**'Out on the edge of my comfort': Trainee counsellor/psychotherapists' experiences of spirituality in therapy: a qualitative exploration**

Abstract

The integration of spirituality into counselling and psychotherapy poses complex challenges. Personal spirituality, professional competency and ethical considerations may impact on trainees' experiences of integrating spirituality into therapy. This study adopted an inductive, qualitative approach to explore trainee counsellor/psychotherapists' experiences and perceptions of integrating spirituality into therapy. Six trainee counsellors and psychotherapists were recruited using purposive sampling from a professional counsellor and psychotherapist training institution in the UK. In-depth, semi-structured interviews were conducted, audio recorded and transcribed verbatim. Thematic analysis of the interviews revealed two overarching themes: spirituality provides support but needs a warning; and spirituality is relevant but undervalued. These themes encompass a wide range of trainee concerns associated with integrating spirituality into therapy. Participants reported that they felt unprepared to work

therapeutically with clients' spiritual beliefs. However, the value of spirituality in providing support to both the trainee and their clients was highlighted by several participants. Some participants described integrating clients' spirituality as having a positive impact on the therapeutic relationship, but often felt threatening to the trainee. This research has implications that are important as consideration for counselling and psychotherapy training and developing enhanced consideration of client spirituality and the interpersonal environment in which therapy is delivered.

Keywords: spirituality; counsellor; psychotherapist; training; supervision; trainee

**Introduction**

Despite a historical interrelationship between the alleviation of psychological distress and religion and spirituality, the integration of spirituality into counselling and psychotherapy has at times been treated with suspicion (Gubi, 2002) and hostility (Ellis, 1980). Conversely, Jung suggests that a lack of spiritual experience and acceptance lies at the root of all psychological distress (Jung, 2014). These competing positions, along with an increasingly secular society, may pose challenges for UK-based counsellors working therapeutically with clients who present with spiritual beliefs and needs.

**Integration of spirituality into counselling**

Research into the integration of spirituality within the therapeutic relationship is complicated by the lack of a comprehensive definition, as well as a conflation of spirituality with religious thought and ideology. Hill et al., (2000) constructed spirituality as "feelings, thoughts, experiences and behaviours that arise from a search for the sacred" (p. 66). Ross (2016) suggested three dimensions to spirituality: spirituality to the scared, which connects the self with God or a being beyond the self, spirituality of the senses, that which connects the inner and outer words, and spirituality to the self, connecting spirituality within the self, with no external links. These dimensions widen the understanding of spirituality from a religious entity to encapsulate existential or emotional experiences that may feel inexpressible to another (West, 2011). This fluid construct of spirituality may have arisen from society's increasing secularisation or wariness of religious fundamentalism (Ross, 2016). Thus, spirituality may be viewed as personal, subjective and individualised (Pargament, 1997), which is the definition of spirituality used for the purposes of this study.

Spiritual beliefs and practices may be broadly characterised as having a positive effect on psychological health and being protective against depression, anxiety, substance abuse and suicide (Koenig, King & Carson, 2012). However, the existing research focus has largely neglected the integration of spirituality into practice within the field of the psychological helping professions. Given the broadly positive, whilst complex, relationship between spirituality and mental health, integrating spirituality into practice may be of importance to counsellors.

**Spirituality within therapy**

Spirituality is a necessary and beneficial aspect of life for some clients and therefore therapeutic exploration is gaining recognition. Spiritually influenced practices such as contemplative and mindfulness therapies have been integrated into mainstream psychological therapies provided by the National Health Service (NHS) (Koenig et al., 2012). However, incorporating spiritual beliefs into therapy is viewed as problematic by some counsellors and psychotherapists (Crossley & Slater, 2005).

For all therapists, the underlying presupposition of therapy is to listen to the individual's presenting concerns and explore with the client why they have brought them to therapy. A key aspect of this process is to ascertain the client's sense of hope, meaning and purpose that will sustain them through the exploration (Gordon, Kelly, & Mitchell, 2011). These may be couched explicitly or implicitly in spiritual language. However, exploring this with the client may be prevented through therapist barriers. Crossley and Slater (2005) found that spirituality was rarely engaged with for three reasons: therapist unease with spirituality at a cultural level, a lack of significance to the therapist and the challenges of lacking what is perceived as a shared spiritual language.

**Training to integrate spirituality**

The integration of spirituality into therapy may be hindered by a lack of training leading to counsellors feeling ill equipped to work with the spiritual content that clients bring to therapy (Christodoulidi, 2011). Additionally, ethical implications concerning the integrating spirituality into therapy may be a concern for counsellors. The recent widespread condemnation of 'reparative' or

'conversion therapy' in the UK (*Memorandum of Understanding on Conversion Therapy in the UK Version 2*, 2017) has revealed one dimension where unethically integrating religious ideology into therapy is abusive. Therefore, the British Psychological Society (BPS) Practice Guidelines and British Association for Counselling and Psychotherapy (BACP) Ethical Framework bind members to avoid discrimination on the grounds of sexual orientation (BACP, 2018; BPS, 2017). Widely published disciplinary cases in which integrating the spiritual has been ethically compromised may impact on counsellor willingness to integrate spirituality (Petrie, 2008). Furthermore, exploring issues of spiritual abuse (Gubi & Jacobs, 2009) and spirituality as a defence mechanism (Plumb, 2011) may be challenging for therapists.

Barriers to integrating spirituality from a therapist perspective may relate to a lack of clarity regarding how to achieve such integration. Saunders, Miller and Bright (2010) proposed that therapy should be neither spiritually avoidant nor spiritually directive. Both positions fail to meet the ethical challenges of client beneficence and client autonomy (BACP, 2018). Rather, a therapeutic position of, at least, spiritually conscious care is proposed as being the most efficacious for the client and therapist.  The BPS Practice Guidelines (BPS, 2017) and the BACP Ethical Framework (BACP, 2018) commit to protecting all aspects of a client's diversity, which presupposes spirituality as a facet of which the practitioner should be aware. However, psychologists (BPS, 2017) and counsellors (BACP, 2018) are warned against spiritually exploiting or abusing their clients. Therefore, the BACP provides a comprehensive guidance paper on integrating spirituality (Harborne, 2008).

This study aimed to explore trainee counsellor and psychotherapists' perceptions and experiences of integrating spirituality into therapy, in particular, trainees' personal understanding of spirituality and how it may impact on the therapeutic alliance; and their perceptions of what spiritual issues may present in therapy.

**Materials and methods**

*Participant and recruitment*

An inductive, qualitative approach with its emphasis on listening to participants' lived experienced was adopted. Experiential qualitative research seeks to understand the experiences, perceptions and meanings for another person (Braun & Clarke, 2013) which this study aimed to do. All participants were in training at a West Midlands University (England) and currently working therapeutically with clients. A purposive and convenience sampling strategy was used to generate in-depth understanding of the research topic.

Participation in this study was invited from trainee counsellors and psychotherapists from a West Midlands training institution. All participants were currently working therapeutically with clients, but it was not a requirement that participants had experience of working with spirituality material in order to take part. Five participants were female, and one was male. All participants were White British, aged between 28 and 57 years old (mean age was 48). Five participants self-identified as counsellors and one as a psychotherapist. Two participants self-identified as Christian, two as having no religion, one as Atheist and one as Pagan. The range of client hours accumulated by the participants ranged from thirty-eight to three hundred and fifty hours (mean hours was 165).

[Insert Table 1.1 here]

*Ethics Considerations*

This research was carried out in accordance with the BPS Code of Human Research Ethics (2014) and BACP Ethical Guidelines for Research in the Counselling Professions (Mitchels, 2018). Ethical approval was obtained from the Newman University Ethics Committee. All participants were invited to choose a pseudonym to protect their identity.

*Interviews*

Data was collected via semi-structured interviews using a medium conducive to the participants' circumstances. Data was collected via semi-structured interviews. All participants were offered the choice of face-to-face, Skype or telephone-based interviews and could choose the option most convenient given their circumstances. Interviews were carried out by the first author. Four interviews were conducted face-to-face. Stephens (2007) suggested that telephone interviews are a productive and valid qualitative research option and, at the request of the participants, two interviews were conducted via telephone. Interviews ranged in length from 25 minutes to 1 hour and 17 minutes (mean length = 47 minutes). Differences were noted in interviews face-to-face versus over the phone; telephone interviews were generally shorter reflecting previous research (Irvine, 2013). Additionality, it was noted that the participant with the least amount of client hours gave the shortest interview.

A semi-structured interview schedule drew on extant literature and was developed to explore trainees' experiences and perceptions of integrating

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spirituality into therapy. Participants were asked to comment on: their concept of spirituality, its importance to them and how it had developed; their experience of spirituality within their counselling / psychotherapy training; their experiences of clients raising spiritual issues; their perceptions regarding the role of spiritual beliefs and practices in psychological distress; and their perceptions of potential ethical challenges to integrating spirituality into therapy.

*Analysis*

Thematic analysis was used to analyse the data following the six-phase process set out by Braun and Clarke (2006). This method was chosen as thematic analysis seeks to identify the broad concepts within a data set and is concerned with the underlying meanings and associations within participants' narratives. An experiential approach to analysis was employed which aimed to 'give voice' to the trainees' experiences of working with spirituality. The transcribed interviews were coded, and themes across the data were identified. Triangulation was carried out, both authors analysed the data and refined codes and themes accordingly.

*Reflexive Statement*

The first author's interest in this research emerges from personal experience. I identify as a Christian, with a spiritual approach to life, who is pursuing a career in the therapeutic context. Therefore, I was cognisant that I brought a particular perspective to the research process and to overcome bias maintained a reflexive journal throughout the research process. For example, after an interview with one participant I reflected on who benefited from her spiritual practice of opening the windows to let bad air out. I reflected on

whether I have or would take on any similar practice as a means of spiritual preparation for therapeutic work'.

**Results and discussion**

The analysis process generated two overarching themes. The first overarching theme: **1. Spirituality supports clients but needs a warning** captures the way in which participants made sense of spirituality as a support for clients but also captures a sense of conflict around integrating spirituality into therapy. The second overarching theme: **2. Spirituality is relevant but undervalued** captures the way in which participants perceived training and support associated with spirituality as relevant to their therapeutic development however, such training and support was rarely available.

Trainees explored spirituality and therapy in a way that they had not previously spoken about. Of the six participants who took part, five participants had never spoken about their experiences of spirituality in therapy prior to taking part in the interview. Therefore, their accounts were not well-rehearsed and were at times contradictory. There was a sense of rawness in their narratives. Some reported feeling emotional or anxious whilst reflecting on their experiences, a sense articulated by Millie when she said that exploring spirituality "was on the edge of my comfort".

A central theme running through the interviews was the tendency to conflate spirituality with culturally familiar religious beliefs and practices as identified by Hill and Pargament (2013). Therefore, spirituality was viewed as being a "bit vague" in contrast to the "well defined" [Dave] beliefs and practices

of religion. Josie captures this conflation between religion (specifically Christianity) and spirituality:

> It's interesting isn't it because you're using the word
>
> spirituality which is good, and I suppose instinctively my
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> tendency is to think about church, and religion, and church
>
> going because that's the way it normally comes up but
>
> we're not just talking about this I realise.

The explicit spiritual issues that trainees reported clients bringing to therapy were typically interpreted through a religious lens.

[Insert Table 1.2 here]

***Overarching theme 1: Spirituality supports clients but needs a warning*** reflects trainees' construction of spirituality as an important aspect of human diversity and experience but also as anxiety provoking. Two main constructions of spirituality flowed through the trainees' narratives; connectedness, and spirituality as a provider of comfort and existential meaning.

However, whilst spirituality is viewed as a framework for clients to explore meaning and purpose, it was also viewed as creating conflicts. This tension was acknowledged by Sky: "it is [a] bit of a thorny issue and needs wrestling with". Sky's narrative reflects the sense of struggle she experienced working with spirituality as a difficult but necessary aspect of therapeutic exploration. This is further reinforced by Lucy who stated: "It's important that we don't shy away from it".

Three themes and one subtheme were identified within this overarching theme: *1) Spirituality provides a sense of solace* captures a construct of spirituality as a source of comfort, security and connectedness whose formation arises through life experiences. *2) Spirituality creates a sense of conflict* captures the implicit suspicion and conflict that spirituality may evoke and thus affect the self and the therapeutic dynamic. 3*.) Into the wilderness to find the streams* captures participants' perceptions that exploration and expression of spirituality in the therapeutic space may empower both clients and trainees. However, this was not a straightforward concept. Within this, a subtheme of *1.3.1 "It's a bit like sex!"* captures the wariness that may arise through this exploration.

*Theme 1.1: Spirituality provides a sense of solace* captures a construction of spirituality as providing a framework for tussling with existential meaning and purpose that provides comfort and security.

A key element of participants' accounts conveyed the notion of spirituality as providing a sense of "connecting" [Lucy] and "belonging" [Bertha]. For the most part, the connectedness was expressed as being to something external that positively influences the self, such as "a two-way relationship" with God [Sky] or "being connected to my world" [Dave], thus supporting the intimate nature of spirituality as outlined by Ross (2016).

The language of emotion was anchored within this connectedness; Bertha captured the notion of spirituality as a place of consolation: "I define it as something that makes you feel at peace, or gives you some kind of pleasure,

something to believe in". Childhood, important nurturing relationships, and life experiences were all cited as influences in spiritual formation.

For the most part, the positive aspects of spirituality were constructed as experiential, evocating a sense of safety and comfort, reflecting the suggestion that spirituality as a nebulous construct is more a help than a hindrance to trainees' engagement with clients on a spiritual level as outlined by Hollins (2005). However, negative constructions of spirituality were overwhelmingly intertwined with religious "dogma" [Josie], "rules" [Lucy] and theological constructs such as "sin" [Lucy] and "hell" [Sky and Josie]. This finding reflects the paradigm that many spiritual beliefs are institutional constructs rather than deeply held meaningful, personal beliefs (Rousseau, 2014).

This sentiment was accompanied by a profound sense of unease that for some clients' spiritual beliefs or practices may express an underlying psychopathology. Lucy drew on her experience of working in secondary mental health services to comment; "when individuals speak about God and being damned to hell…they are probably quite floridly psychotic". These comments highlight a perceived link between expressions of spirituality and mental health disorders. This propensity to characterise some spiritual practices as pathology may reflect a lack of training around the distinctions between spiritual experience whether ecstatic or normative, and psychopathological conditions (Dein, 2017). The sense of unease that accompanied some participants' accounts echoes recent research findings indicating that counsellors feel ill-equipped to work therapeutically with spiritual clients (Hunt, 2018).

Despite the contradictions expressed towards spirituality, participants broadly spoke with a sense of valuing the importance of spirituality to their clients, thus reflecting attitudes found in previous research (e.g. Mayers, Leavey, Vallianatou & Barker, 2007). Millie captured the attitude of all trainees towards working with clients' spiritual beliefs when she said; "If it's important to them, it's important to me". Josie commented that while spirituality "doesn't have any significance to me…[I] realise that it can be very important for people, you can't just dismiss it like that". This seemed to stem from a holistic valuing of the client rooted in the participant's humanistic therapeutic orientation.

*Theme 1.2 Spirituality creates a sense of conflict* captures the perceptions that some trainees have of spirituality as creating potential conflicts within the client, between the client and spiritual communities, and between the client and therapist.

Participants described clients exploring spiritual issues in therapy that were centred on spiritual guilt, loss and bereavement but were accompanied by feelings of embarrassment, isolation and conflict with the self. Wrestling with spiritual concepts such as "I should serve" along with "I should look after myself" [Lucy] and the difference between God's forgiveness and human forgiveness seemed to leave participants sensing shame in their clients and isolation from their spiritual communities due to a conflict of the self with their spiritual community.

Some participants perceived conflicts arising between clients and their spiritual communities that were rooted in a lack of willingness within spiritual communities to engage with psychological distress.  Sky implied that her client

felt "she ought to kind of segregate the two; her Christian faith and counselling" having been told that "you just need to pray and give it to God". This notion of the incompatibility of therapy and spirituality has arisen from within both the therapeutic and spiritual spheres (Ellis, 1980). However, the legitimate overlap between spirituality and therapy means that it is an area of concern for trainees evidenced by their desire for more understanding.

The underlying sense of incompatibility between counselling and spirituality was further articulated by some participants. Josie captured a sense of inner conflict when she commented that "the idea that there is some bigger power for some people is very comforting, for other people it's quite terrifying". This conveys a sense of uncertainty about exploring client expressions that are removed from the theological worldview of the therapist. This sense of uncertainty provoked Lucy's reflection that "I think unless as counsellors we're kind of comfortable about [exploring spirituality], sometimes we can be restricted through a fear of offending or getting something wrong". Therefore, remaining cognisant of the personal nature of spiritual beliefs and willingness to explore the meaning of them as they impact on client individuality may alleviate this uncertainty as outlined by Delaney, Miller and Bisono (2013).

Whilst some participants asked about their client's spirituality in the initial contact with the client, this was not generally followed up unless the client expressly raised a spiritual issue. The sense that it's up to the client was encapsulated two ways; a theoretical position and the comfortableness of the counsellor. Lucy said, "I am very much person centred; so I would go where the client wants to go rather than taking the lead". Sky captured a sense of

confusion and avoidance around how to integrate spirituality into the therapeutic relationship; "That's my struggle. How do I do this ethically, appropriately?  It felt safer to just leave it out of the picture most of the time". However, Josie suggested that the onus was on the therapist to raise spirituality; "Bring it up. If you don't, the client's not going to". This inconsistency reflects previous research suggesting that raising spirituality is viewed as problematic, whilst some therapists may be proactive in raising it, most wait for the client (Coyle & Lochner, 2011). However, whilst initial assessments of clients' protective and supportive factors may have included religion or spirituality, some participants reported not returning to explore this with the client during therapy.

*Theme 1.3 Into the wilderness to find the streams* reflects the narrative that developed from some participants' accounts in which there was a sense of empowerment experienced by some clients whilst wrestling with how their personal spiritual beliefs sat with the psychological distress that they were experiencing. Some participants described their experiences of working with clients as isolating. Clients were described as "marrying beliefs" [Lucy], or having to "compromise" [Sky] their beliefs to alleviate their psychological distress. Some participants sensed an underlying sense of aloneness as clients grappled with this fuelled by the implicit "pressure" [Sky] arising from religious views that "hold people stuck" [Lucy]. This seems to have arisen from an internalised paradigm that spirituality is the antithesis of therapy, an assumption that is consistently expressed by some therapists and clients despite evidence to the contrary (Mayers, Leavey, Vallianatou & Barker, 2007). Thus, Sky

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reported that clients with faith can be "quite apologetic coming to [see] a counsellor".

However, participants reported that clients who had explored their spirituality in therapy gained a sense of "freedom to express [themselves] totally differently" [Lucy]. Research suggests that for clients with spiritual beliefs, exploration in therapy may strengthen their faith expressions (Mayers, Leavey, Vallianatou & Barker, 2007). The language of self-determination was expressed by Sky who referenced a client who had prayed about continuing therapy, saying; "She felt empowered; it was her decision, it was using her faith". This sense of empowerment reportedly emerged from clients wrestling with spiritual beliefs and concepts such as "forgiveness" [Lucy], life after death and the sovereignty of God. For many participants, these explorations seemed to induce a sense of wonder. Sky recounted that a client "would not commit suicide because of [their] faith" evoking the idea that religion gives hope "even when it is the darkest place and it doesn't feel as if there should be any hope in that…. somehow there is a way out of it".

*Subtheme 1.3.1 It's a bit like sex!* captures the sense of avoidance towards spirituality that some trainees expressed.  A key element was wariness due to constructing spirituality as "a very personal thing [that] I can't inflict on anyone else" [Lucy], and that "you don't want to probe" [Josie]. Constructing spirituality as so deeply personal may reflect a fear of intruding into the client's personal world. However, this avoidance may have significant implications for the establishment of a congruent and empathetic therapeutic relationship (Rogers, 1957). Furthermore, the avoidance of spirituality stemmed from some

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participants' perceptions that working with spiritual beliefs that diverged from their own would contribute to a "clash with the client" [Josie]. These responses seemed to convey a sense of fear that integrating spirituality may impede the therapeutic relationship, yet avoidance of spirituality may itself predispose the counsellor to mismanage or neglect important facets of the client's inner world as previously reported by Bergin and Payne (1991). In contrast, Lucy expressed a sense of comfortableness with holding clients with differing beliefs "because I have this feeling that we are all talking about the same thing but using different language."

For some participants, client expressions of spirituality provoked a deep sense of discomfort. Dave reflected on an "intimate" situation which he found "awkward" when a client prayed during a session. Dave reflected that he "felt like the odd person in the room and it was like encroaching on somebody else's personal space". Furthermore, a "God verses therapist" view was articulated by Josie; "[If] it it's all up to [a divine being], what are we doing here?", reflecting the suspicion that the epistemological positions of counselling and spirituality are in opposition. Gubi and Jacobs (2009) proposed that this suspicion towards integrating client spirituality into therapy is most present when the therapist has alternative spiritual views. For therapists whose spiritual beliefs differ from their clients, valuing this point of diversity may be challenging (Bond, 2015).

*Overarching theme 2: Spirituality is relevant but undervalued* captures the inconsistencies in approaching spirituality from training through to supervision. Trainees reported that spiritual content in their respective programs

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was minimal but that they were "interested" to develop a deeper understanding of spirituality but did not want "dogma" [Lucy]. Alongside opportunities for reflection, some trainees viewed training as a significant point in developing their therapeutic spiritual formation.

Two themes were identified within this overarching there: *1) Training is like turning over stones* captures the perceptions that training on spirituality is minimal yet revelatory for some participants. *2) Therapeutic spiritual formation through supervision and reflection* captures the sense that opportunities for self-reflection through supervision and reflection are rare but valued.

*Theme 2.1 Training is like turning over stones* reflects trainees' accounts that the spiritual content of their respective training programs was "pretty non-existent" [Lucy] and that spirituality in training "seems to be mystified in some way and because it can't be explained perhaps not a lot of time seems to be spent on it" [Bertha], thus expressing a sense of ill-preparedness to deal with client spirituality. Participants were able to recall that spirituality and religion had been touched on in topics such as "process orientated work, thinking about mindfulness" [Josie] and diversity training. Nonetheless, participants expressed a desire for more training around spirituality. However, this desire seemed to have been shaped by their personal experiences of spirituality in training. Spiritual content within training programs has consistently been shown to be lacking, despite trainees expressing a desire for greater understanding on spirituality and its application within therapy (Hofmann & Walach, 2011).

For some participants, training had produced moments of revelation and developed their understanding of spirituality within therapy. Bertha captured her experience of choosing spirituality for an assignment:

> It changed the importance of it and made me realise how important it is. There's something I read that really resonated with me and made me think I must keep my ears open for that and bring it into the room, not ignore it if it crops up. I think that just wouldn't have been on my radar if I hadn't done that.

Noticeably, intellectual and experiential engagement with spirituality both professionally and personally occurred when training addressed spirituality; Dave commented that training had "helped me reflect on my own emotions, my own life, my own practice". Trainees spoke about having a lecture on working with religion and spirituality that "stuck with me" [Dave]. Millie constructed the process of training as being essentially a spiritual process for her; as starting a "crisis of faith". Henriksen et al., (2015) outlined that training on spirituality as an aspect of professional spiritual formation, whilst recognised as an important matter for diversity and cultural understanding, is not often characterised as causing a shift in the personal spiritual understandings of the trainees themselves.

Training was characterised as a place of vulnerability for some trainees, especially those with strong religious or spiritual beliefs. Sky, who recalled being shamed by trainees on a previous course wanted a "safe place…a safe environment to be able to talk about it candidly" that had "an atmosphere of

trust". Likewise, Josie insisted that she didn't want "dogma" but rather training on spiritualities meaningfulness for clients. Therefore, an environment that is characterised by mutual trust and respect was viewed as essential for therapeutic spiritual formation as proposed by Hunt (2018).

*Theme 2.2: Spiritual formation through supervision and reflection* captures the valued, yet seemingly rare, reflective opportunities that trainees had for therapeutic spiritual formation. Whilst all trainees were in supervision as a requirement for their respective courses, only one trainee had spoken about spirituality with her supervisor; specifically relating to an ethical concern that then developed into a wider discussion. Despite spiritually related client concerns, opportunities for reflection and development in supervision were not taken. For example, Dave revealed a sense of avoidance by not taking to supervision his strong responses to the client who prayed in the session.

Sky's narrative captures the sense of vulnerability she felt through a negative experience of discuss her own beliefs in supervision; "It's like there's no trust and openness to be able to bare, it's already been disapproved of therefore let's not take it any further". This finding supports evidence that experiencing a sense of being judged may prevent trainees from further exploring spirituality in supervision or training (Hunt, 2018). Likewise, this sense of judgement and misunderstanding mirrors trainees' perceptions about potential barriers to clients raising spirituality in therapy (Cummings et al., 2014).

Participants expressed valuing the opportunity to reflect on their perceptions of spirituality through the interview. The language surrounding the

reflective process as encapsulated a sense of relief to be able to "think out loud", "to chew over" [Millie] spirituality within therapy. Lucy too reflected; "You've really made me think", suggesting that opportunities for reflection on spirituality are rare but valued. This sense of increased awareness was also articulated by Dave; "It's kind of raised my awareness of how ill equipped I am with spirituality and how I should be aware of it in my practice".

These findings show that participants experienced tensions associated with their perceptions and experiences of spirituality and incorporating this into therapy. Whilst trainees explicitly valued spirituality as an aspect of both diversity and personal experience, contradictions around the helpfulness of spirituality were expressed. Furthermore, participants expressed feeling ill-prepared through training to integrate spirituality into therapy.

The challenges of defining spirituality were reflected through participants' accounts. Given the lack of an agreed working definition for either spirituality or religion, the widest construct of spirituality, of which religion is but a feature may accommodate the individual uniqueness of spiritual issues when working with clients as identified by Hollins (2005). However, it was evident that participants drew on their religious or spiritual background as well as their theoretical orientation to help inform their therapeutic work when integrating spirituality.

**Implications for counselling practice**

This research raises several issues for trainers and accrediting bodies to reflect upon. Firstly, trainees expressed concerns that training on spirituality had been minimal and suggested that more training around spirituality would have provided a greater sense of being equipped to deal with the spiritual nature of

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client explorations. Secondly, some trainees expressed a desire that training bodies ensure that the environment of training is respectful of both trainee and client diversity. The BPS, the Health and Care Professions Council (HCPC) and the BACP require practitioners to be aware of issues of diversity and difference and how they impact the therapeutic relationship (BACP, 2018; BPS, 2017; HCPC, 2014). However, participants in this study frequently reported that they felt uneasy about working with religion and spirituality as an issue of diversity which they attributed to featuring minimally on professional training programs.

Furthermore, trainees rarely used supervision to explore spirituality, either their own as it impacts on their therapeutic work, or spiritual concerns in the room, due to fear of judgement or embarrassment. These findings conflict with Hunt (2018), who suggested that trainees tended to be more comfortable when speaking about spirituality with their supervisor than with their peers. However, there is a dearth of research in this area and further exploration is required. Spiritual competencies for supervisors to support ethical practice have been proposed (Hull, Suarez & Hartman, 2016). Therefore, there is a challenge for supervisors to be aware of, and be willing to explore, spirituality with trainees within supervision to increase the confidence of trainees in identify and engaging with spiritual issues.

The ethical provision of therapeutic care is the foundation for counselling and psychotherapy, for the protection of the client and the therapist. Integrating spirituality into therapy may pose significant ethical challenges. However, if spirituality is a phenomenological reality for the client and their lived experience,

integrating spirituality into care, ethically and sensitively, may provide positive therapeutic outcomes for the client.

**Limitations**

These finding offer a tentative understanding of trainees' perceptions and experiences of integrating spirituality into therapy. A core limitation to drawing conclusions is the participants' demographic information which limits the claims that can be made about the findings and the potential transferability to other trainees. Whilst all of the participants identified as White British, some spoke about the role of culture in their experiences and perceptions of religious and spiritual beliefs, supporting findings which suggest that the meaning of religion/spirituality may vary within and between cultures as identified by Hill and Pargament (2013). However, this finding needs further exploration.

None of the integrative practitioners interviewed identified as using a CBT approach within their client work. Some evidence suggests Cognitive Behavioural Therapists (CBT) tend to put less emphasis on spirituality than humanistic therapists, therefore differences may have been found between practitioners' theoretical approaches as was the case in research carried out by Hofmann and Walach (2011).

Five of the six participants interviewed were female and, whilst this reflects the gendered difference in the counselling arena (78% of BACP members are female, Ross, 2016), this study may have primarily captured female trainee perceptions and experiences of integrating spirituality into therapy. Some evidence suggests differences may occur between masculine and feminine expressions and experiences of religion and spirituality, for

example, patterns of faith development as found by Slee, Porter & Phillips, (2016) and expressions of spirituality as identified by Rohr and Martos, (2005). However, the research findings are inconsistent and require further exploration as recommended by Simpson, Cloud, Newman and Fuqua, (2008).

**Recommendations for future research**

This study found that trainees' experiences and perceptions of integrating spirituality into therapy were complex and nuanced. Trainee constructs of spirituality were often encapsulated in religious language which was viewed more negatively than broader definitions of spirituality. Whilst training around spirituality was minimal, training that was received was viewed as causing a shift in understanding of the importance of spirituality in the therapeutic space. Furthermore, whilst trainees had minimal experience of integrating spirituality into therapy, trainees broadly expressed a lack of competence and confidence that was related back to a deficit in training and supervision. Future research should explore the role of training /CPD around spirituality on practitioners' confidence to work therapeutically with clients.

**Conclusion**

These findings offer insight in to trainees' perceptions and experiences of integrating spirituality into therapy, enhancing knowledge and understanding of the complexity of participants' experiences. These findings highlight the need for trainers and supervisors to be aware of spirituality as a facet of trainee, supervisor, supervisee and client worldviews, which may present both explicitly and implicitly in the therapeutic space, and the need to offer guidance and support on integrating spirituality into therapy.

**Acknowledgments**

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49-53.

*Table 1.1 Table 1: Characteristics of the sample (N = 6)*

| Pseudonym | Josie | Lucy | Sky | Bertha | Dave | Millie |
|---|---|---|---|---|---|---|
| Age | 57 | 53 | 56 | 28 | 53 | 43 |
| Gender | Female | Female | Female | Female | Male | Female |
| Ethnicity | White British | White British | White British | White British | White British | White British |
| Spirituality | Somewhat Spiritual | Somewhat Spiritual | Very Spiritual | Somewhat Spiritual | Somewhat Spiritual | Very Spiritual |
| Counsellor/ Psychotherapist | Counsellor | Counsellor | Counsellor | Counsellor | Counsellor | Psychotherapist |
| Therapeutic Orientation | Integrative | Integrative | Integrative | Integrative leading with Person Centered | Humanistic | Person Centered, Attachment Theory |
| Number of client hours | 350 | 135 | 200ish | 38 | 52 | 220 |
| Religious Affiliation | Atheist | None | Christianity | None | Christianity | Pagan/Shamanic/ Interfaith |

Table 1.2 Thematic map of trainee counsellor/psychotherapists' experiences of spirituality in therapy – overarching themes, themes and subthemes

| Theme | Subtheme |
|---|---|
| Overarching Theme 1: Spirituality supports clients but needs a warning | |
| 1.1 Spirituality provides a sense of solace | |
| 1.2 Spirituality creates a sense of conflict | |
| 1.3 Into the wilderness to find the streams | 1.3.1 'It's a bit like sex!' |
| Overarching Theme 2: Spirituality is relevant but undervalued | |
| 2.1 Training is like turning over the stone | |
| 2.2 Therapeutic spiritual formation through supervision and reflection | |