can also underlie certain psychological issues or concerns. Once again, within the Maltese context, these take on particular significance.

The participants appeared to lean more closely to the view that seems to be shared by some humanistic-existential and transpersonal therapists that psychotherapy is imbued with spirituality as a result of the content of psychotherapy (meaning-making, transformation, transcendence) and also because of the deep connection that is created between the therapist and the client. The therapeutic relationship therefore becomes the vehicle through which spirituality is experienced in psychotherapy while also being a sacred space in and of itself.

Due to the emphasis on this spiritual encounter, the personhood of the therapist and the therapist presenting him/her self in the therapeutic work with the client become fundamental. The therapeutic relationship and the importance of the therapist are also shared by proponents of spiritually-integrated psychotherapy. However, the difference between this perception and the perception of the participants in this study and some humanistic and transpersonal therapists is that they view therapy or the therapeutic encounter to be spiritual. Furthermore, while exponents of spiritually-integrated psychotherapy stress the importance of the therapist having certain competencies and skills, the FOST members and some writers seem to imply that one must go beyond these and that these are tools in the therapist's bag.

They believe that the therapist needs to first and foremost be present in the therapeutic relationship as a person who is engaged in life's struggles, while utilising these skills and competencies. This implies a strong congruence between the person of the therapist outside and inside the therapy room.

Through this lens, while therapy is viewed as a skills-based profession, it is also experienced as a spiritual practice where the therapist gives of him/her self in the creation and maintenance of a relationship where the client is seen, loved, accepted, held and can therefore move towards self-acceptance, growth and transformation. Both the literature and the participants therefore emphasise the importance of therapist skills and attitudes such as congruence, empathy, compassion, acceptance, presence and respect. The therapist is viewed as a fellow traveller and witness who accompanies the client.

Moreover, self-awareness, self-knowledge, self-discipline and self-care are presented as central to this type of practice. In fact, the latter are also emphasised by writers on spiritually-integrated psychotherapy. As noted, while these authors do not seem to view psychotherapy as imbued with spirituality, yet, they understand the centrality and inevitability of including the spiritual dimension in practice, including the importance of the therapist's role and competencies and the centrality of the therapeutic relationship. The participants also seemed to share the perception of proponents of spiritually-integrated psychotherapists. This is particularly the case in their discussions of using spirituality and/or religion as a resource, viewing religion and spirituality as underlying certain psychological issues, collaboration with priests and other spiritual advisors, dealing with issues of countertransference and assessing and addressing clients' spiritual and/or religious concerns.

In conclusion, Swinton's (2001) definition of spirituality, which is discussed in Chapter Two, is based on intrapersonal, interpersonal and transpersonal dimensions that could be very much likened to the practice of psychotherapy which shares these dimensions. It is an

intrapersonal experience for both the therapist and the client and it is an interpersonal encounter with the expected outcome of transformation and transcendence that could also be transpersonal. Moreover, in the face of the participants' experience and also the literature reviewed, I tend to conclude that the spiritual dimension of psychotherapy (as has been discussed in this thesis) is inevitably present in the therapy room, whether one acknowledges it or not. This has certain implications for therapy many of which have been discussed in this chapter. However, other implications and recommendations are discussed in the final chapter that follows.

CHAPTER TWELVE

CONCLUSION

1. Introduction

In this chapter, I provide a very brief summary of the main points of this thesis: the theoretical framework, research question and aims of the study, the research design and the main findings. I will also present implications that result from the study while also making recommendations. I end by highlighting the contributions of the study.

2. In the beginning... Framing the research question

My interest in the spiritual dimension of psychotherapy began with my own reflections in relation to my personal and professional life as outlined in Chapters One and Five. This led me to explore the literature on the subject, which revealed that, sociocultural changes in the Western world were leading to disenchantment with religion and an increased interest in spirituality. Such changes seemed to be linked to polarisation when defining the concepts of spirituality and religion. This appeared to create a shift, that of people searching for, developing, and nurturing their spirituality through other routes that were not religion such as through counselling and psychotherapy. However, other literature noted an overlap between the concepts of spirituality and religion such that they shared elements such as meaning-making and transcendence.

The degree of overlap between the two concepts was highlighted in some of the literature on spirituality and psychotherapy. In fact, some critique the polarisation of the concepts claiming that categorical and oppositional definitions of spirituality and religion hinder therapeutic effectiveness (Aten and Leach 2009, Zinnbauer and Pargament 2005). Additionally, the literature proposes that including religion and spirituality in psychotherapy

is inevitable because research has shown that they may be important to therapists and clients, they may be a useful resource and strength in helping clients overcome their problem situation, they may be part of the presenting problem and they may be linked to the client's overall mental health and functioning. Moreover, they are also part of one's cultural heritage and identity. Some writers have alluded to the fact that spirituality and psychotherapy are inevitably linked because they share similar dimensions including: transformation, meaning-making, connection and enlightenment.

Certain therapists, particularly those from the transpersonal and humanistic schools, argue that psychotherapy is a spiritual practice. For the latter therapists, the therapeutic relationship becomes a sacred space and is also the vehicle for the spiritual in psychotherapy. The therapist is responsible for the creation and maintenance of this relationship through the use of skills and techniques but most especially in presenting him/her self in the therapeutic encounter which is often considered a spiritual meeting. The therapist is a person who is spiritually alive, self-aware and self-knowledgeable, congruent, reflective, compassionate, empathic, authentic, present and mindful, amongst others. The therapist's role is one of accompaniment and was described as being a witness and fellow traveller. Broadly speaking, the outcome of therapy is the client's transformation and transcendence by overcoming barriers to self and moving from self-rejection to self-acceptance.

Within this theoretical framework, I then began to formulate the research question, aims of the study and research design.

3. The research

The research question was: 'How is the spiritual dimension of psychotherapy understood and experienced by Maltese counselling and clinical psychologists and psychotherapists?' The aims of the study were the following:

1. To explore the constructs of 'spirituality' and 'religion' from the participants' perspective.

2. To explore the extent to which the participants view a connection between spirituality and psychotherapy.

3. To study the participants' understanding of the manner in which spirituality may be manifest and expressed in psychotherapy.

4. To identify those factors that, according to the participants, may contribute to the spiritual dimension of psychotherapy.

The findings of the qualitative study, which used FOST groups, were presented in two domains: i) the context of practice: understanding spirituality and religion and ii) spirituality and psychotherapy. The latter domain was divided into four main themes: i) understanding spirituality and religion (in relation to psychotherapy), ii) the therapeutic relationship as sacred space, iii) the being – it is who the therapist is that counts, and iv) applications in clinical practice. The findings reflect the literature on spiritually-integrated psychotherapy that focuses on the importance of: addressing and assessing the client's spiritual needs, the use of spirituality and religion as a resource, including collaboration with priests and other spiritual directors. The findings also pointed to both religion and spirituality as being the possible root or variable influencing the client's problems.

The research participants highlighted the skills and attitudes of the therapist and the importance of the therapeutic relationship. However, the findings indicate that the research

participants seem more inclined to emphasise the fact that the therapy is a spiritual journey such that a spiritual encounter takes place between the therapist and the client. At times, they viewed spirituality to be part and parcel of psychotherapy as they perceived both to deal with, amongst others, meaning-making, connection and transcendence. According to the FOST members, the therapeutic relationship is therefore a sacred space while also being the vehicle of spirituality in psychotherapy. Given the importance for the research participants of the therapeutic relationship, and the view that psychotherapy is a spiritual journey, the person of the therapist was vital to them.

The participants understood the therapist's role to be one of accompaniment, with the clinician being a dance partner or wounded healer. The emphasis is on the 'being' of the therapist in therapy through empathy, respect, genuineness, presence and so on. They stressed the importance of the therapist presenting him/her self as a person who is spiritually active (reflective, engaging in own existential questions, working through own pain etc.). The therapist becomes a model of being a spiritual person who is also vulnerable and who struggles through life. The research participants insisted that such a therapist would enter the encounter with the client as a *person* with professional skills (the emphasis being on the former). The latter stance of the research participants reflects the perspective of the transpersonal and humanistic schools regarding the spiritual dimension of psychotherapy. However, as noted above, they also upheld views which are shared by exponents of spiritually-integrated psychotherapists in perceiving spirituality and religion as: resources, possibly underlying the client's problems and/or affecting the client's functioning. These writers also give importance to the therapist and the therapeutic relationship but as a means of facilitating the spiritual and not as spiritual in and of itself as some humanistic and transpersonal therapists do and as understood by most of the participants in this research.

What is also particular to the findings is the influence of religion, including the Church and priests, to the participants' experience and understanding of the spiritual dimension of psychotherapy. Due to the centrality of religion in the individual and social lives of the Maltese, it remains the reference point, whether one moves away from or towards it. It is therefore significant for both therapists and clients. Moreover, the participants at times experienced confusion in differentiating between the terms such that, in some cases, this may have influenced them in viewing an overlap between the two. The relationship between religion and spirituality also seems to create a 'push-pull' dynamic that is particularly strong in the participants (and their clients) whether in their understanding or experience of both religion and spirituality. This is also reflected in their practice in matters such as collaboration with priests, addressing and assessing client concerns, using spirituality and religion as resources and countertransference. The latter also has implications for practice.

4. Implications and recommendations

Due to the centrality of religion in Maltese society, together with the literature and data that point to the inevitability of including the spiritual dimension in psychotherapy, therapists practising in Malta cannot underestimate the influence of religion and spirituality in a person's life, experience and issues, whether for themselves or for their clients. Both the findings and the literature indicate that spirituality and religion are present in the therapy room whether acknowledged by either or both of them. Furthermore, the data suggests that religion remains a reference point for many Maltese whether one moves away from it or towards it in their experience and understanding of both religion and spirituality.

It therefore becomes important that therapists understand what both spirituality and religion mean to them so as to be clear about their own definitions and not impose these onto their clients. It may also be important when helping the client clarify their own understandings. Moreover, therapists need to be clear about their worldview, values and

beliefs so as to minimise countertransferential reactions with their clients. A lack of self-awareness and self-understanding regarding spirituality and religion can lead to the therapist minimising the client's religious and/or spiritual concerns, ignoring this dimension in their work with the client and/or pathologizing the clients' spiritual issues. This clear understanding may also be important to help clients differentiate between spirituality and religion, most particularly between healthy and unhealthy influences of either of the two in their own lives and problem situations.

Additionally, the fact that spirituality is central in people's lives and possibly religion, too, (as attested by literature presented in Chapters Two and Three), has further implications. It may indicate that leaving these out of the therapy room may mean omitting a very important dimension in a person's life. It would seem that, in certain cases, it may be a question of making the invisible, visible. Moreover, as indicated in the literature and also in this study, clients may *want* to speak about such matters but may be awaiting a 'signal' from the therapist to do so. It, therefore, becomes critical that the therapists switch on their 'spiritual radar' (Pargament 2007: 25) and demonstrate acceptance, respect and a nonjudgmental attitude.

As was clear in the research participants' experience and also in the literature, therapists may need to be aware that both spirituality and religion can be very useful resources while they may also underlie psychological problems. This can be more evident in Maltese society due to the dominance of religion and the interrelationship between it and spirituality (see the discussion in Chapter Eleven). Due to the 'push-pull' element that could be experienced by Maltese clients (and therapists), particular attention needs to be given to 'religious strain' as explained by Exline (2000) and presented in Chapter Three. This may be evident in the clients either subtly, for example when existential questions or a crisis in faith underlie certain depressive symptoms, or more overtly. An example is the anxiety

experienced by a client in facing a decision which may go against Catholicism and/or the Church. Furthermore, apart from experiencing this strain intrapersonally, such tension could be experienced in the client's relationships.

The religious strain may also be experienced by therapists, as was also evident in the FOST members. Consequently, this can give rise to the therapist experiencing certain difficulties such as lack of clarity, difficulty in maintaining boundaries, pathologizing, minimising or ignoring clients' spiritual and/or religious issues, over-sympathising with the client and other countertransferential reactions. Furthermore, in Malta, some clinicians could be employed by, or have strong links with, the Church. This has the potential to create further strain that the therapist may experience either personally, for example, a crisis of faith as a result of questioning religious dogma, or professionally. The professional tension may be experienced intrapersonally, for example the clinician experiencing guilt or anxiety. He/she could also experience the strain interpersonally with the client, such as having difficulty in accepting the client. The professional strain might also be experienced on an organisational level with the therapist being caught in a bind between organisational policies and his/her personal and professional beliefs and values. For example, the therapist might believe that it is appropriate to guide a person towards acquiring a divorce however this might go against the policy of the organisation. In such a situation, the therapist may be caught in a conflict between his/her beliefs and those upheld by the organisation.

Moreover, as was evident in the way that the FOST members expressed themselves, and which was corroborated by the literature, a person's understanding and appraisal of spirituality and religion are personal and are largely based on their individual experiences. Consequently, they could trigger intense emotional reactions in the person. This implies that the therapist needs to deal with these issues in the client with sensitivity and respect. As discussed earlier, it also implies that similar emotional triggers can be set off in the therapist

such that the maintenance of psychological boundaries and the practice of supervision and reflection become critical.

In addition, Maltese society is also changing in that it is becoming less homogenous and more multicultural. This means that Maltese therapists may need to become more sensitised to diversity and culture. The latter suggests being open to and respectful of other religions and/or forms of spirituality.

Based on these implications, there may be a case for clinicians receiving training in spiritually-integrated psychotherapy such that the above issues can be addressed. This would include:

1.   Alerting clinicians to the difference and overlap of the concepts of spirituality and religion. This would take account of theoretical knowledge surrounding these concepts both in general terms and as applied to psychotherapy.

2.   Highlighting the possible presence of religion and spirituality in clients' lives in terms of these being resources, part of the problem, and influencing their values and worldview. Reference would need to be made to the pertinent literature on the spiritual dimension of psychotherapy and the different ways in which it is understood and may be manifest in the therapy room.

3.   Helping clinicians become aware of the importance, or lack of importance, of spirituality and religion in their own lives and how this can impact them as therapists.

4.   Helping therapists become aware of possible 'emotional triggers' in relation to spirituality and religion and potential countertransferential issues.

5.   Training clinicians in assessing and addressing the client's spiritual and/or religious needs.

So far, the Masters courses in counselling and clinical psychology at the University of Malta do not include training in this area while the Masters in Counselling at the same

269

university offers six hours of training. There is a similar gap in other secular educational programmes, although this situation seems to be gradually changing with some writers highlighting the importance of training in spiritually-integrated psychotherapy, clarifying what such programmes would entail (Frame 2003, Richards and Bergin 2005, Pargament 2007, West 2004a, Worthington *et al.* 2009). Moreover, there may also be a case for supervisors receiving similar training such that they could be sensitive to addressing spiritual and religious issues and needs in their supervisees and also in the work that they present.

Due to the fact that hardly any research exists on this topic in Malta, I recommend that future research includes: understanding the client's perspective of the spiritual dimension in psychotherapy, and exploring issues around supervision with regards to spirituality and psychotherapy. Moreover, certain areas that were explored in this research could be studied further, perhaps also by adopting other research designs such as individual interviews or a survey. For example, understanding the concepts of spirituality and religion for practitioners through the use of individual interviews may help obtain a more in-depth perception of each participant's understanding and experience. A survey may also gather similar data although not at such depth. These methods could be used with a wider pool of participants and care would be taken to recruit as many participants as possible who are not only from a humanistic-existential background so as to study whether the latter would make a difference in the results. Another area of research may include evaluating the use of spiritual assessment and/or intervention in clinical practice. Furthermore, research could focus on developing spiritual assessment tools and interventions that are culturally appropriate to Malta.

5. Contributions of the study

Having reflected on the implications of this work and presented certain recommendations, I will now discuss the potential contributions of this study. The first is that the spiritual dimension of psychotherapy has not, until now, been studied in Malta from any

perspective, whether that of the clients or the practitioners. The study, therefore, sheds light on the clinicians' understanding and experience which can be understood in light of other studies and research on the topic. It provides a snapshot of their perception and experience during a time of rapid social and cultural change in Malta. This may have an impact on professional practice and could prove invaluable in the way that practitioners practise in Malta and in the way that they are trained. It would be interesting to take another snapshot in about ten years' time and note any changes or similarities between this study and future work.

The fact that it was the first study of its kind may also have had positive benefits for the research participants, particularly as a cathartic experience as was noted by some participants. They also no longer felt alone in their understandings and experience of both religion and spirituality as they had previously thought before attending the groups. This was a relief to them and increased their sense of collegiality with other fellow practitioners. They told me that they found the group to be positive because it was also a time of reflection, particularly about topics and questions that they had been encountering in their practice but had never had the opportunity to share or discuss. They also claimed that they could now identify and label the spiritual dimension in psychotherapy which they could not do previously, even though they were practicing in this way. Attending the FOST sessions was a means of reflecting on their practice and provided an opportunity for professional development. There generally was a good feeling of trust, camaraderie and openness in the groups which led them to explicitly note this in one of the sessions. In fact, at the end of the FOST sessions, the members of one group in particular, wished they could continue to meet and discuss such issues.

Another contribution of this study focuses on methodological innovation in qualitative research practice with the introduction of the FOST approach to qualitative data collection that is a development on the use of focus groups. I believe that this can be particularly useful

in the study of topics that are complex and ambiguous since the data collected over a period of time and in an evolutionary manner would allow for space for the development of rich data. It is a reflective space built on continuity of rapport. Moreover, it would be rather appropriate in studies adopting a social constructivist and phenomenological approach since the FOST group method uses principles of both.

The use of FOST groups may be particularly useful in situations where data collection would benefit from a process of reflection and application to practice over a period of time. It provides a spiral and evolutionary process. For example, it can be appropriate in action research which involves a process of action, reflection, further action and outcomes. Moreover, as a result of the importance given to process in the FOST method, the fact that the group develops trust and safety over a period of time lends itself to exploring new and possibly sensitive areas of study such as gay and lesbian parenting in Malta. The moderator, however, would need to be skilled at facilitating group processes of this kind.

6. Conclusion

In writing the last few comments of this thesis, I am aware that the area of the spiritual dimension of psychotherapy is receiving much more attention than it has up until recent times. In fact, a number of books and articles that I used in this research project were written during the past six years of this study. This rapid growth and change seems to parallel similarly speedy changes in Malta. The Maltese society has witnessed much social and cultural transformation, particularly since its accession to the European Union in 2004. Other challenges to the insularity of Maltese society arise from rapid technological development that has increased the 'availability' of diverse perspectives and values to a larger and wider proportion of the population. These changes have impacted our society making it more diverse and open to outside influences with the resulting tension that is sometimes created between the Church and society or between old and new values and perspectives. It remains

to be seen how this will pan out and how the Maltese will retain their identity, values and beliefs while also adapting to change.

At the same time, Malta's history has been one of constant adaptation. However, what seems to be different in the current scenario is that in the past, the Maltese were 'united against the aggressor/oppressor'. This created a psychology of 'us against them'. This is no longer the case, such that the Maltese psyche is now faced with the challenge of further establishing an independent Maltese identity which includes a European dimension. This may be compared, in developmental terms, to the young adult who must sift through the introjects of parents and other authority figures to consolidate a sense of identity.

A similar process of questioning may need to happen especially with regards to spirituality and religion. The implication is that society will affect the individual and the individual will impact society. The latter will, in my opinion, spill into the therapy room where two individuals living in this society will meet in a therapeutic encounter. Consequently, ideas and feelings around spirituality and religion and the way these may impact the person's life and decisions, can be the focus of therapeutic attention. There could, therefore, be a new role for therapy and the therapist in this process and in helping people make the transitions that developing a new identity brings.

Furthermore, I believe that this process of questioning one's spirituality and/or religion may also be relevant to persons coming from any religious background and living within an increasingly secular society. The religious milieu may include one's family, community or society at large. As already noted, this can create conflict and strain within the person and in his/her relationships. Consequently, a person may need to go through a journey of reflection, introspection and growth within a therapeutic encounter. The therapist could

therefore be crucial in accompanying and guiding the person in this personal and individual journey.

Given this context, and also as a result of the findings and literature presented in this thesis, it emerges that a spiritually-integrated psychotherapeutic approach may provide a more holistic service to our clients since it includes the person's spiritual dimension. Proponents of spiritually-integrated psychotherapy might argue that we have come full circle, with psychology and psychotherapy returning to their roots and being about the study and care of the soul in its widest sense.

APPENDIX 1

Statement of Informed Consent

I, _____, agree to participate in this research project on 'The spiritual dimension of counselling and psychotherapy' that is being conducted by Claudia Psaila in fulfilment of the research towards her doctoral programme.

I understand that the purpose of this study is to hold FOST (focus/study) groups to answer the following research question: 'How is the spiritual dimension of counselling and psychotherapy understood and experienced by professional helpers in the Maltese counselling and psychotherapeutic context?'

I understand that the study involves 4 FOST group sessions of approximately two hours per session and that each session will be taped. The tapes will be used by the research team for the sole purpose of transcribing the data and cannot be used for other purposes without my prior consent.

I understand that anonymity in the presentation and discussion of the findings will be maintained.

I understand that my participation in this study is entirely voluntary, and that if I wish to withdraw from the study or to leave, I may do so at any time, and that I do not need to give any reasons or explanations for doing so.

I understand that a certificate of attendance shall be given to all the participants who would have attended the 4 FOST group sessions.

I have read and understand this information and I agree to commit myself to participate in the

four FOST group sessions.

_____   _____

Today's Date   Your Signature

APPENDIX 2

Questionnaire: Understanding Spirituality

Please rate the following descriptions of the term 'spirituality'			
	1 True	2 False	3 Don't Know
1. Spirituality involves only religion			
2. Spirituality is concerned with finding meaning, purpose and fulfilment in life			
3. Spirituality is separate from religion			
4. A person can be religious and not spiritual			
5. A person can be religious and spiritual			
6. Spirituality is a dimension of human experience			
7. Spirituality applies to all people even those who are unsure or do not believe in any God, so, spirituality is potentially present in all persons			
8. Spirituality involves a transcendent dimension, that is, the belief in the transcendent in whatever form that is, whether that is a personal God or transcendence understood from a psychological perspective			
9. Spirituality is a unique and universal phenomenon			

APPENDIX 3

Invitation to Research Participants

Counselling and psychotherapy may be a lonely and isolating practice, particularly when you are grappling with crucial life questions or issues. This may have happened to you when asking questions such as:

How do I deal with a client's spiritual concerns? Should I?

What has spirituality to do with counselling and psychotherapy?

Is there a difference between religion and spirituality?

How does this affect me as a practitioner? Should it?

Over the past few years, much has been written on the spiritual dimension of counselling and psychotherapy. Some believe that it is inevitable and only right to address spiritual issues most particularly when brought up by *the client/s*. Other practitioners believe that it is *the therapist* who is the person to help the client express his/her spirituality given that it is such a universal dimension of one's being. Some disagree and argue that spirituality and religion should be left to be dealt with by others and should not be included in therapy.

PhD Research

Given the issues raised above, I have decided to study how the spiritual dimension of counselling and psychotherapy is understood and experienced by professional human helpers in the Maltese context. In the next few weeks, I will be conducting research as part of my doctorate programme that will address these and similar questions. If you have ever asked such questions and would like to discuss such issues with other practitioners, attending the FOST (focus/study) group may be a very good opportunity for you.

Description and Aims of FOST Group:

In the safety and respectful space of a small group, the members namely counsellors, psychotherapists, clinical and counselling psychologists who work with adults, will discover, explore, discuss and learn about the spiritual dimension of counselling and psychotherapy. The group will address questions such as:

1. Is there a spiritual dimension in counselling and psychotherapy?

2. How does one define 'spirituality'?

3. How is the spiritual dimension manifest and expressed in counselling and psychotherapy?

4. What are the implications for practice?

The group will meet for 4 two hour sessions and together will discuss and co-construct answers to these questions. Current research and theoretical understandings of the spiritual dimension of counselling and psychotherapy will also be presented.

The discussions will be recorded and the data will be used towards my research on the spiritual dimension of counselling and psychotherapy.

How will you benefit:

1. You will benefit from the opportunity to discuss issues that may be of concern or interest to you in a friendly, relaxed, and collegial manner.

2. The process of discovery, exploration and understanding of the spiritual dimension of counselling and psychotherapy may contribute towards your personal and professional development and may inspire your practice.

3. You may present the 'Certificate of Attendance' as part of your CPD requirements.

4. Your participation and input will help to formulate conceptualisations of the spiritual dimension to counselling and psychotherapy with particular reference to the local context.

5. You will be part of a study that is being carried out on this topic for the first time in Malta.

6. You will be part of research that is studying a domain in the counselling, psychotherapeutic and psychological fields that is currently receiving attention in the academic field.

Ethical Considerations:

Anonymity regarding the data that is collected will be maintained in the presentation and discussion of the information that is gathered through the 'FOST' group. Other ethical issues, such as confidentiality, will be discussed in the group.

Eligibility to join the group:

Persons who are eligible to join the group are those counsellors, psychotherapists, clinical psychologists and counselling psychologists who work therapeutically with adults and have been doing so for over 2 years.

The group will be recruited on a first come first served basis (the group is to have a maximum of ten members). Each member commits him/her self to attend the four two-hour sessions. Commitment to the four sessions is important as much emphasis will be given to the process of co-constructing meaning and the trust and safety that are built within the group. Members who participate in all the sessions will receive a certificate of attendance that they may present as part of their CPD.

Practicalities:

When? The sessions will begin in March and run for 4 consecutive weeks. The day and time of the sessions will be set depending on the availability of the participants.

Interested? If you would like to be part of this group, kindly contact me on 79434660 or by e-mail at: claudia.psaila@um.edu.mt by the 11th February 2009.

Claudia Psaila

B.A. Psych (Hons), M.Ed. Couns. Psych. (Brit. Col.)

APPENDIX 4

ELECTRONIC MAIL PRIOR TO FOST GROUP

Dear

I would once again like to thank you for showing interest in participating in my PhD research. The comments that you have sent are very encouraging and already hint at potentially exciting and interesting discussions among professionals. I would like to remind you that the aim of my study is to understand how the spiritual dimension of counselling and psychotherapy are understood and experienced by professional helpers in the Maltese psychotherapeutic context.

In order to organise the group I am attaching an 'Information Sheet' which I would like you to fill in. Amongst other things, I ask you to give me your preferences with regards the day and time of the group. I would like to accommodate as many of you as possible as I would like to include you all in this study. I believe that each of you has a very valid contribution to give. In fact, since there has been such an interest in the research, I am even considering running two groups at the most convenient time and day for most of you. This means that one group may run in the morning on one day and another in the afternoon/evening on another day.

Also as you know, the eligibility criteria for joining the group are that participants need to be: 'counsellors, psychotherapists, clinical psychologists and counselling psychologists who work therapeutically with adults and have been doing so for over 2 years'. Another criterion is that participants commit themselves to the 4 two-hour sessions. The only reason for having these criteria is for research purposes. In the 'Info Sheet' I cordially ask you to tell me a little bit more about your therapeutic experience.

Once again I thank you for your interest and for taking the time to fill in the Info Sheet. It would be great if you could return it to me by the <u>17th of February</u> either through e-mail or at

this address: 'Coriander', George Sandys Street, Birguma NXR 4163. Should you wish to contact me by phone you may do so on 79434660.

I sincerely look forward to hearing from you.

Regards,

Claudia

APPENDIX 5

FOST Group Information Sheet

Name	
Position	Counsellor ☐ Psychotherapist ☐ Counselling Psychologist ☐ Clinical Psychologist ☐ Other
Qualifications (re position)	
Therapeutic Work Experience with Adults	Please describe the therapeutic work that you have been doing with adults (must be over 2 years):
Preferred Time for FOST Group	Please <u>rank all</u> the following according to your preference: Morning (9am – 1pm) ☐ Afternoon (3.00pm – 5pm) ☐ Early Evening (5.30pm – 8.30pm) ☐ Other Suggestions
Preferred Day	Please <u>rank all</u> the following according to your preference: Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐
Contact Details	Telephone No: Mobile: E-Mail Address: Address:

APPENDIX 6

ELECTRONIC MAIL TO PARTICIPANTS TEN DAYS

PRIOR TO FOST GROUP

Dear

I hope you are doing well. The time to begin our group is drawing closer. The group will be taking place at University in the CCT (Centre for Communication Technology) Boardroom which is to your left as you enter the CCT Building at the FEMA Level. The board room is next to the Director's office. The session begins at 9am and ends at 11am. I would really appreciate it if you could arrive a few minutes beforehand.

Attached to this email is a 'Pre-FOST Group Questionnaire' which I'd like you to please fill in and return by <u>Monday 23rd March</u>. You may do so either by return e-mail or by sending it to me at: 'Coriander', George Sandys Street, Birguma NXR4163. Any postal expenses that you make in returning the questionnaire will be reimbursed. The information that you will share with me will be used for my own understanding and preparation and will not be shared within the group.

Should you need any information, for example about parking, please do not hesitate to contact me (mob: 79434660 or e-mail). It would be preferable if you do so by the 23rd.

I look forward to your contribution.

Regards,

Claudia

APPENDIX 7

PRE-FOST GROUP QUESTIONNAIRE

A. DEMOGRAPHIC INFORMATION

1. Age: _____   2. Profession: _____

3. Years of Practice in Profession: _____

B. OTHER INFORMATION

4. Description of Clinical Practice:

_____

_____

_____

_____

_____

_____

5. Describe your theoretical orientation in clinical practice:

_____

_____

_____

_____

_____

_____

_____

6. What do you understand by the term 'spirituality'?

_____

_____

_____

_____

_____

_____

_____

7. What makes you interested in the spiritual dimension of counselling and psychotherapy?

REFERENCES

Allen, R. E. (1990) *The Concise Oxford Dictionary*, New York, Oxford University Press

American Counselling Association (2005) *Code of ethics and standards of practice*, Alexandria, VA, Author

American Psychiatric Association (2000) *Diagnostic and statistical manual of mental disorders* (4th Ed., text rev.), Washington, Author

American Psychological Association (2002) 'Ethical principles of psychologists and code of conduct', *American Psychologist*, 57, pp. 1060-1073

Association for Spiritual, Ethical, and Religious Values in Counselling (2009) *Competencies for addressing spiritual and religious values in counselling*, Association for Spiritual, Ethical, and Religious Values in Counselling

Aten, J. D., & Leach, M. M. (2009) 'A primer on spirituality and mental health', in Aten, J. D. & Leach, M. M. (Eds.) *Spirituality and the therapeutic process: A comprehensive resource from intake to termination*, Washington, American Psychological Association

Aten, J. D., Mangis, M. W., Campbell, C., Tucker, B. T., Nezar Kobeisy, A., Halberda, R. (2009) 'Spirituality in therapy termination', in Aten, J. D. & Leach, M. M. (Eds.) *Spirituality and the therapeutic process: A comprehensive resource from intake to termination*, Washington, American Psychological Association

Baldacchino, D. (2003) *Spirituality in illness and care: 'X'jaf min ma garrabx!'*, Malta, Preca Library

Barbour, R. (2007) *Doing Focus Groups*, London, Sage

Bien, T. (2004) 'Quantum change and psychotherapy', *Journal of clinical psychology*, 60(5), pp. 493–501

Bond, T. (2010) *Standards and ethics for counselling in action*, London, Sage

Braun, V. & Clarke, V. (2006) 'Using thematic analysis in psychology', *Qualitative Research in Psychology*, 3, pp. 77-101

British Association for Counselling and Psychotherapy (2010) *Ethical framework for good practice in counselling and psychotherapy*, Leicestershire, British Association for Counselling and Psychotherapy

Bryman, A. (2004) *Social Research Methods*, Oxford, Oxford University Press

Buber, M. (1970) *I and Thou*, Edinburgh, Clark

Bullis, R. K. (1996) *Spirituality in social work practice*, London, Taylor & Francis

Bureau of Democracy, Human Rights and Labour (2003) *International Religious Freedom Report*, December 2003, The Office of Electronic Information, Bureau of Public Affairs, U.S. State Department, http://www.state.gov/j/drl/rls/irf/2003/24422.htm

Buttery, T. J. & Roberson, P.S. (2005) 'Spirituality: The physiological-biological foundation', *New Directions for Teaching and Learning,* 104, pp. 37-42

Canda, E. R. & Furman, L. D. (2010) *Spiritual diversity in social work practice: The heart of helping,* Oxford, Oxford University Press

Canda, E. R. & Smith, E. D., (2001) (Eds.) *Transpersonal perspectives on spirituality in social work,* London, The Haworth Press

Catty, J. (2004) 'The vehicle of success: Theoretical and empirical perspectives on the therapeutic alliance and psychiatry', *Psychology and psychotherapy: Theory, research and practice,* 77, pp. 255–272

Clarkson, P. (2001) 'The transpersonal relationship in counselling, psychology and psychotherapy', in King-Spooner, S. & Newnes, C. (Eds.) *Spirituality and psychotherapy,* Ross-on-Why, PCCS Books

Clarkson, P. (2002) *The transpersonal relationship in psychotherapy.* London, Whurr Publishers Ltd

Clarkson, P. (2003) *The therapeutic relationship,* London, Whurr Publishers Ltd

Council for the Professions Complementary to Medicine (2009) *Annual Report of the Council for the Professions Complementary to Medicine: Malta, Year 2009,* Valletta, Council for the Professions Complementary to Medicine

Creswell, J. W. (2007) *Qualitative Inquiry and Research Design: Choosing Among Five Approaches,* London, Sage

Crossley, J. P. & Salter, D. P. (2005) 'A question of finding harmony: A grounded theory study of clinical psychologists' experience of addressing spiritual beliefs in therapy', *Psychology and Psychotherapy: Theory, Research and Practice,* 78, pp. 295-313

Culliford, L. (2011) *The psychology of spirituality: An introduction,* London, Jessica Kingsley Publishers

Daniels, M. (2005) *Shadow, self, spirit: Essays in transpersonal psychology,* Exeter, Imprint Academic

Degabriele, J. (2004) *Mill-Istorja,* Blata l-Bajda, Schola Publications

Delaney, H. D., Forcehimes, A. A., Campbell, W. P. & Smith, B. W. (2009) 'Integrating spirituality into alcohol treatment', *Journal of Clinical Psychology: In session,* 65, pp. 185-198

Denzin, N. K. & Lincoln, Y. S. (2011) 'Introduction: The discipline and practice of qualitative research' in Denzin, N. K. & Lincoln, Y. S. (Eds.) *The Sage Handbook of Qualitative Research,* London, Sage

Discern Institute for Research on the Signs of the Times (2006) *Sunday Mass Attendance Census 2005: Preliminary Report,* August 2006, Malta, Discern

Dyson, J., Cobb, M. & Forman, D. (1997) 'The meaning of spirituality: A literature review', *Journal of Advanced Nursing,* 26, pp. 1183-1188

290

Elkins, D. N. (1995) 'Psychotherapy and spirituality: Toward a theory of the soul', *Journal of Humanistic Psychology*, 35(2), pp. 78-98

Elkins, D. N., Hedstrom, L. J., Hughes, L. L., Leaf, J. A. & Saunders, C. (1988) 'Towards humanistic-phenomenological spirituality: Definition, description, and measurement', *Journal of Humanistic Psychology*, 28(4), pp. 5-18

Exline, J. J. (2002) 'Stumbling blocks on the religious road: Fractured relationships, nagging vices, and the inner struggle to believe', *Psychological Inquiry*, 13(3), pp. 182-189

Exline, J. J. & Rose, E. (2005) 'Religious and spiritual struggles', in Paloutzian, R. F. & Park, C. L. (Eds.) *Handbook of the psychology of religion and spirituality*, New York, The Guildford Press

Exline, J. J., Yali, A. M. & Sanderson, W. C. (2000) 'Guilt, discord, and alienation: The role of religious strain in depression and suicidality', *Journal of Clinical Psychology*, 26(12), pp. 1481-1496

Faiver, C., Ingersoll, R. E., O'Brien, E. & McNally, C. (2001) *Explorations in counseling and spirituality: Philosophical, practical, and personal reflection*, Toronto, Brooks/Cole

Feltham, C. (1997) 'Counselling and psychotherapy: Differentiation or unification' in Horton, I. & Varma, V. (Eds.) *The needs of counsellors and psychotherapists: Emotional, social, physical, professional*, London, Sage Publications

Frame, M. W. (2003) *Integrating religion and spirituality into counseling: A comprehensive approach.* Toronto, Brooks/Cole

Frankl, V. (1964) *Man's search for meaning: An introduction to logotherapy*, Bombay. The Bombay St. Paul Society

Fraser, M. L. (2000) 'Space: The final frontier: The use of psychological, emotional, and sacred space in Biblical texts and contemporary psychotherapy', *Pastoral Psychology*, 48(3), pp. 211–229

Gibbs, G. (2007) *Analyzing Qualitative Data*, London, Sage

Grof, S. (1988) *The adventure of self-discovery: Dimensions of consciousness and new perspectives in psychotherapy and inner exploration*, Albany, State University of New York Press

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

Heelas, P., Woodhead, L., Seel, B., Szerszynski, B. & Tusting, K. (2005) *The spiritual revolution: Why religion is giving way to spirituality*, Oxford, Blackwell Publishing

Holloway, M. & Moss B. (2010) *Spirituality and social work*, Basingstoke, Palgrave Macmillan

Iseli Schudel, D. (2006) 'A person-centred therapist's quest for presence', in Moore, J. & Purton, C. (Eds.) *Spirituality and Counselling: Experiential and Theoretical Perspectives*, Ross-on-Wye, PCCS Books

James, W. (1902) *The varieties of religious experience: A study in human nature*, Pennsylvania State University, Electronic Classics Series www2.hn.psu.edu/faculty/jmanis/wjames/Varieties-Rel-Exp.pdf

Johansen, T. (2010) *Religion and spirituality in psychotherapy: An individual psychology perspective*, New York, Springer Publishing Company

Keutzer, C. S. (1984). 'Transpersonal psychotherapy: Reflections on the genre', *Professional psychology: Research and practice*, 15(6), pp. 868-883

King-Spooner, S. (2001) 'The place of spirituality in psychotherapy', in King-Spooner, S. & Newnes, C. (Eds.) *Spirituality and Psychotherapy*, Ross-on-Why, PCCS Books

Knox, S., Catlin, L., Casper, M. & Schlosser, L. Z. (2005) 'Addressing religion and spirituality in psychotherapy: Clients' perspectives', *Psychotherapy Research*, 15(3), pp. 287-303

Koenig, H. G. (2004) 'Religion, spirituality and medicine: Research findings and implications for clinical practice', *The Southern Medical Association*, 97(12), pp. 1194-1200

Krueger, R. A. (1998) *Analyzing and Reporting Focus Group Results*, Vol. 6, London, Sage

Krueger, R. A. (1998) *Developing Questions for Focus Groups*, Vol. 3, London, Sage

Krueger, R. A. (1998) *Moderating Focus Groups*, Vol. 4, London, Sage

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

Liamputtong, P. (2009) *Researching the vulnerable*, London, Sage

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

Linhorst, D. M. (2002) 'A review of the use and potential of focus groups in social work research', *Qualitative Social Work*, 1, pp. 208-228

Lukoff, D., & Lu, F. (2005) 'A transpersonal-integrative approach to spiritually oriented psychotherapy', in Sperry, L. & Shafranske, E. (Eds.) *Spiritually oriented psychotherapy*, Washington, American Psychological Association

Lyons, E. & Coyle, A. (2007) *Analyzing Qualitative Data in Psychology*, London, Sage

Mathews, I. (2009) *Social work and spirituality*, Exeter, Learning Matters

McSherry, W. (2006) 'The principle components model: A model for advancing spirituality and spiritual care within nursing and health care practice', *Journal of Clinical Nursing*, 15, pp. 905-917

Mearns, D. (1997) *Person-centred counselling training*, London, Sage

Mearns, D. (2006) *Developing person-centred counselling*, London, Sage

Mearns, D. & Thorne, B. (2006) *Person-centred therapy today: New frontiers in theory and practice*, London, Sage

Miller, G. (2003) *Incorporating spirituality in counseling and psychotherapy: Theory and technique*, New Jersey, Wiley & Sons

Miller, L. & Kelley, B. S. (2005) 'Relationships of religiosity and spirituality with mental health and psychopathology' in Paloutzian, R. F., & Park, C. L. (Eds.) *Handbook of the psychology of religion and spirituality*, New York, The Guildford Press

Montebello, M. (2009) 'Religion in contemporary Maltese society' in Cutajar, J., & Cassar, G. (Eds.) *Social transitions in Maltese society*, Hal Luqa, Agenda

Moore, J. and Purton, C. (2006) (Eds.) *Spirituality and counselling: Experiential and theoretical perspectives*, Ross-on-Wye, PCCS Books

Moore, T., Kloos, B., & Rasmussen, R. (2001) 'A reunion of ideas: Complementary inquiry and collaborative interventions of spirituality, religion, and psychology', *Journal of Community Psychology*, 29(5), pp. 487-495

Morgan, D. L. (1998) *Planning Focus Groups*, Vol. 2, London, Sage

Morgan, D. L. (1998) *The Focus Group Guidebook*, Vol. 1, London, Sage

Murray-Swank, N. A. & Pargament, K. I. (2005) 'God, where are you? Evaluating a spiritually-integrated intervention for sexual abuse', *Mental Health, Religion & Culture*, 8(3), pp. 191-203

National Association of Social Workers (2008) *Code of ethics of the National Association of Social Workers*, Washington, National Association of Social Workers

National Statistics Office (2007) *Census of Population and Housing 2005, Volume 1: Population*, Valletta, National Statistics Office

Norris, P. & Inglehart, R. (2004) *Sacred and secular: Religion and politics worldwide*, Cambridge, Cambridge University Press

Padgett, D. K. (1998) *Qualitative Methods in Social Work Research: Challenges and Rewards*, London, Sage

Paloutzian, R. F. & Park, C. L. (2005) 'Integrative themes in the current science of the psychology of religion' in Paloutzian, R. F. & Park, C. L. (Eds.) *Handbook of the psychology of religion and spirituality*, New York, The Guildford Press

Pargament, K. I. & Krumrei, E. J. (2009) 'Clinical assessment of clients' spirituality', in Aten, J. D. & Leach, M. M. (Eds.) *Spirituality and the therapeutic process: A comprehensive resource from intake to termination*, Washington, American Psychological Association

Pargament, K. I. (2007) *Spiritually integrated psychotherapy: Understanding and addressing the sacred*, London, The Guildford Press

Pargament, K. I., Ano, G. G. & Wachholtz, A. B. (2005) 'The religious dimension of coping: Advances in theory, research and practice' in Paloutzian, R. F. & Park, C. L. (Eds.) *Handbook of the psychology of religion and spirituality*, New York, The Guildford Press

Pargament, K. I., Murray-Swank, N. A. & Tarakeshwar, N. (2005) 'An empirically-based rationale for a spiritually-integrated psychotherapy', *Mental Health, Religion & Culture*, 8(3), pp. 155-165

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

Richards, P. S. & Bergin, A. E. (2005) *A spiritual strategy for counseling and psychotherapy*, Washington, American Psychological Association

Rose, E. M., Westefeld, J. S. & Ansley, T. N. (2001) 'Spiritual issues in counselling: Clients' beliefs and practices', *Journal of Counselling Psychology*, 48(1), pp. 61-71

Rowan, J. (2005) *The transpersonal: Spirituality in psychotherapy and counselling*, London, Routledge

Rowan, J. & Jacobs, M. (2002) *The therapist's use of self.* Berkshire, Open University Press

Samuels, A. (2004) 'A new anatomy of spirituality: Clinical and political demands the psychotherapist cannot ignore', *Psychotherapy and Politics International*, 2(3), pp. 201-211

Shafranske, E. P. (2005) 'The psychology of religion in clinical and counselling psychology' in Paloutzian, R. F. & Park, C. L. (Eds.) *Handbook of the psychology of religion and spirituality*, New York, The Guildford Press

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

Shafranske, E. P. & Sperry, L. (2005) 'Addressing the spiritual dimension in psychotherapy: Introduction and overview' in Sperry, L. & Shafranske, E. (Eds.) *Spiritually oriented psychotherapy*, Washington, American Psychological Association

Shreurs, A. (2002) *Psychotherapy and spirituality: Integrating the spiritual dimension into therapeutic practice*, London, Jessica Kingsley Publishers

Smith, J. A. (2008) *Qualitative Psychology: A Practical Guide to Research Methods*, London, Sage

Smith, S. (2004) 'Exploring the interaction of trauma and spirituality', *Traumatology*, 10(4), pp. 231-243

Smith, T. B., Bartz, J. & Scott Richards, P. (2007) 'Outcomes of religious and spiritual adaptations to psychotherapy: A meta-analytic review', *Psychotherapy Research*, 17(6), pp. 643-655

Sperry, L. (2001) *Spirituality in clinical practice: Incorporating the spiritual dimension in psychotherapy and counselling*, Philadelphia, Brunner-Routledge

Sperry, L. & Shafranske, E. (2005) *Spiritually oriented psychotherapy*, Washington, American Psychological Association

Swinton, J. (2001) *Spirituality and mental health: Rediscovering a 'forgotten' dimension*, London, Jessica Kingsley Publishers

Tabone, C. & Zammit, E. L. (2003) 'Religion and religiosity among university students' in Bartolo, J., Buhagiar, A., Lauri, M. A., Pace, P., Tabone, C. & Zammit, E. L. (Eds.) *Religious beliefs and attitudes of Maltese university students*, Malta, Veritas Press

Tanyi, R. A. (2002) 'Towards a clarification of the meaning of spirituality', *Journal of Advanced Nursing,* 39(5), pp. 500-509

Thorne, B. (1997) 'Spiritual responsibility in a secular profession', in Horton, I. & Varma, V. (Eds.) *The needs of counsellors and psychotherapists: Emotional, social, physical, professional,* London, Sage Publications

Thorne, B. (2005) *The Mystical Power of Person-Centred Therapy: Hope Beyond Despair*, London, Whurr

Thorne, B. (2006) 'The gift and cost of being fully present', in Moore, J. & Purton, C. *Spirituality and Counselling: Experiential and Theoretical Perspectives*, Ross-on-Wye, PCCS Books

van Kalmthout, M. (2006) 'Person-centred psychotherapy as a spiritual discipline', in Moore, J. & Purton, C. (Eds.) *Spirituality and Counselling: Experiential and Theoretical Perspectives*, Ross-on-Wye, PCCS Books

Walter, T. (2002) 'Spirituality in palliative care: Opportunity or burden?' *Palliative Medicine,* 16, pp. 133-139

Washburn, M. (1995) *The ego and the dynamic ground: A transpersonal theory of human development*, Albany, New York Press

Watts, J. H. (2006) 'The outsider within: dilemmas of qualitative feminist research within a culture of resistance', *Qualitative Research,* 6 (3), pp. 385-402

Watts, J. H. & Psaila, C. (2010) 'Spirituality at the end of life: Whose job is it?' *European Journal of Palliative Care,* 17(3), pp. 126-129

West, W. (2001) 'Counselling, psychotherapy and religion', in King-Spooner, S. & Newnes, C. (Eds.) *Spirituality and Psychotherapy,* Ross-on-Wye, PCCS Books

West, W. (2002) 'Being present to our clients' spirituality', *Journal of Critical Psychology,* 2(2), pp. 86-93

West, W. (2004a) *Psychotherapy and spirituality: Crossing the line between therapy and religion,* London, Sage Publications

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

Wiggins, M. I. (2009) 'Therapist self-awareness of spirituality', in Aten, J. D. & Leach, M. M. (Eds.) *Spirituality and the therapeutic process: A comprehensive resource from intake to termination,* Washington, American Psychological Association

Wilber, K. (2000) *Integral psychology: Consciousness, spirit, psychology, therapy,* London, Shambala

Wilber, K. (2001) *No boundary: Eastern and Western approaches to personal growth,* Boston, Shambala

Wilkins, P. (1999) 'The relationship in person-centred counselling' in Feltham, C. (Ed.) *Understanding the counselling relationship,* London, Sage Publications

Williams, L. (2006) 'Spirituality and gestalt: A gestalt-transpersonal perspective', *Gestalt Review,* 10(1), pp. 6-21

Woolfe, R. (2001) 'The nature of counselling psychology' in Woolfe, R. & Dryden, W. (Eds.) *Handbook of counselling psychology,* London, Sage

Worthington, E. L., Sandage, S. J., Davis, D. E., Hook, J. N., Miller, A. J., Lewis Hall, M. E. & Hall, T. W. (2009) 'Training therapists to address spiritual concerns in clinical practice and research', in Aten, J. D. & Leach, M. M. (Eds.) *Spirituality and the therapeutic process: A comprehensive resource from intake to termination,* Washington, American Psychological Association

Young, S. J., Dowdle, S. & Flowers, L. (2009) 'How spirituality can affect the therapeutic alliance' in Aten, J. D. & Leach, M. M. (Eds.) *Spirituality and the therapeutic process: A comprehensive resource from intake to termination,* Washington, American Psychological Association

Zinnbauer, B. J. & Barrett, J. J. (2009) 'Integrating spirituality with clinical practice through treatment planning' in Aten, J. D. & Leach, M. M. (Eds.) *Spirituality and the therapeutic process: A comprehensive resource from intake to termination,* Washington, American Psychological Association

Zinnbauer, B. J. & Pargament, K. I. (2005) 'Religiousness and spirituality' in Paloutzian, R. F. & Park, C. L. (Eds.) *Handbook of the psychology of religion and spirituality,* New York, The Guildford Press

Zinnbauer, B. J., Pargament, K. I., Cole, B., Rye, M. S., Butter, E. M., Belavich, T. G., Hipp, K. M., Scott, A. B. & Kadar, J. L. (1997) 'Religion and spirituality: Unfuzzying the fuzzy', *Journal for the Scientific Study of Religion,* 36(4), pp. 549-564

Zohar, D. & Marshall, I. (2001) *SQ Spiritual intelligence: The ultimate intelligence,* London, Bloomsbury