

## **Title Page**

**Name:** Dr. Jane Hunt

**Title:** An exploration of how trainee counsellors who are practising believers of a world religion or faith tradition experience undertaking counsellor training

**Address:** Department of Psychology (Room 2074), University of Roehampton, Whitelands College, London, SW15 4JD, United Kingdom

**Email address:** jane.hunt@roehampton.ac.uk

### **Abstract**

This paper reports findings from a study that investigated how counsellors who identified as practising members of a world religion or faith experienced undertaking counsellor training in the UK. This was a qualitative study. All four participants were final year students on BACP accredited counsellor training programmes and identified as practising Christians. Data was collated via semi-structured interviews and analysed using thematic analysis. Findings point to trainees experiencing significant anxiety with regard to talking about their faith during training for fear of eliciting negative judgments. As a result, participants either avoided talking about their religion or sought to defend it against negative perceptions. Participants tended to feel more comfortable talking to supervisors or therapists rather than their peers about religion when it was relevant to the client work or to personal issues. All participants reported receiving limited teaching input around religion and mental health on their programmes and felt this was a neglected area in counsellor training.

**Key words:** Religion, Faith and Trainee Counsellors

## **An exploration of how trainee counsellors who are practising believers of a world religion or faith tradition experience undertaking counsellor training**

### **Introduction**

This paper reports findings from a research project that explored how counsellors who are practising believers of a world religion or faith tradition experienced undertaking counsellor training in the UK. The research explored four specific areas: trainees' freedom to talk about their faith on training programmes; their experience of tensions arising between their faith and counselling theory and practice; the teaching they received on their various training courses with regard to religion; and finally, how well equipped they felt to work with clients presenting with religious concerns. I have deleted this sentence due to it being repeated in the Ethics section.

### **Terminology**

With the rise of secularisation in contemporary Western society, growing numbers of people identify themselves as 'spiritual but not religious' (Oman 2013). Broadly speaking, to be 'religious' is typically understood to involve a commitment to the doctrinal teachings, beliefs, values, and ceremonial practices of a specific institutional world faith, such as Christianity or Islam (Loewenthal 2000). In contrast, 'spirituality' places more emphasis upon individual expression outside of an institutional framework or context (West 2011).

With regard to psychological and psychotherapeutic research, defining 'religion' and 'spirituality' is complex (King & Keonig 2009; Pargament 2013). Much research into religion and mental health has combined the constructs of religion and spirituality (Casey 2009; King 2013) because, as Casey (2009) argues, historically spirituality has been integral to religious practice. More recently, however, mental health researchers have argued for a distinction to be made between those who identify as 'religious' and those who identify as 'spiritual' (Casey, 2009; King et al. 2013). For example, a recent paper by King et al. (2013) found that those who professed spiritual beliefs outside of the institutional and communal framework provided by a religion were more vulnerable to mental health disorder than those who identified as 'religious'. Distinguishing between 'spirituality' and 'religion' can therefore be helpful in analysing how practices and beliefs come to impact negatively or positively on general mental health and well-being.

Research into counsellors' experiences of training (Swinton 2014, 2016), or their integration of religion or spirituality with their practice (Martinex & Baker 2000; Chistodoulidi 2011; Blair 2015) also has a tendency to merge together those who identify as 'religious' with those who identify as 'spiritual'. But the rise in numbers of those who identify as 'spiritual'

and a decline in those who are 'religious' in contemporary society (Heelas & Woodhead 2004), suggests that trainees who identify as religious may be a minority on therapeutic training programmes. However, we do not know what the differences might be between these groups, or whether religious trainees experience different conflicts and tensions on their programme from those who identify as spiritual rather than religious. In this study therefore, the focus was solely on trainees who self-identify as practising members of a world religion or faith and therefore as 'religious' rather than solely 'spiritual'.

### **Literature Review and Rationale for this Study**

Research on the relationship of therapy to religion and spirituality has mushroomed in recent decades (Post & Wade 2009; Pargament 2005, 2011; West 2000, 2011). Post and Wade (2009) argue one of the reasons for this increase is the reported evidence that religiosity is a good indicator for better health. However, King et al. (2013) argue that the evidence that religiosity is a good indicator of better mental and physical health is rather weak and that in a number of UK studies religion and spirituality have not necessarily been shown to produce better mental or physical health. Post and Wade (2009) further suggest that the rise of multi-cultural counselling has led to the need to consider all forms of diversity in therapy, including religion, and therefore clients are seeking therapists who can sensitively work with their religious beliefs. Additionally, psychotherapies that incorporate religious and spiritual interventions have also begun to develop a growing evidence base (Norcross 2011, Cooper 2008).

Nevertheless, evidence suggests that counsellors feel ill-equipped to work with religious clients in practice, and would like more training input on religion and spirituality (Hage 2006; Martinex and Baker 2000; Chistodoulidi 2011, Hofman & Walach 2011). Research in the US shows that trainee counsellors, clinical psychologists, and psychotherapists (whether religious or not) rarely discuss religious or spiritual issues in training (Walker et al. 2004). Similarly, a survey of German psychotherapists by Hofman & Walach (2011) found that 81% of participants reported that religion or spirituality was rarely or never covered in their training. In the UK, two qualitative studies which explored how counsellors integrated their religion or spirituality with their therapeutic practice both found that practitioners felt that no substantial input on religion or spirituality was provided during training (Martinex and Baker 2000; Chistodoulidi 2011). Whilst there have been calls for more input on religion and spirituality into the counselling curriculum in the UK (e.g. Foskett, 2001; Swinton, 2007; Thorne 2001; West 2000; 2011), evidence indicates this is still a neglected area (Swinton 2014). Even in the US, training on religion in counselling psychology and clinical psychology programmes is very sketchy and unspecialised in scope, as a recent systematic study indicates (Jafari 2016).

It is unclear why religious or spiritual issues are not addressed in counselling training programmes. Research in the US and Europe has shown that therapists and psychologists on the whole are less religious or spiritual than their clients (Bergin 1990; Delaney et al. 2007), although there is no research showing how this breaks down specifically for counsellors in the UK. West (2011) suggests that courses in the UK are often unpinned by anti-religious sentiments, resulting in therapists feeling inhibited from speaking about faith. However, as indicated in Jafari's (2016) systematic review, religion is seen as irrelevant for clinical practice training programmes (Jafari, 2016).

It is also unclear what the content of such training around religion should be if included, or what aspects of therapeutic training around religion have been helpful for work with religious or indeed non religious clients. In the US, the American Counselling Association has developed a number of competency requirements for all therapists working with religious clients (Scott Young et al. 2007) but such competencies have not been developed in the UK.

By way of beginning to address these issues, the research project presented in this paper explored whether trainees felt inhibited about talking about religion during their therapeutic training and if so why. This research also asked trainee counsellors what training on religion they had received, and whether they felt this had equipped them to work with clients presenting with religious issues. This research was therefore undertaken with a view to helping those involved in counsellor training to address this under-researched but important area.

## **Research Design**

### *Methodology*

The aim of this study was to explore participant's experiences of therapeutic training and therefore a qualitative approach, with its emphasis on listening to participant lived experiences, was deemed appropriate (McLeod 2011).

### *Participant recruitment and sample*

All participants were required to self-identify as practising members of a world religion or faith, and to be trainee counsellors in their final year of a BACP accredited programme. The term 'practising' was used to capture participants who attend places of religious worship (such as a mosque, church, or synagogue) and who engage in personal practices (such as prayer, meditation, or reading sacred scriptures) underpinned by faith. Participants were recruited via an advert posted on the BACP website Research Board and through an information letter circulated to a number of training courses. Ten trainees responded, and four were selected for

inclusion based on location and availability for interview. The sample for this study was therefore a purposeful one (Robson 2002).

There were three female and one male participant and all were in their final year of training. Three participants identified as white British and one white North American and all were between 25 and 37 years old. All participants identified as practising Christians: three were Anglican; one was Baptist. Two participants were on a person-centred courses , one on an integrative humanistic course and one an integrative course.

#### *Data collection*

Data was collected via semi-structured interviews and participants were asked to comment on: their faith background, current religious practices and level of involvement; whether their faith has been instrumental in choosing to become a therapist; their experience of talking about their religious faith with their peers, tutors, clinical supervisors, and personal therapists; training they received around religion and mental health on their programmes; whether they had any experience of, or felt equipped to work with, religious clients; and any tensions they experienced between their religion and counselling training.

#### *Data analysis*

Data was analysed using thematic analysis (Braun & Clark 2006, 2013; Boyatzis 1998). Thematic analysis looks to identify broad meanings within a data set and is concerned with underlying meanings and associations in participants' narratives. Thematic analysis is a form of analytic enquiry that can be underpinned by a realist/essentialist or constructivist epistemological frameworks (Braun & Clark 2006). For the purposes of this study, the thematic analysis was underpinned by a phenomenological and hermeneutic epistemological stance . Therefore firstly, in line with phenomenological principles, I was concerned in getting close to the essence of participants' lived experiences of training (Smith 2009) and to provide a 'thick description' (Geertz, 1973 cited in McLeod 2013) of this experience. Secondly, in line with hermeneutical principles, I brought an interpretative perspective to bear on the data. Hermeneutic theory is concerned with the presuppositions the researcher brings to textual analysis (e.g. existing knowledge base, personal perspectives, etc), and how new meanings arise through the 'fusion of horizons' between researchers' perspectives and the texts themselves (Gadamer, 1975; McLeod 2011).

As the researcher therefore, I was not only interested in participants' experiences of undertaking therapeutic training, but also how those experiences were connected to larger therapeutic and religious discourses. For example, I wondered if Freud's (1927) notion of religion as an illusion or wish fulfilment had left a legacy that religion is perceived as a form of psychological weakness. Was there an expectation that religious

therapists would hold conservative views around sexuality, sexual practices, relationships and abortion? What were the particular discourses about what it means to be 'religious' that the trainees were having to manage and negotiate with their peers and tutors on their various training programmes? An awareness of such discourses therefore also came to impact on the data analysis for this study.

In analysing the data, Braun and Clark's (2006) six stage model was followed. In stage one all interviews were transcribed and read repeatedly for full immersion in the data to occur. Once immersed in the data, I wrote down codes or areas of interest that stood out from each individual transcript. In this respect, the codes were descriptive and related to each individual transcript rather than the data set as a whole. After this initial coding, in stage two individual transcripts were re-read and codes collapsed or expanded in relation to the research question and interview questions. In stage three, the focus turned to what codes were seen across the data set as a whole and which ones re-occurred. These were then grouped under larger theme headings that related to the research question. In stage four I was concerned with exploring what was said and not said in the data. I was therefore keen to capture the felt sense of each transcript and ensure that these were reflected in the initial list of themes. Stage five saw a collapse of the larger themes into overall headings with a number of sub-themes. A return to the research and interview questions was influential here as well as my awareness of the larger therapeutic and religious discourses as referred to above. Once the themes were named there was a further return to the individual transcripts to cross-reference that each transcript had enough data to support the identified theme before the final writing of the report in stage six.

### *Reflexivity*

Sandra Harding (2004) argues that research is always influenced by the standpoint of the researcher, in the questions they choose to ask and in how they analyse the data. In qualitative research, although the analysis itself cannot be replicated, it is possible to provide the reader with a sense of the motivations the researcher brings to the work as a means of increasing transparency (McLeod 2011). It must be noted that this process of analysis was not a deductive process and the themes did not simply 'emerge' from the data but as a researcher I was actively involved in identifying and co-creating these themes. The reading of the data was not only influenced by the research question and interview questions, but also my own standpoint and experience as a therapist, academic and someone who identifies as religious.

My interest in this research emerges from both my personal experience and my professional background. As a Catholic who initially read theology at university, my faith was relevant to my decision to train as a therapist. As a counselling trainer, with experience of teaching on a number of programmes, I have noticed how infrequently trainees talk

about faith and the limited training input around religion on training programmes. This has led to me to wonder whether religion is something of a taboo in counselling training.

For participants speaking about their faith during training was not only a risky endeavour but also a deeply personal one. I was therefore mindful in the research relationship with participants of faith being a private and very personal phenomenon. I therefore engaged in this research with an insider perspective but I also held experiences that differed from participants in this study. I informed participants that I was religious in the hope that they may have shared more openly knowing the interviewer was herself sympathetic to religion. However, all participants were Protestants and knowledge that I was a Catholic may have stymied rather than helped here. Knowing that I was a counselling academic may have also impacted on their willingness to be more critical of their training programmes.

In the analysis it wasn't always easy to bracket off my own experiences of training and I was aware of searching the participants' narratives for experiences similar to my own. For example, I felt angry when listening to their experiences of marginalisation or fear of speaking out. Nevertheless I couldn't hear anger in their own narratives. I was aware that I had felt quite angry in my initial training feeling that my religious faith was regarded with suspicion at times by fellow trainees and this experience re-emerged for me in my process of analysis. Because for some participants there was a sense of their faith being silenced on their training programmes, it felt therefore even more important to ensure that their voices in the research were not overshadowed by my own. In the analysis section I draw attention to some of the differences between the participants and my own experiences and provide some examples how my view-point was challenged by what was discovered in the data.

## **Ethics**

This study was conducted as part of the MA in Psychology of Religion at Heythrop College. Ethical approval was obtained from Heythrop College Ethics Committee. As a registered member of BACP, the BACP (2016) Ethical Framework for the Counselling Professions also informed this research. All participants signed a consent form before participating and their confidentiality has been protected by the removal of all identifying material from the transcripts.

## **Findings**

### **Theme 1: Talking about religious faith in the context of training**

#### **(i) Disclosing personal religious faith to colleagues and tutors in the context of training**

For all participants there was a fear that if they spoke about their religious faith whilst on their training programme they would be judged negatively by their peers or tutors, and presumed to hold a range of views that they didn't associate with. There was a particular concern that they would be perceived as homophobic or against same-sex relationships, or more generally perceived as judgmental:

*I didn't want people to think that I was judgmental because I was a Christian and being perceived as judgmental on a counselling course isn't great. I didn't want people to think I felt a certain way about issues like abortion, or homosexuality. (P4)*

*I talk about being a Christian and then all of a sudden they lump all of their judgments about Christianity on me. They might know me and know that I am an accepting patient person, but then they think you must be homophobic, you must be all of these things. (P2)*

Participants spoke of their fear of being rejected because they were Christian. It was this fear that made them initially wary of letting people know about their faith. As participant one suggests, there was a fear that if she spoke of her faith then others would perceive her in a very different way:

*A fear of rejection, people were going to take it the wrong way, or be like... Just a nervousness because I want people to like me, I think people might have seen me differently, less positively if I told them. (P1)*

Participant four reported that several of her peers withdrew from her once she had said she was a Christian:

*I thought this is going to be my group for the course, but once I had said that I am a Christian they sort of shied away from me. (P4)*

Participants also expressed concern that they would be perceived as psychologically weak or needing a psychological crutch if they admitted being religious. For participant one, who was on a programme with a strong existentialist philosophy, this was particularly acute:

*For me there is a sense of, especially on a course with lots of existentialism, you are just running away from death then, so is he a bit naïve, a bit credulous, a bit he just needs something so much that he is just going to hang on to anything. (P1)*

For these trainee counsellors, talking about their faith was therefore anxiety-provoking and risky:

*The hardest thing I ever said in the process group was that I was a Christian. That was the most difficult thing for me to say. (P1)*



*I was nervous that if I said it and then people knew it about me, then okay she is a Christian then she must believe this, this, and this. (P4)*

Because they believed negative assumptions would be made about them, participants in this study either chose not to speak of their faith, keeping it hidden from their peers, or in some way sought to defend themselves against stereotyping on the basis of religion. As participant one commented:

*I had to stand up for religion a few times, politely but say actually well that is not how it is for me, since people had lots of stereotypes and assumptions. (P1)*

### ***Speaking with tutors and supervisors***

Overall, however, there was a greater sense of participants feeling more comfortable disclosing their faith to tutors or clinical supervisors:

*I would be more open about talking about faith with tutors. But I wonder why that is. I can only assume that is because they have a wider sphere of experience. (P3)*

*I do, my clinical supervisor is a really great guy, and I have never felt like I have had to censor myself at all with him. (P4)*

## **Theme 2: Exploring tensions: relating faith to counselling theory and practice**

### ***The decision to train as a counsellor***

All participants reported that their faith was in one way or another connected with their decision to train as a therapist, but not always at a conscious level. Participant three knew her faith was the motivating factor for becoming a counsellor, saying that training was:

*What I was called to do. (P3)*

Other participants related their decision to their desire to help others, or to what kind of person they wanted to be:

*I think it has but I don't think it has been a conscious factor. It perfectly sits with how I want to serve people, how I want to help others. My faith has certainly had an impact on it but I don't know if it is a conscious impact. (P4)*

*It just seemed like the most sensible way of working out all of things that I wanted to give and to learn, in terms of who I want to be as a person, which I guess is probably heavily influenced by my faith. (P2)*

### ***Relating religious beliefs to counselling theory***

Participants reported experiencing little tension between their religious beliefs and therapeutic theory.

*I was surprised actually, I was impressed by how much of my course I heard in the sermons at church. (P1)*

*I think therapy is a fundamentally like a redemptive thing, I do see it as a way of healing. I think it can be really spiritual. (P2)*

One participant said that therapeutic training had helped him accept many of his unanswered religious questions:

*It has helped me accept the fact that I am not going to work it all out, because there's a small part of me that always thinks I can work it out and fit these things together, and now that ain't going to happen and it is ok it is never going to happen. And that probably is one of the most useful things that I have learnt. (P1)*

Only one participant experienced some tensions between their religious beliefs and therapeutic theory, in a discord between the Rogerian view that people are essentially good and the Christian belief in original sin. However this appeared not to cause this participant too much discomfort:

*The only one I have experienced, which, I don't know I kind just got over it, is the belief that people are mostly good. Because, from a Christian point of view we are born into the world as sinners, there is original sin. That is really the only thing there is a bit of discord. (P4)*

However, participant two suggested that when there were tensions, what would have been helpful to her was not training around religion on the course, but a mentor that she could speak to about these concerns. As she commented:

*I am not looking for training but a mentor who has been in a similar position to me, and I can learn from, someone who I admire professionally and I can go to with questions. (P2)*

### ***Disclosing personal faith to religious clients***

All participants felt very strongly that disclosing their religious faith to clients was not appropriate or helpful. Nevertheless, participants one and two both experienced a sense of discomfort or guilt around not disclosing or talking about faith with religious clients:

*I would like to tell him that God thinks he is fine and isn't looking over*

*his shoulder. Because I don't think I can, and I don't think he could hear it right now anyway, and it would be like me trying to be helpful, so I have to have the faith to let that person find their own way, because how much of it would be me feeling I should do it, well I should tell him about God because then I am a good Christian... But it would come across, I feel, as someone trying to convert him back, and that is a longer more complex path. I can't tell somebody to go and do that. So there is a little bit of guilt, a little bit of guilt. (P1)*

*I think that [working with clients who are religious] scares me more than when they don't. I have a client I am starting with soon, who wants to talk about her faith, she is a Christian and that is all I know, so I don't know what kind of Christian she is, or what kind of, well part of me that says oh my goodness, do I tell them I am a Christian? But actually I don't think that is constructive at all but she has asked to work with someone who was, but I also don't want to sit there and lie. (P2)*

### **Theme 3: Teaching on religion in counselling training**

#### ***(i) Religion as irrelevant***

All participants commented that their programme offered no substantial training on religion. There was a sense for some participants that religion was simply seen as irrelevant in the context of their counsellor training:

*Religion really didn't get mentioned at all. Hardly at all. The main part of the course there was nothing. (P1)*

*We had a lecture on diversity, but the focus was on sexual and racial diversity rather than on religious diversity. It wasn't really talked about unless one of the students brought it up. (P4)*

#### ***(ii) Religion and diversity***

Participants felt that input around religion should be included in a more structured way during their training. For instance, all participants felt that more space to explore religious views would have been helpful as a means of breaking down stereotypical images of religious clients. As participant one explains:

*Maybe having a couple of sessions where we talk about beliefs and differences in our beliefs, and how that is, and how that is to counsel. Sharing different beliefs between us I think and also something that just breaks the stereotypes of individuals down into a wider range of people, Christians are not all white women in their fifties, they are black people in their twenties, white people in their seventies, gay people. (P1)*

Several participants thought input on religion should be incorporated more generally under the heading of inclusivity and diversity. There was

a sense of needing to know more about various religious belief systems, customs, and cultures and how these might come to impact on therapeutic work:

*I think it could have been incorporated more with regard to inclusivity and diversity. In terms of what happens if you have a client who was interested in changing faith and the impact on the community since some faith backgrounds have a very strong sense of community. Then their entire life style will change, that is an identity thing, as well as a lifestyle, support network thing. (P3)*

Participants three and four commented on the importance of understanding issues around religion and mental health during training and how to work with these:

*I think it could have fitted well into diversity lectures, not necessarily with Christianity in mind but with other religious faiths because not all of them consider mental health a mental health issue, and what do you do if a client comes in to you and says I am possessed, but they have referred me to counselling and where do you go with that? I think we are being a bit naïve if we think these things don't still exist. (P4)*

#### **Theme 4: Being equipped to work with religious clients**

All participants, whether or not they had experience of working with clients presenting with religious concerns, felt that they were sufficiently equipped to work with religious clients. One participant felt that their humanistic training background enabled them to work with clients presenting with all types of concerns including religion. As participant 1 explains:

*'Because the course is humanistic, it always get thrown back to so how is it for you, phenomenology, what is your perspective on it, so I have had a couple of clients with religious upbringing and it was always how it was for them. In humanistics it doesn't really matter what the subject is more what is going on for them and how they feel about it, so it didn't matter if you weren't an expert in this, that or the other'(P1).*

But for other participants, it was their own faith background that helped them to work with religious clients rather than any specific training received on the course:

*I think that coming from a religious background myself has probably equipped me more, rather than the course. (P4)*

Participant two therefore suggested that training in this area, though necessary, was perhaps even more important for trainees without a personal religious background, since their experience of religious people with mental health difficulties might be limited. From her background she

felt at home working with religion and mental health:

*I think, actually it would be more important than those people on my course who are not religious because I have got a wide experience, I guess growing up in the church you meet mentally unwell people. So they have always been in my life and have very serious mental health issues. For me I feel quite at home there, I have clients with mental health issues, it doesn't worry me, because I feel I have experience of it. (P2)*

## **Discussion**

Participants reported high rates of anxiety with regard to talking about their faith on their training programme for fear of eliciting negative judgments from others, in a way which echoes previous research findings (Swinton 2016). As a result, participants either did not talk about their faith or sought to defend it against negative perceptions. Having to manage such anxieties might account for the findings in the research literature which points to trainees rarely speaking about their faith on training programmes (West 2011; Hofman & Walach 2011; Swinton 2014), and for West's assertion that anti-religious sentiments exist on counselling training programmes. In these participant accounts we hear the emergence of some of the religious and therapeutic discourses referred to above that shape the image of the 'religious person'. Reference to such discourses resonated with my presuppositions about what might be present in the participants' accounts.

However, what was challenging for me was the lack of expressed anger by participants with regard to these assumptions. This may be because those who religious are accustomed to living as a minority in contemporary culture, and used to managing negative perceptions, accepting this as part of their daily experience. I was particularly struck by their courage to be willing to defend their faith position when necessary even if this occurred a relational cost with their peers.

In contrast, participants reported feeling more comfortable talking on a one-to-one basis to their clinical supervisors or therapists about their faith when it was relevant to the client work or to their personal issues. This might be understandable within the light of secularisation theories, in which religion is not so much eradicated in modernity, as individualised and privatised (Bruce 2002, 2010). The expression of religion therefore becomes acceptable in private contexts, but not in the public sphere. This creates tensions for counselling training courses since trainees are encouraged to share what is usually understood as 'private' (e.g. religious beliefs and attitudes etc.) within a 'public' space (e.g. university classroom and process groups) as part of counselling formation. Counselling training, especially within a university context, therefore inhabits an ambiguous place within contemporary secularised culture.

In participants' experiences there is a marked lack of tension between

counselling theory and belief systems. Instead they appear to have found therapeutic theory to support their faith positions. In fact these participants challenged me to consider how trainees faith might be enriched by undertaking therapeutic training rather than placed into a period of confusion and uncertainty which had been something of my own experience. Therefore when offering religious candidates places on therapeutic training programmes trainers (in which I include myself here) perhaps need to be less concerned with how religious trainee will cope with challenges to their faith and instead focus on what the benefits they might accrue.

In fact, participants tended to see an overlap between their religious faith and counselling theory and practice. Counselling training helped to support their faith, and they found few tensions between religion and counselling theory. All participants were clear that disclosing their religious faith to religious clients would not be helpful for the client, and therefore they chose not to disclose. However, participants did experience discomfort or guilt about this non-disclosure. From a Christian perspective, to be asked directly if you are a Christian by a client and not to give a direct answer, might feel to some Christians like a denial of their faith. Disclosure of personal information is a complex topic in therapy, and depends upon therapeutic orientation. However, helping counsellors of faith to think through these issues in a more structured way during clinical training might be of benefit.

All participants reported receiving no training around religious issues, and indicated they would have liked some training in this area. These findings confirm earlier research that produced similar results (Hage 2006, Martinex & Baker 2000; Chistodoulidi 2011; Hofman & Walach 2011). Participants suggested that more space to discuss religious issues during training would be useful, and the inclusion of materials under the umbrella of diversity was important. Additionally, there was recognition that mental health may manifest itself in different ways, and that some understanding of religion might be useful for working with clients. This echoes recent research in the area of religion, mental health and psychiatry, where an understanding of religion is important for accurate diagnosis (Loewenthal 2009), and also confirms the view that to discount religion in the therapeutic encounter is potentially to deny the client's culture and meaning system (Nolan & West 2016). Previous research indicates that therapists feel ill-equipped to work with religious clients (Hage 2006; Martinex and Baker 2000; Chistodoulidi 2011, Hofman & Walach 2011). What appears new in these findings compared with previous research is that participants indicated that despite receiving no formal training, their own religious background helped equip them to work with religious clients and feel more competent working in this area. Hence, as participant two suggested, it may be that training in working with religion is even more important for trainees who are not from a religious background themselves. However, other research points to clinicians being more likely to pathologise clients who have a belief

system that is unfamiliar to them (O'Connor & Vandenberg, 2005 cited in Post and Wade 2009). If this is the case then even if one has a religious background, a lack of training in thinking about and exploring work with clients from a different religious tradition or culture could be problematic.

### **Summary**

What is clear from these findings is that participants felt hesitant about talking about their faith and were fearful of negative stereotyping from their peers. Choosing to become a counsellor fitted well with their faith and they experienced little tension between their faith and counselling theory. Tensions arose for them around the issue of disclosure and the sense of discomfort they had for not being open about their faith with Christian clients even though they knew this wouldn't necessarily be helpful. This research indicates that participants in this study received no substantial training on religion. Participants drew on their own faith background or therapeutic theories to help support them in their work with clients presenting with religious concerns.

This research raises a number of issues for trainers and course teams to reflect upon. Firstly, trainees who hold a religious faith are potentially in danger of being silenced or stereotyped by their peers on training programmes. Secondly, trainees can also experience some level of discomfort around remaining silent about their faith in therapeutic contexts and helping them navigate this tension might be of benefit. Finally the counselling curriculum is broad and it is difficult to incorporate all areas into therapeutic training with limited time. Nevertheless, BACP accredited programmes are required to teach trainees to be 'aware of the influence of social and cultural factors on mental health' and the 'impact of difference and diversity on the therapeutic relations or the process of therapy' (BACP 2009: 3-4). The findings presented in this study indicate that these criteria are not being met if religion is systematically ignored during training.

What might be done to tackle this issue? In recent years BACP has introduced counsellor competencies frameworks for specialist areas of work (e.g. work with children and young people, work with students in higher education etc.). In the USA the American Counselling Association has produced a competencies framework for working with religious and spiritual clients which requires therapists to have a good working knowledge of religious and cultural traditions, models of religious development, mental health issues as they relate to religious processes, and in the context of a larger research and theoretical knowledge base have an awareness of how religion can either enhance or stymie clients well-being. Perhaps it is to this competencies framework that the UK training institutions and BACP could turn for inspiration and guidance in preparing trainee counsellors, of all faiths and non, for work with religious clients.

## Limitations

This was a small scale qualitative study with a non-randomised sample, and therefore cannot be generalised to a wider population. Participants were white Christians with a protestant background, and a more diverse sample, with trainees from other religious and ethnic backgrounds, may have produced different results. For example, with the increased number of terrorist attacks in the UK and reported rise of Islamophobia towards British Muslims, Muslim trainees may have reported different experiences. No non-Christian students came forward to participate in this study. Future research would need to address this and perhaps researchers from different faith backgrounds would attract a broader range of participants. No participants were on a single-modality CBT or psychodynamic course, and this may have impacted on the findings since previous research indicates that psychodynamic and CBT therapists tend to place less importance on spirituality and religion in therapy than humanistic or integrative therapists (Hofman & Walach 2011).

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