Intellectual humility, spirituality, and counselling

Intellectual Humility, Spirituality and Counselling

Abstract: Although therapists often work with clients with whom they share a great many beliefs, there remain many cases where the therapist and client have very little in common. Spirituality is, especially in the latter kind of case, one specific area in which clashes and similarities may be important. However, recent evidence suggests spirituality is to a surprising extent ignored in therapy when exploring it would be therapeutically relevant (e.g. Hathaway et al. 2004) and, even more, that counsellors often struggle when training to more effectively engage with client spirituality (Pargament, 2011). These results are problematic, especially when taken together. In this paper, I attempt to address this vexing issue in a way that brings together work on counselling and spirituality with recent discussions of intellectual virtue in contemporary epistemology. In particular, I show why it is important for the therapist to cultivate and maintain the virtue of *intellectual humility* with respect to spirituality in a counselling context. To this end, I explore, with reference to a particularly promising model of intellectual humility (Whitcomb et al. 2015), how the therapist can be attentive to—and own—their limitations in a productive way when dealing with a wide range of spiritual backgrounds.

0. Introduction

Counsellors and psychotherapists are often required to work with clients who have entirely different belief systems, as well as with clients with whom they share roughly similar worldviews. In both cases, there is a distinctive kind of potential for positive outcomes. For example, working with a therapist who dramatically differs from you might prompt a client to be more critically self-reflective, may help them to see problems from angles they wouldn't have considered otherwise, and could encourage them to develop a deeper understanding and appreciation of alternative perspectives. At the other end of the spectrum, working with a counsellor who is quite similar to the client might potentially help them form a deeper, more honest connection at a faster pace, due to an underlying sense of kinship. However, the background doxastic commitments of both client and therapist might also add unexpected complexities and challenges to the therapeutic process—perhaps especially so in the case of spiritual[1] beliefs. And since some estimates suggest that at least 75% of adults feel there is a spiritual dimension to their lives (Hay and Hunt 2000), therapists should give serious thought to how they'll work in effective ways with both clashes and commonalities in this domain.

Rather than to contribute to the existing body of work focusing on particular facts therapists would be best served knowing about individual religions and spiritual beliefs, my goal here is to explore one way in which the therapist's *intellectual character* shapes how they work with a range of spiritual backgrounds. Specifically, I will show how we can apply work in both psychology and philosophy (including epistemology) on the virtue of intellectual humility[2] in order to think more clearly about how to approach spirituality in a more effective manner in therapy, regardless of the particulars of the client's belief system (and indeed, largely irrespective of the counsellor's theoretical orientation[3]).

In section one, I'll begin by discussing the relevance of spiritual beliefs in the counselling room. Here, I will briefly consider the far-reaching consequences of one's spiritual stance, and touch on some research that suggests a widespread lack of confidence in both therapists and clients when it

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[1] I will use the word "spiritual" rather than "religious" throughout this paper, in order to broaden the range of belief systems considered. While I have no rigid definition in mind, I take it that spirituality is something akin to what McLeod (2013: 379) calls "a direct awareness of transcendent meaning, and/or some kind of sacred presence, which can occur whether or not the person espouses a religious belief system or not."

[2] Many other intellectual virtues will likely promote a good therapeutic alliance and improve the outcomes of counselling—e.g. open-mindedness, curiosity and intellectual courage. For reasons of space, I will focus on exploring the role of only *one* such relevant virtue.

[3] That said, there is one specific approach to therapy that I don't engage with here—one that itself necessarily places a central focus on religion or spirituality (see e.g. Pargament's 2011 model of spiritually integrated psychotherapy).

comes to spiritual issues. Section 2 outlines one of the leading views in analytic epistemology that characterizes (at least one key element of) the virtue of intellectual humility and considers useful ways in which this view—viz., the limitations-owning account—interfaces with ethical guidelines for counselling practice.

In section three, I outline how the therapist can fruitfully apply the aforementioned account of intellectual humility when engaging with clients in matters related to spirituality. This will involve, among other things, exploring some of the main aspects of therapy that might suffer in the absence of intellectual humility, and referring to examples where the therapist is either working with a client who has a different set of spiritual beliefs or one who has similar types of spiritual convictions. Section 4 closes with an examination of how the concept of intellectual humility can be practically applied to supervision and self-reflection (promoting better practice regarding spirituality), and by acknowledging some underexplored areas for future research.

1. Spirituality in the counselling room

It's uncontentious that spiritual commitments, in some sense, 'matter' in counselling. For instance, as MacLeod (2013: 380) puts it, "any process of empathically entering the client's world, or engaging with the client's assumptions about healing and change, would require a willingness to pay serious attention to the spiritual experiences that the person might want to talk about." And according to the American Psychological Association's ethical guidelines for working with diverse populations (1990), therapists ought to "respect clients' religious and/or spiritual beliefs and values, […] since they affect world view, psychosocial functioning, and expressions of distress."

But we shouldn't be willing to consider spirituality *only* when it is raised for discussion—as Pargament (2011: 176) points out, "…spirituality is a vital dimension of the lives of many clients. It is not to be dismissed as a static or compartmentalized set of beliefs, practices or emotions used to occasionally improve mood or health […] When people come to psychotherapy, they do not check their spirituality at the door." And the same is obviously true of therapists. Consider, for example, the following list of factors that could plausibly be shaped by our spiritual stance (whether we are the client or the counsellor):

- View of our role in society (e.g. what role (if any) to play in the community, whether to do volunteer work, how much to donate to charity)
- Moral convictions (e.g. whether it is permissible to make certain life choices, such as cohabiting prior to marriage or having an abortion)
- Accountability and responsibility for decisions (e.g. whether 'fate' plays a major part in our actions and their consequences)
- View of self in relation to family (e.g. whether we should defer to our elders, whether there is an obligation to have children)
- Feelings about mortality (e.g. whether anything happens after death, whether our life choices impact on our place in the afterlife)
- Hierarchy of relationships (e.g. whether our blood relatives are more important than a chosen life partner, what we owe to our families)
- How we should approach choosing a partner (e.g. views about arranged marriages, whether it's acceptable to have multiple sexual partners, whether it's important to be with someone from the same spiritual background)
- View of gender relationships (e.g. whether we have particular obligations or limitations given our gender)

- How to express feelings, and which feelings are expressed (e.g. are certain emotions viewed as contrary to our spiritual commitments, or imbued with guilt? What is the interplay between anger and forgiveness?)
- View of the relationship between mind and body (e.g. how we view the interplay between mental and physical health)
- The importance (or lack thereof) of tradition (e.g. whether we should do things as our parents did, or whether it is in fact important to push back against familial/societal norms).
- Whether "talk therapy" makes sense in isolation, or we think it important to engage in healing practices on other levels at the same time (e.g. yoga, meditation, changes to diet or exercise patterns).

Of course, all items on the above list are influenced by (and influence) much more than one's spiritual beliefs, and the accompanying examples are by no means exhaustive. The key thought here is just that where we locate ourselves spirituality influences a great many aspects of how we view ourselves, others and the world, and so spiritual standpoints will naturally be expressed across a range of the kinds of values, attitudes and beliefs that shape—and sometimes, will be the core focus of—the therapeutic context.

However, in spite of this, Hathaway et al. (2004) reported that more than 50% of therapists indicated that they rarely/never examined how psychological difficulties might impact on the religious or spiritual functionality of the client, and Schulte et al. (2002) found that only 18% of graduate counselling psychology programs in the United States included a course on spirituality. This may be because of a "traditional sense within many schools of psychotherapy that spirituality is outside the sphere of appropriate investigation and knowledge" (Schultz-Ross and Gutheil 1997). Further, some research (e.g. Worthington 1986) indicates that clients can feel reluctant to raise issues about spirituality in their sessions, and that doing so can raise discomfort in both client and therapist (e.g. Errington 2017). This means that a large number of therapists may not be very practiced at dealing with—or even reflecting on—the impact of spiritual beliefs. This is problematic. There is work on what avoiding race can do to the counselling process (e.g. Thompson and Jenal 1994), and it is not a stretch to think similar results may occur if the therapist avoids engagement with spirituality. For example, Thompson and Jenal's work suggests that "race neutralizing" often makes the client feel frustrated, discourages future discussion of race, and can limit the client's disclosures (though further studies on this are needed).

Perhaps in part due to this apparently widespread lack of experience, therapists frequently present with a common set of problems when they receive training around spirituality (Pargament 2011: 333). Of particular relevance for this paper are the following observed difficulties[4]:

- *Spiritual bias*: the tendency to hold stereotyped views of religion and spirituality.
- *Spiritual timidity*: the fear of addressing spirituality in therapy based on the belief that spirituality should be separated from treatment.
- *Spiritual overenthusiasm*: the tendency to see spirituality as the root of all problems or the source of all solutions.
- *Spiritual cockiness*: overestimations of the therapist's own level of competence [based on] his or her own personal spirituality.

Pargament also discusses two different types of spiritual intolerance, both of which we can easily imagine occurring in conjunction with the above problems (or at least in conjunction with spiritual

[4] See e.g. McVittie and Tiliopolous (2007) for research that illustrates some of these common problems, especially spiritual bias and spiritual timidity.

bias, overenthusiasm and/or cockiness). Firstly, there is *rejectionism*, according to which spirituality is regarded as problematic, perhaps fundamentally immature, and as something to be challenged or replaced. Secondly, there is *exclusivism*, according to which there is only one acceptable way to approach spirituality—the therapist's. Both of these stances dispose the therapist to overlook useful resources from other spiritual orientations, and perhaps to unhelpfully impose their belief system on the client[5].

In sum, we have some reasons to be concerned that spirituality is sometimes ignored in therapy when it might be relevant, and that counsellors who undergo further training in spirituality often start out from unhelpful positions. As we'll see, awareness and cultivation of the virtue of intellectual humility could help therapists gain some needed traction vis-a-vis the above difficulties (and others). With this goal in mind, we can now turn to look at what intellectual humility is, and why it might matter in counselling.

2. Understanding intellectual humility

Intuitively, intellectual humility is something like a sensitivity to our own intellectual failings, and an awareness that even our deeply held beliefs about topics like politics, religion and morality could be mistaken (Church and Samuelson, 2017: 2). We can helpfully conceive of intellectual humility as positioned between two extremes—intellectual arrogance on the one hand (which causes us to over-estimate our intellectual strengths) and intellectual *diffidence*[6] on the other (which leads us to under-estimate those strengths). However, despite these somewhat uncontroversial general remarks, there is substantive disagreement about the specific nature of intellectual humility and how we should define it.

I won't try to settle these disputes here, nor will I attempt to defend one account above others. For one thing, the apparent success or failure of accounts of IH often rests on fairly unusual, outlying examples that are unlikely to affect the present discussion[7]. For our purposes an airtight account of intellectual humility is not needed. It suffices that we may learn something useful simply by looking at how one popular and *prima facie* plausible contemporary account relates to spirituality in counselling. With these caveats in place, the main aspect of intellectual humility that I want to apply to discussions of spirituality and counselling in this paper comes from the view proposed by Whitcomb, Battaly, Baehr and Howard-Snyder (2015)—one according to which intellectual humility revolves around being attentive to/owning one's own intellectual limitations[8]. This approach can be easily understood by therapists with no prior background in philosophy, and it could be used to develop a set of guiding principles and questions designed to encourage the growth of intellectual humility in the therapist.

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[5] Counsellors generally agree that the aim of the therapeutic process is to help the client better understand their own difficulties and guide them towards effective solutions without regard for whether they themselves would want to live in accordance with the client's values and preferences.

[6] Some philosophers call this vice intellectual servility or timidity, and argue for important nuances that distinguish these terms from one another. Here, I will follow Church and Samuelson in using "intellectual diffidence" to mean (roughly) the problematic opposite of intellectual arrogance. For present purposes, I'll also be setting aside such interesting questions as whether intellectual humility is a subset of humility more broadly (or indeed vice versa).

[7] For example, Church and Samuelson (2017) argue that the limitations-owning account generates some counterintuitive conclusions (such as the possibility of being humble and arrogant at once). Likewise, Whitcomb et al note that some views have a special problem making sense of whether or why the virtuously intellectually humble person is in a position to properly say (or believe) that she is humble.

[8] Alternative views include Church and Samuelson's doxastic account (2017), according to which we value our beliefs as we *ought* to, and Roberts and Woods' status-focus account (2003: 239), according to which humility involves "striking or unusual unconcern for social importance, […]a kind of emotional insensitivity to the issues of status."

The limitations-owning view gels very well with a number of the professional guidelines for counsellors, and with research findings related to good outcomes in therapy. For example, the UK regulatory body BACP (British Association for Counselling and Psychotherapy) recognizes the importance of something like the limitations-owning account of intellectual humility in their ethical framework for good practice. In discussing personal traits that practitioners should have, they define humility as "the ability to assess accurately and acknowledge one's own strengths and weaknesses." And the BACP guidelines also stress that these qualities should be "deeply rooted in the person concerned and developed out of personal commitment rather than the requirement of a personal authority" (2001: 4). Similarly, Pargament (2011: 192, emphasis mine) talks about *spiritual self-awareness*, which seems to be closely connected to owning one's limitations—it involves "[identifying one's] own values, strengths, *vulnerabilities, biases and blind spots*." Meanwhile, there is research suggesting that good practitioners are intellectually humble—for example, one large study (Jennings and Skovholt, 1999) investigating the traits of experienced, successful therapists found that particularly good therapists are (among other things) self-aware, non-defensive and reflective lifelong learners who are open to feedback. These traits seem obviously connected to the limitations-owning dimension of intellectual humility, insofar as reflectiveness and non-defensiveness are likely to (1) enhance one's ability to notice limitations, and (2) encourage one to accept and work on those limitations.

It's important to make one further clarification before proceeding: Whitcomb et al. distinguish intellectual humility from what they call "proper pride" (p. 20), thereby setting aside considerations to do with the intellectually virtuous person's attitudes and dispositions toward her own intellectual *strengths*. And since—as we'll see—issues relating to humility and spirituality are more likely to require the therapists to be attentive to limitations than strengths, we too can set strengths aside for the bulk of our discussion (though it remains an open question whether an ideal account of intellectual humility should have something specific to say about strengths, not just weaknesses[9]).

These clarifications aside, I submit that Whitcomb et al. offer us an illuminating account of at least one of the central components of intellectual humility, and further, that this component can help us enhance and expand on what the BACP guidelines suggest when it comes to assessing and acknowledging weakness. In particular, we can make use of more precise definitions of (1) limitations, (2) attentiveness, and (3) owning. For example, on p. 7, Whitcomb et al. differentiate between several types of limitations (and I'll apply some of these types of limitations to the discussion below). They distinguish between knowledge gaps (e.g. ignorance of recent important political events), cognitive mistakes (e.g. forgetting to call a friend), unreliable processes (e.g. poor hearing or vision), deficits in learnable skills (e.g. being bad at spelling), and intellectual character flaws (e.g. frequently making quick generalizations). They then turn to the question of the *stance* we should take to our limitations, which they believe involves both appropriate attentiveness and owning. Further unpacking appropriate attentiveness, they call this "a disposition to be aware (even if just implicitly) of one's limitations, for them to come to mind when the occasion calls for it"[10].

In exploring what they mean by "owning", Whitcomb et al. say (p. 9) "owning an intellectual limitation consists in a dispositional profile that includes cognitive, behavioral, motivational, and affective responses to an awareness of one's limitations", and that owning limitations involves having dispositions to "(1) believe that one has them; and to believe that their negative outcomes are due to them; (2) to admit or acknowledge them; (3) to care about them and take them seriously; and (4) to feel regret or dismay, but not hostility, about them."

[9] For a detailed discussion of the merits of appropriate intellectual pride, see for example Hazlett (2017).

[10] We can contrast this with the tendencies of the arrogant individual who is blithely unaware of limitations, and the tendencies of the diffident individual who can't stop focusing on their perceived limitations).

We can already see how these concepts might be generally relevant in therapy. Almost any time a counsellor notices and owns a particular intellectual limitation, they open up the possibility to address that limitation and thereby increase the chances of understanding—and therefore helping—their client. For example, there are some simple ways in which identifying and owning limitations is important in *any* counselling work. In particular, regarding knowledge gaps, counselling requires the therapist to be sensitive to the limits of their competency—to know when to refer a client to another specialist service, or to another type of practitioner. Such referrals are often made for epistemic reasons, i.e., because the therapist believes they have significant gaps in knowledge that would be required to work optimally well with the client's central issues. In many such cases, there are also deficits in learnable skills, but often not culpably so (e.g. when a therapist has chosen to specialize in relationship work and not in addiction, and addiction is the dominant presenting problem).

Meanwhile, just as it's apparent that a lack of intellectual humility might block the acquisition of new knowledge and understanding in both client and therapist, I think it's clear that there's a value in signaling appropriate intellectual humility to clients (in other words, not simply being humble but also letting your clients see that you are). For example, Pargament (2011: 203-10, emphasis mine) says "A little dose of therapeutic humility can empower clients who, by the time they come to therapy, often feel they have little to teach anyone. *By conveying a willingness to be taught*, the therapist sets the stage for a partnership in the process of learning" and "[therapists] are most likely to receive an invitation into the client's world when they *communicate their openness to learning*." In a similar vein, Dyche and Zayas (1995) use the phrase "respectful curiosity" to describe the attitude the therapist should manifest—they should be transparent about their desire to work together to understand what the client's background means to them/the role it plays in their lives and current issues. David and Erickson (1990) call this type of approach "cultural empathy", but it plausibly likewise applicable to spirituality.

Let's now consider how combining an intuitive grasp of intellectual humility with the above aspects of Whitcomb et al.'s theoretical construct can clarify how therapists should aim to embody and cultivate the limitations-owing component of intellectual humility with respect to spirituality[11]. As we continue, I will consider both what might transpire when working with clients who *share* the therapist's spiritual beliefs (or the lack thereof), and when working with those who hold very different beliefs.

3. Some challenges to practicing with intellectual humility

Naturally, there will be times when therapists struggle to notice or subsequently own their limitations—especially limitations concerning knowledge gaps and intellectual character flaws. There are plenty of cases where both such limitations would be difficult to accept, so there will often be an interplay between knowledge gaps and character flaws in the discussion that follows.

Spiritual differences pose potential knowledge gaps that may be particularly uncomfortable to acknowledge. This may be especially true when something about the client's belief system, or how they express it, calls the therapist's into question, highlighting something that the therapist's own view of spirituality can't so easily accommodate. Difficulty owning limitations here could lead to the therapist dismissing or skimming over the value of the client's belief system in fostering resilience, meeting challenges, etc. However, depending on how comfortable the therapist is with less impersonal knowledge gaps, they might also have trouble owning the knowledge limitations

[11] While I find this particular account a helpful one to use as a reference point for present purposes, note that some of what I will say here may potentially apply to other accounts of intellectual humility. It is not my intention herein to try to demonstrate that any one particular view of intellectual humility is correct.

that come with working with clients who have belief systems that seem entirely foreign. A failure to own limitations here could lead to bluffing and pretending to understand.

Regarding the limitation category that Whitcomb et al. call intellectual character flaws, all therapists will be susceptible to biases that may make them see clients in certain ways (see e.g. Saul's work (2013) on how we implicitly relate concepts like race and gender with certain kinds of performance). Further, all therapists will have areas in which their own commitments feel fragile enough that case material can seem threatening. For example, if the therapist and client have the same spiritual commitments, the counsellor might avoid challenging that client in certain ways that are related to shared defences. For example, there will be cases in which clients "bottom out" at their spiritual beliefs (or the lack thereof) when describing their reasons for taking particular actions, when actually there are other underlying insecurities or unresolved past issues that are playing a larger motivating role than are the spiritual beliefs. Imagine, for example, a case in which the client tells the therapist that he believes he should be the main breadwinner in their family because that's what their religion says is appropriate for men. Sympathetic to the underlying religious commitment and perhaps worried at some level about what would happen if their own generalizations about gender were challenged, the therapist might let this reasoning go unchallenged and underexplored. Consequently, the therapist might miss chances to explore uncomfortable aspects of this conviction (e.g. other contributing factors to the client's view of what is right for men, feelings that would come up if the client wasn't the main breadwinner, etc.). In such a case, one relevant intellectual character flaw—one which is arguably required for humility—is that the counsellor fails to 'transcend' their own standpoint (Baehr, 2011), a trait that is also crucial for open-mindedness (and the avoidance of corresponding vices such as dogmatism and intellectual inflexibility (see Roberts and Wood 2007)). In other words, the counsellor does not suitably step out of their own perspective when assessing the perspective of the client, and does not own their difficulty in doing so.

This avoidance of intellectual character-based limitations can also occur where there is a shared *lack* of spirituality, too. For example, imagine an atheist client who thinks spiritual people are intellectually "beneath" them, and who will only consider other atheists as potential romantic partners. This hasty generalization might actually be part of a range of ways in which the client defends against intimacy by preventing people from getting close to them. However, the therapist might let this go unchallenged, rather than to appropriately register it as worth exploring further, if they do much the same thing.

How would a failure to be attentive to/own these types of character-based limitations (such as difficulty transcending one's own perspective and making quick generalizations) affect the therapy? There are many potential examples, but I'll look at the impact on two particular counselling skills. For example, first consider the counsellor's role as *questioner*—where questioning is an activity that is intended to help the client acquire more self-knowledge, abandon old, unhelpful beliefs and begin to see connections between different feelings and events in their lives[12]. For example, if one struggles to own limitations such as knowledge gaps or character flaws, defensiveness against acknowledging these limitations might impact on whether one chooses an open or closed question. Both types of questions are helpful in different contexts (Hargie and Dickson, 2004)—closed questions are ones that can be answered entirely with a "yes" or "no", while open questions can be answered in a broader range of ways. In trying to avoid facing one's limitations regarding the subject matter under discussion, one might ask a closed question in order to end the discussion/move it on sooner (e.g. "Have you felt this way for a long time?"), when an open

[12] See James, Morse and Howarth (2010) for further discussion of the role that questions play in the therapeutic process. See also Gordon (2016).

question (e.g. "Can you tell me more about where you think these feelings come from?") would be more therapeutically useful. Equally, a therapist's desire to avoid hearing a concrete "yes" or "no" might push them away from closed questions when they would be more appropriate (e.g. compare—when discussing religion—the vague "What kind of feelings are you having?" with the more direct "Are you questioning your faith?").

Secondly, the related matter of interpreting responses to questions is important here as well. For example, as Padesky (1993) points out, the counsellor should be consistently trying to pick up and reflect emotions expressed by the client, evocative language they've chosen, or connections they seem to be making without realizing it. However, interpretations are fallible, and should always be presented as hypotheses rather than as facts (see e.g. Macaskie 2013: 155). When limitations in the therapist are going unacknowledged, the therapist's ability to interpret may be particularly stunted. For example, when there's an unowned character flaw such as a bias against a particular religion[13], a given interpretation might be coloured by this—compare "It seems to be that you are…" (which stresses the plausibility of the hypothesis) with "I am wondering if you might…" (which "offers" the hypothesis in a neutral way). If the counsellor feels in some way threatened by or uncomfortable with the client's belief system then they might opt for the former rather than the later, hoping on some level that the client will agree.

4. Cultivating intellectual humility regarding spirituality

How, then, might therapists improve their chances of being aware of/owning their limitations when it comes to spirituality? Of course, therapists should not expect themselves to have an exhaustive understanding of spirituality, just as it is not realistic to expect themselves to have such an exhaustive understanding of any other relevant subject matter (e.g. emotions, relationships, neurobiology and so on). The important thing is for such gaps to appear on the therapist's radar when relevant (rather than flying below it), and for the therapist to take a non-defensive approach to the gaps themselves—to see them, and (again) to take steps to remedy them. What might help with this?

For one thing, counsellors should recognize that they start the therapeutic process with some inherent limitations in the form of knowledge gaps, as it's unlikely that they will have a huge amount of information about a client's spirituality. As Dyche and Zayas (1995) point out, it usually isn't possible for therapists to begin the work with a full, detailed and expansive knowledge of the client's cultural (and spiritual) background. While there are many potentially promising avenues for assessing spirituality[14] in the context of therapy, unless therapists view spirituality as being at the centre of their practice or as their specialisation, they are unlikely to see clients complete such assessments.

A useful strategy to consider is a deliberately neutral and thoughtful approach to early questions, informed by both one's knowledge gaps and potential character flaws. For example, Kleinman and Benson (2006) offer a helpful series of questions that aim to help the therapist grasp the client's "explanatory model" and to understand what matters most to them, with an emphasis on how perspective differs between social groups. In one part of their discussion, they suggest asking the

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[13] Granted, some forms of spirituality can be destructive—and even when someone's spiritual orientation might have generally been helpful to them, there can come a time when it is more part of the problem than the solution. The trick is to reliably identify this, rather than either (i) miss it because it's too uncomfortable to acknowledge due to one's own beliefs, or (ii) automatically assume destructiveness because one already takes a dim view of some form of spirituality.

[14] A few examples include the NIA/Fetzer Short Form for the Measurement of Religiousness and Spirituality (Idler et al., 2003), the Positive RCOPE scale for spiritual coping (Pargament et al., 2000, and the Religious Strain scale that aims to assess spiritual struggles (Exline et al, 2000).

client (i) what they call the problem under discussion, (ii) what they believe caused it, (iii) how they expect it to develop, (iv) how they think it's influencing both body and mind, (v) what is frightening about it, and (vi) what is frightening about the treatment (including but not limited to the therapy itself). These are all good questions that can help to "plug" knowledge gaps and give hints about important factors like spirituality and culture[15] very early in the work. And if it seems like spirituality is relevant but it has not yet been explicitly signposted as such, this can be approached directly yet sensitively. For example: "It seems as though there may be a spiritual dimension to your problems/it sounds like spirituality may be a potential resource for you in dealing with your problems. How would you feel about exploring this[16]?"

It's important to be aware that knowledge gaps are to some extent inevitable with respect to a person's unique spiritual history *throughout* the work (as also the case with respect to all aspects of the client's history), even if spiritual beliefs are disclosed. The therapist should be attentive to these knowledge gaps (as limitations), admitting them, accepting them, and attempting—where relevant and appropriate—to remedy them. This is likely one of the easier parts of owning one's limitations in a therapeutic context, as all therapists are used to the idea that they can't and won't know everything about a client, so these types of knowledge gaps are less likely to trigger defensive responses in the therapist. Nevertheless, this might get more challenging in longer term work, when a therapist could feel reticent to acknowledge knowledge gaps after a year or more of working with a client.

Relatedly, it's important for therapists to accept that biases will shape their perceptions all through any counselling process. The intellectually arrogant therapist may assume either that they are *not* susceptible to such biases, or that their beliefs are likely accurate even if they may be infused with bias. Let's look at two more specific strategies for cultivating the limitations-owning aspect of intellectual humility, and for increasing awareness of both character flaws and knowledge gaps. Both take place outside the therapy room.

4.1 Using supervision

Supervision sessions allow the counsellor to discuss their clients with a supervisor (who will also be a trained counsellor), exploring their responses to current cases and reflecting on potential improvements to their way of working. I would suggest that good use of supervision is crucial in developing an attentiveness to/ownership of limitations, and thereby to intellectual humility. In fact, it may be that part of the reason why supervision is so widely regarded as a precious resource is that it improves effectiveness by helping to foster intellectual humility in the therapist. Unlike supervision in many other careers, this aspect of psychotherapeutic work is intended not merely to be managerial but instead to impact directly on how the therapist relates to and understands the client (e.g. Hawkins and Shohet 2012; Carroll, 1988)[17]. A supervisor will challenge the therapist throughout, guiding them away from both arrogance and diffidence.

While most counsellors would likely agree that they should present each of their cases in supervision at least once, they are typically permitted to choose which cases to discuss in any given supervision session. This is where intellectual humility comes in—it's plausible that the therapist's ability to acknowledge and own limitations plays a role in whether they know what to take to supervision. The therapist needs to be able to reflect on which aspects of their cases they're

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[15] Note, too, that it can sometimes be difficult to draw a sharp distinction between issues of spirituality and issues of culture—in many cases, the two will likely overlap

[16] Adapted from Pargament 2011: 208-9

[17] Supervision is set up to reflect the therapist's level of experience, reducing in frequency as the therapist's career continues but always remaining a consistent background requirement.

struggling to understand or work with, *and* needs to be prepared to admit this to another (sometimes more senior) practitioner as well as in the first instance to themselves.

Therapists typically have contracts with their supervisors (similar to the contracts made with clients), which outline an agreed set of values, goals and expectations on both sides. Therapists who want to improve in their capacity to work with different people (in the realm of spirituality and more generally) will benefit from making the development of intellectual humility part of that contract. This could involve paying attention to each aspect of the limitations-owning account, working on enhancing awareness of/sensitivity to limitations as well as enhancing ability to discuss these in a frank way.

For example, counsellor and supervisor might agree that the supervisor will regularly make a point of asking the counsellor to discuss their strengths and limitations with respect to a case, and that the supervisor will raise any relevant perceived limitations that they feel have hitherto gone unacknowledged by the counsellor (e.g. knowledge gaps, intellectual character flaws and deficits in learnable skills). In many ways, this is very similar to what many therapists will already do with their supervisors. However, the limitations-owning account gives us a clear framework and helpful language to use when articulating common difficulties.

4.2 Self-reflective questioning

As MacLeod (2013: 304) puts it, we should "assume that our own view is to some extent culturally biased, take time to explore and reflect on [our] own cultural identity, associated attitudes and beliefs, and how these factors shape [our] interaction with clients." If therapists are convinced by the idea that they could benefit from cultivating intellectual humility, there are a range of questions worth considering about spirituality: For example:

- What are my spiritual beliefs?
- How, when, and why did I develop these beliefs?
- What do I believe about other spiritual commitments that don't match mine, and why?
- What spiritual beliefs do I find hard to understand, frightening, threatening, or otherwise personally triggering in some way?
- When someone talks about a spiritual view I haven't heard of or know little about, how do I feel? What defence mechanisms might I use to deal with these feelings, if they are negative?

Meanwhile, there are questions the therapist can ask themselves during a particular piece of work, with the aim to promote an intellectually humble approach. An ideal time to privately reflect on such questions might be round the same time that the therapist conducts their regular review with the client (the general purpose of which is to check in with how the client feels about the process, to discuss the usefulness of further sessions, and to explore what has been helpful/unhelpful up until this point). With respect to spirituality, questions might include some of the following:

- What has this client told me about their spiritual beliefs? How have I felt when these beliefs were disclosed?
- What are some of the assumptions I make about people who have this type of view of spirituality?
- What do I find most difficult about this client's approach to spirituality? What am I most comfortable with?

- If spirituality has not been considered during this case (either explicitly or implicitly), why has it not?
- If I have been the one to raise the topic of spirituality, what were my motivations?

Again, these are merely a few questions that might link spirituality to self-awareness and limitation-owning. However, even reflecting on one such topic could arguably lead the therapist to make new connections between their thoughts, feelings and background assumptions about a case.

5. Concluding remarks

We're left with plenty of further questions about the role of intellectual humility in therapy, and (as previously noted) about the role of the potential *strengths-owning* aspect of this virtue (which Whitcomb et al. call "proper pride"). There is also much left to explore about working with spirituality, such as how best to work with a client who presents with problems of spiritual extremism, and how to walk the delicate line between respecting someone's right to hold a different view and failing to challenge an inherently problematic part of that view.

However, as it stands, we've at least looked at some of the reasons why spirituality can matter in counselling of virtually any sort, and considered some of the roadblocks commonly faced by therapists. We've also applied a particular account of a dimension of intellectual humility to counselling work, exploring how it can help us better understand both cases that involve a *lack* of humility and detect areas in which humility may be especially warranted. Finally, we've also seen two potential avenues for cultivating the limitations-owning aspect of intellectual humility more directly—by using Whitcomb et al.'s framework in both supervision and self-reflective processes. While supervision and self-reflection are just two areas in which therapists can make use of theoretical work on intellectual humility, I think they are two particularly important areas in which the therapists might gain significant self-knowledge about their own defences and about aspects of their practice that could be improved.

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