



## Malins, Samuel (2011) Clinical psychologists' experiences of addressing spiritual issues in supervision: an interpretative phenomenological analysis. DClinPsy thesis, University of Nottingham.

### Access from the University of Nottingham repository:

[http://eprints.nottingham.ac.uk/12215/1/SAM\\_MALINS\\_THESIS\\_SUBMITTED.pdf](http://eprints.nottingham.ac.uk/12215/1/SAM_MALINS_THESIS_SUBMITTED.pdf)

### Copyright and reuse:

The Nottingham ePrints service makes this work by researchers of the University of Nottingham available open access under the following conditions.

- Copyright and all moral rights to the version of the paper presented here belong to the individual author(s) and/or other copyright owners.
- To the extent reasonable and practicable the material made available in Nottingham ePrints has been checked for eligibility before being made available.
- Copies of full items can be used for personal research or study, educational, or not-for-profit purposes without prior permission or charge provided that the authors, title and full bibliographic details are credited, a hyperlink and/or URL is given for the original metadata page and the content is not changed in any way.
- Quotations or similar reproductions must be sufficiently acknowledged.

Please see our full end user licence at:

[http://eprints.nottingham.ac.uk/end\\_user\\_agreement.pdf](http://eprints.nottingham.ac.uk/end_user_agreement.pdf)

### A note on versions:

The version presented here may differ from the published version or from the version of record. If you wish to cite this item you are advised to consult the publisher's version. Please see the repository url above for details on accessing the published version and note that access may require a subscription.

For more information, please contact [eprints@nottingham.ac.uk](mailto:eprints@nottingham.ac.uk)

**CLINICAL PSYCHOLOGISTS' EXPERIENCES OF ADDRESSING SPIRITUAL  
ISSUES IN SUPERVISION: AN INTERPRETATIVE PHENOMENOLOGICAL  
ANALYSIS**

**SAMUEL M. MALINS, BSc**

**Thesis submitted to the University of Nottingham  
for the degree of Doctor of Clinical Psychology**

**DECEMBER 2011**

## **Abstract**

Psychological therapists have found spirituality a complex and confusing subject to work with in therapy and other areas (e.g. Jackson & Coyle, 2009). However, little is known about the role supervision may play in maintaining or resolving this situation (Miller, Korinek & Ivey, 2006).

### **Objectives**

This study aimed to explore how clinical psychologists address spiritual issues in supervision, using the qualitative methodology of Interpretative Phenomenological Analysis (IPA, Smith, 1996).

### **Design**

Semi-structured interviews were conducted to collect rich contextual data.

### **Methods**

A purposive sample of seven clinical psychologists who had considered, attempted or experienced addressing spiritual issues in supervision were interviewed about their experiences related to the subject.

### **Results**

Three superordinate themes emerged from data analysis:

*The Ineffable Nature of Spirituality* illustrated difficulties participants experienced talking about spirituality in supervision;

*Struggles with Spirituality*: illustrated consequent interpersonal and intrapersonal struggles

*Negotiating Struggles* illustrated ways participants managed the difficulties they faced.

### **Conclusions**

Participants may have benefited from making implicit processes in supervision explicit.

## **Acknowledgements**

First, I would like to acknowledge all of my participants for their candour and openness. This study would be useless without it.

I am indebted to my supervisors Louise Braham, Sarah Keenan and Jon Crossley for regular encouragement, support, reflective space and constant challenge.

I would like to acknowledge all the clinical supervisors I have had for helping me to consider some of the issues related to this study.

Thanks are due Tessa Hopkins and Rohan Naidoo for their input and critique on drafts of my research.

I would like to thank my family, on both sides for being so supportive throughout this process. Some might say it would be churlish to name everyone, but it's my thesis so...

Mum ("and Percy too" – as you might say), you have provided me with a totally unshakeable, unwavering knowledge that you will always be standing behind me any time I fall. It is that knowledge which has given me such ludicrous self-belief and confidence in what I do.

John and Dorothy, I think we all know that without the example you both set I certainly wouldn't be writing this. You influence and guide my decisions more than I'm prepared to admit to myself.

The Shaw family (and associates by marriage). Thank you for making it so easy for me to have a family and spend unending hours reviewing interviews. You have made the burden associated with this type of project so much easier to bear.

And definitely the most important and influential people in my life: Lucie Elizabeth who helps me explore and Rosey Elisabeth who keeps me grounded. I never thought I would be able to have such soaring philosophical conversations with the person I married or my (nearly) two year old daughter. I have been blessed in a myriad of ways by you and I hope this study can reflect the support and love you've given me. A little note to Woofety-Boom, just in case you ever read this and feel left out.

I'd also like to acknowledge my dad. You always seem to come to mind in these situations. I thank you for your presence. That was enough. It has provided me with a lifetime of inspiration and unending aspirations.

My final acknowledgement shares my spiritual beliefs in recognition of the vulnerability my participants showed in sharing aspects of theirs: I thank God for the gift of life and the opportunity to do this study. I don't know why I have been afforded such a charmed existence when nothing I could ever have done could have earned what I possess.

## **Contents**

<b>List of Tables</b>	<b>1</b>
<b>List Figures</b>	<b>2</b>
<b>List of Appendices</b>	<b>3</b>
<b>Statement of Contribution</b>	<b>4</b>
<b>Journal Paper</b>	<b>5</b>
<b>Extended Paper</b>	<b>41</b>
<b>Appendices</b>	<b>145</b>

## **List of Tables**

Table 1	Participant demographic information.....	14
Table 2	Summary of analysis process.....	16
Table 3	Example audit trail.....	18
Table 4	Summary of perspectives contributing to the  qualitative research approach.....	  65
Table 5	Methodological application of IPA theory.....	67

## List of Figures

Figure 1	Model summarizing themes emerging from analysis.....	20
Figure 2	The Double Hermeneutic.....	69
Figure 3	The Hermeneutic Circle  (from Smith, Flowers & Larkin, 2009).....	70
Figure 4	Interview schedule development process.....	75
Figure 5	The Hermeneutic Circle.....	122

## **List of Appendices**

<b>Appendix A</b>	<b>Notes for contributors: Psychology and Psychotherapy: Theory, Research and Practice</b>
<b>Appendix B</b>	<b>Final Interview Schedule</b>
<b>Appendix C</b>	<b>Final Theme Template</b>
<b>Appendix D</b>	<b>Reflective Journal Extract</b>
<b>Appendix E</b>	<b>Transcript Extract From “Dave”</b>
<b>Appendix F</b>	<b>Ethical Opinion Letter</b>
<b>Appendix G</b>	<b>Ethical Approval Letter</b>
<b>Appendix H</b>	<b>First Draft Interview Schedule</b>
<b>Appendix I</b>	<b>Participant Information Sheet</b>
<b>Appendix J</b>	<b>Participant Invitation</b>
<b>Appendix K</b>	<b>Participant Consent Form</b>
<b>Appendix L</b>	<b>Confidentiality Agreement</b>



### Statement of contribution

<b>Project Element</b>	<b>Contributors</b>
Project Design	Sam Malins under supervision from Louise Braham, Sarah Keenan and Jon Crossley
Applying For Ethical Approval -	Sam Malins under supervision from Louise Braham, Sarah Keenan and Jon Crossley
writing the review of literature	Sam Malins under supervision from Louise Braham, Sarah Keenan and Jon Crossley
recruiting participants	Sam Malins under supervision from Louise Braham, Sarah Keenan and Jon Crossley
data collection	Sam Malins under supervision from Louise Braham, Sarah Keenan and Jon Crossley
Transcription	Sam Malins and Carol Di Cello (confidential transcriber)
Data Analysis	Sam Malins under supervision from Louise Braham, Sarah Keenan and Jon Crossley

## **JOURNAL ARTICLE**

**For submission to:**

**Psychology and Psychotherapy: Theory Research and Practice**

“Contributions to be no more than 5,000 words although the Editor retains discretion to publish papers beyond this length in cases where the clear and concise expression of the scientific content requires greater length” (See Appendix A for notes for contributors).

**Journal Word Count (Excluding Tables, Figures & References) 5,980**

**Total Thesis Word Count 29,339**

## **“We Need To Be Made To See The Elephant.” Clinical Psychologists’ Experiences of Addressing Spiritual Issues in Supervision**

### **Abstract**

Psychological therapists have found spirituality a complex and confusing subject to work with in therapy and research (e.g. Jackson & Coyle, 2009). However, little is known about the role supervision may play in maintaining or resolving this situation (Miller, Korinek & Ivey, 2006).

**Objectives** This study aimed to explore how clinical psychologists address spiritual issues in supervision, using the qualitative methodology of Interpretative Phenomenological Analysis (IPA, Smith, 1996).

**Design** Semi-structured interviews were conducted to collect rich contextual data.

**Methods** A purposive sample of seven clinical psychologists who had addressed or attempted to address spiritual issues in supervision were interviewed about their experiences.

**Results** Three superordinate themes emerged from data analysis:

*The Ineffable Nature of Spirituality:* How and why spirituality is difficult to put into words;

*Struggles with Spirituality:* Consequent interpersonal and intrapersonal tensions;

*Negotiating Struggles:* How participants managed the difficulties faced.

**Conclusions** Struggling with the complexities of spirituality is an inherent part of the process of engaging with spirituality in supervision.

## Introduction

Several studies suggest spiritual/religious<sup>1</sup> beliefs affect mental health, but it is unclear if it undermines or promotes wellbeing (Hackney & Sanders, 2003; Paul, 2005). Whether spirituality has a positive or negative influence on mental health, it appears to have a significant role in the lives of many people who present for therapy and can contribute to their clinical problems (Meador & Koenig, 2000). However, psychological therapists have found spirituality a complex and confusing subject to work with in therapy and research (e.g. Jackson & Coyle, 2009). An absence of clear direction from psychological literature can lead therapists to avoid spiritual issues relevant to their clients (Crossley & Salter, 2005; Golsworthy & Coyle, 2001). Little is known about the role supervision may play in maintaining or resolving this situation (Miller, Korinek & Ivey, 2006).

The interaction between therapist and client perspectives on religion/spirituality can affect the process and outcome of therapy (Berger, 1999). Callan and Littlewood (1998) proposed that disharmony between a client and therapist's explanatory framework can also affect treatment satisfaction. Therapists therefore need to give consideration to clients' religious/spiritual framework to avoid bias and provide effective interventions (Meador & Koenig, 2000). Government guidelines also emphasised the importance of integrating themes such as sexuality, ethnicity and spirituality into healthcare as part of being culturally competent practitioners (Department of Health, 2003, 2005). However, Worthington, Kurusu, McCullough and Sandage (1996) noted that the majority of therapists may find it uncomfortable to work with religious themes in secular healthcare settings. Furthermore, clinical engagement with religion/spirituality can increase the potential for unethical practice (e.g. imposing religious/spiritual views on clients; Tan, 2009). In sum, this suggests that spirituality/religion can be an

---

<sup>1</sup> To avoid the interchangeable use of religion and spirituality present in previous literature spirituality/religion will be used when both terms are referred to. When one or other term appears alone it is to deliberately address that one concept (Post & Wade, 2009).

important issue for therapy, but therapists would need support in addressing a topic with such ethical risks. Clinical supervision is deemed a therapist's primary source of clinical support in such instances (Scaife, 2001), but its influence is unclear.

*[See Extended Background A for discussion of the issues related to addressing spirituality in therapy]*

Worthington and Aten (2009, p.228) claimed that clinical psychologists "were inadequately trained, unhelpfully supervised, and insufficiently prepared for working therapeutically with religion and spirituality." They raised the importance of supervision, because a therapist's supervision experiences can influence their clinical practice (Scaife, 2001). However, spirituality is a topic which may not "feel safe" to address in supervision (Carroll, 2007, p. 36). Unsafe feelings may then be paralleled in therapy (Doehrman, 1976). This suggests that an understanding of how spiritual issues are addressed in supervision is essential for any overall understanding of therapeutic engagement with spirituality.

Psychologists report a lack of confidence in the profession's ability to address spiritual/religious issues appropriately (Shafranske & Malony, 1990). To assuage this scepticism Polanski (2003) and Aten and Hernandez (2004) developed supervision models to address religion/spirituality specifically. Both models help to structure supervisory conversations about religion/spirituality, which may in itself reduce the uncertainty associated with the topic. However, they vary in their acknowledgement of when or why it is appropriate to address spiritual issues in supervision. Both are also based on models from general therapeutic practice, leaving the question of whether specifically spiritual versions are necessary. Whether mainstream models, specialist models or no models are used to address spirituality in supervision, Polanski (2003) concluded supervisory processes will be based on the individual supervisor-supervisee relationship and the dynamics within it.

Transference and countertransference processes in the supervisory system help explain how supervisory relationships can influence therapeutic practice. Transference means unconsciously transferring attitudes and feelings from one relationship into another (Hawkins & Shohet, 2006). In supervision this relates to the way the values and beliefs of the supervisor, supervisee and client may affect or be affected by the other members of the supervisory system. The influence religion/spirituality has on culture and values means that it can become transference material, because of the inherent relationship with an individual's values regardless of their religious/spiritual beliefs (Shafranske, 1996). For example, a therapist's previous experiences of Muslim people or the Islamic faith may in turn affect their views of a client's Muslim beliefs. Therefore, a supervisee and supervisor's values related to religion/spirituality can affect their perception of client material. As such religion/spirituality does not need to come up explicitly to affect the way supervisors, therapists and clients relate to each other. Ignoring values of this kind may hinder therapeutic and supervisory progress (Casement, 1985). Therefore, if transference issues related to spirituality are not addressed in supervision it may hinder both supervision and therapy.

*[See Extended Background B for further discussion of spirituality in supervision and supervisory models]*

The power dynamics between the supervisor and supervisee may play a significant role in how transference issues are addressed, because of potential conflict between their views (Nelson & Friedlander, 2001). For example, Miller, Korinek and Ivey (2006) suggested some supervisors may not be open to spiritual issues even when raised by the supervisee. Although these findings were based on supervisee reports alone, they corroborate with findings that the power of the supervisor may be the defining factor in whether spirituality is addressed in supervision (Polanski, 2003; Johns, 2001).

In addition to individual factors such as power, there is a conceptual debate considering whether spirituality is an appropriate topic for discussion in psychological therapy. Smail (2001) suggested that spirituality is wholly based in embodied experience. Therefore, attempts to put spiritual experiences into words – as is usual in psychological therapy – would be so reductive as to render it meaningless. Conversely, West (2004) suggested the exclusion of a client's spiritual views would be akin to excluding part of the client. This is compounded by McLaughlin's (2004) claims that many clients want and expect their spiritual lives to be addressed in therapy. These conflicting views provide little clarity for therapists or their supervisors on how spirituality might be addressed, if at all.

*[See Extended Background C for further discussion of the conflicting views on spirituality]*

Part of the reason for the contrast in views may stem from difficulties defining spirituality (Fukuyama & Sevig, 1999). Attempts to operationalise spirituality in psychological literature have often contrasted it with religion (e.g. Miller & Thoresen, 2003). There is some agreement that the two constructs overlap, but also retain some separate features (Worthington & Aten, 2009). Religion is often categorised as an institutional, restrictive entity and spirituality as a more personal, free expression. Although this appears to help clarify the difference between terms it risks mislabelling them. It implicitly polarises spirituality as “good” and religion as “bad” through association with personal freedom and stifling restriction respectively (Hill & Pargament, 2003). Polarisation of religion/spirituality may have contributed to a perceived differential impact on wellbeing. This is illustrated by findings that failure to conform to religious community norms can result in open criticism and guilt (Williams & Sternthal, 2007). By contrast, the development of positive psychology has often been based on spiritual ideas of personal growth and meaning separated from religious traditions, emphasising the value of a “spiritual-but-not-religious” perspective

(Peterson, 2006; Collicutt, 2011, p.250). This trend has the effect of oversimplifying the terms and missing helpful and unhelpful elements of each.

Definitions of spirituality have focused on experiential elements of religion and what gives life meaning, which can be separate from religion (King-Spooner, 2001). However, the breadth of experiences to which spirituality has been applied confers the sense that spirituality could mean anything and everything as “a giant conceptual sponge” (Paley, 2008, p.5). This emphasises how spirituality may now incorporate far more than its traditional meanings, but has also become a vague entity which blunts research clarity and development. This study applies Belzen’s (2010) suggestion that any experience can be understood as spiritual through association with transcendence. This avoids excluding experiences which might be termed spiritual but are not traditionally perceived as such, but a commitment to transcendence is the shared feature, which avoids the vagaries of excessively inclusive definitions. The term spirituality is used, because it captures individual experiences and personal meanings which might be associated with transcendence, but fall outside religion.

The problems defining spirituality have caused difficulties in quantitative research. For example, the Spiritual Assessment Inventory (SAI, Hall & Edwards, 1996) is an empirically validated assessment tool. However, the index is derived from a theistic, Judeo-Christian perspective of spirituality, which differs significantly from many understandings of spirituality. Hodge (2001) suggested the validity of tools like the SAI is threatened by the presupposed constructs of spirituality applied by the researcher. Rennie, Phillips and Quartaro (1988) argued that qualitative research methodologies are more sensitive to understanding how a therapist’s personal views about spirituality affect their therapeutic practices.

*[See Extended Background D for discussion of the definition of spirituality]*



In response, recent qualitative studies have explored therapists' individual experiences of engaging with spirituality in their work. Participants described how the lack of space for religion/spirituality in their work meant they found it difficult to take such issues to supervision (Martinez & Baker, 2000; Baker & Wang, 2004). These difficulties may explain the variety of ways in which spiritual issues were approached by therapists, ranging from collaborative client exploration, to disengagement from spirituality as a topic deemed problematic (Crossley & Salter, 2005). These studies suggest therapists' spiritual views and how they are addressed in supervision may have a strong influence on practice. They also represent a mainly Christian perspective from both researchers and participants, with limited reflection on the researcher's impact on the study. This is particularly significant when researchers' religious/spiritual beliefs have affected the direction in which the study of spirituality and psychotherapy has developed (Belzen, 2010).

*[See Extended Background E for further discussion of quantitative and qualitative research on spirituality and psychological therapy]*

Overall, spiritual issues can be significant to client mental health, but there is uncertainty about the role and significance of spirituality in psychological therapy. This ambiguity contributed to variability in therapeutic approaches to spiritually orientated client material (Crossley & Salter, 2005). Clinical supervision is the appropriate forum to address therapist engagement with issues such as spirituality, but there is little research on this process. Consequently, we know little about how a potentially significant area of risk or therapeutic benefit is considered within the primary therapeutic support system. Therefore, this study aimed to explore how clinical psychologists address spiritual issues in supervision, using the qualitative methodology of Interpretative Phenomenological Analysis (IPA, Smith, 1996). IPA focuses on exploration of personal meaning, a concept which has been central to the lean research base

on therapeutic interactions with spirituality. The approach also promotes reflection upon the researcher's values and how they influence the study.

*[See Extended Background F for details of the philosophy of science underpinning the study]*

## **Methodology**

### **Design**

IPA suggests interpretation of participant accounts can give an understanding of an individual's lived experience (Smith, 1996). Congruent with the researchers' critical realist stance, there is recognition that participants' and researchers' interpretations make direct contact with phenomena impossible. This aligned with the research aim to understand participants' meaning-making processes. Semi-structured interviews were used to gain the rich data needed for this approach.

### **Participants**

Purposive sampling included qualified clinical psychologists who had considered, attempted or experienced addressing spiritual issues in supervision. Seven clinical psychologists from NHS Trusts in the Midlands were recruited from personal contacts and advertisement through professional teams. Participants worked in 5 different services and had between 18 months and 24 years experience as qualified clinical psychologists (Table 1). This enabled an idiographic exploration of variability in particular experiences within a focused population.

*[See Extended Methodology A for further explanation of participant issues]*

### **The Researcher**

The lead researcher identifies himself as a Christian as do two of the other researchers'. Interest in the study arose from the lead researcher's confusion about how to address his own spiritual views in supervision, particularly in

relation to client issues. The lead researcher reflected upon the influence of this perspective throughout the study.

## Interviews

Semi-structured interviews were conducted by the lead researcher at participants' workplaces and at one participant's home. They were between 50 and 90 minutes in length. The interviews were audio-recorded before being transcribed verbatim (two by the lead researcher and five by a confidential transcription service). Participants were encouraged to describe events *related* to spirituality and supervision. This helped gain a contextually embedded understanding of participants' experiences (Smith & Osbourne, 2008; see Appendix B for interview schedule). Pilot interviews were also used to help identify the influence of researcher assumptions.

*[See Extended Methodology B for further explanation of the procedure]*

Table 1

*Participant demographic information<sup>2</sup>*

<b>Participant</b>	<b>Years qualified</b>	<b>Current Service</b>
Amelia	2.5	Primary care
Dave	3.5	Community Mental Health
Claire	24	Inpatient Services
Paula	10	Specialist Adult Service
Angie	1.5	Primary care
Emma	6.5	Older Adults
Chris	5	Older Adults

<sup>2</sup> All participants were allocated a pseudonym to protect their anonymity

## **Analysis**

Analysis was based on the process described by Smith, Flowers and Larkin (2009; summarised in Table 2) and conducted by the lead researcher under supervision from the other researchers. Analysis aimed to develop a penetrating account of the data whilst providing an audit trail for each claim. Constant checks back to the original text were made to ensure the themes represented the text from which they emerged (See Appendix C for the final theme template).

## **Quality Enhancement Methods**

The importance of “quality in qualitative research” (Dingwall, Murphy, Watson, Greatbatch & Parker, 1998, p.167) has been highlighted for developing rigorous qualitative studies. The following methods were considered for quality enhancement:

Table 2

*Summary of analysis process*

<b>Stage</b>	<b>Process</b>	<b>Justification</b>
1	Write down initial interview interpretations	Minimise presuppositions for the analytic process
2	Read first transcript whilst listening to original recording	Include untranscribed data, such as expressions of emotion
3	Repeatedly reading transcript	Gain familiarity with the text
4	Note initial observations in the right hand margin of transcript	Develop an understanding of participant's account
5	Note more interpretative comments	Gain a meaningful understanding of the participant's perspective
6	Note themes emerging from this process in the left margin	
7	Link similar themes together and order hierarchically	
8	Develop a table of themes and associated quotes	Synthesising interpretations in a way which is accountable to the original data
9	Repeat the process with subsequent transcripts.	
10	Prioritise and summarise themes to a master list	

**Self-reflection.** A reflective journal and supervisory reflection were used throughout the research process to consider the researchers' influence on the study (see Appendix D for journal extract). This included reflections on methodological decisions, reflections on participants, interpretations made and feelings evoked.

**Multiple Coding.** Multiple coding incorporates a validation check by allowing others to analyse the same data (Barbour, 2001). Both the lead researcher and supervisor made initial observations on each transcript then discussed their interpretations. Rather than synthesising the two sets of interpretations discussions were used to help the lead researcher develop their own interpretations.

**Auditable process.** Study progress was discussed in supervision and peer research groups to ensure that the process of theme development was coherent, auditable and accountable to the data. Following Whittington and Burns (2005), the audit trail of four interview extracts is given to demonstrate the summarising and interpreting process in theme development (Table 3; see Appendix E for a coded extract of Dave's interview).

### **Ethics**

Ethical approval was given by Nottingham Research Ethics Committee 1 once it was clarified that all data would be retained securely for seven years then destroyed (Approval letters Appendix F & G).

*[See Extended Methodology D for further quality enhancement methods considered]*

Table 3

*Example audit trail*<sup>3</sup>

<b>Text</b>	<b>Initial Notations Summary</b>	<b>Initial Theme</b>	<b>Cluster Theme</b>	<b>Superordinate Theme</b>
I think it's challenging and I wish, I wish I had clearer ways of describing, erm, the things that we're trying to talk about (Paula)	Difficult to put into words. Maybe there are no words?	Spirituality difficult to express	Difficulty talking about spirituality	The ineffable nature of Spirituality
It's causing me to really think about and articulate, put into words some of what, erm, I think it's hard to find words for. (Claire)	Perhaps not used to putting spiritual experience into words. Is it achievable?			
It was more of a feeling and a sense, and, you know, that's difficult to kind of put into words, and make cognitive. It's more of a kind of physical feeling. (Emma)	Hard to describe. Do you have to feel it to understand it?	Experience focus with spirituality		
I'm a bit confused now whether, is it me who brings it to supervision? (Amelia)	Unclear who initiates conversations	Confusion in spiritual issues	Lack of clarity	

<sup>3</sup> APA formatting was not used to fit the whole table on one page. This gave a clearer illustration of theme development.

## Results

Three superordinate themes emerged from data analysis: *The Ineffable Nature of Spirituality*; *Struggles with Spirituality*, and *Negotiating Struggles*. Each superordinate theme and subsumed ordinate themes were organised into a tentative model summarising the process through which participants engaged with spirituality in supervision (Figure 1). *The Ineffable Nature of Spirituality* shaped how participants engaged with the topic at work, including difficulties in defining and expressing spirituality through language. *The Ineffable Nature of Spirituality* framed *Struggles with Spirituality*, which highlighted interpersonal and intrapersonal dilemmas that made it difficult to give value to client experiences. *Ways of Negotiating Struggles* included adapting practice to address problematic situations or accepting the current situation by either containing their dissatisfaction or using supervision. The process was depicted as cyclical, because it was interpreted that the way participants negotiated their struggles ultimately led them back into the struggle.

Descriptions of themes will be illustrated with quotes from participants<sup>4</sup> and analytical explanations of interpretations made. Only ordinate themes directly relevant to experiences of supervision are discussed to give the most relevant themes sufficient detail. The three superordinate themes were found in all participant accounts, but elements of individual nuance will be addressed alongside commonalities.

---

<sup>4</sup> Conventions for interview extracts: [square brackets] indicates material added or removed by the researchers; three dots... indicates a significant pause.



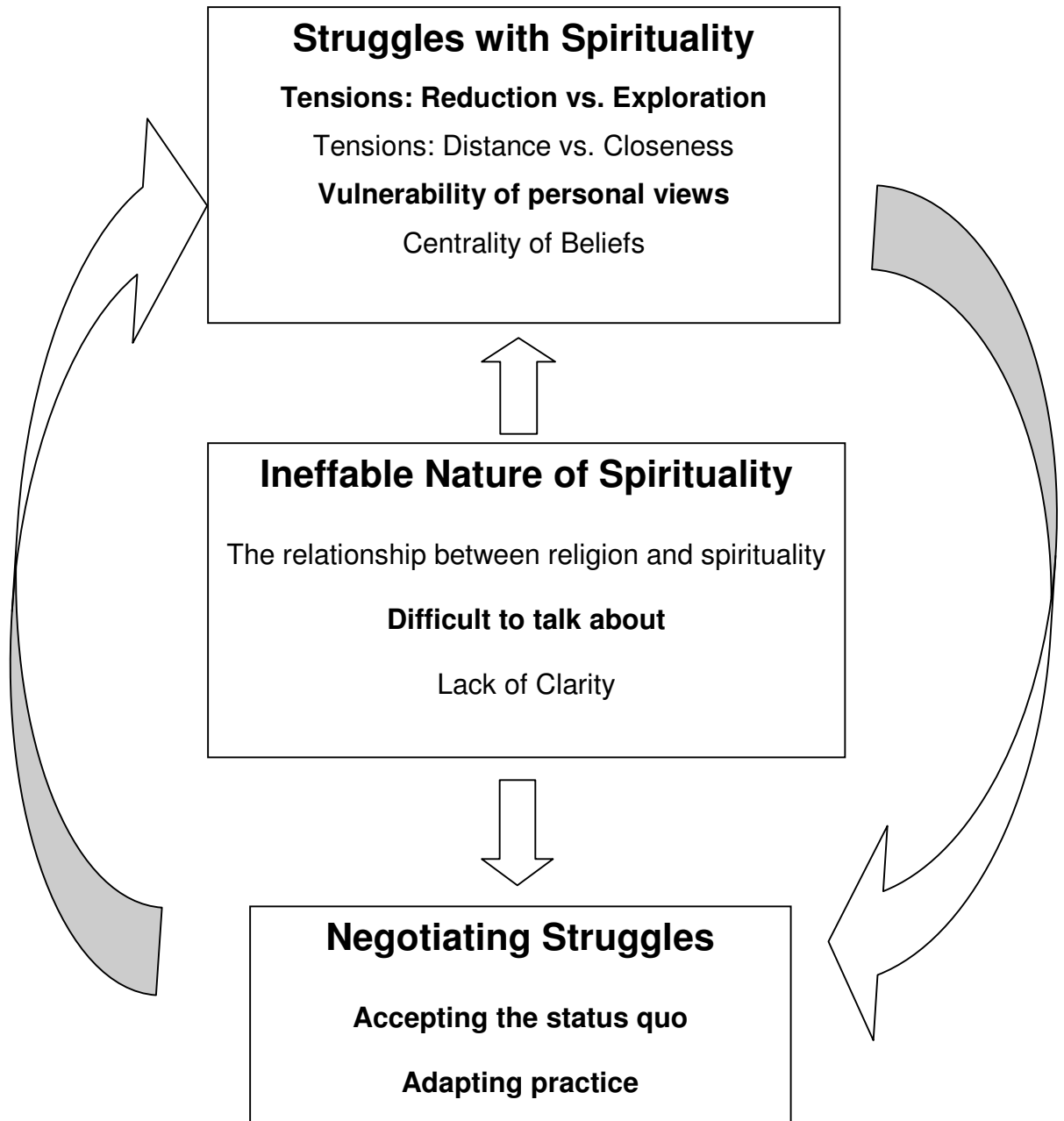


Figure 1

*Model summarizing themes emerging from analysis<sup>5</sup>*

<sup>5</sup> The themes addressed are highlighted in bold on Figure 2, whilst omitted themes are in normal font.

## **The Nature of Spirituality**

*[See Extended Results A for results of the theme: The relationship between religion and spirituality]*

### **Difficult to talk about.**

Sometimes [spirituality is] a bit of an elephant in the room that doesn't get, doesn't get named because people feel they can't really do anything with it. It might, it might be there but they don't know how to get it out of the door and they don't really know what to do with it and it might start making a bit of a mess. (Chris)

Chris' extended metaphor of spirituality being "an elephant in the room" illustrates much of the difficulty participants described in talking about spirituality in supervision. In Dave's account he described feeling "lost" when spirituality arose, which corresponds with the lack of direction Chris infers ("they don't really know what to do with it"). The "mess" Chris describes is also articulated by other participants: Angie described feeling as if she was "colluding" with her supervisor when they sought psychological explanations for her client's spiritual experiences. Chris makes "people" the subject of this extract rather than himself. This device points to assumptions that this is a shared view about how spirituality is dealt with in supervision.

Implicit assumptions seemed to inform all participants' understandings of how spiritual issues should be engaged in clinical practice:

There was a sense that I couldn't directly say, well, "Do you think it [hearing from God] was just you telling yourself something?" I don't know. I think because religion is this kind of protected thing that we can't sort of ... it feels like we're not allowed to tamper with it. (Angie)

Angie's description of a "sense" and "feeling" about what "we're not allowed" suggests that this does not relate to a spoken rule, but to an implicit, corporate assumption. The above extract also suggests Angie experiences an unspoken barrier, preventing her from influencing her client's religious views. All participants showed interest in making implicit assumptions such as this more explicit. Amelia described how she wanted to clarify her supervisor's understanding of her beliefs:

I'm keen to make it a bit more explicit now. To go back and just to say 'Do you know I'm religious?' (Amelia)

Five participants explained how their difficulty talking about spirituality stemmed from the ambiguity of its place in clinical practice:

I don't think we have the skills, the training, to debate that kind of thing [spirituality]. So maybe that's part of the frustration as well, that we can't define it, and it will be different for every person, and every individual... Umm, so maybe it was unhelpful in the first place to take that particular issue to supervision [laughs]. Maybe it does sit a little bit outside of what we're trying to do. (Emma)

Emma's account calls into question whether spirituality lies within the clinical psychologist's role. However, she also describes frustration at *not* being able to address it. This statement suggests Emma may have been referring to *supervision* as an inadequate place for discussion of spiritual issues. She says that taking the issue to supervision may have been unhelpful, *not* that it was unhelpful for her to address it as a clinical psychologist. In summary, interpretations suggest that Emma is unclear whether spiritual issues are relevant to supervision, but she feels they *are* an important part of a psychologist's work in therapy.

Alongside the difficulties *talking* about spiritual issues, all participants gave account of the difficulty involved in *expressing* spiritual issues:

I was just thinking about the ineffable, erm, which is, you know the obvious kind of difficulty or challenge with your study, erm, to try and put words on something that we don't necessarily have words for. (Paula)

*[See Extended Results B for further exemplar quotes and analysis. Also find the omitted theme Lack of Clarity]*

### **Struggles with Spirituality**

The difficulties participants' described with expressing and talking about spirituality led to struggles within their work.

**Tensions: reduction vs. exploration.** The key tension participants struggled with in supervision was between their wish to explore clients' experiences and the need to fit them within psychological theory:

In supervision it [the client's spiritual experiences] kind of got side-tracked into more kind of psychological processes which made it feel quite, umm I want to say kind of mechanical [ ] that somehow didn't quite capture what this experience was for this woman [ ] It's a bit more, umm, nebulous than boiling it down to that. (Emma)

Emma states that they became "side-tracked" in supervision, suggesting that the "psychological processes" which were discussed did not deal with the issue that needed addressing. The meeting of a "nebulous" cloud with "mechanical" processes appeared to be a particularly difficult fit. This suggests that the "mechanical" understanding they developed was a diversion from the central focus of the client experience. Her suggestion that the experience was "boiled down" from its "nebulous" state to something apparently more manageable also highlighted how this constituted changing its form to something different from the original experience.

Paula sought supervision to address her client's demand to know her spiritual beliefs, but found that her supervisor reduced the situation to a restrictive rule:

Knowing that he [the client] wanted my belief system, saying that I was under pressure to provide that, and my supervisor kind of giving me the response of “Don’t go there”. (Paula)

*[See Extended Results C for further exemplar quotes and analysis. Also find omitted theme Tensions: Distance vs. Closeness]*

**Vulnerability of personal views.** Interpretations suggested all participants were cautious about revealing their personal views about spirituality, because of potential judgment from colleagues or supervisors:

My fantasy I suppose was that [my supervisor] [pause] she would think differently of me were I to erm, were I to model taking these things [spiritual issues] seriously. (Chris)

Chris seems concerned that his supervisor might look unfavourably upon him if she found out he took spiritual issues seriously. This implies he organises what he takes to supervision to prevent the imagined “fantasy” being realised.

Dave expressed similar concerns of judgement even when he tried to seek support with a client’s religious issues outside supervision:

Out there, especially in the more science community there is a degree of scathing and scepticism umm, about people with spiritual beliefs. I suppose that’s just guided that I’m more cautious about bringing it up with people because I, well I think well are they sympathetic or not? And I guess I know a religious person is sympathetic, so I naturally just bring it up with them. (Dave)

Dave’s account suggests he feels it is not worth the risk of asking people whose views are unclear because the repercussions of bringing spiritual beliefs up with someone who is unsympathetic seem too great. The use of “scathing” denotes a degree of threat in the views he feels are “out there”, which may potentiate his need for caution.

[See Extended Results D for further Exemplar quotes and analysis. Also find the omitted theme *Centrality of Beliefs*]

## **Negotiating struggles**

**Accepting the status quo.** All participants talked about ways in which they chose to accept their situation, through either containment of their dissatisfaction or valuing the positive aspects of supervision.

All participants demonstrated acceptance of the power held by their supervisors in their accounts.

You always have this implicit agreement that ends up running about you get a sense of what the supervisor will and won't talk about. What they're strong on and as a supervisor. You don't really want to challenge your supervisor, well I don't anyway. (Dave)

Dave focuses on what *his supervisor* will talk about with little regard for what he might deem important as the supervisee. This suggests the supervisor has the last say (implicitly in this case) about what is discussed in supervision.

Four participants accepted the status quo through a recognition that "all supervision is limiting in its way" (Paula) and therefore could not fully address spiritual issues. Furthermore, spirituality was not often a topic prioritised for supervisory discussion. It was unclear whether this was due to relationship dynamics between supervisor and supervisee or if it was not a priority for clients, as "a reflection of living in a more and more secular society" (Angie):

It particularly feels here that it's more and more about risk management, you know, you've got to make sure those issues are discussed initially, erm, and by the time you've done that there's not much space for anything else. (Angie)

[See Extended Results E for further exemplar quotes and analysis]

**Practice Adaptations.** Participants changed the way they worked to address spirituality in supervision. This involved making compromises for supervisory limitations.

Amelia found ways of addressing spiritual issues in supervision, but without doing so explicitly. She did this by combining her supervisor's understanding of spiritual issues with her own. This resulted in a form of supervisory translation, which enabled a meeting of their perspectives.

He might refer to them [spiritual issues] as existential questions and he might talk about death anxiety or something like that, but I – I just think 'Ok that's your term for it [laughs] and that's ok, we're still talking about the same thing'. (Amelia)

Amelia's laughter and suggestion that it is "ok" for her supervisor not to use the same language as her in discussions of spirituality infers that this kind of translation from psychological language to her religious understanding is an acceptable compromise. By giving her supervisor ownership for psychological terminology ("that's *your* term for it") she suggests that she will not join him in using them, but that it need not obstruct them talking about it.

Claire, Angie and Amelia explained how mindfulness was an expression of spirituality which was accepted within the psychological community (defined by Angie as "trying to just be in a place and actually connect with the present moment"):

Interviewer: So have those kinds of conversations ever cropped up where your own kind of spiritual views have popped in?

Claire: No, no, no, and I wouldn't talk about those unless somebody asked me. But we might have conversations about mindfulness.

Claire's repetition of "no" conveys how strongly opposed she is to revealing her own spiritual perspective unless there is interest shown by another party. Such a strongly negative response would suggest that nothing within that area would be acceptable for discussion with colleagues. Yet, mindfulness is a conceptualisation which is different enough from Claire's general spiritual views as to make it acceptable for conversations.

However, Claire and Amelia maintained constant implicit involvement of their spiritual beliefs:

I don't think spirituality has been you know [pause] umm, a massive direct aspect of it but indirectly of course because if all my clinical work is based in my beliefs then that's the feedback I'm bringing back to supervision. (Amelia)

*[See Extended Results F for further exemplar quotes and analysis. Also find a summary of the analysis]*

### **Reflections**

Several factors will have inevitably influenced participants' accounts. These include participants' interpretations of the researcher's motivation for conducting the study and participants' awareness of their position as qualified psychologists in contrast to the researcher's position as a trainee. However the richness and at times contradictory or self-critical nature of the participants' accounts suggested that the interviews were not glib or superficial accounts of their experience

*[See Critical Reflection for further reflective consideration]*



## Discussion

This study has presented an interpretative analysis of the factors affecting the way clinical psychologists address spiritual issues in supervision. It highlights that the potential difficulty therapists' have discussing spiritual issues, established in previous research, can be present in supervision (Crossley & Salter, 2005). The themes emerging from the data suggest participants found spirituality a difficult topic to discuss, which caused tensions in their work lives. However, participants' found ways of managing these struggles, to varying degrees of satisfaction.

### **Difficulties Expressing Spiritual Issues**

The interpreted difficulty with talking about and expressing spirituality supports Smail's (2001) view that discussion of spirituality can be an ill-fated attempt to "eff the ineffable" (p.47). This finding is of particular interest because *participants did not report difficulties understanding clients' descriptions of their spiritual experiences and/or beliefs*. Participants were removed from clients' direct experience in a similar way to their supervisors. Yet, they reported a significant difference between being able to discuss spiritual beliefs and experiences with clients and a difficulty reporting the same to their supervisors. This suggests factors other than a problem expressing the subject matter were involved. The details are illuminated by other key findings.

*[See Extended Discussion A for consideration of The Ineffable and Implicit Communication]*

### **Power Relations**

The power relations between supervisor and supervisee were interpreted to have been a significant factor in how spiritual issues were addressed. Interpretation suggested participants subjugated their own views to the views of their supervisor in relation to spiritual issues. This dynamic remained even with issues which participants said were of clinical significance. This supports Polanski's (2003) view that the supervisor's power may have the strongest say in how spiritual issues are addressed in supervision.

The power relations interpreted were characterised by an implicit and dogmatic nature. None of the participants who cited difficulties addressing spirituality in supervision felt able to challenge their supervisors. Participants made this decision based on information about their relationship with the supervisor rather than on clinical need, illustrating the power held by their supervisors. It was interpreted that this power dynamic was a key factor in some participants' decisions to accept less than satisfactory outcomes to their struggle with spirituality in clinical practice. Power relations may have also influenced the reported reduction of client experiences to theoretical processes rather than allowing for exploration. Johns (2001) suggested that supervisors' focus on technical issues rather than emancipatory issues was related to bureaucratic organisational cultures. Therefore participants' supervisors may have encouraged participants away from therapeutic aspects of their role and towards more technical issues. However, the cause for supervisors' technical focus may have related to factors beyond the supervisor's power.

*[See Extended Discussion B for consideration of Power Dynamics]*

### **Unconscious Processes**

Implicit communication appeared to be a dominant feature across themes, with unspoken rules used to decide how to engage with spirituality in clinical practice. It seemed unclear to participants whether the limits to explicit discussion of spirituality was due to an unspoken agreement to "minimise" (Angie) the issue or if it was not a clinical priority. Part of the reason for this appeared to be the implicit nature of communications about spirituality. Implicit communication appeared most often in the form of professional and service assumptions. This corresponds with the unconscious communication in supervisory transference (Hawkins & Shohet, 2006): spirituality was given little explicit acknowledgement and therefore remained unconscious. However, some argue supervision is a place to make unconscious processes conscious (Scaife, 2001).

*[See Extended Discussion A for consideration of The Ineffable and Implicit Communication]*

## **Appropriate Use of Theory**

The application of psychological theory to the spiritual beliefs and experiences of clients in supervision seemed to be limited in its usefulness to participants and sometimes wholly unhelpful. This was an unanticipated finding, but it is not without precedent in the literature. Pargament (2001) discussed this problem in relation to the way his theory on religion and coping could be inappropriately applied to all elements of life:

“Armed with a theory the psychologist may see the world in terms of that theory. Events that do not fit very well into that theory are overlooked or twisted and distorted until they do fit.” (p.14)

This explanation helps to apply the findings to supervision literature. Hawkins and Shohet (2006) highlighted how feeling understood and valued in supervision linked with feeling safe enough to reflect and be challenged. The ill-fitting application of psychological theory may have led participants to feel misunderstood in their explanations of clients’ spiritual beliefs and experience. This would nullify the value of any reflection with their supervisors, because the supervisees (participants) felt that they did not have a shared understanding from the start. Amelia’s experience of using different language to her supervisor, but still feeling able to have useful conversations about spirituality suggests that the active ingredient is being understood and valued rather than the application of theory itself.

*[See Extended Discussion C for consideration of Appropriate Use of Theory]*

## **Mindfulness**

An interesting exception to the “revealing” (Amelia) nature of discussing spiritual beliefs was the accessibility of mindfulness. Mindfulness appeared to span the void between problematic discussion of spirituality and developments in psychological theory. Mindfulness may therefore be part of a psychologically sanctioned expression of spirituality, due to a growing research efficacy (e.g. Segal, Williams & Teasdale, 2002). As such it may have been easier to discuss, because participants were using the technique clinically. Furthermore, all

participants who used it clinically also used it in their own lives, as is the recommended practice (Kabat-Zinn, 1990). This may have given legitimacy to their experiences and views and in turn reduced the vulnerability they felt in raising mindfulness. The significance of mindfulness may also relate to Angie's recognition that it did not include a god in its explanatory framework, which had been a difficulty for her with other religions. This may also mean it fits more easily within the scientific-psychological framework.

*[See Extended Discussion D for consideration of mindfulness]*

### **Summary and Clinical Implications**

This study suggests that there is an inherent "struggle" involved when addressing spirituality in therapy. This implies that rigid, definitive rules may not settle difficulties with this aspect of therapeutic work. For example, the inevitable limitations to supervision, identified by participants may mean that no fully satisfactory solution to the tension between reduction and exploration can be reached. Therefore, the tensions would need to be constantly managed rather than attempting to address them once and for all. In relation to training this would mean preparing therapists to gain an understanding of their own position with regard to spirituality and assessing how this position might lead them to respond in certain situations. In this way supervisors and supervisees would be better prepared for the fact that this is not an easy topic to address, but that it is best addressed explicitly.

### **Limitations**

IPA is best when a specific and homogenous group of participants share experiences of a specific phenomenon (Smith, Flower & Larkin, 2009). Therefore, this study could have been improved by greater specificity to its sampling. For example, it may have been more useful to only include participants who had explicitly addressed spiritual issues in supervision or only included participants from a service where spirituality is deemed particularly significant (e.g. older adults services, Blazer & Palmore, 1976). This would have helped gain a more thorough assessment of the variability within a more specific sample. The inclusion of varying degrees of engagement with spirituality in supervision drew

out an eclectic mix of phenomena which were at times difficult to relate to the field of study.

Secondly, the study may not have paid significant attention to the dual roles which can operate in supervision. For example, supervisors may also be line managers to supervisees. The significance of this issue is often neglected in supervision (Scaife, 2001). Consequently participants may have overlooked dual roles as a significant issue in their interviews. Yet, participant accounts were enhanced by their dual roles of supervisor and supervisee, which gave them greater understanding of supervisory processes.

Aspects of the researcher's subjectivity may have limited the value of the study. This is another study conducted by a researcher and supervisors approaching the topic from a Judeo-Christian perspective. The researcher's subjectivity is not a limitation in itself, but it is difficult to assess the degree of influence researcher's values are having on the direction of research into the relationship between spirituality and psychotherapy without views being added from outside the dominant perspective. For example, the lead researcher's interest in the topic arose from finding it unclear how to approach his own spiritual values in supervision and similar findings were interpreted from the study. This particularly relates to Belzen's (2010) claim that researchers' pre-existing assumptions about spirituality are often confirmed in their studies.

*[See Extended Discussion E for consideration of Limitations]*

## **Recommendations**

Johns (2001) recommended that a supervisor's development should be orientated towards emancipatory interests to help them balance the technical interests required of them within organisations. Similarly, this study suggests that a focus on exploratory interests in clinical psychologists' training may help them to balance exploration with the reduction necessary to apply psychological theory effectively. A specific part of such exploration would be greater understanding of how a psychologist's views towards spirituality (and those of their colleagues) may affect their practice (Hage, 2006). Findings from this study suggest that

psychologists should also be prepared for the tensions and struggles which seem to be an inevitable aspect of working with spirituality clinically.

These recommendations rest on the premise that making implicit issues explicit can aid understandings of psychological process in therapy and supervision (Hawkins & Shohet, 2006). This study provides further evidence that spirituality is an area where explicitly stating a personal view may be difficult, due to the associated vulnerability.

*[See Extended Discussion F for consideration of Recommendations]*

### **Future Research**

This study suggests further quantitative and qualitative investigation of the “struggle” involved when addressing spirituality in supervision. For example, the degree of discomfort experienced by supervisor and supervisee when addressing spirituality could be compared with ratings for discussion of other topics. This kind of investigation would firstly help to either confirm or refute the presence of the struggle and delineate what intensifies or alleviates tensions related to addressing spirituality.

A question raised by the study, but left unanswered is whether spirituality is a topic which is a low priority to clients, therapists and supervisors alike or if the “collective defence” Chris referred to is implicitly conveying to clients and supervisees that “you don’t want to go there” (Paula). This could be explored in future research through consideration of experiences from the supervisor’s perspective. A more effective way of establishing the relative perspectives of all parties would be through incorporation of data from clients, supervisees and supervisors from the same system. Although this presents confidentiality issues, it may begin the process of making the implicit explicit, which seems fundamental when addressing spirituality.

*[See Extended Discussion G for consideration of Future Research]*

## References

- Aten, J. D., & Hernandez, B.C. (2004). Addressing religion in clinical supervision: A model. *Psychotherapy Theory, Research, Practice, Training, 41*(2), 153-160.
- Baker, M. & Wang, M. (2004). Examining connections between values and practice in religiously committed U.K. clinical psychologists. *Journal of Psychology and Theology, 32*(2), 126-136.
- Belzen, J. A. (2010). Studying the specificity of spirituality: Lessons from the psychology of religion. *Mental Health, Religion & Culture, 12*(3), 205-222.
- Blazer, D. & Palmore, E. (1976). Religion and aging in a longitudinal panel. *Gerontologist, 16*, 82-85
- Barbour, R.S. (2001). Checklists for improving rigour in qualitative research: A case of the tail wagging the dog? *British Medical Journal, 322*(7294), 1115-1117.
- Berger, P.L. (1999) The desecularization of the world: A global overview. In P.L Berger, J. Sacks, D. Martin, T. Weiming, G. Weigel, G. Davie, et al. (Eds.), *The desecularization of the world: Resurgent religion and world politics*. Washington, DC: Ethics and Public Policy Center.
- British Psychological Society. (2008). Generic professional practice guidelines. Retrieved July 1, 2009 from [http://www.bps.org.uk/downloadfile.cfm?file\\_uuid=092B7E1C-1143-DFD0-7EA4-6235165A3BA8&ext=pdf](http://www.bps.org.uk/downloadfile.cfm?file_uuid=092B7E1C-1143-DFD0-7EA4-6235165A3BA8&ext=pdf)
- Callan, A. & Littlewood, R. (1998). Patient satisfaction: Ethnic origin or explanatory model? *International Journal of Social Psychiatry, 44*, 1-11.

- Carroll, M. (2007). Clinical psychology supervision. *Clinical Psychology Forum* 174, 35-38.
- Casement, P. (1985). *On learning from the patient*. London, UK: Routledge.
- Collicutt, J. (2011). Psychology, religion and spirituality. *The Psychologist*, 24(4), 250-251.
- Crossley, J.P. & Salter, D.P. (2005). A question of finding harmony: A grounded theory study of clinical psychologists' experience of addressing spiritual beliefs in therapy. *Psychology and Psychotherapy: Theory, Research and Practice*, 78, 295-313.
- Department of Health (2003). 'Inside outside': improving mental health services for black and minority ethnic communities in England. Retrieved January 6, 2009 from [http://www.dh.gov.uk/en/Healthcare/NationalServiceFrameworks/MentalHealth/DH\\_4002020](http://www.dh.gov.uk/en/Healthcare/NationalServiceFrameworks/MentalHealth/DH_4002020)
- Department of Health (2005). Delivering race equality in mental health care: An action plan for reform inside and outside services; and an independent inquiry into the death of David Bennett. Retrieved January 6, 2009 from [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4100773](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4100773)
- Dingwall, R., Murphy, E., Watson, P., Greatbatch, D., & Parker, S. (1998). Catching goldfish: Quality in qualitative research. *Journal of Health Services Research & Policy*, 3(3), 167-172
- Doehrman, M.J. (1976). Parallel processes in supervision and psychotherapy. *Bulletin of the Menninger Clinic*, 40, 1-104.



- Fukuyama, M. A., & Sevig, T. D. (1999). *Integrating spirituality into multicultural counselling*. Thousand Oaks, CA: Sage.
- Golsworthy, R. & Coyle, A. (2001). Practitioners' accounts of religious and spiritual dimensions in bereavement therapy. *Counselling Psychology Quarterly*, 14, 183–202.
- Hackney, C. H., & Sanders, G. S. (2003). Religiosity and mental health: A meta-analysis of recent studies. *Journal for the Scientific Study of Religion*, 42, 43–55.
- Hage, S. (2006). A closer look at the role of spirituality in psychology training programs. *Professional Psychology: Research and Practice*, 37, 303–310.
- Hall, T. W., & Edwards, K. J. (1996). The initial development and factor analysis of the Spiritual Assessment Inventory. *Journal of Psychology and Theology*, 24, 233–246.
- Hawkins, P. & Shohet, R. (2006). *Supervision in the helping professions*. (3<sup>rd</sup> ed.). Maidenhead, UK: Open University Press.
- Hill, P. & Pargament, K. (2003). Advances in the conceptualization and measurement of religion and spirituality. *American Psychologist*. 58, 64–74.
- Hodge, D. R. (2001). Spiritual assessment: A review of major qualitative methods and a new framework for assessing spirituality. *Social Work*. 46, 203–214.
- Jackson, J., & Coyle, A. (2009). The ethical challenge of working with spiritual difference: An interpretative phenomenological analysis of practitioners' accounts. *Counselling Psychology Review*, 24(3 & 4), 86-99.

- Johns, C. R. (2001). Depending on the intent and emphasis of the supervisor, clinical supervision can be a different experience. *Journal of Nursing Management*, 9(3), 139.
- Kabat-Zinn, J. (1990). Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness. New York, NY: Delacourt.
- King-Spooner, S. (2001). The place of spirituality in psychotherapy. In King-Spooner, S. & Newnes, C. (Eds.), *Spirituality and psychotherapy* (pp. 28–36). Ross-on-Wye, UK: PCCS Books.
- Martinez, S. & Baker, M. (2000). 'Psychodynamic and religious?' Religiously committed psychodynamic counsellors, in training and practice. *Counselling Psychology Quarterly*, 13(3), 259-264.
- McLaughlin, D. (2004). Incorporating individual spiritual beliefs in treatment of inpatient mental health consumers. *Perspectives in Psychiatric Care*, 40 (3), 114-119
- Meador K. G. & Koenig H. G. (2000). Spirituality and religion in psychiatric practice: Parameters and implications. *Psychiatric Annals*. 30:549–555.
- Miller, M. M., Korinek, A.W., & Ivey, D.C. (2006). Integrating spirituality into training: The Spiritual Issues in Supervision Scale. *American Journal of Family Therapy*, 34, 355–372.
- Miller, W. R. & Thoresen, C. E. (2003). Spirituality, religion and health. *American Psychologist*, 58, 24–35.
- Nelson, M. L., & Friedlander, M. L. (2001). A close look at conflictual supervisory relationships: The trainee's perspective. *Journal of Counselling Psychology*, 48, 384-395.

- O'Connor, S. & Vandenberg, B. (2005). Psychosis or faith? Clinicians' assessment of religious beliefs. *Journal of Consulting and Clinical Psychology, 73*, 610–616.
- Paley, J. (2008). Spirituality and nursing: A reductionist approach. *Nursing Philosophy, 9*(1), 3.
- Pargament, K. I. (2001). *The psychology of religion and coping: Theory, research, practice*. New York, NY: Guilford Press.
- Paul, G. S. (2005). Cross-national correlations of quantifiable societal health with popular religiosity and secularism in the prosperous democracies. *Journal of Religion and Society, 7*(1), 1-17
- Peterson, C. (2006). The values in action classification of character strengths. In M. Csikszentmihalyi & I. Csikszentmihalyi (Eds.). *A life worth living: Contributions to positive psychology* (pp.29-48). New York, NY: Oxford University Press.
- Polanski, P. J. (2003). Spirituality in supervision. *Counselling and Values, 47*, 131–141.
- Rennie, D. L., Phillips, J. R. & Quartaro, G. K. (1988). Grounded theory: A promising approach to conceptualization in psychology? *Canadian Psychology, 29*, 139-150.
- Scaife, J. (2001). *Supervision in the Mental Health Professions: A practitioner's guide*. Hove, UK: Brunner-Routledge.
- Segal, Z. V., Williams, M. G., & Teasdale, J. D. (2002). *Mindfulness-based cognitive therapy for depression*. New York, NY: Guilford Press.
- Shafranske, E. P. (1996). Religious beliefs, affiliations, and practices of clinical psychologists. In E. P. Shafranske (Ed.), *Religion and the*

- clinical practice of psychology* (pp. 149–162). Washington, DC: American Psychological Association.
- Shafranske, E., & Malony, H. N. (1990). Clinical psychologists' religious and spiritual orientations and their practice of psychotherapy. *Psychotherapy: Theory, Research, Practice, Training*, 27(1), 72-78.
- Smail, D. (2001). On not being able to eff the ineffable. In S. King-Spooner & C. Newnes (Eds.). *Spirituality and Psychotherapy* (pp. 47-51). Ross-on-Wye, UK: PCCS Books.
- Smith, J.A. (1996). Beyond the divide between cognition and discourse: Using Interpretative Phenomenological Analysis in health psychology. *Psychology and Health*, 11, 261-271.
- Smith, J.A., Flowers, P., & Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory, method and research*. London, UK: Sage.
- Smith, J. & Osbourne, M. (2008). Interpretative Phenomenological Analysis. In J. Smith (Ed.), *Qualitative Psychology: A practical guide to research methods* (pp. 53-80). London, UK: Sage.
- Tan, S. Y. (2009). Developing integration skills: The role of clinical supervision. *Journal of Psychology and Theology*, 37(1), 54-61.
- West, W. (2004). *Spiritual issues in therapy*. New York, NY: Palgrave.
- Whittington, A., & Burns, J. (2005). The dilemmas of residential care staff working with the challenging behaviour of people with learning disabilities. *British Journal of Clinical Psychology*, 44(1), 59-76.
- Williams, D.R. & Sternthal, M. J. (2007). Spirituality, religion and health: Evidence and research directions. *Medical Journal of Australia*. 186 (10 Supplement), S47-S50.

Worthington, E. & Aten, J. (2009). Psychotherapy with religious and spiritual clients: An introduction. *Journal of Clinical Psychology* 65, 2, 123-130

Worthington, E., Kurusu, T., McCullough, M., & Sandage, S. (1996). Empirical research on religion and psychotherapeutic processes and outcomes: A 10-year review and research prospectus. *Psychological Bulletin*, 119, 448-87.

## **EXTENDED PAPER**

## **Extended Background**

### **Search Strategy**

A literature search was conducted between July 2009 and August 2010 April 2011 and included the databases: "PsycArticles", "MEDLINE", "PsycINFO", "EMBASE" and "Web of Science". The search terms and database specific keywords included: spirituality and supervision; religion and supervision; spirituality and psychological therapy; religion and psychological therapy; spirituality and clinical psychology; religion and clinical psychology. Combinations of terms were also used. A manual search of other related literature and papers cited was also conducted, including use of Google Scholar. International studies are included, but a focus on British literature is given where possible, due to differences in attitudes and practice from a largely American research base (Paul, 2005). A number of databases were used because few relevant studies were found from initial searches. The search was also broadened, because most literature was published in specialist religion/us or spirituality journals or books often from a religious perspective. Therefore, more mainstream perspectives were also sought.

To avoid the confusion present in previous literature spirituality/religion will be used when both terms are referred to. When one or other term appears alone it is to deliberately address that one concept (Post & Wade, 2009).

## **Extended Background A**

Bienenfeld and Yager (2007) highlighted the current of negativity towards religion/spirituality within the field of psychotherapy, which is often not reflected in the populations therapists serve. Spirituality is a significant factor in the lives of many people and if therapists do not engage with this phenomenon Gutsche (1994) feared that it would create too great a rift between client and therapist. This sentiment is endorsed by studies proposing that disharmony between a client's and therapist's explanatory framework can affect treatment satisfaction (Callan & Littlewood, 1998). Yet mental health professionals are often less religious/spiritual than the population they serve

(Berger, 1999) and are perhaps less likely to enter a spiritual explanatory framework than their clients. The potential impact of this situation is supported by research suggesting that the more familiar a therapist is with a particular set of religious beliefs, the less likely they are to perceive them as pathological (O'Connor & Vandenberg, 2005). West (2000) also acknowledged that clients often will not talk about topics to which therapists are "deaf". This is particularly relevant when it is considered that many clients may only be helped effectively if spirituality is routinely, sensitively and competently addressed (Shafranske, 1996b). To avoid Gutsche's (1994) feared client-therapist gap, open discussions of client and therapist issues should be made possible in supervision.

### **Religion/spirituality and health**

Religious/spiritual beliefs are consistently shown to have an effect on mental health (Plante & Sharma, 2001). Positive spiritual/religious practices are associated with positive mental health outcomes (e.g. life satisfaction - McCullough, Larson, & Worthington, 1998) and negative religious coping styles are associated with negative mental health outcomes (e.g. increased stress - Pargament, 1997). However, Paul's (2005) analysis of survey data suggested that greater religiosity correlated with increased societal deprivation, using indicators such as murder rates, sexual promiscuity and suicide. This case is proposed primarily on the basis that America performs worse on these indicators compared to financially comparable western European countries, which are more secular. However, the study fails to acknowledge the vast variability of beliefs and social circumstances within America and other countries by suggesting that a country's score on religiosity/secularity scales can give an overall national categorisation of "religious" or "secular". The possibility that there may be as much variability within the countries reviewed as between them means conclusions should be drawn cautiously. Paul (2005) criticises studies finding a positive correlation between religious/spiritual belief and good health for their relevance to small socially uniform populations. Yet he does not acknowledge that religious/spiritual beliefs and practices may vary in how helpful they are to an individual's health.



Although the causal nature of the religion/spirituality-health link may be unclear, replication across numerous domains of physical and mental health suggest that at least elements of religious/spiritual life have an interaction with psychological health. Pearce, Rivinoja and Koenig (2008) suggested that spirituality influences mental health through provision of community, a means of coping and a narrative framework for meaning making. As sense-making is a key part of the psychologist's role, the way religious/spiritual beliefs can make the inexplicable comprehensible appears useful for therapy (Shafranske, 1996a).

### **Criticisms of Religion/Spirituality**

However, Sloan, Bagiella and Powell (1999) questioned the validity of research suggesting positive links between religion/spirituality and health, due to a lack of control for confounding variables and multiple comparisons. These confounding variables nullified any positive effect of religious/spiritual involvement (Sloan & Bagiella, 2002). Clinical engagement with religion can increase the potential for unethical practice (Sloan, Bagiella & Powell, 1999) compounding common feelings that illness is due to moral failure (Gould, 1981). Vaillant, Templeton, Ardelt and Meyer's (2008) review found no correlation between religious involvement and physical, mental or social wellbeing. Further, Schaefer (1997) found a negative relationship between mental health and religiosity. This is illustrated by findings that failure to conform to religious/spiritual community norms can result in open criticism and guilt (Williams & Sternthal, 2007). Yet, one of the key factors used on both sides of the debate is religious attendance, but not all effects of attendance are religious/spiritual (Hackney & Sanders, 2003). Overall, whether the influence is positive or negative, religion/spirituality appears to have a significant role in the lives of those who may present for therapy and may be part of the presenting clinical problem (Meador & Koenig, 2000).

### **Spirituality In Therapy**

Golsworthy and Coyle (2001) noted that therapists regularly working with religious/spiritual issues found therapeutic models limited in their ability to

address religious/spiritual issues. They suggested that this may lead to avoidance of religious/spiritual issues by practitioners. Hackney and Sanders' (2003) review of religiosity and mental health, emphasised that the way clinicians engage therapeutically with a client's religious/spiritual beliefs, can impact on therapeutic outcome. Sue and Sue (1990) stated that understanding the client's worldview is essential in avoiding insensitivity and bias in therapy. In addressing religion/spirituality through this approach the therapist can gain an understanding of what are "healthy" or "unhealthy" religious/spiritual practices and can then work towards psychological health (Lovinger, 1984, 1990). This is particularly relevant when Lowenthal (1995) suggested that misrepresentation of religious/spiritual issues is widespread.

Many clients want and expect their spiritual lives to be addressed in therapy (McLaughlin, 2004). The current Diagnostic and Statistical Manual of Mental Disorders (APA, 2000) also identifies "religious or spiritual problem" (p.741) as a diagnostic category. Assessing these issues appropriately can improve the treatment alliance (Josephson & Wiesner, 2004) and not addressing religious/spiritual issues can create a barrier to commitment in psychotherapy, because a significant area of the client's life cannot be understood (Meador & Koenig, 2000; Crossley & Salter, 2005).

### **Cultural Competency**

Sue and Sue (2003) suggested that a culturally competent mental health professional is aware of their own culturally derived assumptions values and biases, understands the worldviews of clients who are culturally different and use culturally appropriate interventions. Berkel, Constantine and Olson (2007) highlight the parallel of religious/spiritual competence as part of this, suggesting that "failure to acknowledge the potential influence of the religious/spiritual beliefs...may be as inappropriate as failure to acknowledge and address the potential influence of race, gender, or sexual orientation"

As significant proportions of the population affiliate themselves with religious/spiritual beliefs (Office of National Statistics, 2001) the BPS (2006) highlighted the need to treat issues of individual difference such as religion

with sensitivity. The Division of Clinical Psychology (2001) guidelines add that differences in understanding of religious issues can result in problems within the therapeutic relationship. This is coupled with research suggesting that neglecting issues such as spirituality may have an adverse effect on the therapeutic alliance (Lambert, 2004). Government initiatives have emphasised the importance of integrating themes such as sexuality, ethnicity and spirituality into healthcare practices as part of being culturally competent practitioners (See Department of Health, 2003, 2005; National Institute for Mental Health in England, 2003). However, Worthington, Kurusu, McCullough and Sandage (1996) noted that the majority of therapists may find it uncomfortable to work with religious themes in secular healthcare settings.

### **Ethical Considerations**

Tan (1996) highlighted the potential ethical problems of addressing spiritual issues in psychotherapy. This included risks of imposing the therapist's religious/spiritual views on the client and blurring boundaries and parameters of therapy. McMinn and McRay (1997) also question whether addressing spirituality/religiosity is appropriate within a publically funded service when this is the role of religious advisors. Epstein (2004) posited that spirituality and psychotherapy were ethically incompatible and combination is inappropriate. However, Worthington and Aten (2009) suggest that referral links from therapists to religious advisors are poor, so it is difficult to see how such a process would work. Furthermore McMinn and Mcray (1997) reviewed psychotherapy from an exclusively Christian perspective when psychologists can address spiritual issues without adherence to a specific faith (Johnson, Hayes, & Wade, 2007).

Richards and Bergin (2004) offer strategies for minimising the risks involved when addressing religious/spiritual issues in therapy. These include respecting client values to avoid therapists imposing their values on clients and seeking further training to avoid practicing outside the therapist's competence. Much of the literature on this issue comes from sources which cannot be seen as impartial – most prominently Christians encouraging the incorporation of Christian practices into psychotherapy. However, as already

established religion and spirituality are topics with which impartiality may be impossible (Smail, 2001).

### **Addressing Religion/Spirituality as Good Practice**

Many psychologists see engagement in the exploration of a client's reality as general good practice (May, 2007) and not specific to the realm of religion/spirituality. This means that the findings of these studies could have been an exploration of difficult client issues, illustrated through spiritual/religious themes rather than exclusively expressed in this area. This issue is highlighted in nursing literature suggesting that it can be difficult to identify what is psychosocial assessment and what is spiritual assessment due to an overlap in relevant concepts (McSherry & Ross, 2002). Certain psychological perspectives propose that exploration of a client's problems should include allowing a space where different beliefs about the nature of reality can be accepted and attempts made to understand and give meaning to these beliefs (Knight, 2005; Romme & Escher 1993). Although these perspectives did not originate in the spiritual field perhaps they could be applied with the same principles and have a similar effect on the supervisory direction as a specifically spiritual model.

## **Extended Background B**

### **The "Seven-Eyed" Supervision Model (Hawkins and Shohet, 2006, p.80)**

The transference issues highlighted emerge from a supervision model which groups the processes at work in supervision into seven categories:

- The supervisor's process
- The supervisee's process
- The client's process
- The influence of the work context on all parties
- The relationship between client and supervisee
- The relationship between supervisee and supervisor
- The interventions used by the supervisee

This model highlights how the mutual processes of client, supervisee and supervisor, their respective contexts and relationships are all interrelated. Therefore, as spirituality can be a significant part of any of these processes they could in turn affect other processes in the system through the transference processes. However, the model has been criticised for being too focused on particular theoretical frameworks particularly the psychodynamic approach from which transference originates. This might infer that the transference processes outlined do not apply to therapists who approach supervision from a different theoretical standpoint. However, Hawkins and Shohet (2006) suggest that their model is trans-theoretical most pragmatically on the basis of its wide applied use across disciplines and theoretical orientation. Nonetheless, it must be acknowledged that a process model of this kind might be difficult to apply in supervision involving protocol-based therapies (e.g. Ehlers & Clark, 2000).

### **Supervision in Clinical Psychology**

Clinical psychology has traditionally incorporated general supervision models as presented above and adapted them to the needs of the profession (Fleming & Steen, 2004). However, this may not serve the specific needs of British clinical psychology. Carroll (2007) suggested that rigid application of generic supervision models may not address specific issues of context and demands in current clinical psychology. Hence it may be more useful to identify the supervisory needs of clinical psychology from which a supervisory system may be developed. Yet, “mixing and matching” aspects of different supervisory models may lose coherence and the relevance of the research base may be compromised. Nonetheless, the divergent needs of different settings and different disciplines may mean no single model is wholly suitable.

### **Spirituality in Supervision**

Clinical supervision is designed to facilitate learning and development through reflection (consideration from supervisee perspective), conceptualisation (seeing things from the perspectives of others); planning (agreeing actions), experiencing (carrying out actions and being aware of their effect) and evaluating (encouraging and correcting information or achievement against

standards) (BPS, 2003). As such, it seems to be the best place for clinical psychologists to professionally manage spiritual issues arising from clinical work, as the way they are approached can have a clinical effect (Hackney & Sanders, 2003).

The benefits of supervision for counselling psychologists were summarised by Lane and Corrie (2006) as:

- Providing a space for reflection and improvement of clinical practice
- Improving client safety
- Aiding identification on strengths and weaknesses
- Offering the opportunity to learn from peers and professional developments.

Carroll (2007) added many more benefits including:

- Providing opportunity to gain an understanding of the personal impact of practice and how this changes practice itself
- Aiding a culture of ethical watchfulness
- Exploration of the inherent tensions involved in therapy and how they might be negotiated.

Carroll (2007) also identified the growing and almost all encompassing nature of supervision's role. As a result the ethical and legal pitfalls of supervision may get overlooked (Harrar, VandeCreek and Knapp, 1990). Yet the development of the role of supervision may reflect an acknowledgement of the number of processes at work in a therapeutic encounter (Carroll, 2007). This highlights the importance of supervisory processes in effective clinical practice. It also suggests that it may be difficult to fit all that supervision is required to accomplish into the time allocated to it. This pressure means that a lot is required of supervisors in order to manage a multitude of supervisory processes and incorporate multicultural issues such as spirituality.

Constantine (2001) suggested that self-understanding was an integral part of multiculturally competent practice for clinical supervisors. This would in turn be encouraged in supervisees through discussions of their culture, which Duan and Roehlke (2001) felt should be initiated by supervisors. However, psychologists report a lack of confidence in the profession's ability to address spiritual/religious issues appropriately (Shafranske and Malony, 1990; Young, Cashwell, Wiggins-Frame & Belaire, 2002), suggesting this situation is not the norm. Therefore, an understanding of the engagement (or lack thereof) with spirituality/religion in supervision is integral to understanding the practitioner's engagement with these themes in the therapeutic process.

Shafranske (1996) posited that therapists will probably be exposed to religion/spirituality at some point and those experiences can affect a therapist's perception of client material. For example, a therapist's previous experiences of Muslim people or the Islamic faith may in turn affect their views of a client's Muslim beliefs, through differential understanding of context or meaning. The influence that religion/spirituality has on culture and values in this way may be an important influence on therapy, because it means there is an inherent influence on an individual's values regardless of their beliefs. Placing religion and spirituality in this context of cultural values highlights the ubiquitous influence of religion/spirituality. Framed in this way the subject does not need to come up explicitly to affect the way therapists or clients may relate to each other. Shafranske (1996) suggested that values of this kind should be addressed in supervision, but religion/spirituality is notable by its absence.

Aten and Hernandez (2004) related this absence to the lack of training and supervision psychologists receive, which they deemed necessary to competently address religion in therapy. The lack of training and supervision may in turn be partly explained by a lack of discussion about how supervisors might approach this topic within psychological literature (Bernard & Goodyear, 1998). This suggests that integrating religious/spiritual issues into supervisory processes may be a worthwhile endeavour, to address its potential influence on therapeutic processes and the potentially limited competence of therapists.

## **Integrating Spirituality into Supervision**

Bienenfeld and Yager (2007) identified five objectives to aid the integration of religion and spirituality into psychotherapy supervision:

To have

1. A clear definition of terms, especially religion and spirituality
2. Ways of addressing these issues with clients
3. A framework for spiritual development
4. Distinctions between healthy and problematic religious/spiritual beliefs and behaviours.
5. Self-awareness of spiritual/religious issues, including personal history and countertransference.

However, therapeutic objectives may differ between therapeutic settings and the approaches taken therein (Rosen-Galvin, 2005). There may even be differences within approaches (e.g. multiple Christian approaches – Moon & Benner, 2004). This is particularly relevant when the objectives above are specifically related to supervision between a trainee and qualified supervisor. Nonetheless, it gives a framework from which supervision models may be evaluated.

## **Spirituality in Supervision: Supervisory Models**

Post and Wade (2009) highlighted the importance of encouraging supervisees to reflect on their own spiritual beliefs, because they can affect how they engage with the beliefs of clients. Polanski (2003) furthered the idea of engagement with spirituality in supervision through an advancement of Bernard's (1979) discrimination model addressing intervention skills (how spirituality is address in sessions), conceptualization skills (the supervisee's ability to integrate spiritual themes with other client data) and personalisation skills (supervisee's understanding of their own spiritual views). The supervisor takes on different roles to address these processes: teacher, counsellor and consultant. This model sets out a means to address three key areas of competence in therapeutic work with spiritual issues. However, the



discrimination model on which it is based claims to be atheoretical and acultural (Bernard, 1979), which make the choice of the three areas of focus seem arbitrary. The lack of a coherent theoretical and cultural grounding leaves the model open to unacknowledged assumptions which may cause the emphasis of particular processes above others. For example, Polanski's model does little to acknowledge when or why it is appropriate to address spiritual issues in supervision. Furthermore, an atheoretical stance may not give enough consideration to the theoretical orientation of the supervisor or supervisee and related influences on their approach to spiritual issues. Therefore, this model may provide a helpful framework for addressing spirituality in supervision, but the absence of theoretical grounding make it difficult to compare with other models.

Aten and Hernandez (2004) acknowledge their assumption that spirituality should be addressed in supervision if there is agreement between therapist and client that the issue is clinically relevant in their developmental model for addressing religion in supervision. The model was based on Stoltenberg and Delworth's (1987) integrative developmental model. Polanski's (2003) general guidance is helpfully developed with a more explicit and guided model from Aten and Hernandez (2004). They suggest eight areas of developmental focus:

1. Intervention skills
2. Assessment Approaches and techniques
3. Individual and cultural differences
4. Interpersonal Assessment
5. Theoretical Orientation
6. Problem Conceptualisation
7. Selecting treatment goals and plans
8. Professional ethics

Their model provides a clear, practical and directive pathway for supervisors and supervisees with illustrative examples of their own experiences. It is also based on a widely used model providing a strong theoretical basis. However, the prescriptive approach they advocate appears to exclude spiritual issues

which do not fit within a religious framework. Given Tacey's (2004) suggestion that Western culture may be moving towards disjointed spiritual beliefs and away from organised religious beliefs this model may be too reductive to incorporate the experiences of all clients

Both models presented above are attempts to provide specific supervisory guidance for developing competence in addressing spiritual issues in therapy. The frameworks they provide may help to structure supervisory conversations about spirituality, which may in itself help to reduce the uncertainty which can cause therapists anxiety with this topic (Crossley & Salter, 2005). However, both are based on models from general therapeutic practice, leaving the question of whether a specifically spiritual version of the models are necessary. Both original models were designed to be applicable to all aspects of client material. This suggests that the reasons for the lack of competence in addressing religious/spiritual issues in supervision may relate less to the need for theoretical guidance, but more to an understanding of why it does not arise enough to promote competence through traditional supervisory models. Nonetheless, mainstream psychological theories do not specifically address religious/spiritual issues directly and religion/spirituality may be a topic which does not fit with traditional models in the same way as other topics.

Both Polanski (2003) and Aten and Hernandez's (2004) models placed much of the responsibility and leadership on the supervisor. Although this would be expected due to the educator role in both models, it also means that the supervisor may place emphasis on processes which they are comfortable with, to the detriment of their supervisees (Johns, 2001). This suggested that whether mainstream models, spirituality models or no models are used to address spirituality in supervision (if at all); decisions will be based on the individual supervisor-supervisee relationship and the themes within it. Aten and Hernandez (2004) articulated the need to understand supervisor-supervisee relationships in their suggestion that further qualitative and quantitative research is needed for a better understanding of how supervisory engagement with spirituality works in practice.

## **Religion Specific Models**

Tan (2009) reviewed supervision models supporting integration of spirituality from a Christian perspective and highlighted the importance of modelling integration skills by the supervisor. This was due to the finding that most integration skills were learned through personal relationships with mentors and supervisors. However, these conclusions were reached from research on Christian-based therapy. Therefore, models of pastoral care associated with Christian counselling and therapy may mean the relationships with mentors and supervisors which Tan (2009) refers to are qualitatively different from traditional supervisory relationships. For example, supervisors in Tan's (2009) review were at times akin to supervisees' friends, which might be different in National Health Service (NHS) therapeutic supervision. Nonetheless, this less structured approach to supervision is suggested to have aided development of the supervisee as a whole person (including their spiritual life) and give a more complete therapeutic competence (Butman and Kruse (2007).

Less structured approaches such as this may be difficult to achieve and evidence within an organisational atmosphere which is increasingly focused on the demonstrable outcomes of what is done in practice and supervision (e.g. Improving Access to Psychological Therapies, 2008). This is particularly significant when NHS organisational competencies focus on technical competencies in supervision (Johns, 2001). It is also difficult to transpose practices based within the Christian faith to a secular health service. Spiritual values and beliefs would have been central to both the practitioner and client in Tan's (2009) review, but this would not usually be the case in NHS practice.

## **Extended Background C**

### **Conflicting perspectives on religion/spirituality**

The literature cited here specifically addressing religious/spiritual issues is generally sympathetic to a positive view of the concepts, frequently from a Judeo-Christian perspective. This has an effect on the definitions used, the research perspective and research outcomes, which excludes alternative

religious/spirituality perspectives. Yalom (2002) viewed religious beliefs as irrational and potentially dangerous, because they cannot be challenged with rational evidence. Ellis (1980) asserted that religious beliefs *caused* dysfunction, though Bergin's (1983) meta-analysis found no relationship between the two. Dawkins (2006) proposed that religious/spiritual beliefs are a delusional tool for social control, as many beliefs can be identified as demonstrably false yet are still propagated. Such standpoints suggest that religious/spiritual beliefs, thoughts and behaviours should be treated with the same scientifically based therapeutic models as other issues, such as cognitive and behavioural approaches (Beck, 1976). This adds credence to Thomson's (1996) suggestion that researching spiritual issues (as a phenomenon lying outside the material world) is an inappropriate endeavour, because it lies outside the scientific realm.

An alternative perspective against addressing spiritual issues in psychotherapy views spirituality as a subjective, personal experience and psychotherapy as a phenomenon based on verbal descriptions and explanations, which Smail (2001) suggested cannot do justice to phenomena not captured linguistically. However, when psychotherapy will inevitably involve descriptions of personal experience this leaves the question of what *can* be fully captured linguistically? Smail (2001) added that if the nature of psychotherapy was not purely scientific then there may be scope for a religious/spiritual discourse, because the practice of psychotherapy is not systematic, but dependent on the practitioner's perspective. King-Spooner (2001) illustrates this point in his view that spirituality refers to what matters most and is central to our lives. Hence he describes psychotherapy as a spiritual project.

Although a number of perspectives on religion/spirituality have been discussed most of the literature reviewed appeared to give the sense that spirituality could mean anything and everything as "a giant conceptual sponge" (Paley, 2008, p. 5). Pesut (2008) suggested this is because spirituality has become the "quintessential expression of authenticity" (p. 131) and any criticism of it therefore seems intolerant, thus leading to the dominant

ideology: that “it’s all true”. This approach leads to a lack of critique, which can blunt research clarity and development, but for psychotherapy it raises the notion that spirituality may involve far more than traditional meanings.

Ideologies contravening spiritual engagement in psychotherapy imply that no blanket rules about how (or if) this is done can be applied. It seems that the treatment of spirituality is dependent on the therapist and client’s understanding and experience of it as well as perceptions of the concept’s usefulness. A therapist may be helpfully prepared for these issues through open discussion in supervision.

### **Interdisciplinary Issues**

The literature cited is drawn from a range of professional fields including counselling, psychiatry, psychotherapy, nursing and clinical psychology. Although there is corroborating evidence between disciplines and many studies span the disciplines it should be noted that professional differences may constitute different research approaches and attitudes to findings. Ogunfowora and Drapeau (2008) identified differences in theoretical orientation between counselling and clinical psychologists, which in turn affected research interests and therapeutic approaches. Differences between psychiatrists and psychologists in their understanding of science, diagnosis and clinical work have also been identified (Kingsbury, 1987). Although the latter may appear outdated it does suggest that application across disciplines may require “translation”. Nonetheless, there are many commonalities. Values such as openness and cultural competence as discussed in relation to therapeutic and supervisory practice are prized by all disciplines.

Much of the supervision literature focused on training programmes and the teaching role in supervision, rather than as an integral part of ongoing clinical support (e.g. Gingrich & Worthington, 2007). The developmental aspect of supervision is applicable to both facets (Stoltenberg & Delworth, 1987), but there may be changes in supervisory practice from unqualified trainee to qualified practitioner which is largely missing from the literature (Carroll, 2007). In addition, much of the literature on the integration of

religion/spirituality into therapy and supervision originates from religious perspectives and is often published in journals focused on religion, theology, spirituality or a particular faith (e.g. The Journal of Psychology and Christianity). This may reflect Rowe's (2001) view that supporters of religion/spirituality feel those who do not engage with the concept are missing something, which creates a sense of moral superiority. This antagonism may help explain the marginalisation of spiritual integration literature.

## **Extended Background D**

### **Definition and Conceptualisation**

There have been difficulties in defining spirituality and religiosity and how the terms differ (Fukuyama & Sevig, 1999; Richards & Bergin, 1997). This leads to difficulties in finding ways to compare and evaluate research as well as hindering discussion (Nino, 1997). The two terms have been used interchangeably in some research, muddying the waters further (Hage, 2006).

Although both terms have evolved in meaning over time (Wulff, 1997), spirituality is often described as the broader of the two terms. In spite of the lack of agreement in definition, Worthington (in press, cited in Worthington & Aten, 2009) identified four types of spirituality: religious spirituality (a connection to the sacred of a certain religion); humanistic spirituality (a sense of connection to humankind); nature spirituality (a connection with nature or the environment), and cosmos spirituality (a sense of connection with creation). This construct of spirituality illustrates its broad meaning and the way in which experiences not historically seen as "spiritual" may be termed as such through differential interpretation. However, it also illustrates how much of the language used to describe spirituality is derived from religion. Spirituality has even been used to describe openness *to* religion (Fontana, 2003). Therefore, the religious connotations of spirituality definitions can make differentiation more difficult. Yet, both in the secular and religious sense "spirit" refers to a phenomenon unifying the seen and unseen world (Fontana, 2003).

Whilst the personal, subjective aspect of religious experience is increasingly referred to as spirituality, Hill and Pargament (2003) identified that it is possible to have religious beliefs and activities that are not spiritual. This highlights how the two constructs overlap in some aspects, but also retain some separate features. However, the need to differentiate between the terms in research categorises religion more as an institutional, restrictive entity and spirituality as a more personal, free expression. Although this approach appears to help clarify the difference between terms it risks mislabelling them. It implicitly polarises spirituality as “good” and religion as “bad” through association with personal freedom and stifling restriction respectively (Hill & Pargament, 2003). This trend has the effect of oversimplifying the terms and missing helpful and unhelpful elements of each.

For the purposes of this study the term “addressed”, as in the title, is used with reference to an exploration of how and why spiritual issues are engaged with and examined, within the context of clinical supervision.

### **Conceptual Shortcomings**

The intricacies involved in defining spirituality and religion illustrate the confusion within the literature. Attempts to clarify the difference between the two terms fall short; perhaps because there is little clarity to be gained from terms which are so difficult to separate and generalise (Hill & Pargament, 2003). Indeed Zinnbauer et al. (1997) suggested that most people’s spiritual experiences take place in a religious setting. Marler and Hadaway (2002) add that most people do not recognise any true difference between spirituality and religion. It is even suggested that separation of the terms is confusing and unhelpful in the context of psychometric measures (Hill & Pargament, 2003). Also operational definitions used for research may well differ from definitions of individuals engaging with spirituality/religion (Miller & Thoresen, 2003). These issues may present because spirituality and religion are individually defined and personally understood concepts.

Yet, Derrida (1976) suggested that deriving meaning is a difficulty applicable to all language and not specific to words with which differences in

understanding have been identified. This ideology weighs more responsibility on the meaning intended by the word's user. Robertson (2007) illustrated this in his suggestion that the broad meaning of spirituality was used by researchers to propagate a non-scientific religious agenda in a qualitative study with counselling psychology clients (Fuller & Strong, 2001). There is value in suggestions that leading questions encouraged participants to the more religious understanding of spirituality held by the researcher than the meaning with which they began, but this is acknowledged by the researcher and is addressed in reflective analysis – personal impact is seen as an inevitable part of qualitative research. Robertson's (2007) other methodological criticisms suggested this disagreement may be based upon epistemological differences rather than deliberate attempts to mislead. Yet, the potential for the term spirituality to be used in this way remains.

Rowe (2001) suggested that modern religious apologists use the mouldable term "spiritual" to adapt an unbeliever's experience into something more religious and to make strict religious dogma softer and more accessible to modern life. She equated spiritual experiences with Buddhist "mindfulness": attending only to the present without being absorbed with our own concerns. Rowe (2001) proposed that this unique experience would be degraded by attaching connotations of "superior virtue" and "mysterious powers", explaining that language cannot give a good account of spiritual (or emotional) experiences. The diversity in understanding and use of religion/spirituality may account for the lack of an agreed or comprehensive theory to explain their complex nature (Scott, 1997 cited in Zinnbauer, Pargament & Scott, 1999).

Zinnbauer, Pargament and Scott (1999) suggested that the disagreement in definition of terminology is the natural result of the increased individuality of religious expression. This may be due to negative views of traditional religious experiences caused by disillusionment with religious organisations (Turner, 1995). This explains the increase in more individualised spiritual practices of eastern religions needing less specific religious dogma (Roof, 1993; Ahlstrom, 1970). This individualisation leads to narrowing of definitions of



religion/spirituality for a particular perspective thus changing the concepts, which could lead to the psychology of religion losing focus (Pesut, 2008).

## **Extended Background E**

### **Quantitative Research**

A quantitative research approach has been used in much religious/spiritual research due to the suggestion that non-observable, ethereal phenomena have been investigated in the past by inferring their properties through observable investigation (e.g. implicit non-volitional processes, Bargh & Chartrand, 1999). "The Spiritual Assessment Inventory" is an example of a psychometric assessment tool validated quantitatively (Hall & Edwards, 1996). The validity and reliability of this scale are empirically supported. For example, sound construct validity was established through correlation with related, well established psychometric tools (Stanard, Sandhu & Painter, 2000). However, this index is derived from a Judeo-Christian perspective, which may differ significantly from other cultural viewpoints (Robbins, Chatterjee & Canda, 1998). Hodge (2001) suggested that quantitative instruments such as this presuppose a certain construct of reality and use complex clinical language which can be misunderstood. This threatens the validity of the assessment constructs as a participant's understanding of spiritual themes and terminology may differ from those of the researcher. Therefore any correlation with other measures may simply indicate a common misinterpretation rather than measurement of similar constructs. Difficulties in operationalising spirituality/religion in quantitative research mean a qualitative approach appears more applicable.

In addition, the paucity of British data in this area means most papers cited are based on American research as this population is used as a substitute best fit. Yet, the British population is significantly different in spiritual attitudes ("Anglo-Saxon Attitudes", 2008) which reinforces the caution required in generalising research findings. Literature of American origin is also written for a different healthcare system. The role of money in therapy is different in

America; it may be more important to American therapists and affect their motivations differently (Dimen, 1994; Herron & Sitkowski, 1986). For example, Riggs (2006) discussed the dilemma of addressing spiritual issues in psychotherapy when the client's insurance company are contributing to payment and may not see this as a valid aspect of the client's clinical problem. Although similar situations may arise in National Health Service work, it would not have such a direct link to the financial value of therapy. Therefore, American literature may relate to a different therapeutic status quo and caution should be taken on inferential application. The varied and contradictory findings in this area are seen to represent the variability in operational definitions of religion and spirituality (Hackney & Sanders, 2003). This again suggests that a qualitative approach would give a more personal understanding of the topic.

### **Qualitative Research**

Recent UK research examined the personal experiences of clinical psychologists and other therapists using the qualitative methodology of grounded theory. The rationale behind this approach is that mainstream positivistic approaches often either deal with religion/spirituality in an unhelpfully reductionist manner or use definitions which cannot be generalised (Hodge, 2001). Rennie, Phillips and Quartaro (1988) argued that qualitative research methodologies are more sensitive to an understanding of how a therapist's personal views about spirituality interact with therapeutic practices and processes. West (2004) added that the best example of spirituality is spiritual experience and reducing this from a personal account would lose the meaning. This, coupled with the differences in what spiritual experience is, from those who deny its existence to those who feel their lives are centred around it, reinforce the need for a qualitative approach.

Myers and Baker (1998) highlighted a theme of inattention to the religious dimension. The five clinical psychologists interviewed expressed feelings that their own religious/spiritual beliefs would be rejected by their colleagues. This led them to deal with value clashes in clinical work privately rather than in clinical supervision. Martinez and Baker (2000) interviewed eight

psychotherapists, finding that religious themes were not only neglected, but participants reported expecting prejudice from colleagues. This again impacted on supervision through a reluctance to address religious challenges with supervisors. Baker and Wang (2004) found a similar clash of values, which manifested in a conflict between the 23 participants' Christian identity and their professional identity. Crossley and Salter (2005) identified spirituality as an elusive concept and an awkward topic to broach, through interviews with eight clinical psychologists. This resulted in various approaches to engagement of spiritual issues with clients, mainly dependent on the psychologist's personal views. This ranged from disengagement through a perception that religion was a problematic or unimportant area, to collaborative appraisal of a client's spiritual beliefs through the participant's spiritual understanding. All of the above studies highlighted training needs in how to address religious/spiritual issues effectively in therapy.

These studies give clear and personal accounts of issues difficult to address through quantitative methodology. They give weight to the link between a training void and an uneasy interaction with spirituality. It also highlights the way in which a professional culture excluding spirituality can stifle open, supervisory reflection on how a therapist's values influence therapeutic relationships. However, most participants were practicing Christians narrowing the generalisability of any themes identified. Baker and Wang (2004) recruited from the British Association of Christians in Psychology (BACIP). Therefore the views expressed may be more closely associated with attitudes of the group than clinical psychology in general. Also Baker's involvement in all of the first three studies might be illustrative of a single position on the topic. This is particularly pertinent as Baker is Honorary Secretary of BACIP (University of East London, 2008). The reflexivity of the researchers and their influence on how they interpreted the data were not fully addressed and as such it was difficult to understand the way in which the researchers' values interacted with the data they were analysing. Triangulation methods for enhancing the validity of findings (Yardley, 2000) were also missing from most reports leaving much of the emerging themes unexplained. Although representative sampling and objectivity is not the aim in qualitative research it is difficult to infer anything on

the perspective of therapists who are not practicing Christians. Also as each study involved Christian researchers all findings were created from a Christian perspective. Ali (2007) departed from this tradition, reflecting on being from a British Pakistani Muslim background, yet the findings were complimentary to studies analysed from a Christian perspective. This adds weight to the argument that clinical psychology does not appear to engage with spiritual/religious issues in a manner which is helpful to clients and practitioners.

## **Extended Background F**

### **Philosophy of Science: A Qualitative approach**

“We should adapt our methods so far as we can to the object [of study] and not define the object in terms of our faulty methods” (Allport, 1963, cited in Smith, 1996, p.265).

Allport’s statement reflects the philosophical criticisms levelled at the quantitative approach. Critique from feminism, post-structuralism, Marxism and psychoanalysis suggest that the associated positivist assumptions may be unsound (see Table 4). The way quantitative research variables are operationalised narrow the potential for new understandings (e.g. the reduction of attitudes to a five point scale; Coolican, 1999). Alternatively, qualitative approaches highlight the importance of evaluating the underlying assumptions in psychological research. As a result, qualitative research is not a single approach and represents a number of philosophical perspectives; Reicher (2000) summarised these perspectives into two groups:

- Experiential approaches, which focus on human experiences within their context alongside consideration of reflexivity - the approach taken in this study.
- Discursive approaches, which question the stability and reality of experience interpretations, assuming that they are constructed as part of a social function.

These approaches produce research which attempts to take account of the complexity involved in human studies.

However, Patton (1980) argued that qualitative research should not aim to nullify the usefulness of quantitative research, but highlight its dominance and the potential for other, more applicable methods to some research questions. This highlighted the need for pragmatism in research methodology, not letting dominant traditions come before appropriate research design. It was from this perspective, of finding a methodology which fitted the research question, that IPA was chosen.

## **IPA**

IPA focuses upon understanding lived experiences whilst incorporating the meaning-making processes needed by the participant and researcher in this endeavour (Smith, 1995). Therefore, the centrality of each participant's experience was acknowledged, but the hermeneutic processes required for the researcher to interpret their accounts were given equal value. This supports the philosophical perspectives contributing to the qualitative approach (see Table 4), because:

- Feelings and personal experience are emphasised.
- It allows flexibility in research methods to reflect the adaptability needed to understand human experience.
- It highlights the importance of language used in interpretation.
- It incorporates reflections on the context of participants and researcher.

Table 4

*Summary of perspectives contributing to the qualitative research approach  
(adapted from Parker, 2005)*

<b>Theoretical</b>	
<b>Perspective</b>	<b>Ideology</b>
Feminism	<ul style="list-style-type: none"> <li>• Traditional psychology is dominated by masculine characteristics, leading to illusionary claims of precision and measurement in psychological research</li> <li>• Feminine characteristics, including acknowledgement of feelings and experiences are ignored despite their importance</li> </ul>
Foucauldian Post- Modernism	<ul style="list-style-type: none"> <li>• The researcher's vested interests influence how knowledge is sought and the knowledge produced.</li> <li>• The role of the researcher and their methods are as important as the research results.</li> </ul>
Psychoanalysis	<ul style="list-style-type: none"> <li>• Psychology maintains rigidity and structure in its research due to anxiety about the true unordered nature of psychological experience</li> </ul>
Marxism	<ul style="list-style-type: none"> <li>• Reality is socially constructed between people, particularly through language.</li> <li>• Participants of psychological study cannot be separated from the contexts in which they are found.</li> </ul>

However, McAdams' (1993) critique of phenomenology highlighted how the strength of IPA's inherent reflexivity could be undone by the assumptions made about research interviews. By viewing accounts from interviews as primarily an individual creation IPA risks ignoring overwhelming contextual factors, such as the false environment of the research interview. Even if this is acknowledged IPA may assume that beneath inconsistent elements of an account lies the participant's "true" beliefs – an assumption which may be ill-founded. However, IPA acknowledges that nothing "true" can be contacted directly as it is always subject to interpretation. This assumption alone should always bring the research back to a reflective stance.

IPA has also been criticised for a lack of clinical applicability, due to its limited generalisability emerging from its idiographic foundations (Brocki & Wearden, 2006). Yet, Yardley (2000) argued that “vertical generalisations” (p.220) could be made by using IPA findings to interrogate existing theoretical literature. Therefore, generalisable abstractions could be made from individual accounts. Nonetheless, other approaches with potential for greater clinical application, such as Grounded Theory (GT) were not used.

IPA was chosen over GT despite similarities in approach and potential for compatible philosophical positions, because GT studies reviewed in the literature would have benefitted from greater reflexive analysis<sup>6</sup> – a process which is systematically integrated into IPA. Much GT literature is concerned with attempts to use participant accounts to illustrate the views of a larger population, despite the absence of representative samples. IPA emphasises the individuality of a participant’s account, which can help to make the nuances of an account clearer and maintains robust theoretical foundations.

A discursive approach (e.g. Discourse Analysis, DA) would have linked with the aim of this study in endeavouring to “treat people as if they were human beings” (Harré & Secord, 1972, p.84). However, the focus on relational discourse between participant and researcher in DA, though of interest, would detract from a concentration on understanding the participant’s experience. Also the multiple truths of qualitative accounts associated with the social constructionist epistemology of DA, can cause problems in developing a coherent analytic understanding (Parker, 2005); a penetrative analytic account needs to privilege a particular reading over another, but this can undermine the DA philosophical position.

Nonetheless, Reicher (2000) warned against “methodolatry” (p.1) in qualitative research, emphasising the need to “respect the reflexive nature of the human subject and organize a methodological stance to reflect that respect” (Blumer, 1969, p.60, cited in Reicher, 2000, p.1). As such, IPA methods are used as a

---

<sup>6</sup> See literature review

guide to serve the overarching need to focus upon and adapt to the subject of study.

### **IPA Philosophy**

The philosophical underpinnings of IPA informed the methods used in this study (Table 5). Therefore, a summary of IPA's roots is given below.

Table 5

*Methodological application of IPA theory*

<b>Philosophical ideology</b>	<b>Key concepts</b>	<b>Methodological implications</b>
<b>Phenomenology</b>	Detailed accounts of experience  Accounts are bound by time and context  The importance of language used	Semi-structured interviews  Analysis of verbatim transcripts  Limits placed on generalisability.  Development of an interview schedule using neutral questions
<b>Hermeneutics</b>	Phenomenological accounts are affected by the inherent process of interpretation	Use of a reflective journal to aid understanding of interpretative processes  Supervision from an experienced researcher
<b>Hermeneutic Circle</b>	The process of interpretation is unending	Long periods spent engaging with analytic texts
<b>Idiography</b>	Focus on the individual's experience	Theoretical rather than nomothetic generalisations  Small sample with great detail on each person



**Phenomenology.** Phenomenology informs ways of understanding and exploring experience, through personal examination of it (Smith, Flowers & Larkin, 2009). It developed as a reaction to philosophical attempts to make generalisations about the world whilst being removed from the subject of study. With phenomenology, Husserl (cited in Ashworth, 2008, p.11) encouraged a “return to the things themselves” through detailed description of an individual’s experience, in an argument paralleled by the rationale for a qualitative approach to research. However, Heidegger and Merleau-Ponty (cited in Ashworth, 2008, pp.18-23) questioned the ability to “bracket off” one’s own experience since it is through and against one’s experience that the experiences of others are understood. This highlighted the importance of interpretation in phenomenology and Sartre (cited in Moran, 2000, pp.353-358) stressed the unending nature of interpretation due to its situation in time. This emphasised the need to incorporate an individual’s context in creation of an interpretative phenomenological understanding.

**Hermeneutics.** Hermeneutics address the meaning-making processes of interpretation and the contextual factors affecting them in establishing a phenomenological account. Schleiermacher (1998) emphasised the use of language as a meaning making tool, affected by factors such as the writer’s linguistic norms. Gadamer (1990) suggested elements of the writers values are projected *through* textual language and this is met by the reader’s values, which are projected *onto* the text. Any understanding of the text is therefore affected by these processes.

Theories on interpretative processes resulted in the “double hermeneutic” recognised in IPA: The researcher is “trying to make sense of the participant trying to make sense of their world.” (Smith & Osborn, 2003, p.53 see Figure 2). It is therefore acknowledged that the researcher cannot directly share the participant’s experience. However, Gadamer (1990) suggested that reflection upon the researcher’s preconceptions helps bracket them off and get closer to the participant’s understanding.

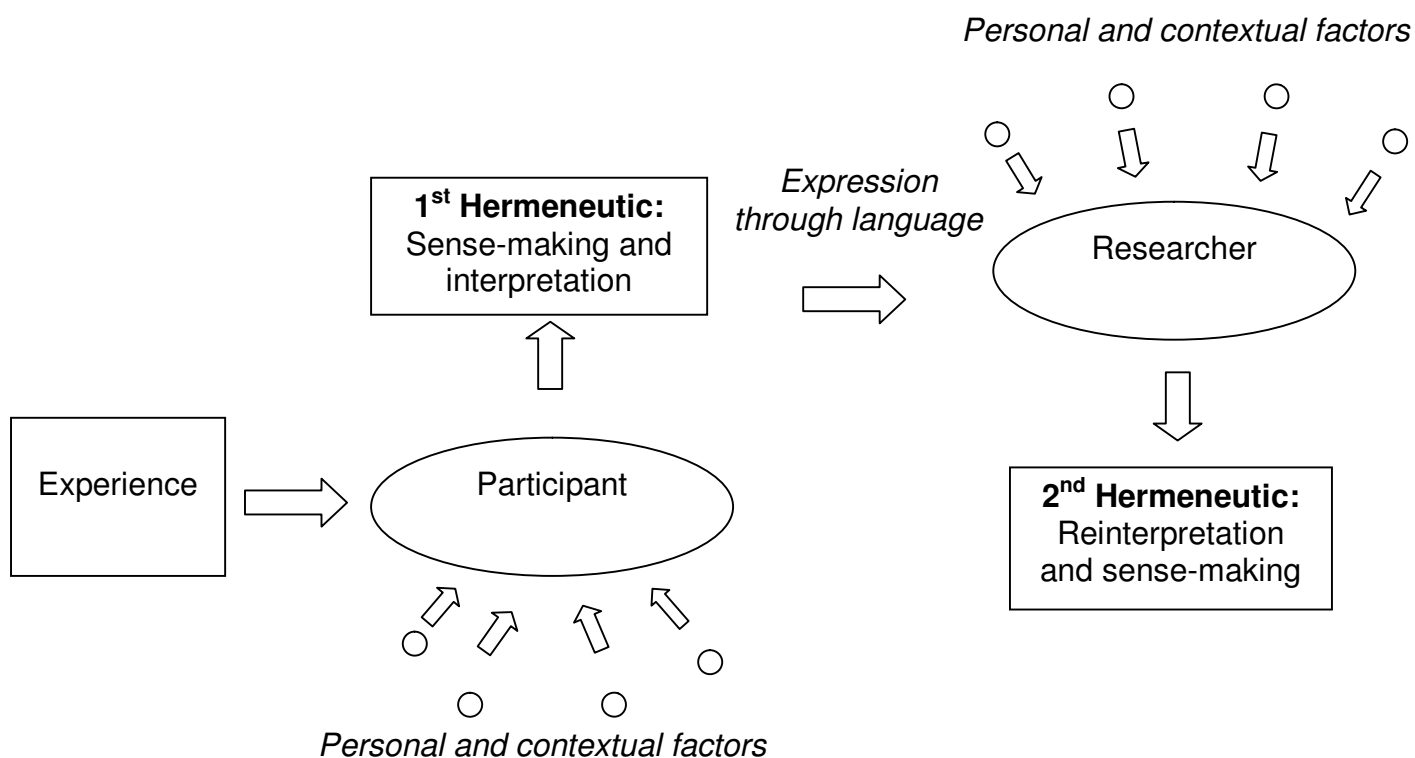


Figure 2.

*The double Hermeneutic*

**Hermeneutic Circle.** Once the researcher’s preconceptions affecting interpretation have been identified the text may be reinterpreted to explore how such factors shaped previous readings. This can help the researcher take account of influences preventing a closer understanding of the participant’s perspective and aid the idiographic “insider’s perspective” (Conrad, 1987, cited in Smith, 1996, p.264) sought in IPA. A closer understanding of the participant’s perspective may emerge through repetition of this “hermeneutic circle” (Figure 3).

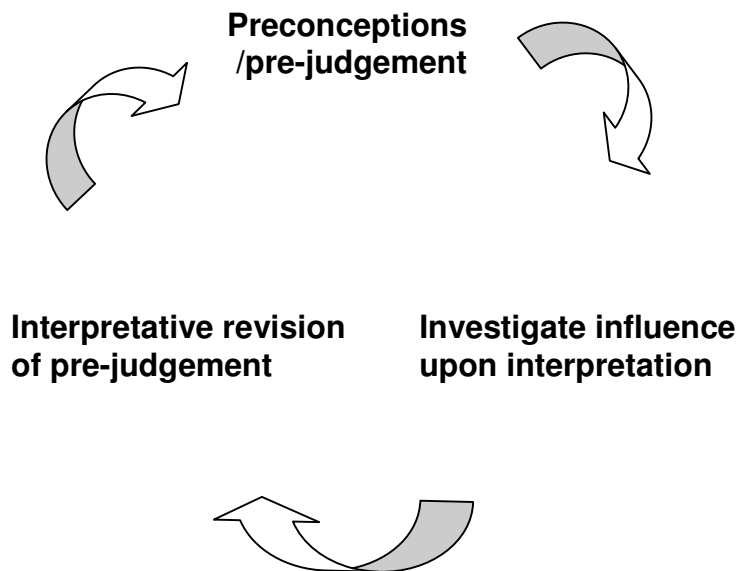


Figure 3.

*The Hermeneutic Circle (from Smith, Flowers & Larkin, 2009)*

### **Summary**

Hermeneutic phenomenology suggests that understanding the particularity of an individual's lived experience is a worthwhile endeavour. However, the process is complicated by the interpretations of the participant and researcher, which make direct contact with the phenomenon itself impossible.

### **Epistemological Position**

A critical realist epistemological position was derived from an understanding of the research aim and IPA's roots in hermeneutic phenomenology. This approach acknowledges the significance of beliefs and experiences contributed by researchers and participants, whilst holding that there is a "reality" mediated by these factors (Fairclough, Jessop & Sayer, 2007). According to this perspective research can lead to an understanding of a participant's perspective, whilst acknowledging that any understanding is influenced by context and other interpersonal and intrapersonal factors.

However, the lack of clarity about the degree to which elements of "reality" can be known makes it difficult to assess the usefulness of results.

Epistemological positions which question the reality or availability of truth often

struggle to maintain a plausible argument for their own positions due to the application of the critique to the case they propose (Hammersley, 2009). Nonetheless, critical realism provides a useful grounding point for IPA, which appears to be the most fitting methodology. It also fits with the researcher's personal experience and view: My views are consistent with the critique of the positivist stance, but I am sceptical of social constructionism's undisputable foundations (i.e. it cannot be verified that there is no stable truth). Therefore, critical realism is a compatible middle ground.

## **Extended Methodology A.**

### **Participants**

Due to the small population and potential for identification, recruitment took place across several Trusts from personal contacts and advertisement through professional teams.

### **Sampling**

The idiographic focus of this study meant “sacrificing breadth for depth” (Smith & Osborn, 2008, p.56) in sample size. The process of detailed case-by-case analysis is inherently lengthy. Therefore, whatever was lost in sample size might be gained in depth of analysis as shown by recent single case IPA studies (e.g. Eatough & Smith, 2006). It was felt that 6-8 participants would be the most participants possible within the timeframe. This would be a small enough sample to be able to look at each interview in detail and obtain a significantly penetrative analysis, but also big enough to allow consideration of similarity and difference between participants.

This study used purposive sampling to include participants who were, to some extent, homogeneous in relation to the experience under study. Criteria one and two (below) were included to recruit a homogenous sample of qualified participants who had experienced addressing spiritual issues in supervision whilst allowing for situations where it had not been possible despite being considered or attempted. This enabled an exploration of variability of particular experiences within a focused population rather than using participants as representatives of particular perspectives. IPA suggests this to be theoretically unsound given the potential for variability within each participant. Furthermore, this method is often used ineffectively in qualitative research (Barbour, 2001).

Nonetheless, there are no concrete rules on how homogeneous a sample should be. Therefore, a population of psychologists who may have different therapeutic perspectives and approaches to supervision could have presented a degree of variability which neutralised attempts to maintain homogeneity. However, the pragmatics needed to obtain enough participants from a

population with heavy work pressures were also incorporated into decisions on inclusion criteria.

### **Inclusion criteria**

Inclusion criteria were assessed at first contact with potential participants.

All participants had to:

1. Be qualified clinical psychologists working within Midlands NHS Trusts.
2. Have considered or attempted addressing spiritual issues in supervision relating to clients or themselves.
3. Consent to the terms under which the study is structured (including limited confidentiality, use of anonymised direct quotes, data collection methods and dissemination).

### **Exclusion criteria**

Due to the nature of the work conducted by clinical psychologists it was assumed that all potential participants could speak and understand English. However, those who could not were excluded, because the presence of an interpreter would add further intermediary hermeneutics between the researcher and participant. This would make it more difficult for the researcher to get close to the participant's understanding.

### **Duration of Participation**

Participant involvement consisted of one semi-structured interview. Participants would then receive a summary of the results at the end of the study. The duration of participant involvement was explained directly prior to the interview and on the information disseminated beforehand. It was clarified that the interview could take up to 120 minutes. This included a semi-structured interview of up to 90 minutes, interview preparation of up to 15 minutes and a 15 minute debrief. However participants were informed that a shorter interview could be arranged if the time required was prohibitive.

## **Participant Withdrawal**

Participants could have withdrawn at any time before, during or after their interview involvement. Participants were informed that they could not withdraw data after study completion. All participants were made aware of the opportunity to withdraw and the limits at initial contact, before and after the interview.

## **Extended Methodology B: Materials and Procedure**

### **Interview Schedule**

Semi-structured interviews were seen as the least labour intensive way of accessing the detailed, experiential accounts necessary to develop an interpretative phenomenological understanding.

**Schedule Development.** The researcher developed a series of interview questions which would encourage minimum input from the interviewer and give participants an open invitation to discuss relevant issues and experiences. Participants were encouraged to relay accounts of events connected to spirituality and supervision. This related to potential difficulties encountered when asking participants about a phenomenon directly (Smith & Osbourne, 2008). This can lead participants to feel defensive, try to give the answer which they feel the researcher would like or they may find it difficult to express their understanding of a phenomenon in an abstract way. It can therefore help to encourage explanation of stories *related* to the phenomenon of interest to make the encounter feel less confrontational and get a contextually embedded understanding of the participant's experiences. "Funnelling" (Smith, Flowers & Larkin, 2009 p.61) was used to structure the interview schedule, which attempted to maintain a logical and natural flow of topics to be covered. This meant beginning with the participant's general understanding of spirituality as a concept, then moving to interactions with spirituality at work and finally within supervision. Prompts were used with each question to encourage participants to give as much detail to their accounts as possible and to aid participants who found the general questions too vague.

**Schedule Refinement.** The development of the interview schedule employed an iterative process similar to the hermeneutic circle of IPA interpretation (Figure 4). This process acknowledged the researcher's personal influence on the questions asked and language used.

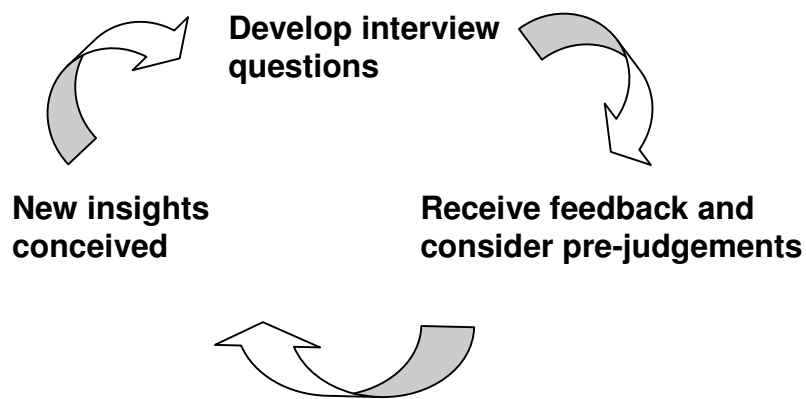


Figure 4.  
*Interview schedule development process*

To refine the interview schedule a number of processes were used to gain feedback, which helped the researcher to consider how pre-judgements may have influenced the interview question development and would therefore influence the participant data received.

Interview questions were discussed in supervision throughout the schedule development, especially considering why particular words and phrases may have been chosen. This aided the reflection process, highlighting the influence of researcher values upon schedule development.

Pilot interviews were conducted with other IPA researchers. This helped the researcher think about issues which might arise in interviews and highlighted significant areas missing from early versions of the schedule (e.g. asking about the experience of being interviewed). Feedback was received after the



interview, which helped clarify a logical question order and encouraged an empathic approach to question development.

Continued completion of a reflective journal helped to develop a clearer understanding of the researcher's personal views and how they may influence the questions asked and the study as a whole.

**Interview schedule reflections.** These processes helped identify a number of researcher assumptions, which affected the question development:

- That incorporation of spirituality was a positive thing.
- That there was something special/important about spiritual experiences to the participant.
- That participant views would be similar to the researcher's.
- That participants knew how to behave in a semi-structured interview.
- That the most comfortable line of questioning was the best.

Acknowledging these influences aided considerable refinement of the interview schedule (see Appendix H - first draft and Appendix B - final version). This also helped evaluate decisions made in the development process. For example, interviews began with "How would you describe your spiritual beliefs?" In development it was considered whether this was too challenging to answer as a first question. However, from pilot interviews this appeared to help participants orientate to the topic and build their later responses upon the meaning reflected in their initial answer.

### **Voice Recorder**

A digital voice recorder was used to record each interview. Recordings were then transferred to a University of Nottingham computer to be transcribed and the originals were deleted.

### **Recruitment**

Psychology team leaders were approached and given participant information about the study and the researcher's contact details to disseminate within their

team (see Appendix I & J). The researcher then attended team meetings to explain the study, invite participants and answer questions. Relevant personal contacts (see inclusion criteria) were also approached, given details of the study and asked if they would like to be involved. Potential participants then contacted the researcher and an interview time and venue was agreed. Participants were offered the opportunity to look at the interview schedule to help them think through their experiences prior to the interview. This method encouraged transparency and began the development of rapport with participants (Smith, Flowers & Larkin, 2009). When participants requested meetings at their place of work they were asked how they wanted to be approached and a method for maintaining confidentiality was agreed.

### **Informed Consent**

The participant information outlined the study and why it was being undertaken. The setting of the interview was explained including the flexibility of the interview venue (either in a private university room or at the participant's home or work); how interview data would be recorded and processed; the amount of time required, and dissemination routes.

Participant information was reiterated directly prior to interview to ensure participants understood and were still willing to take part. If informed consent could not be achieved potential participants would have been excluded due to the risks associated with the data collected. They were then asked to sign a consent form, which explicitly outlined all aspects of consent required. Two copies were signed by both the participant and researcher (Appendix K) The participant received a copy of the signed and dated consent form and the other was retained in the study records.

### **Interviewing**

Semi-structured Interviews were conducted face-to-face in environments which ensured confidentiality, where neither party were distracted and where both felt safe and comfortable. The researcher conducted and audio recorded all of the interviews.

Semi-structured interviews are “easily managed; allow rapport to be developed; allow participants to think, speak and be heard; and are well suited to in-depth and personal discussion” (Reid, Flowers & Larkin, 2005, p.22). Rapley (2001) emphasised the centrality of the interviewer’s approach in supporting these benefits. Furthermore, ignoring the interviewer’s influence can lead to the unacknowledged involvement of their preconceived agendas (Potter & Hepburn, 2005). Therefore the researcher attempted to remain as neutral as possible, whilst accounting for the fact that this would not be fully possible. This process began by considering the researcher’s beliefs and expectations prior to each interview and hypothesising how they may affect his presentation. Pre-emptive exposition of these issues allowed for a greater focus on the participant during interviews.

Participant focus was developed and maintained by paying close attention to the participant throughout the interview, which led the researcher into the participant’s world and away from their own. This was facilitated by learning the interview schedule, using it only as prompt, so that the researcher was not preoccupied by the topics to be covered. The semi-structured approach also provided adaptability to questioning, which allowed the researcher to be led by participant responses. As such, it was possible to follow-up significant issues raised by participants which were not covered by interview schedule questions. This helped to obtain a thorough phenomenological account from the participant’s perspective rather than imposed by the questions developed by the researcher.

Furthermore, the researcher probed and questioned language or issues which seemed to have assumed meanings, because much of human thought and behaviour is governed by presuppositions (Ashworth, 2008). This maintained curiosity for the participant’s worldview, rather than assuming that their beliefs matched the researcher’s. However, development of a researcher-participant rapport was needed to establish a situation in which participants would tolerate frequent probes (e.g. repeatedly asking what different terms meant) enough to maintain an open account.

Corbin and Morse (2003) promoted the reciprocal nature of interviewer-interviewee relationships, because interviewees are given the opportunity to be heard and validated in return for the interviewer's research data. To meet the needs of both parties the researcher established an attitude of warmth, empathy and clarity. This was encouraged from the outset with an explanation of confidentiality, consent and an opportunity to ask questions about the study. The nature of the interview procedure was also explained to give a clear bounded account of what would take place (e.g. "Please take your time to answer and feel free to have a while to think").

These interview principles are emphasised in therapeutic relationships, but therapeutic literature also highlights the importance of monitoring the interviewee's affect (Lambert & Barley, 2001). This is significant because IPA has been criticised for assuming that inferences can be made about participants' affective and cognitive state purely from transcribed accounts of single interviews. Yet, researcher reflection upon the affective state of the participant helps to inform the line of questioning which may be most fruitful and incorporates additional data into interpretative accounts.

### **Data Transcription**

Two interviews were transcribed by the researcher and five were transcribed by a confidential transcription service, conducted under a signed confidentiality agreement (Appendix L). Interviews were transcribed verbatim including semantic markers such as pauses and false starts, but not details on pace or intonation needed in conversation analysis (Drew, 2008).

### **Data Management**

After each interview recordings were immediately returned to the University of Nottingham and transcribed as soon as possible. Transcriptions were anonymised as they were written and both paper and digital records were stored securely. Each participant was allocated a pseudonym under which their data was stored. Consent forms were stored separately from transcripts and recordings to further prevent participant identification. All

recordings and participant identifiable data were stored securely in a lockable cabinet at The University of Nottingham.

### **Risk Minimisation**

Discussion of spirituality has the potential to become personal and emotive, which may be distressing. This was addressed through effective interview management (including affect monitoring and boundary management explained above) and ensuring that participants were aware that they could stop interviews at any time and their data would not be included.

Addressing how supervision is managed within a participant's service may also have caused anxiety about what was disclosed or worries about repercussions from the service or colleagues. Giving a clear explanation of data processing procedures and ensuring that participants understood the confidentiality procedure helped to allay participants' fears. Participants were also offered the opportunity to be interviewed at home or away from their workplace for a more confidential setting.

The time taken for each interview and debrief was an inconvenience for participants. However, the benefits possible for participants taking part in interviews include catharsis, self-awareness and empowerment (Hutchinson, Wilson & Wilson, 1994). The study has potential to benefit clinical psychology and service users through a reflection on and improvement of supervision practices.

There was also risk of harm to the researcher as some interviews took place in the homes of participants. This risk was minimised by adhering to the University of Nottingham (1999) fieldwork guidelines.

## **Extended Methodology C: Quality Enhancement Methods**

Participant validation and third party interpretations were also considered as quality enhancement methods.

### **Participant Validation**

Participant validation gives the opportunity for the interviewee to validate the analysis ascribed to their interview by the researcher. This method was not used, because the approach assumes that the contextual influences of the researcher and participant will not affect their understanding of what was said in the interview. Mays and Pope (2000) highlighted how the perspective of the researcher and consequent interpretation will be different from the participant's by necessity. Therefore, attempts to match perspectives with a check are incongruent with these inherent differences.

### **Third Party Interpretations**

Quality improvement processes which involve the views of other parties may be considered to add another hermeneutic to the interpretation process (see Smith, 2004). Direct incorporation of third party interpretations would be deemed as an additional hermeneutic (e.g. a linguistic interpreter). However, this study considers the elements used to be contextual factors which contribute to the researcher's hermeneutic rather than additional interpreters, because all final interpretations will be given by the researcher.

## **Extended Results A**

### **The Nature of Spirituality**

**The relationship between religion and spirituality.** There was great variety in participants' understanding of the term "spirituality" and all used its relationship with religion to illustrate and describe spirituality. Comparisons between religion and spirituality often characterised religion as structural and

“coherent” (Dave) whilst spirituality was characterised by its breadth. The structure was often found to be an unhelpful trait in religion:

I suppose it's something about, erm, err, organised religions generally attempting to sort of place a template over human experience and expect that to contain all of the different, all of the variety and all of the fragmentation that's in there, and, erm, and my sense that that's not really possible. (Chris)

Another unhelpful trait attributed to religion's structural nature was the way it divided people on the basis of their beliefs:

That's one of the things that I struggle with, with it, that it [religion] seems to set people apart from each other. (Angie)

Part of the problem participants seemed to encounter with the restrictive nature of religion was the sense that religion could not contain all spiritual experiences:

It [Christianity] felt so rule-bound. And, and actually not what in my heart I thought spirituality was about, which to me is about love and compassion. (Claire)

However, the way in which religion helped to structure spiritual understandings of clients' problems was also seen as a beneficial characteristic:

She drew on her faith ...became – I was going to say “reacquainted with her faith”. That's probably not quite the right way of putting it – but, you know, went back to it really in a very big way, and actually that was a huge kind of help to her in getting through, and processing, and understanding. (Emma)

Although most participants thought religious beliefs could bring value to life, the overall theme suggested that religion did not have enough explanatory power to

be used for many of the spiritual beliefs and experiences participants encountered clinically:

It doesn't have to be so organised and I don't, you know if you are... it doesn't have to be completely coherent it can be some vague sense that there is a meaning that's beyond the person. (Dave)

Definitions of spirituality were characterised by a sense of peace and perspective, sometimes related to nature:

Being at one with nature kind of sense being somewhere and having, erm, the superficial worries go, and feel – just feeling at one, I guess (Paula)

I think it's when you stop, and just sit, and are there really. [ ] even just sitting, and watching, and listening, and, you know, whether it's a little bumble bee buzzing round a flower or, you know, just something very ... very simple. (Emma)

Amelia's definition of spirituality related to her religious beliefs:

I think [spirituality] is about reflection and meaningfulness and connection to others. And so that for me is all integrated within my religious beliefs. (Amelia)

Similarly, Claire explained how the religious tradition within her family had informed her personal spiritual "journey" (Claire):

my grandfather was, he came from a preacher's family and he had incredible spiritual beliefs, and a very broad church, very broad ideas, and I suppose I was brought up to believe that there was more to life than this body. (Claire)

However, all participants conveyed that spiritual experiences and understandings were not exclusive to people with religious beliefs. Angie explained how she



found comfort in her atheist beliefs, in the same way she thought others may find in religious beliefs.

I do believe in evolution and that side of things, erm, but to me that's comforting, so maybe that's about – that's what's spiritual for me.  
(Angie)

Dave framed spirituality as a questioning process, which reflected the unanswerable nature of spiritual questions reflected in his and other participant accounts:

When traumatic experiences have happened there must be some spiritual question attached to it (Dave)

I tend to conflate you know religious belief and kind of practice with kind of knowledge or interest in spiritual matters and I guess its not the same thing, but in my head I reduce it to that question. (Dave)

This related to Dave's sense that the importance of spirituality to clinical practice was about exploration of questions as an ends of itself, but he did not feel that he had much direction in how to conduct this or support from his supervision.

Thinking about it with you now I think well, there's a possibility of interesting exploration there. I wouldn't feel I would know really how to take it forward or where it would go, I feel it would be something I would need quite a bit of supervision to think about, but that opportunity is not, has not been taken, because my current supervision arrangements don't really support that. (Dave)

Participants differed in their views as to whether spirituality and religion were separate entities. Emma highlighted difficulties in seeing the two as overlapping phenomena:

'Spiritual' is often seen as meaning 'religious', but I don't necessarily see that the two go together. So you can be religious; you can have beliefs; you can attend kind of various services of worship, but not necessarily have a spiritual experience, I would say. (Emma)

Conversely, Chris and Amelia felt that the two were not separate:

I think if you boiled most of spirituality away, what you'd be left with that was worth looking at would be religion and religiousness, for want of a better word (Chris)

I think for me its [spirituality] not anything separate, separate to my religious beliefs (Amelia)

To illustrate the complex relationship between religion and spirituality participants described, we now look in detail at an experience which Angie described as spiritual and apparently unrelated to religion. However, the involvement of religious understandings become apparent as her account of going travelling unfolds:

There were a couple of occasions when we were away when I, because I wanted to hold onto the time of being somewhere, erm, and hold onto the time [laughs] of travelling, that there are a couple of occasions where I just tried to sit and sort of really be in the place. And since I've come back I've started reading a lot more about mindfulness, which I think feeds it, you know, probably was what I was doing at those times. [laughs] (Angie)

Her repetition of her wish to "hold on" to what appears to have been a significant life event emphasises the value she placed on it. Holding on also gives an image of something which would leave if one did not "hold on", so this gave an impression that we were discussing something of value, which she did not want to lose. At two points in her account she switches to the present tense "there *are* a couple of occasions where I tried to just sit" and her

explanation that “Mindfulness *feeds* it” even though there is acknowledgement that the events happened in the past. The initial interpretation suggested that Angie was trying to hold onto an important moment from the past and bring it into the present by using the present tense. This is supported by the remainder of her description:

I was sort of saying to myself “Right, you’ve got to hold onto this moment and kind of, you know, really listen to the sounds and be aware of everything around you.” And I’m glad I did that because I can kind of take myself back. For me that was kind of a spiritual experience. I suppose it’s about being in the world and not being [pause], not being up here in your head somehow. (Angie)

Angie suggestion that she can now “take herself back” corroborates with the idea that she was taking herself back to an experience of great value even as she described it. This extract shows that Angie found great value in spirituality without a link to religion or feeling that she connected with it at all. However, Mindfulness, which she suggests underpins this experience stems from Buddhism and demonstrates an acknowledged link with Eastern religious values.

## **Extended Results B**

**Difficult to talk about. [additional quotes and less prominent aspects of the theme]** Amelia’s experience of directly addressing spirituality using her own religious understanding seems to go against the idea posited by Chris and other participants that spirituality does not get “named”:

It was really helpful to actually talk from a religious perspective I think, to kind of, to directly address that this, err [pause] that as human being-like I think I, I think I did directly say to her that as human beings we

don't know God's whole picture or story for us and that's really hard, that uncertainty. (Amelia)

Emma also addressed her client's spiritual issues directly. Unlike Amelia however, she did so without using supervision after an initial discussion which she found unhelpful:

I'm pretty sure I wouldn't take that back [to supervision]. Umm ... Yeah, I mean I've seen her a couple of times since, and I suppose we've done more kind of exploring of her faith ... and that's been quite helpful for her. (Emma)

This seems to clarify that Emma feels that spiritual issues can helpfully sit within the role of therapy, but may not need to be addressed in supervision. The difficulty participants encountered with talking about spirituality was reflected in difficulties expressing their understanding of the term. Claire used descriptions of her experiences related to spirituality to express her understanding of something, which she and the other participants found difficult to communicate conceptually:

Gosh, erm, how would I describe it? [Pause] I suppose I'd [pause] I've been doing an intensive training, erm, within Tibetan Buddhism for the past five years... (Claire)

Claire's expression of surprise may have shown both the difficulty she anticipated in putting her understanding of spirituality into words and the fact that she was not used to giving such conceptual descriptions. She then went on to describe part of her spiritual journey, which was one of the methods participants used to address spirituality without talking directly about the concept itself. She later explicitly explained that her journey was an essential part of understanding spirituality for her:

It's very hard to try and put words to this, because I suppose I'm eclectic, but in a sense I guess you need to understand my journey as well. (Claire)

Claire's account articulates the focus on embodied experience in her understanding of spirituality, which Paula described as "the ineffable".

**Lack of Clarity.** The lack of clarity around spirituality and attempts to describe it linked to participants' confusion on the topic. This confusion outweighed Emma's ability to define spirituality.

It's probably easier to say where I struggle with it more than where I can kind of define it. (Emma)

Emma's conception of spirituality as a topic which she struggled with was extended by Paula's account, which suggested that spirituality remained unmanageable for those who specialised in the subject:

The spiritual world is the world of the Chaplain and he can't quite manage it, so don't think that you can [laughs]. [I: Yeah] would be kind of the way that I would think about it. (Paula)

The lack of explicit clarity about how spiritual issues should be engaged with meant that some of participants' understandings were informed by assumptions about the topic and about the profession. Angie's account suggested she experiences an unspoken barrier to therapy influencing the client's religious views and there also seemed to be an implicit barrier to religion entering therapy:

It doesn't seem to force its way in very often (Angie)

There's a couple of occasions where it's come crashing through into the therapy (Angie)

Why would it be necessary for religious issues to force their way into therapy if there were not something obstructing them? The idea of religion “crashing through” again suggests that it has to “crash through” some form of barrier. This also illustrates how unprepared Angie felt for the presence of something which did not seem to belong there.

Assumptions about political values were associated with professional assumptions about their spiritual beliefs:

I think it would be very difficult for a kind of dyed in the wool Tory to, erm, to sit in a team meeting with 20 other psychologists and express quite right wing views. Erm, and I think there's a similar thing going on with or similar thing goes on with regard to what we might call spirituality or religiousness. (Chris)

Chris' depiction of an overwhelming majority of psychologists as opposed to certain political and religious or spiritual views suggests that the force of assumed views may begin to explain the barriers experienced by Angie: that some views are not acceptable for psychologists to express. Emma articulated the effect of such barriers. She suggested they can cause therapists to exclude elements of a client's experience. She also explained that she felt this related to areas other than spirituality:

If you can't give room to that difference; that it doesn't matter what the difference is, but that will – you know, whether it's an ethnicity; whether it's a different religion; or, you know, different culture, whatever – then somehow you kind of lose a part of what that person is. (Emma)

Amelia explained her wish to make some of the implicit communication with her supervisor more explicit:

I'm keen to make it a bit more explicit now. To go back and just to say 'Do you know I'm religious?' (Amelia)

This extract illustrates the confidence Amelia has in her relationship with her supervisor in the way she wanted to “just say” that she was religious. Her approach suggests she would not feel the need to consider his reaction before doing so. It also illustrates the implicit understanding she feels her supervisor has of her situation despite being unclear whether he actually knows her religious standpoint

Emma explained how she would appreciate having explicit feedback from clients about how she addressed spirituality.

I suppose what would be very interesting for me would be you know, I suppose I've talked about certain clients and my view about what's happened, and actually get the feedback from the clients, and actually see what, you know, it's like from their point of view in terms of addressing these. (Emma)

## **Extended Results C**

### **Struggles with Spirituality**

**Tensions: Distance vs. Closeness.** Participants described situations where they were drawn closer to certain people or beliefs compared with when they actively maintained psychological distance from them. Emma described her attempts to maintain a psychological distance between her client and her personal beliefs. She described how she did not disclose her atheist beliefs in order to maintain a degree of neutrality with her client:

One of the things she said to me was “I could never have worked with somebody who didn't believe in God”, umm, which, you know, I kind of bit my tongue at that point [laughter] And didn't kind of say to her “well actually ... ” But I think what that made me think was about I think being quite neutral. (Emma)

In some cases opposing pulls towards closeness and distance appeared to happen at the same time. Claire described her attempts to get closer to the religious traditions and teachings that she valued, but also wanted to maintain a distance from the labels associated with them.

I've been part of the Christian tradition, and sort of over the past five years have been intensely studying Tibetan Buddhism. But I wouldn't call myself a Buddhist. I wouldn't call myself a Christian [laughs]. What I would call myself is a spiritual being who, erm, you know, is here to serve, we're here to share together... (Claire)

Claire's laughter appears to be an acknowledgement of the apparent contradiction in her views, but she goes on to explain how it has come about: Her final sentence suggests that if she adhered to a single set of beliefs it would not be possible for her to "share" with or "serve" the people she sees in her work. Therefore, her act of service is to subjugate her own views where necessary. She can then be inclusive to all people without imposing her own beliefs upon them. The rationale for such an approach is articulated in her explanation of the difficulties she sees in her colleagues' understanding of spirituality:

I believe it's not an easy area for a lot of people. Erm, and often spirituality gets muddled up with faith and religion, and the wrong side of it, if you like, so I'm I don't know. I just don't think it's appropriate. (Claire)

This suggests that Claire did not want to be associated with "the wrong side" of spirituality through an affiliation with a specific religion. An uncommitted standpoint may help her to accommodate those who find the area difficult. This pluralistic approach reflects the way Claire draws on a number of different religions in her own experiences.

Emma described her management of the tension between closing off her personal beliefs from therapeutic encounters and remaining open to client issues:



I don't disclose a lot of information about myself other than what people can kind of see, but it just made me think about, you know, how you phrase questions, and what you say, and being quite open, I suppose, to whatever people bring. (Emma)

Emma illustrates how her attempts to distance herself from clients are part of her aim to get closer to their experience by giving implicit messages of openness through the language used. She highlights her appearance as the area which could not be concealed. This suggests that she feels her appearance might communicate something about herself to clients, which was supported by another extract:

I think it would be far more difficult for me to pretend that I was a Muslim, or some other kind of, umm, kind of other faiths. (Emma)

Alternatively, Amelia actively included her beliefs and experiences in client interactions:

...you'd be saying 'and how might God, what else might God be doing in this for you?' so almost like you're not part of this discussion or you have no beliefs and I realised that I wasn't doing that at all, I was actively speaking as someone who has had those thoughts and wonders that and feels that. (Amelia)

However, Amelia's use of her personal experiences to get close to client's was contrasted with the distance she maintained between her personal beliefs and her colleagues:

I don't feel the need for them to know any part of me beyond what they do. And I think as long as you know, we're pleasant and nice and caring towards each other and we are, I don't think it really matters who I am or what I'm bringing I'm not concerned by that. (Amelia)

Why is there such a contrast between her approach to colleagues and clients? For clients her beliefs are actively involved whereas with colleagues it remains on a need to know basis. She suggests that it does not matter 'who she is' when this appears central to her engagement in clinical work. Claire's account of how she engages with clients seems to help explain the reason for the differences in Amelia's approach.

I think for me it's honouring the person that you're working with and honouring what they need, what they come with, and what is there in my little skill, my toolkit that can help that person...whatever I can use that is going to help that, that's where I come from, but I may hold them in a quiet, silent space. (Claire)

Claire suggests that she honours her clients by bringing "whatever" she can use, but that the tools she uses may not be explicitly stated. Similarly, Amelia uses her religious understanding with clients when it seems that they need it. However, like Claire, she "may hold them in a quiet, silent space" when engaging with her colleagues. This implies that her religious views are not absent but silently present, because her colleagues do not need her help with that area in the way she thinks some of her clients do.

However, part of Paula's account suggested that there was a containing effect of moving away from exploration in supervision:

I get quite lost within the spiritual [ ] I could muse quite abstractly in supervision [laughs] for quite a long time [ ] But the limiting bit would be maybe either when my supervisor [ ] maybe thought I was kind of, err, that I needed to be brought down to earth, or that, erm, you know, wasn't getting us anywhere to just be musing in a kind of abstract way. (Paula)

Although Paula describes her supervisor's intervention as "limiting" there is a sense that she felt that being brought "down to earth" helped her not to get "lost" in spiritual musings. Her laughter about musing for quite a long time

suggests that she may have thought the guidance offered by her supervisor was needed.

**Tensions: Reduction vs. Exploration [additional quotes and less prominent aspects of the theme]** Emma explained the reasons for the inadequacy she saw in the application of psychological processes to spiritual experiences:

I don't know whether that there's a worry that somehow you'd destroy it in some way [laughs], that actually if you kind of tried to define it, or label it, or, you know, break it down into smaller parts, then you'd find that actually there's nothing there at all.. (Emma)

Emma appears to be showing the value she places on the client's experiences. Using a strong word such as "destroy" in relation to the relatively harmless act of defining suggests that she sees spiritual beliefs as fragile and delicate. The extract also highlights her inevitable struggle in addressing spiritual issues in supervision: She sees that spiritual experiences are changed by manipulating or reducing them, but it is through this method that spirituality is addressed in supervision.

Chris reflected how he would not find reduction of his own experiences to psychological theory appropriate:

It's far more comfortable to sort of retreat to a, to a cognitive arrows and boxes models that kind of make logical sense and erm, and we could fit everything into that if we try hard enough than it is to think well, actually I don't know in my own life what I think about that. (Chris)

Chris' description of retreating to the comfort of psychological models suggests that it may be uncomfortable to step away from them in supervision. His description of trying to contain "everything" within a framework which did not fit conveys the inadequacy he finds in such practices. Chris' inclusion of the idea that an ill-fitting solution may still "make logical sense" alludes to his

view discussed elsewhere that aspects of his own experience do not necessarily make logical sense.

Dave explained how views on reduction or exploration in supervision do not only depend on supervisor and supervisee perspectives of spirituality, but may also be affected by theoretical orientation:

Say I've got a psychodynamic supervisor. Well psychodynamic approaches are generally quite reductionist. They're not about, I suppose when I think about spiritual issues I think that's about expanding an issue. (Dave)

### **Extended Results D**

**Vulnerability of Personal Beliefs [additional quotes and less prominent aspects of the theme]** An initial reading of Amelia's account highlighted her struggle to practice her religious beliefs as she sees fit alongside her wish to communicate them in a way which does not exclude colleagues:

For me my wellbeing is tied to my religious beliefs. So it's not separate and I wouldn't necessarily talk about spirituality. I think that makes it easier for other people to digest so perhaps, depending on what context I'm in if I wanted to say something about my beliefs then maybe I'd term them in terms of spiritual. (Amelia)

This seems to illustrate Amelia's personal conviction that spirituality and religion are not separate and her position of therefore not using the term spirituality. However, in the next sentence she finds herself caught between two ideals described in her interview: valuing the views of those she encounters at work and being congruent in her religious beliefs regardless of the situation. Initially she chooses to accommodate others in her religious views by changing her language: "maybe I'd term them in terms of spiritual".

However, the incongruence of such action seems to change her view in the next sentence:

But I think the older I'm getting the more sure I am that I can just talk about religious beliefs rather than dressing it up in a way that makes it easier for people to engage with. It doesn't matter to me whether they engage with it or not. (Amelia)

Amelia's reference to age suggests that her ideology has changed over time with the inference that staying true to her beliefs was a more mature position than the changeable approach she may have been more likely to take in the past. This also elucidates Amelia's perception that using "spirituality" to describe her religious beliefs would be dressing religion up in a more palatable guise for the sake of other people. Amelia's correction seems final, but there is also sense that she is presenting an isolated view. She talks about helping "people" to digest her views and making it easier for "people" to engage with. This general grouping of "people" is suggestive of a theme from other parts of her account: that Amelia is in the minority with her views. Her dismissive closing statement is at odds with the rest of her account, which reflects attempts to include others. Therefore, her final comment may be more of a reaction to the potential judgement from the "other people" who may not understand her view.

Chris' account of attempting to raise spiritual issues with his supervisor illustrated the hesitancy all participants described with either supervisors or colleagues. It also illustrates the vulnerability he felt when talking about it in the interview:

I've definitely had experiences of erm of feeling as though it was it was potentially useful to talk about er, a client's spiritual/religious beliefs and my response to them in supervision [ ] having attempted to do that and it being shut down fairly quickly. (Chris)

This extract also shows the power held by Chris' supervisor, in that his wishes were "shut down fairly quickly" by the supervisor – giving an image of the speed and ease with which a machine is shut down at the flick of a switch.

**Centrality of Beliefs.** This section describes how the focus on personal belief systems affected participants' practice when addressing spiritual issues. This related to beliefs of participants clients, supervisors and colleagues. Participant accounts suggested that there is a potential for conflict when beliefs differ, particularly if there is a great contrast in views. To manage the discomfort of potential conflict participants valued inclusive views. In supervision, conflict with the supervisor was strongly avoided when it was unclear whether or not they would be willing to discuss spiritual issues. In such instances advice was sought from people considered more sympathetic to spiritual issues or participant views were subjugated to that of their supervisor.

Participants described the difficulty of negotiating mutually exclusive beliefs in the way they addressed spiritual and religious issues. Paula explained the pointlessness her client felt about engaging with someone who held contrasting beliefs:

I could appreciate that if you strongly believe a certain position that talking to somebody who strongly holds a different position [laughs], erm, is kind of a bit pointless. (Paula)

Angie's account of trying to reconcile her atheist beliefs with the religious beliefs of her client helps to make sense of why Paula saw such interactions as "pointless".

I suppose my first response was "I don't understand what you're talking about. I can't understand you." (Angie)

Angie's self-correction from "don't" to "can't" illustrates her sense that their relative positions were permanent. It also suggests an inability to move to a

position from which Angie might have been able to understand her client. She related this difficulty to both their difference in views and a lack of validation or exploration of the clients perspective in supervision.

It didn't feel like we really explored it much or enough maybe. I mean I think there was a sense of us trying to understand, erm, okay, what else might that be about? But that also felt quite uncomfortable for me because it, it just felt again like, well, why's my view right, you know?  
(Angie)

Angie shows the importance she placed on her client's beliefs through the discomfort she felt when his beliefs were viewed in a different way, even though she could not understand his beliefs and her own views contrasted with his. It seems that Angie wanted room to be left for more than her own belief in the discussion when she questions why her view was deemed correct.

To address the difficulty of apparently conflicting views participants highlighted the value of moderate and liberal views. Dave uses the term "wishy-washy" to humorously describe his liberal views, but it also illustrates the strengths other participants found in this adaptable position:

Systemic people are generally very wishy-washy and don't commit to anything and umm [Interviewer laughs] err and that makes, I think that's a good thing, because I think that makes it very open to diversity and difference and I think that makes me much more interested in exploring [spiritual] questions. (Dave)

The interviewer's laughter may have prompted Dave's defence of his position, but his joke may have hinted towards his perception of how he feels others view his "wishy-washy" position. Dave associates his views on spirituality with his theoretical position, but Chris associates the value he places on pluralist spiritual beliefs with his personal development and maturation through experience:

I think that it's made me more open to listening to and attempting to empathise with other people's experiences and beliefs because I, I'm no longer in a position where I feel strongly enough about anything, about much in this area to think I absolutely don't agree with that and I absolutely do agree with this. (Chris)

As with Dave, Chris' self-correction from "anything" to "much" suggests that he may be aware of criticisms of his liberal standpoint. It suggests he is aware that not feeling strongly about anything may be viewed as a negative trait. Chris' account also illustrates how difficult he found empathising with religious views from the anti-religious position he held previously. Claire explained how the importance she placed on inclusivity and breadth stemmed from an attempt to account for all aspects of the client's life, including spirituality:

If a person is coming from [a spiritual] orientation and looking at the whole person with the person's spirit then that feels so inclusive.  
(Claire)

Emma suggested that the moderate spiritual beliefs she valued were less prominent than stronger views:

There's a lot of kind of grey areas in the middle where people don't really express anything very kind of clearly. (Emma)

Regardless of how strong participants felt their beliefs about spirituality were, a common theme was the vulnerability and the private nature of those beliefs, particularly within the supervisory relationship.



## Extended Results E

### Negotiating Struggles

**Accepting the Status Quo. [additional quotes and less prominent aspects of the theme]** Dave suggested that the inevitable limitation of his supervision was due to differences in theoretical opinion, which could not be negotiated. He therefore agreed to disagree with his supervisor:

There's a clash of ideologies here there's my ideology and his; there's also the clients as well. Maybe I'm not doing the client enough justice by raising it but I just think well you know it's just me and my supervisor see the world differently. (Dave)

Dave's use of "clash" suggests that this is not a fully resolved issue, as the word denotes a degree of conflict in the interaction of their ideologies. Dave adds his client's ideology to the "clash" after framing it between himself and his supervisor. This suggests that Dave's "clash" with his supervisor's ideology is the focus, whilst his client's ideology becomes an afterthought. Dave's next sentence suggests that he recognises this situation and is not comfortable with it. He then suggests that not raising spirituality does not do "the client enough justice", which implies an uneasiness at leaving the situation as it is. This may have been due to the empowerment he and the other participants wished to give to clients. The beginning of Dave's final sentence: "Well you know it's just..." conveys a degree of resignation to the situation. This again implies that his supervisor has a greater degree of power in the situation, because Dave suggests his actions would not change his supervisor's world view – and his account suggests that this is what is necessary to change the situation.

Paula's account shows the unspoken nature of her supervisor's power in discussions of spirituality:

I know my supervisor at the time I would say was a particularly non-spiritual [laughs] person, so I wouldn't have thought we talked about it [spirituality] in any way other than concretely (Paula)

Paula suggests that because her supervisor is "non-spiritual" that hypothetical discussions would not be possible irrespective of her position. This suggests that either Paula adapted what she took to supervision to enable a concrete discussion or her supervisor was not able to hold other types of discussion. Either way her supervisor's views appear to have the larger say in how spirituality was discussed.

Claire and Amelia's accounts displayed how the supervisor's power could be used to affirm supervisees:

I like the fact that my supervisor thinks that I'm somebody who is warm ... he was saying that seeing me in the service he thinks that I put people at ease. And so I liked that. (Amelia)

Dave's account suggested that he felt the responsibility for promoting the spiritual perspective lay with his supervisor:

Now if your, my supervisor hasn't talked about spiritual issues then I guess I'm not being challenged on it. (Dave)

Dave suggests that any challenge on spiritual issues would be initiated by his supervisor. This implies that he would rather his supervisor raise this issue than do so himself.

Chris suggested that the responsibility for the neglect of spiritual issues in his supervision was shared between supervisor and supervisee.

I don't want to sort of lay the blame on the supervisor because I, I think that a lot of it is about erm, probably my own background. (Chris)

Angie suggested that spirituality was one amongst a number of topics not raised in supervision due to the time restrictions:

I think maybe that's one of the issues when we're talking about any one topic coming up in supervision [ ] there might be lots of people that you don't ever discuss in detail because you don't get the chance. (Angie)

She then explained how the structure of her service seemed to make the inclusion of spirituality in supervision very difficult:

I think the problem is that those people are not the ones that you take to supervision. So that path just kind of cuts it off (Angie)

Her description of a "path" to supervision suggests there are certain routes to supervisory discussion and any potential paths for spirituality to enter supervision are closed by the structure of supervision in her service.

Some participants used the value that they did find in supervision to accept the limitations of their situation. Dave and Emma highlighted how supervision could still be used for knowledge acquisition if not for exploration of spiritual issues highlighting the knowledge which could be gained from a more experienced supervisor:

I think there's the kind of more concrete kind of having a lack of knowledge of a particular area that might go to supervision to think about a bit more. (Emma)

I come to supervision for his know-how, the fact that he's seen it several times over I think he's got good know-how. (Dave)

Dave's suggestion that he comes "for" his supervisor's knowledge implies that he comes to receive *from* his supervisor rather than taking something to him. This, in turn, suggests that Dave and his supervisor have a form of teacher-student relationship.

All participants discussed positive aspects of supervision which they wanted to remain the same or increase:

To have somebody to, as a reflective space to be able to reflect on what you're doing and help you to see another perspective or another way, or help you to understand what you're getting caught in. (Claire)

Claire's description of seeing "from another perspective" suggests that her supervision helps her to observe herself from a different angle to her usual viewpoint. This perspective seemed to illuminate problems which could not be understood without it.

## Extended Results F

**Practice Adaptations. [Additional quotes and less prominent aspects of the theme]** Dave framed the practice adaptations made by participants as "trade-offs":

There's an inevitable trade-off. There's always a shortcoming I think in supervision and it's you know, choosing the least bad supervisory option. (Dave)

Dave seems to frame the "trade-offs" necessary in supervision as "inevitable" to convey the need for pragmatism, which he uses in his own supervision. He emphasises the point by framing the situation as a search for "the least bad supervisory option". Interpretation of this suggests that he did not talk about "choosing *the best* supervisory option", because this might make the unachievable ideal of having all supervisory needs met seem achievable. Amelia described how she attempted to protect her supervisor in order to maintain the effective supervision she felt they had:

I think its quite rushed and its really, it feels like a really short space of time and I'm very much aware that my supervisor is very busy and he's, the day we supervise he's gone from task to task. So I feel [laughs] it's almost like I want to protect him a little bit, not over burden him. So I'm censoring myself in terms of which case shall I talk about. (Amelia)

Her description of her self-imposed limits as “censoring” suggests she is not only prioritising what she would like to be addressed in supervision, but also withholding information which may “over burden” her supervisor in the short space of time they share.

Amelia also reported an experience she appeared to be able to “translate” the different language used by her supervisor to facilitate useful discussion (in main article). However, Emma found that a similar experience of translating client experiences into psychological processes made it difficult to use supervision discussion, because of the need to reinterpret the discussion for the client.

It then kind of, was kind of put into psychological processes which just didn't – I suppose it's kind of about translating it then back to going back to the patient. You know, I couldn't have gone back to her with that psychological words, knowledge, framework. That would have just meant nothing to her. (Emma)

For Emma the attempted compromise through translation of client experiences into psychological processes did not work because her client did not share the psychological knowledge and language, which might have added meaning. Therefore, Emma's difficulty lay in the fact that her supervision did not help her to translate the supervisory discussion back into something meaningful for the client, particularly when the client's understanding of the situation was focused around religiosity:

So it was like “Well you're not a Jehovah's Witness, and you're talking about me, therefore you can't really understand.” (Emma)

In response to related difficulties Emma, Dave and Chris described situations in which they addressed spiritual issues alone, which they would otherwise have liked to take to supervision. Chris focused on a determination not to let his experiences of supervision affect his clinical work:

I left thinking I must not ignore this in my work because I don't want my work to parallel what's happened here. I don't want my patient to feel that he or she can't talk to me openly about these things in the way that I just felt with my supervisor. (Chris)

However in Chris' reaction to the omission of spiritual issues in supervision he also acknowledged that he did not feel totally satisfied with the compromise that he had come to, because of the isolated position in which it left him:

[I felt] a little disappointed perhaps, and, and as though erm, as though I have to work extra hard with this person to sort of compensate for my not having felt able to, to discuss it as, in as much depth as I felt I, I could have done. (Chris)

Chris' phraseology suggests that he feels responsible for the lack of a deeper discussion: "*my* not having felt able to..." his disappointment may therefore be directed at himself for having failed to address the issue with his supervisor. Yet, this also suggests that he has some agency in the situation: *He* had not felt as able as *he* "could have done" – this suggests on another occasion he may have felt more able. The agency he alludes to may have given rise to his determination to change the situation in his own practice.

Dave discussed how having a supervisor with a theoretical position which matched his own might make it more likely that he would be able to address spiritual issues in supervision:

I haven't really accessed systemic supervision hopefully if my caseload reduces I might start to do and I should imagine there I might probably be asked some more challenging questions [about spirituality]. (Dave)

Claire felt her supervisor's perspective did match her own. She suggested that it was helpful in discussions of spirituality because she knew that her supervisor was making sense of spiritual issues in the same way she was:

To have that space of supervision to be able to understand [spiritual issues] and to understand it from a transpersonal perspective is, it deepens my own working. (Claire)

As well as approaching spiritual issues without supervision, Emma used consultations with a chaplain as a substitute for supervision:

I think that felt very helpful to go and talk to one of the chaplains about kind of "if you were – if somebody came to you with this problem, how you would respond?", and I think just to get a slightly different kind of perspective on it. (Emma)

Her description of the chaplain's perspective as "slightly different" to her own suggests that it was different enough to be "very helpful", but not so different as to be irrelevant. Emma may have found the similarity of the chaplain's perspective helpful because she was looking for reassurance in her own approach:

It was more kind of reassuring that ... actually the chaplains probably wouldn't have said, or done, a huge amount different than I would have done (Emma)

It was interpreted that Angie's frequent references to her husband in the context of a difficult supervisory relationship reflected her use of her spousal relationship as a substitute for supervision. It suggested that she had shared

much of her struggles with spirituality in her therapeutic work and they had reflected on some of the relevant factors together:

that's exactly what my husband would say. "Well, you're just ... you know, you've just got a belief of your own. You just believe that it's not that [laughs]," which is of course exactly true. (Angie)

it made me question some of that stuff, that I can be very ... That's where my husband finds it hard because I can be so ... He says I can be quite disparaging about it. (Angie)

...coming back to my husband, he says he would, erm, love me to have a religious [laughs] experience. (Angie)

I suppose if I'd have told my husband about this – this is an example – he would have immediately known that [the religious beliefs of a client] would be a real issue for me...I didn't really feel like the supervision allowed for much exploration of that. (Angie)

Angie explains how her husband would have "immediately" known what the issue was. This seems to illustrate how well he understands her and suggests that he would direct his exploration upon the religious beliefs in a way which her supervision could not.

Dave, Chris, Amelia and Emma's comments on the interview process suggested that the struggle with spirituality and negotiation of it was an ongoing process for them.

It's been quite interesting to think about umm, about that [spirituality in supervision] and it's made me think more strongly oh I really must get back in touch with my systemic ideas and maybe sort out some systemic supervision. (Dave)



Dave had chosen to compromise on some aspects of his engagement with spiritual issues in supervision. However, he suggests that he would “get back in touch” with systemic practice, which he thought addressed spiritual issues more ably than his current situation. This implies that he wishes to continue to struggle with spirituality with the hope of finding the “least bad supervisory option” (Dave). Chris reflected upon his wish to improve his own supervisory practice:

It probably has made me more aware of the need for me as a supervisor to erm, to make space for those discussions to take place (Chris)

Chris had already stated that he had been working at making the supervision he gave more open to spiritual issues. However, his assertion that the interview made him “*more aware*” suggests that he wanted to progress in this area. This also implies that Chris sees the negotiation of spiritual issues in supervision as an ongoing effort.

### **Summary**

The analysis illustrates the way in which spirituality can cause struggles in the participants’ working lives. This related to the diversity in definitions, lack of clarity around spirituality and the difficulty participants experienced talking about it within relationships with clients, colleagues and their supervisors. Participants’ struggled with tensions related to spirituality. These included the tension between reducing and exploring spiritual issues in supervision and gaining distance and closeness with clients and colleagues. The contrast between different religious and spiritual beliefs also created struggles for participants. Participants found ways to negotiate the struggles they experienced through acceptance of the status quo. This included accepting the nature of participants’ current supervision dynamics, or highlighted the benefits of their current supervision arrangements. Participants also established practice adaptations as another method of negotiating their struggles. Some participants illustrated the ongoing nature of their struggle with spirituality by highlighting ways in which they planned to adapt their practice in future.

## Extended Discussion A

### The Ineffable and Implicit Communication

The ineffable nature of spirituality interpreted from participants and the related implicit communication which appeared to cloud supervisory interactions with spirituality have been addressed within transpersonal psychology. Rowan (2005) suggested that using approaches focused on non-linguistic expressions of spiritual experience may be more effective than attempts to verbalise something which may elude words. Claire reported using imagery in this way:

That kind of imagery work, erm, is a way of accessing, erm, who we truly are. (Claire)

Techniques including guided fantasies, visualisations and artistic expressions are suggested in transpersonal work as well as imagery. Within transpersonal psychology it is theorised that these techniques facilitate a degree of access to an individual's spiritual nature, which is difficult to access by asking them directly about it (Rowan, 2005). These hypotheses sit well with this study's finding that participants found direct discussion of spiritual issues difficult. Even participants who were interested in spirituality found it easier to consider spirituality indirectly (e.g. Amelia). However, use of the transpersonal techniques described in supervision and therapy is reliant on supervisor, supervisee and client acceptance of the methods and associated language (Velleman & Aris, 2010). Given the differences in perspectives expressed by participants between themselves their clients and their supervisors it may be difficult to negotiate an approach and a language which can be quite different from traditional approaches. Even if an agreement could be reached it becomes difficult to see how the use of a new set of language could be used to frame discussion of a topic so elusive to any language (Smail, 2001).

Coyle (2010) suggested that specialist techniques are usually unnecessary for addressing spirituality in therapy. Coyle (2010) and other authors advocated basic counselling competencies such as creating an atmosphere in which

clients may discuss spiritual issues if they wish and being open to such discussions (see Clarkson, 2002 and King-Spooner, 2001 for further reading). The main difference in the approach recommended was to give clients explicit permission to discuss spiritual issues. This ideology fits with Emma's approach to spirituality in therapy:

So being very kind of open to, umm – I mean it sounds like it should be very basic kind of counselling skills, but – you know, lots of open-ended questions, and not leading questions, and things which, you know, should then give people the opportunity to explain their views, their perspectives, their beliefs, but I'm not sure that it kind of always happens. (Emma)

Emma's lack of certainty was associated with the sense communicated by all participants that spirituality is often seen as a special case. As such, it appeared to make the application of the "basic" counselling techniques more difficult, particularly when exploring client experiences in supervision. This emphasises that the difficulties experienced by participants in discussing spiritual issues in supervision may not relate to the lack of competency they suggested, but other influential factors. For example, explicitly addressing the influence of relationship dynamics between supervisor and supervisee may have had more influence on participants' ability to talk about spirituality than any specific technique.

In summary, there are specific techniques which attempt to address the ineffable nature of spirituality, within transpersonal psychology. Other authors on spirituality and psychological therapy suggest little more than generic therapeutic practice is needed, such as warmth and openness. However, themes from this study suggest that a relational focus in supervision may be most helpful to addressing spirituality.

## **Extended Discussion B**

### **Power Relations**

Johns (2001) claimed that influences beyond the supervisor may affect the power dynamic between supervisor and supervisee. This attempts to place the supervisory relationship within the National Health Service context in which all participants worked. Johns (2001) suggested that the technical focus of NHS management may lead supervisors to be more technical and less developmental in their emphasis. This infers that supervisors may feel that they need to apply theoretical understandings to the spiritual issues presented brought by their supervisees, even if it does not seem appropriate. Johns' (2001) theory may help to consider the perspective of the supervisor which was not sought in this study. However, the study which produced the theory involved supervision of nursing managers not clinical psychologists. Therefore, any generalised interpretation must be carried out with caution. For example, there may be a greater emphasis on technical issues within the nursing profession than clinical psychology. Nonetheless, it highlights how work within a public health system might create conflicts between supervisory needs and organisational requirements.

Nelson and Friedlander (2001) emphasise the need to address power relations in supervisor training programmes, which may be offered by healthcare systems. This would require organisational recognition of the role power relations may play in supervision. Mueller and Kell (1972) suggested that supervisory power relations are best negotiated in supervision through development of trust and clear contracting processes. Effective contracting would give opportunity to explicitly recognise the power differential between supervisor and supervisee alongside their associated expectations. Developing a trusting supervisory relationship has been associated with effective supervision in several studies (e.g. Holloway, 1995) and can make the supervisee feel safe enough to discuss their clinical struggles with their supervisor (Mueller & Kell, 1972). However, much of the onus for contracting and relationship direction is placed on the supervisor.

It is worth considering how participants' supervisors may have felt about addressing spiritual issues and the implications for power dynamics. It is possible that supervisors may have experienced the uncertainty apparent in participant accounts and previous literature about addressing spiritual issues clinically (e.g. Crossley & Salter, 2005). Therefore, participants' supervisors may have felt unsure in their own competence with spiritual issues and therefore their ability to help their supervisee (Mueller & Kell, 1972). This uncertainty may have been a factor in the power relations interpreted from participant accounts. Supervisors may have withdrawn from discussions of spirituality due to concerns that they may be shown to be incompetent in the area. Supervisors may therefore have felt "powerless" (Emma) as some participants did. In response, participants may not have felt powerful enough to be able to challenge their supervisors and hence discussions were limited. Although this is a speculative account it raises the importance of understanding the processes involved for the supervisor as well as supervisee in hypothesising about power relations.

In summary, contextual factors outside the supervisory relationship may have played a role in the power dynamics which seemed to hinder discussion of spirituality. These factors included organisational pressures to focus on technical competence in supervision and supervisor uncertainty about addressing spirituality, particularly within a public healthcare setting.

## **Extended Discussion C**

### **Appropriate Use Of Theory**

The apparent tension between reduction and exploration relates to a wider debate between reductionism and holism. Holism suggests "the whole is more than the sum of the parts" in the same way Emma described her client's spiritual experiences (Sawyer, 2002). This assumption means that attempts to deconstruct the whole would inevitably lead to an understanding which is unable to represent all aspects of the phenomenon of interest. Participants described a similar process in supervisory interactions with spirituality when

psychological theory was applied. Conversely, reductionism is deemed necessary to develop greater theoretical understanding of psychological phenomena (Sawyer, 2002).

Managing the tension between these two poles has characterised psychological history, but more recently holistic approaches to spirituality have become allied with pluralism. Rowan (2001) suggested that pluralism aims to expose all assumptions in therapeutic work and negotiate the competing interests that underpin them. This relates to holism in that they both attempt to work with understandings of client issues which may be incongruent. However, even at its most effective, the inherent problem for pluralism and holism is that no understanding can be all inclusive (McAteer, 2010). Another problem is the lack of direction and purpose pluralist exploration may have, which related to participants' wish to explore their client's spiritual experiences:

There's a possibility of interesting exploration there. I wouldn't feel I would know really how to take it forward or where it would go. (Dave)

This suggests that the exploratory framework participants hoped for may not lead to the helpful end product they desired.

In response, McAteer (2010) advocated a pluralism of direction and reflexivity. This framework recommended that therapists reflect upon the influence their views might have on the direction of therapeutic exploration and in light of these insights choose the course which would be most fruitful for the client. Directed exploration would therefore replace an open exploration, which Deurzen (2009) suggested would be influenced by therapist values anyway but without their knowledge.

Exploration of this type may have been a useful approach for participants of this study. Some of their uncertainty stemmed from the uncertainty which would accompany an open exploration of client experiences either in therapy or in supervision. Yet, a directed exploration would still have required open

and honest reflection on spiritual issues within supervision, which seemed so problematic for most participants.

In summary, a wider and more general debate between holism and reductionism may have been demonstrated through participant accounts. It seemed that most participants sided with holism in relation to discussions of spiritual issues in supervision. However, they may not have considered the practical elements of such holistic exploration, particularly how it lead to therapeutically useful results.

## **Extended Discussion D**

### **Mindfulness**

Over the last thirty years religion has given way to spirituality in Western culture (Woodhead & Heelas, 2004). This partly relates to perceptions of organised religions (mainly Christianity) as “rule-bound” entities – as was Claire’s experience. Tacey (2004) suggested the move towards spirituality has been stimulated by a Western cultural shift emphasising the importance of subjective experiences. Therefore, practices such as mindfulness meditation and other elements of Buddhism have become more popular spiritual expressions. This is because they can lead to spiritual experiences, but without the theological dogma associated with joining a religion (Woodhead & Heelas, 2004). This general claim may over generalise the shift in religious/spiritual views, as there are several exceptions to this trend (Coyle, 2010). However, the popularity of mindfulness in many emergent therapeutic modalities (eg. Mindfulness Based Cognitive Therapy, MBCT; Segal, Williams & Teasdale, 2002) above any other therapies using religious practices suggests the trend may ring true to psychological therapy.

The adoption of mindfulness practices within the dominant cognitive model of psychological therapy, may have normalised discussions about it for participants. However, Harrington and Pickles (2009) suggest that cognitive-behavioural theory and the religious mysticism from which mindfulness

originates are incompatible. The rationality associated with cognitive-behavioural practices are difficult to reconcile with the pre-scientific philosophies associated with mindfulness. Furthermore, cognitive-behavioural therapy aims for changes in symptoms of mental health problems whilst the origins of mindfulness aims for overall changes in life view. Although Kabat-Zinn (1994) suggested that therapists may choose to incorporate the broader aims of mindfulness into their practice, conflicts in theoretical bases seem difficult to overcome. Therefore, mindfulness may be an illustration of the difficulty in reconciling religious practices with psychological therapy. The technique orientated approach to mindfulness within therapies such as MBCT may not address the wider spiritual concerns, for which mindfulness was designed (Coyle, 2010). Nonetheless, mindfulness remains notable as the explicit exception to the rule of implicit spiritual involvement.

In summary, mindfulness is significant as participants seemed more confident in discussions involving this spiritual concept in comparison to others. This may relate to a cultural shift away from organised religious practices towards spiritual practices incorporating elements of Eastern religions. In psychological therapy this shift may be apparent through the incorporation of mindfulness within several well-known therapeutic models. However, negotiating religious and therapeutic practice remains a theoretical difficulty.

## **Extended Discussion E**

### **The Link Between Religion and Spirituality**

The results confirm the existing breadth of definitions for spirituality and at some points reflects the negative perspective towards religion. However, participants showed great respect for clients' views and a wish to represent them in supervision. As such, therapists appeared to view themselves as advocates for their clients' spiritual or religious views in supervision; hence their disappointment at times when a client's understanding of religion or spirituality was minimised in supervision. This process seemed to occur irrespective of the spiritual views being expressed by the client or the spiritual



views of the participant. This is a significant finding because the participants represented a range of views in relation to spirituality, ranging from religiously committed (Amelia) through varying degrees of agnosticism to atheism (Emma & Angie). Berger (1999) would suggest that the different spiritual viewpoints would link with differential attitudes towards client spiritual beliefs. This did not appear to be the case, as all participants reported wanting to be able to understand and empathise with their clients' beliefs. However, there was great variety in the product of these seemingly homogenous attitudes towards participants' spiritual views. This study suggests that the variability in outcome for participants beginning from seemingly the same attitudes, may have had at least as much to do with their supervisory processes as their pre-existing spiritual views. In order to illustrate this claim we will look at a comparison of Amelia and Angie's accounts.

Amelia's inclusion of her religious perspective in discussions with a religiously committed client (though not the same religion) was reported as being "really helpful" (Amelia) to the client. Conversely, Angie's difficulty understanding a client's religious experiences from her atheist perspective seemed to prevent therapeutic progress. Both Amelia and Angie were keen to value their clients' experiences, but at first it seems that their contrasting spiritual beliefs are the main cause for their contrasting experiences. However, another key difference lay in their experiences of supervision.

Angie reports that her supervision was generally "invalidating" whereas Amelia's reports of her supervision suggest she finds it supportive:

Its [a] really relaxed setting and [I] feel really comfortable with my supervisor (Amelia)

This suggests that their supervisory experiences may have been a factor in the way they engaged with their clients' religious/spiritual issues. Although they came from different religious/spiritual perspectives, both Angie and Amelia wished to understand and help their clients. It may therefore have been the different approaches to how their personal perspectives were

addressed in supervision which led to the eventual difference in outcome. For example, when Amelia explained some critical views she felt towards a client her supervisor empathised with her:

[My supervisor] won't suddenly say 'Oh yes that's such a bad thing you did, you're such a bad person and you should be non-judgemental' or anything and he accepted that and he did sort of say 'Well it is really tricky when somebody comes along like that'. (Amelia)

Whereas Angie seemed to receive implicit criticism when reflecting on her work in supervision:

We'd be waiting, you know, to be asked to sort of put the tapes on, which was always an underlying [laughs] fear. Erm, but we would talk about what we'd said and then the typical response [from the supervisor] was "Mm, well, but I would have said this".

From these accounts it seems that the way Amelia and Angie's religious/spiritual views positioned them in relation to their clients may only have been as significant as the way they were addressed in supervision. For example, Amelia seemed to find value in her supervisor's affirmation even when it related to a topic which she recognised as being a personal difficulty:

[My supervisor] was saying that seeing me in the service he thinks that I put people at ease. And so I liked that, that that was a quality. I guess I did feel a bit sad that I couldn't trust that myself [ ], to me it was very positive and affirming that he knew something about me or he saw something in me that I'm failing to see really. (Amelia)

On the contrary, Angie seemed to be left feeling that she should have different beliefs to the ones she held. This was reflected in an apparent fantasy about being religious for the client's benefit:

I sensed that if I'd have been a religious person myself, maybe I would have looked at him totally differently. He might have been inspiring to me, you know. But instead I felt he was strange and not possible to understand him. (Angie)

Angie's wish to have been religious may have stemmed from the differences with her client's religious views. However it may have stemmed from implicit messages in her supervision that her views and actions were the right ones to have for her client, as the previous quote suggests.

In summary, the illustrative comparison of Angie and Amelia's contrasting religious beliefs and contrasting supervisory experiences suggests that the influence of a therapist's religious or spiritual perspective may be affected by supervisory processes, such as reflection and validation. This corroborates with Carroll's (2007) suggested need for supervisees to feel "safe" (p.36) in supervision for open and honest reflection.

## **Extended Discussion F**

### **Limitations**

The design of the study could have been made more robust by using further quality assurance measures. A recently developed method for quality assurance is the independent audit (Shinebourne & Smith, 2010). This process allows an experienced IPA researcher to follow the auditable trail for analysis, which has been described in this study. In this way the quality assurance measures often cited in qualitative studies can be assessed for their rigor. The aim is not that the independent auditor arrives at the same interpretations as the researcher, but that they can understand how the researcher arrived at their interpretations. As such it might give added rigor to the dependability of interpretations given. Although, participant validation was considered and not used in this study it could have played an important part in giving transparent credence to any interpretative claims. For this method to be used most effectively it would need to be made clear that the process was a

participant check rather than participant validation. In this way participants may check the overall authenticity of the account developed by the researcher, but their disagreement or ambivalence should lead to reflective discussion rather than rejection of the researcher's interpretations.

In this study some interview questions were used to help participants become orientated to the subject under discussion (e.g. "How would you describe your spiritual beliefs"). Therefore, a significant amount of interview time was used to discuss issues more related to spirituality than supervision. Yet, the IPA process could have been used more creatively to help participants orientate to the topic quicker and facilitate explanations of related experiences and views. Jackson and Coyle (2009) used clinical vignettes in semi-structured interviews to help facilitate discussions of ethical dilemmas with spiritual issues in therapy. This helped to focus their interviews on the specific area of interest without needing to ask their participants what they thought about the topic directly.

A further limitation identified was that all the participants involved had dual supervisory roles: they were both supervisors and supervisees. However, this study may not have adequately addressed the issues that this joint responsibility holds. For example, it may have been useful to consider the differences and similarities in participants own supervisory practice compared with the supervision they received. Although most participants did not address this subject Chris discussed this briefly:

In terms of my own work as a supervisor as well, erm, perhaps I haven't thought about as much (Chris)

It might have further developed an understanding of Chris' perspective to explore why he had not thought about how his approach to spiritual issues might affect supervision he gave in light of the difficulties he experienced with his own supervisor.

## **Extended Discussion G**

### **Recommendations**

This study's suggestion that addressing spirituality is an inherent struggle in therapy may help to bring awareness that overall rules may not settle difficulties with this aspect of therapeutic work. For example, the inevitable limitations to supervision, identified by some participants may mean that no fully satisfactory solution to the tension between reduction and exploration can be reached. Therefore, the tensions would need to be constantly managed rather than attempting to address them once and for all. In relation to training this would mean preparing therapists to gain an understanding of their own position with regard to spirituality and assessing how this position might lead them to respond in certain situations. In this way supervisors and supervisees would be better prepared for the fact that this is not an easy topic to address, but that it is best addressed explicitly.

Spirituality is not the only topic with the characteristics described by participants in this study. There are other areas which cause similar levels of uncertainty about whether they are part of a therapist's role or not. For example, issues of ethnicity or sexuality. This study therefore suggests that a similar process of continual tension management may be needed with other issues too.

## **Extended Discussion H**

### **Future Research**

To overcome some of the difficulties of interviewing clients, supervisees and supervisors from the same supervisory system a study could be conducted which incorporates the process as a therapeutic and developmental tool. Diary methods may be a useful alternative to interviews in this context. The impersonality of a diary can mean participants are more likely to report information in a diary that they would not necessarily report in an interview (Plummer, 1983). This process might offer opportunity for client and therapist

to reflect on the respective spiritual positions. Similarly supervisor and supervisee may also wish to reflect on their processes. Although this may be exposing, it might by the same token encourage a deepening of the therapeutic relationship and provide valuable insights for the literature base.

Another potential avenue for future research would be the investigation of how spiritual issues are addressed in supervision from different theoretical perspectives. Dave conveyed his view that his supervisor's psychodynamic orientation made it impossible for him to be able address issues such as spirituality in the way that he would have liked:

I know if I were to ask him [to address spiritual issues], I'm kind of asking him to be other than he is you know he is psychodynamic, that's how he sees it. (Dave)

It is therefore of interest whether his hypothesis about psychodynamic therapists applies to others within the field and if so why.

It is also of note that this study mainly addressed one-to-one supervision with the exception of Dave. In part of his account it was interpreted that the power of the group dynamic was similar to the power of the supervisor given in the accounts of other participants. Consequently, it is of interest how power dynamics work within a group supervision setting. This would draw upon some of the corporate assumptions which participants alluded to in their accounts and help to give a sense of their influence on therapy.

## Critical Reflection

An adaptation of the hermeneutic circle used to reflect on the researcher's process during analysis (Figure 4) will be applied to this critical reflection on the scientific, ethical and theoretical issues raised by the study.

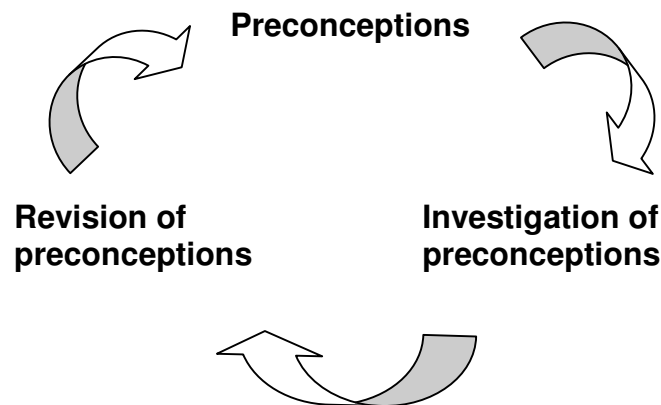


Figure 4.

*The Hermeneutic Circle (adaptation from Smith, Flowers & Larkin, 2009)*

### Scientific Issues

**Preconceptions.** I began this study with a philosophy of science which strongly adhered to the interpretative phenomenology and critical realism at the heart of IPA. I therefore felt like a personal advocate of the approach, because it linked so closely to my beliefs. I had arrived at this epistemological position after teaching on my course seemed to debunk the positivist position in a way which made my adherence to it untenable. In response I began considering the social constructionist position and other relativist positions. They initially appealed due to the plausibility of the idea that all things must exist subjectively and the inescapable nature of that subjectivity – no one could look at anything truly objectively. However, as I began to run through various imagined situations in my head it became clear that this position meant that nothing was either provable or disprovable. This did not sit well with me because I felt that the world was full of things, which to some extent had been shown to have a consistent nature, no matter how you looked at

them or constructed them. I therefore settled on the critical realist perspective as the understanding of the world which fitted best with my experience of it: that there may be a constant reality or truth, but that our inescapable subjectivity makes it impossible to ever access.

In relation to this study this meant that I believed I would be able to gain a degree of understanding of participants' perspectives. Most importantly, I believed that the more I *tried* to lay aside my own preconceptions and understand the view of the participants, the closer I would get to their experiences

**Investigation of preconceptions.** As I began the research process I started to understand that the IPA approach and the critical realist position were both based on ideals. I had initially thought that if I adhered to the IPA process my understanding of the critical realist position would be realised: I would set aside more and more of my preconceptions and gain a deeper and deeper understanding of the participants I was interviewing. However, this was not my experience as is shown from this reflective journal extract:

I was aware of feeling a bit overwhelmed by all the data present and [my supervisor] was needed to help me feel more contained. I also felt like I had just "made up" my interpretations and although when we worked through [my supervisor] picked up different things to my analysis, the joint exploration made it seem much more understandable – containment of anxiety seems an important part of the analytic process.

I found that the more I attempted to set aside my prejudices the more I felt they imposed on my analytic process. The volume of data and potential competing interpretations overwhelmed me and I began to consider whether the ideals of IPA and critical realism could truly be upheld in practice. A key moment for the development of my scientific understanding was during a teaching session where other IPA researchers discussed how they were having a similar problem. The lecturer explained further aspects of the



philosophy of science, which helped allay the anxiety which seemed to overwhelm me during analysis. This particularly related to pragmatic meta-positions such as functional contextualism. An understanding of pragmatism helped me realise that this study did not have to reach the ideals demanded by critical realism to be useful. Any interpretation of the data would need to be a compromise to some degree. The hermeneutic circle is ongoing, but one needs to stop at some point in order to give a snapshot of findings once at a useful point.

These experiences left me bereft, wondering whether it was worth the sacrifices I had made to do an IPA study. For example, the idiographic focus meant that the aim was not to understand an individual account in order to generalise across a population, but to generalise theoretically. However, this seemed pointless if the ideals for which this approach stood could not be upheld. I therefore may as well have used a research approach which may not have adhered to such a stringent idiographic focus, but would be less restrictive on the generalisability of its results. In relation to the study, I began to wonder whether I needed to be so strict about what was “allowed” and “not allowed” in the various qualitative approaches and was more keen to simply develop a study which was transparent, convincing and useful.

**Revision of preconceptions.** This revised understanding reduced much of my anxiety about analysis, as I felt less concerned about getting it “wrong” through a realisation that there could be no “wrong” only varying degrees of rigor and transparency. However, the anxiety of data analysis still remained to a lesser extent as a later journal extract shows:

I was surprised how easily I got into it [analysis] and how motivated I was to dig deeper. Yet I’m also aware that in my haste I may have been too quick to make inferences and interpretations or not consider the text thoroughly enough for nuances and levels of understanding.

Paradoxically my newfound confidence seemed to make it easier to set aside my preconceptions and engage with the data. On reflection, I put this down to

the fact that previously I was constantly preoccupied with my own processes, due to anxieties about doing it “wrong”. Even though I may have been following the process to the letter, my mind was still focused on me and not able fully to engage with the participant’s account.

**New preconceptions.** My revised preconceptions mean that I now view this study as a contribution to the literature, which will depend more on how convincing the write-up is than how closely I adhered to the IPA processes. Similarly, I feel that the breadth of its appeal will depend more on the plausibility of the presentation than strict application of sampling theory by the reader. Nonetheless, I do still feel that the critical realist ideals underpin development of future theories around this study. As such, I would hope that other researchers would not reject the need for an idiographic focus too readily.

## **Ethical Issues**

**Preconceptions.** I entered this study feeling that spiritual issues were underplayed by the therapeutic profession and that this did not do justice to clients. This was heavily influenced by my own spiritual beliefs which I am aware are in the minority. As such I felt that it was an ethical duty to bring this injustice to the attention of the scientific community. This may have been reflected in the defensive position I often took when writing about the issue. I think there was also a reflection on my own process of wondering what ethical best practice might be with spirituality. I was keen not to impose my beliefs on anyone, but I also felt that my beliefs could still influence my practice whether I spoke about them or not. It therefore occurred to me that supervisory discussions of spiritual issues might help to resolve this quandary. The design of the study emerged from these ethical considerations.

**Investigation of preconceptions.** When I began recruiting for the study I visited a psychology team and an issue was raised which challenged my preconceptions. I later reflected upon it in my journal:

A psychologist who had been in practice for several years explained that when a psychologist is more experienced there is a greater tendency to “self-soothe” than to take everything to supervision. This would suggest that some aspects of clinical work would not get addressed in supervision.

This suggested that psychologists may be dealing with spiritual issues without taking them to supervision, using their internal supervisor. I then considered whether it was ethical to conduct a study in which I might make inferences about the effectiveness of a participant’s practice based on discussion of spirituality in supervision, when they may have no need for such discussions.

**Revision of preconceptions.** As I became more involved in the study it became apparent that a number of study participants were having difficulty talking about spirituality in supervision and not always because they chose to “self-soothe”. I therefore revised my understanding – it was neither that everyone struggles to talk about spirituality nor that everyone deals with it privately. I began to understand that engagement with spirituality was very varied and individual. This raised another ethical issue: would it be ethically unsound if the results of my study suggested that the seven participants found it difficult to talk about spirituality in supervision when readers may make assumptions that this is a generalisable finding. However, this was the opposite of my overall view: that everyone engaged with spirituality differently and must consider their own processes.

**New preconceptions.** I now see that the ethical dilemma lies with the reader of my study. I have presented the findings of a study which was not intended to be over-generalised and is not reported as such. Therefore, readers who make general inferences may be keen to make such inferences, due to similar preconceptions as my own at the start of the study.

## References

- Ahlstrom, S. E. (1970). The radical turn in theology and ethics: Why it occurred in the 1960's. In R. D. Lambert (Series Ed.) and J. M. Gustafson (Eds.), *The annals of the American academy of political and social science: Vol. 387. The sixties: Radical change in American religion* (pp. 1–13). Philadelphia, PA: The American Academy of Political and Social Sciences.
- Ali, R. (2007). How do clinical psychologists work with religious themes in psychosis? Unpublished doctoral thesis, University of Leicester, UK
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4<sup>th</sup> ed.), Text Revision. Washington, D.C.: APA.
- Anglo-Saxon Attitudes. (2008, March 27). *The Economist*. Retrieved January 5, 2009, from [http://www.economist.com/world/britain/displaystory.cfm?story\\_id=10926321#footnote1](http://www.economist.com/world/britain/displaystory.cfm?story_id=10926321#footnote1)
- Ashworth, P.D. (2008). Conceptual foundations of qualitative psychology. In J.A. Smith (Ed.). *Qualitative psychology: A practical guide to research methods* (pp.4-25). London: Sage.
- Aten, J. D., & Hernandez, B.C. (2004). Addressing religion in clinical supervision: A model. *Psychotherapy Theory, Research, Practice, Training*, 41(2), 153-160.
- Baker, M. & Wang, M. (2004). Examining connections between values and practice in religiously committed U.K. clinical psychologists. *Journal of Psychology and Theology*, 32(2), 126-136.

- Barbour, R.S. (2001). Checklists for improving rigour in qualitative research: A case of the tail wagging the dog? *British Medical Journal*, 322(7294), 1115-1117.
- Bargh, J. A., & Chartrand, T. L. (1999). The unbearable automaticity of being. *American Psychologist*, 54, 462–479.
- Beck, A. T. (1976). *Cognitive therapy and the emotional disorders*. New York, NY: International Universities Press.
- Berger, P.L. (1999) The desecularization of the world: A Global Overview. In P.L Berger, J. Sacks, D. Martin, T. Weiming, G. Weigel, G. Davie, et al. (Eds.), *The desecularization of the world: Resurgent religion and world politics*. Washington, DC: Ethics and Public Policy Center.
- Bergin, A. (1983). Religiosity and mental health: A critical re-evaluation and meta-analysis. *Professional Psychology: Research and Practice*, 14, 170-184.
- Berkel, L. A., Constantine, M. G., & Olson, E. A. (2007). Supervisor multicultural competence. *The Clinical Supervisor*, 26(1), 3-15.
- Bernard, J. M. (1979). Supervisor training: A discrimination model. *Counselor Education and Supervision*, 19(1), 60–68.
- Bernard, J. M., & Goodyear, R. K. (1998). *Fundamentals of clinical supervision*. Needham Heights, MA: Allyn & Bacon.
- Bienenfeld, D., & Yager, J. (2007). Issues of spirituality and religion in psychotherapy supervision. *The Israel journal of psychiatry and related sciences*, 44(3), 178.
- British Psychological Society (2003). policy guidelines on supervision in the practice of clinical psychology. Retrieved January 17, 2009 from

[http://www.bps.org.uk/downloadfile.cfm?file\\_uuid=94C5799F-1143-DFD0-7E87-E52B3CC5D720&ext=pdf](http://www.bps.org.uk/downloadfile.cfm?file_uuid=94C5799F-1143-DFD0-7E87-E52B3CC5D720&ext=pdf)

- Brocki, J.M. & Wearden, A.J. (2006). A critical evaluation of the use of Interpretative Phenomenological Analysis in health psychology. *Psychology and Health*, 21, 87–108.
- Butman, R. E., & Kruse, S. J. (2007). On creating a healthy supervisory environment: A Christian relational and developmental perspective. *Journal of Psychology and Christianity*, 26(4), 307.
- Carroll, M. (2007). Clinical psychology supervision. *Clinical Psychology Forum* 174, 35-38.
- Callan, A. & Littlewood, R. (1998). Patient satisfaction: Ethnic origin or explanatory model? *International Journal of Social Psychiatry*, 44, 1-11.
- Clarkson, P. (2002). *The transpersonal relationship in psychotherapy*. London, UK: Whurr.
- Constantine, M. G. (2001). Perspectives on multicultural supervision. *Journal of Multicultural Counseling and Development*, 29(2), 98-101.
- Coolican, H. (1999). *Research methods and statistics in psychology*. London, UK: Hodder & Stoughton.
- Corbin, J. & Morse, J.M. (2003). The unstructured interactive interview: Issues of reciprocity and risks when dealing with sensitive topics. *Qualitative Inquiry*, 9(3), 335-354.
- Coyle, A. (2010). Counselling psychology contributions to religion and spirituality. In M. Milton (Ed.), *Therapy and beyond: Counselling psychology contributions to therapeutic and social issues* (pp.259-275). Chichester, UK: Wiley-Blackwell.

- Crossley, J.P. & Salter, D.P. (2005). A question of finding harmony: A grounded theory study of clinical psychologists' experience of addressing spiritual beliefs in therapy. *Psychology and Psychotherapy: Theory, Research and Practice*, 78, 295-313.
- Dawkins, R. (2006). *The God delusion*. New York, NY: Houghton-Mifflin Press.
- Department of Health (2003). 'Inside Outside': Improving mental health services for black and minority ethnic communities in England. Retrieved January 6, 2009 from [http://www.dh.gov.uk/en/Healthcare/NationalServiceFrameworks/MentalHealth/DH\\_4002020](http://www.dh.gov.uk/en/Healthcare/NationalServiceFrameworks/MentalHealth/DH_4002020)
- Department of Health (2005). Delivering race equality in mental health care: An action plan for reform inside and outside services; and an independent inquiry into the death of David Bennett. Retrieved January 6, 2009 from [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4100773](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4100773)
- Derrida, J. (1976). *Of Grammatology*. (G.C. Spivak, Trans.) Baltimore, MD: John Hopkins University Press.
- Deurzen, E. van (2009). *Psychotherapy and the quest for happiness*. London, UK: Sage.
- Division of Clinical Psychology (2001). *Professional practice guidelines*. Leicester, UK: British Psychological Society.

- Drew, P. (2008). Conversation analysis. In J.A. Smith (Ed.). *Qualitative psychology: A practical guide to research methods* (pp.133-159). London, UK: Sage.
- Duan, C., & Roehlke, H. (2001). A descriptive" snapshot" of cross-racial supervision in university counseling center internships. *Journal of Multicultural Counselling and Development*. 29(2), 131-146.
- Eatough, V. & Smith, J. A. (2006). "I was like a wild wild person": Understanding feelings of anger using Interpretative Phenomenological Analysis. *British Journal of Psychology*, 97, 483-98.
- Ehlers, A., & Clark, D. M. (2000). A cognitive model of posttraumatic stress disorder. *Behaviour Research and Therapy*, 38(4), 319-345.
- Ellis, A. (1980). Psychotherapy and atheistic values: A response to A. E. Bergin's "Psychotherapy and religious values." *Journal of Consulting and Clinical Psychology*, 48, 635-639.
- Epstein, G. (2004). "Never the twain shall meet": Spirituality or psychotherapy? *Advances in mind-body medicine*, 20(3), 12.
- Fairclough, N., Jessop, B., & Sayer, A. (2007). Critical realism and semiosis. *Journal of Critical Realism*, 5(1), 2.
- Fleming, I. & Steen, L. (2004). *Supervision and clinical psychology*. Hove, UK: Routledge.
- Fontana, D. (2003). *Psychology, religion and spirituality*. Oxford, UK. BPS Blackwell.
- Fukuyama, M. A., & Sevig, T. D. (1999). *Integrating spirituality into multicultural counselling*. Thousand Oaks, CA: Sage.



- Fuller, M., & Strong, T. (2001). Inviting passage to new discourse: 'Alive moments' and their spiritual significance. *Counselling and Psychotherapy Research*, 1(3), 200–214
- Gadamer, H. (1990). *Truth and method* (2nd ed.). New York, NY: Crossroad.
- Gallup Jr. G.H. (2002). The Gallup poll: Public opinion 2001. Retrieved January 6, 2009 from <http://www.gallup.com/poll/1690/Religion.aspx>
- Gingrich, F., & Worthington, E. L. (2007). Supervision and the integration of faith into clinical practice: Research considerations. *Journal of Psychology and Christianity*, 26(4), 342.
- Golsworthy, R. & Coyle, A. (2001). Practitioners' accounts of religious and spiritual dimensions in bereavement therapy. *Counselling Psychology Quarterly*, 14, 183–202.
- Gould, S.J. (1981). *The mismeasure of man*. New York, NY: Norton.
- Gutsche, S. (1994). Voices of healing: Therapists and clients journey towards spirituality. *Journal of Systemic Therapies*, 13(3), 3–5.
- Hackney, C. H., & Sanders, G. S. (2003). Religiosity and mental health: A meta-analysis of recent studies. *Journal for the Scientific Study of Religion*, 42, 43–55.
- Hage, S. (2006). A closer look at the role of spirituality in psychology training programs. *Professional Psychology: Research and Practice*, 37, 303-310.
- Hall, T. W., & Edwards, K. J. (1996). The initial development and factor analysis of the Spiritual Assessment Inventory. *Journal of Psychology and Theology*, 24, 233–246.

- Hammersley, M. (2009). Why critical realism fails to justify critical social research. *Methodological Innovations Online*, 4(2), 1-11.
- Harrar, W. R., VandeCreek, L., & Knapp, S. (1990). Ethical and legal aspects of clinical supervision. *Professional psychology, research and practice*, 21(1), 37-41.
- Harré, R. & Secord, P.F. (1972). *The explanation of social behaviour*. Oxford, UK: Blackwell.
- Harrington, N. & Pickles, C. (2009) Mindfulness and Cognitive Behavioural Therapy: Are they compatible concepts? *Journal of Cognitive Psychotherapy*, 23(4), 315-323
- Hawkins, P. & Shohet, R. (2006). *Supervision in the helping professions*. (3<sup>rd</sup> ed.). Maidenhead, UK: Open University Press.
- Hill, P. & Pargament, K. (2003) Advances in the conceptualization and measurement of religion and spirituality. *American Psychologist*. 58,64–74.
- Hodge, D.R. (2001). Spiritual assessment: A review of major qualitative methods and a new framework for assessing spirituality. *Social Work*. 46, 203–214.
- Holloway, E. L. (1995). *Clinical supervision: A systems approach*. Thousand Oaks, CA: Sage.
- Hutchinson, H., Wilson, M., & Wilson, H. (1994). Benefits of participating in research interviews. *Journal of Nursing Scholarship*, 26, 161-164
- Improving Access to Psychological Therapies. (2008). Supervision guidance. Retrieved 10 July 2009 from <http://www.iapt.nhs.uk/wp-content/uploads/2008/12/supervision-2008.pdf>

- Jackson, J., & Coyle, A. (2009). The ethical challenge of working with spiritual difference: An Interpretative Phenomenological Analysis of practitioners' accounts. *Counselling Psychology Review*, 24(3 & 4), 86-99.
- Johns, C. R. (2001). Depending on the intent and emphasis of the supervisor, clinical supervision can be a different experience. *Journal of Nursing Management*, 9(3), 139.
- Johnson, C.V., Hayes, J.A., & Wade, N.G. (2007). Psychotherapy with troubled spirits: A qualitative investigation. *Psychotherapy Research*, 17, 450–460.
- Josephson, A.M., Wiesner, I.S. (2004). Worldview in psychiatric assessment. In Josephson A. M. Peteet J. R. (Eds.), *Handbook of worldview and spirituality in clinical practice* (pp. 15–30). Arlington, VA: American Psychiatric Publishing.
- Kabat-Zinn, J. (1994). *Wherever you go, there you are: Mindfulness meditation in everyday life*. New York, NY: Hyperion.
- King-Spooner, S. (2001). The place of spirituality in psychotherapy. In King-Spooner, S. & Newnes, C. (Eds.), *Spirituality and psychotherapy* (pp. 28–36). Ross-on-Wye: PCCS Books.
- Kingsbury, S. J. (1987). Cognitive differences between clinical psychologists and psychiatrists. *American Psychologist*, 42(2), 152-156.
- Knight, T. (2005). You'd better believe it: Accepting and working within the client's own reality. *Clinical Psychology Forum*, 155, 38–42
- Lambert, M.J. (2004). *Bergin and Garfield's handbook of psychotherapy and behaviour change*. Hoboken, NJ: Wiley.

- Lambert, M.J., & Barley, D.E. (2001). Research summary on the therapeutic relationship and psychotherapy outcome. *Psychotherapy: Theory, Research, Practice, Training*, 38(4), 357-361.
- Lane, D. & Corrie, S. (2006). Counselling psychology: Its influences and future. *Counselling Psychology Review*. 21(1), 12–24.
- Lovinger, R.J. (1984). *Working with religious issues in psychotherapy*. New York, NY: Jason Aronson.
- Lovinger, R. J. (1990). *Religion and counselling: The psychological impact of religious belief*. New York, NY: Continuum
- Lowenthal, K. M. (1995) *Mental health and religion*. London, UK: Chapman & Hall.
- Marler, P.L., & Hadaway, C.K., (2002). "Being religious" or "being spiritual" in America: A zero-sum proposition? *Journal for the Scientific Study of Religion*, 41, 289-300.
- Martinez, S. & Baker, M. (2000). 'Psychodynamic and religious?' Religiously committed psychodynamic counsellors, in training and practice. *Counselling Psychology Quarterly*, 13(3), 259-264.
- May, R. (2007). Working outside the diagnostic framework. *The Psychologist*, 20(5), 300-301.
- Mays, N. & Pope, C. (2000). Assessing quality in qualitative research. *British Medical Journal*, 320, 50-2.
- McAdams, D. (1993). *The stories we live by: Personal myths and the making of the self*. New York, NY: Morrow.
- McAteer, D. (2010). Philosophical pluralism: Navigating the sea of diversity in psychotherapeutic and counselling practice. In M. Milton (Ed.), *Therapy*

*and beyond: Counselling psychology contributions to therapeutic and social issues* (pp.5-19). Chichester, UK: Wiley-Blackwell.

McCourt, J. (2002). A spirited identity. *The Psychologist*, 15 (7), pp. 354-355

McCullough, M. E., Larson, D. B., & Worthington, E. L. (1998). Mental health. In D. B. Larson, J. P. Swyers, & M. E. McCullough (Eds.), *Scientific research on spirituality and health: A consensus report* (pp. 55–67). Rockville, MD: National Institute for Healthcare Research.

McMinn, M. R., & McRay, B. W. (1997). Spiritual disciplines and the practice of integration: Possibilities and challenges for Christian psychologists. *Journal of Psychology and Theology*, 25, 102-110.

McSherry, W. & Ross L. (2002) Dilemmas of spiritual assessment: Considerations for practice. *Journal of Advanced Nursing* 38, 479–488.

Meador K.G. & Koenig H.G. (2000). Spirituality and religion in psychiatric practice: Parameters and implications. *Psychiatric Annals*. 30:549–555.

Miller, W. R. & Thoresen, C. E. (2003). Spirituality, religion and health. *American Psychologist*, 58, 24–35.

Moon, G. W. & Benner, D. G. (2004). *Spiritual direction and the care of souls: A guide to Christian approaches and practices*: Downers Grove, IL: InterVarsity Press.

Moran, D. (2000). *Introduction to phenomenology*: London, UK: Routledge.

Mueller, W. J., & Kell, B. L. (1972). *Coping with conflict: Supervising counsellors and psychotherapists*. New York, NY: Appleton-Century-Crofts.

Myers, J. & Baker, M. (1998). Religiously committed clinical psychologists, talking. *Clinical Psychology Forum*, 117, 30-32.

- National Institute for Mental Health in England. (2003). *Inspiring hope: Recognising the importance of spirituality in a whole person approach to mental health*. London, UK: Mental health stationary.
- Nelson, M. L., & Friedlander, M. L. (2001). A close look at conflictual supervisory relationships: The trainee's perspective. *Journal of Counseling Psychology*, 48, 384-395.
- Nino, A. G. (1997). Assessment of spiritual quests in clinical practice. *International Journal of Psychotherapy*, 2(2), 193–212.
- O'Connor, S. & Vandenberg, B. (2005). Psychosis or faith? Clinicians' assessment of religious beliefs. *Journal of Consulting and Clinical Psychology*, 73, 610–616.
- Office of National Statistics (2001). Religion in the UK. Retrieved 13 April, 2009 from:  
<http://www.statistics.gov.uk/cci/nugget.asp?id=293>
- Ogunfowora, B., & Drapeau, M. (2008). Comparing counselling and clinical psychology practitioners: Similarities and differences on theoretical orientations revisited. *International Journal for the Advancement of Counselling*, 30(2), 93-103.
- Paley, J. (2008). Spirituality and nursing: A reductionist approach. *Nursing Philosophy*, 9(1), 3.
- Pargament, K. I. (1997). *Psychology of religion and coping: Theory, research, practice*. New York: Guilford Press.
- Parker, I. (2005). *Qualitative Psychology: Introducing radical research*. Maidenhead: Open University Press.
- Patton, M.Q. (1980). *Qualitative evaluation methods*. London, UK: Sage.

- Paul, G. S. (2005). Cross-national correlations of quantifiable societal health with popular religiosity and secularism in the prosperous democracies. *Journal of Religion and Society*, 7(1), 1-17
- Pearce, M. J., Rivinoja, C.M., Koenig, H. G. (2008). Spirituality and health: Empirically based reflections on recovery. In M. Galanter, *Recent developments in alcoholism*. (pp.187-208). New York, NY. Springer.
- Pesut, B., & PhD, R. N. (2008). A reply to 'Spirituality and nursing: A reductionist approach' by John Paley. *Nursing Philosophy*, 9(2), 131.
- Plante, T. G., & Sharma, N. K. (2001). Religious faith and mental health outcomes. In T. G. Plante & A. C. Sherman (Eds.), *Faith and health* (pp.240–261). New York, NY: Guilford Press.
- Plummer, K. (1983). *Documents of life*. London, UK: Allen and Unwin.
- Polanski, P. J. (2003). Spirituality in supervision. *Counselling and Values*, 47, 131–141.
- Post, B. & Wade, N. (2009). Religion and spirituality in psychotherapy: a practice-friendly review of research. *Journal of Clinical Psychology*, 65(2), 131-146.
- Potter, J., & Hepburn, A. (2005). Qualitative interviews in psychology: Problems and possibilities. *Qualitative Research in Psychology*, 2, 281–309.
- Rapley, T. (2001). The artfulness of open-ended interviewing: some considerations on analysing interviews. *Qualitative Research* 1,303-24.
- Reicher, S. (2000). Against methodolatry: Some comments on Elliott, Fischer, and Rennie. *British Journal of Clinical Psychology*, 39(1), 1-6.

- Reid, K., Flowers, P., & Larkin, M. (2005). Exploring lived experience. *The Psychologist*, 18(1), 20–23.
- Rennie, D. L., Phillips, J. R. & Quartaro, G. K. (1988). Grounded theory: A promising approach to conceptualization in psychology? *Canadian Psychology*, 29, 139-150.
- Richards, S. & Bergin, A. E. (2004). *Religion and psychotherapy: A casebook*. Washington, DC: American Psychological Association.
- Riggs, B. J. (2006). Ethical considerations of integrating spiritual direction into psychotherapy. *The Journal of Pastoral Care & Counseling*, 60(4), 353.
- Robbins, S., Chatterjee, P., & Canda, E. (1998). *Contemporary human behaviour theory*. Boston: Allyn & Bacon.
- Robertson, L. H. (2007). Reflections on the use of spirituality to privilege religion in scientific discourse: Incorporating considerations of self. *Journal of Religion and Health*, 46(3), 449-461.
- Romme, M. & Escher, S. (1993). *Accepting voices*. London: Mind
- Rosen-Galvin, C. M. (2005). Values spirituality and religious topics discussed in counselling supervision. *Dissertation abstracts international section A: Humanities and social sciences* . 65 (9-A), 3323.
- Rowan, J. (2001). *Ordinary ecstasy: The dialectics of humanistic psychology*. London, UK: Routledge.
- Rowan, J. (2005) *The transpersonal: Spirituality in psychotherapy and counselling*. London, UK: Routledge
- Rowe, D. (2001). What do you mean by spiritual? In S. King-Spooner & C. Newnes (Eds.), *Spirituality and psychotherapy* (pp. 37–46). Ross-on-Wye, UK: PCCS Books.



- Sawyer, R. K. (2002). Emergence in psychology: Lessons from the history of non-reductionist science. *Human Development*, 45, 2-28.
- Scaife, J. (2001). *Supervision in the Mental Health Professions: A Practitioner's Guide*. Hove, UK: Brunner-Routledge.
- Schaefer, W. E. (1997). Religiosity, spirituality, and personal distress among college students. *Journal of College Student Development* 38, 633–44.
- Schleiermacher, F. (1998). *Hermeneutics & criticism and other writings*. (A. Bowie, Trans.). Cambridge, UK: Cambridge University Press.
- Segal, Z. V., Williams, M. G., & Teasdale, J. D. (2002). *Mindfulness-based cognitive therapy for depression*. New York, NY: Guilford Press
- Shafranske, E. P. (1996a). Introduction: Foundation for the consideration of religion in the clinical practice of psychology. In E. P. Shafranske (Ed.), *Religion and the clinical practice of psychology* (pp. 1-17). Washington, DC: American Psychological Association.
- Shafranske, E. P. (1996b). Religious beliefs, affiliations, and practices of clinical psychologists. In E. P. Shafranske (Ed.), *Religion and the clinical practice of psychology* (pp. 149–162). Washington, DC: American Psychological Association.
- Shafranske, E., & Malony, H. N. (1990). Clinical psychologists' religious and spiritual orientations and their practice of psychotherapy. *Psychotherapy: Theory, Research, Practice, Training*, 27(1), 72-78.
- Shinebourne, P. & Smith, J. A. (2010). The communicative power of metaphors: An analysis and interpretation of metaphors in accounts of the experience of addiction. *Psychology and Psychotherapy: Theory, Research and Practice*, 83, 59-73.

- Sloan, R. P., & Bagiella, E. (2002). Claims about religious involvement and health outcomes. *Annals of Behavioural Medicine*, 24, 14–21.
- Sloan R. P., Bagiella E., Powell T. (1999). Religion, spirituality, and medicine. *Lancet*. 353:664-7.
- Smail, D. (2001). On not being able to eff the ineffable. In S. King-Spooner & C. Newnes (Eds.), *Spirituality and psychotherapy* (pp. 47-51). Ross-on-Wye, UK: PCCS Books.
- Smith, J.A. (1996). Beyond the divide between cognition and discourse: Using Interpretative Phenomenological Analysis in health psychology. *Psychology and Health*, 11, 261-271.
- Smith, J. A. (2004). Reflecting on the development of Interpretative Phenomenological Analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology*, 1(1), 39-54.
- Smith, J.A., Flowers, P., & Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory, method and research*. London, UK: Sage.
- Smith, J. & Osbourne, M. (2008). Interpretative Phenomenological Analysis. In J. Smith (Ed.), *Qualitative psychology: A Practical guide to research methods* (pp. 53-80). London, UK: Sage.
- Stanard, R. P., Sandhu, D. S., & Painter, L. C. (2000). Assessment of spirituality in counseling. *Journal of Counseling & Development*, 78: 204-210.
- Stoltenberg, C. D., & Delworth, U. (1987). *Supervising counselors and therapists*. San Francisco, CA: Jossey-Bass.
- Sue, D.W. & Sue, D. (1990). *Counselling the culturally different: theory and practice* (2<sup>nd</sup> ed.). New York, NY: John Wiley.

- Sue, D. W., & Sue, D. (2003). *Counseling the culturally diverse: Theory and practice*. New York, NY: Wiley.
- Tacey, D. (2004). *The spirituality revolution: The emergence of contemporary spirituality*. Hove, UK: Brunner-Routledge.
- Tan, S. Y. (1996). Religion in clinical practice: Implicit and explicit integration. *Religion and the Clinical Practice of Psychology*, 365-387.
- Tan, S. Y. (2009). Developing integration skills: The role of clinical supervision. *Journal of Psychology and Theology*, 37 (1), 54-61.
- Thomson, K. S. (1996). The revival of experiments in prayer. *American Scientist*, 84, 532–534.
- University of Nottingham (1999). Guidelines for safety in fieldwork. Retrieved 3 August, 2009 from <http://www.nottingham.ac.uk/safety/fieldwork.html>
- Vaillant, G., Templeton, J., Ardelt, M. & Meyer, S. E. (2008). The natural history of male mental health: Health and religious involvement. *Social Science & Medicine* 66, 221–231.
- Velleman, R. & Aris, S. (2010). *Counselling and Helping: Psychology in Action*. London, UK: Wiley Blackwell / British Psychological Society.
- West, W. (2000). *Psychotherapy and spirituality: Crossing the line between therapy and religion*. London, UK: Sage.
- West, W. (2004). *Spiritual issues in therapy*. New York, UK: Palgrave.
- Williams, D.R. & Sternthal, M. J. (2007). Spirituality, religion and health: Evidence and research directions. *Medical Journal of Australia*. 186 (10 Supplement), S47-S50.

- Woodhead, L. & Heelas, P. (2004). *The spiritual revolution: Why religion is giving way to spirituality*. Oxford, UK: Blackwell.
- Worthington, E. & Aten, J. (2009). Psychotherapy with religious and spiritual clients: An introduction. *Journal of Clinical Psychology* 65, 2:123-130.
- Worthington, E., Kurusu, T., McCullough, M., & Sandage, S. (1996). Empirical research on religion and psychotherapeutic processes and outcomes: A 10-year review and research prospectus. *Psychological Bulletin*, 119, 448-87.
- Worthington Jr. E.L. (in press). New spiritual information from the scientific study of forgiveness. In C.L. Harper, Jr. (Ed.), *Spiritual information*. Philadelphia: Templeton Foundation Press.
- Wulff, D. M. (1997). *Psychology of religion: Classic and contemporary* (2nd ed.). New York: Wiley.
- Yalom, I. (2002). Religion and psychiatry. *American Journal of Psychotherapy* 56 (3), 301-16.
- Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology & Health*, 15: 215-28
- Young, J. S., Cashwell, C., Wiggins-Frame, M., & Belaire, C. (2002). Spiritual and religious competencies: A national survey of CACREP-accredited programs. *Counselling and Values*, 47(1), 22-33.
- Zinnbauer, B. J., Pargament, K. I., & Scott, A. B. (1999). The emerging meanings of religiousness and spirituality: Problems and prospects. *Journal of Personality*, 67(6), 889-919.
- Zinnbauer, B. J., Pargament, K. I., Cole, B. C., Rye, M. S., Butter, E. M., Belavich, T. G., et al. (1997). Religion and spirituality: Unfuzzifying the

fuzzy. *Journal for the Scientific Study of Religion*, 36, 549–564.

## Appendix A

# Psychology and Psychotherapy (PAPTRAP)

## Notes for Contributors

**Psychology and Psychotherapy: Theory Research and Practice** (formerly The British Journal of Medical Psychology) is an international scientific journal with a focus on the psychological aspects of mental health difficulties and well-being; and psychological problems and their psychological treatments. We welcome submissions from mental health professionals and researchers from all relevant professional backgrounds. The Journal welcomes submissions of original high quality empirical research and rigorous theoretical papers of any theoretical provenance provided they have a bearing upon vulnerability to, adjustment to, assessment of, and recovery (assisted or otherwise) from psychological disorders. Submission of systematic reviews and other research reports which support evidence-based practice are also welcomed, as are relevant high quality analogue studies. The Journal thus aims to promote theoretical and research developments in the understanding of cognitive and emotional factors in psychological disorders, interpersonal attitudes, behaviour and relationships, and psychological therapies (including both process and outcome research) where mental health is concerned. Clinical or case studies will not normally be considered except where they illustrate particularly unusual forms of psychopathology or innovative forms of therapy and meet scientific criteria through appropriate use of single case experimental designs.

### 1. Circulation

The circulation of the Journal is worldwide. Papers are invited and encouraged from authors throughout the world.

### 2. Length


Papers should normally be no more than 5000 words (excluding the abstract, reference list, tables and figures), although the Editor retains discretion to publish papers beyond this length in cases where the clear and concise expression of the scientific content requires greater length.

### 3. Submission and reviewing

All manuscripts must be submitted via our [online peer review system](#). The Journal operates a policy of anonymous peer review.

### 4. Manuscript requirements

- Contributions must be typed in double spacing with wide margins. All sheets must be numbered.
- Tables should be typed in double spacing, each on a separate page with a self-explanatory title. Tables should be comprehensible without reference to the text. They should be placed at the end of the manuscript with their approximate locations indicated in the text.
- Figures can be included at the end of the document or attached as separate files, carefully labelled in initial capital/lower case lettering with symbols in a form consistent with text use. Unnecessary background patterns, lines and shading should be avoided. Captions should be listed on a separate sheet. The resolution of digital images must be at least 300 dpi.
- For articles containing original scientific research, a structured abstract of up to 250 words should be included with the headings: Objectives, Design, Methods, results, Conclusions. Review articles should use these headings: Purpose, Methods, Results, Conclusions. For further details please see the document below:

 [Psychology and Psychotherapy: Theory, Research and Practice - Structured Abstract Information](#)

- For reference citations, please use APA style. Particular care should be taken to ensure that references are accurate and complete. Give all journal titles in full.
- SI units must be used for all measurements, rounded off to practical values if appropriate, with the imperial equivalent in parentheses.
- In normal circumstances, effect size should be incorporated.
- Authors are requested to avoid the use of sexist language.
- Authors are responsible for acquiring written permission to publish lengthy quotations, illustrations, etc. for which they do not own copyright.

For guidelines on editorial style, please consult the [APA Publication Manual](#) published by the American Psychological Association.

## 5. Brief reports

These should be limited to 1000 words and may include research studies and theoretical, critical or review comments whose essential contribution can be made briefly. A summary of not more than 50 words should be provided.

## 6. Publication ethics

All submissions should follow the ethical submission guidelines outlined in the documents below:

 [Ethical Publishing Principles – A Guideline for Authors](#)

-  [Code of Ethics and Conduct \(2006\)](#)
- 

## 7. Supplementary data

Supplementary data too extensive for publication may be deposited with the [British Library Document Supply Centre](#). Such material includes numerical data, computer programs, fuller details of case studies and experimental techniques. The material should be submitted to the Editor together with the article, for simultaneous refereeing.

## 8. Copyright

On acceptance of a paper submitted to a journal, authors will be requested to sign an appropriate assignment of copyright form. To find out more, please see our [Copyright Information for Authors](#).

### Recently published articles using Interpretative Phenomenological Analysis:

Shinebourne, P. & Smith, J. A. (2010) The communicative power of metaphors: an analysis and interpretation of metaphors in accounts of the experience of addiction. *Psychology and Psychotherapy: Theory, Research and Practice*, 83, 59-73.

**5,900 words**

Chin, J. T., Hayward, M., & Drinnan, A. (2009). Relating to voices: Exploring the relevance of this concept to people who hear voices. *Psychology and Psychotherapy: Theory, Research and Practice*, 82(1), 1-17.

**6,233 words**



## **Appendix B Final Interview Schedule**

### **Introduction:**

- There are no right or wrong answers
- I am interested in you and your experiences and will therefore talk very little!
- I am interested in the detail of your experiences, so please do not feel you need to cut your answers short.
- Some questions may seem self evident/obvious, but I ask because I am trying to get to grips with how you understand things.
- Please take your time to answer and feel free to have a while to think.

How long have you been practicing as a psychologist?  
What kind of service do you work in?

**Can you tell me about how you have approached spiritual issues in your work?**

- *Prompt: Examples*

**Can you tell me about how your spiritual views relate to or differ from the views of others you encounter at work?**

- *Prompt: If they are the same/different – is it helpful? How does it feel?*

**Could you describe an episode of supervision you have experienced?**

- *How did it feel? What were you thinking? How did it end?*

**What is your experience of considering spiritual issues within supervision?**

- *Prompt: How helpful did you find it? Why? How did it feel?*

**How do you approach spiritual issues in supervision?**

- *Prompt: Examples*

**Can you tell me how the way spiritual issues are addressed (in supervision) affects the way you work?**

- *Prompt: What has influenced your view? Why?*

**How has taking part in this interview felt?**

## **Appendix C**

### **Final Theme Template**

#### **The Ineffable Nature of Spiritual Beliefs**

##### **Separating religion and spirituality**

- Religion as structural
  - framework for spiri
  - Fundamental to some client lives and identity
  - Restrictive - Not encompassing all spiri experiences
  - Divides/separates
    - Difficulty of cultural diffs in therapy
  - Structures meaning more than spiri
    - Practical rules focused
    - Based on belief in God
    - Clarity through label classification
- Breadth of Spirituality
  - What gives life meaning
  - Comforting
  - Transcendence
  - Questioning / Contemplation
  - Being at one
  - Sense of perspective
  - important to clients lives
  - diluted
    - Spirituality not separate from religion
      - Spirituality accessible version of religion
      - Separation undermines religion
      - Spirituality doesn't add anything to religion

### **Difficult to talk about**

- ineffable
  - Words not enough
  - Experience focus
- 5 Assumptions
  - S/R as special case
    - R/S particularly belief based
    - Protected
    - Separate to other processes
    - Spiri not part of short term therapy
  - Professional assumptions
    - affect clients
    - Difficulty of holding view contrary to assumption
    - Identifying with imagined other colleagues

### **Lack of clarity**

- 6 for clients and psychologists
  - 6,7,5,3Lack of training
- 4Unmanageable
- 5,1Unclear whether r/s lies in clin psych role
- A5Confusion of Overlap between concepts
- Implicit vs explicit comms
  - Value of explicit addressing Spiri
  - 6 implicit comms barrier to sharing
    - Implicit therapist influence on client's engagement with R/S
  - Implicit avoidance of SIs relieves discomfort/conflict
  - Implicit understanding of client views

## **Struggles With Spirituality**

- **Tensions**
- Distance Vs Closeness
  - Value of religious philosophy, but not identification
  - Distance from staff members R/S beliefs
  - Trying to get close to client's perspective in clinical work
    - Shared beliefs create closeness
    - Inclusion of therapist beliefs to connect with client
  - Uninvolved stance creates distance
  - Personal vs professional beliefs/identity
  - Distancing client from personal views to prevent judgement
- Reduction Vs exploration
  - Inadequacy of reduction of SI to psych theory in sup
  - Reduction to rules in sup
  - Reduction lead to ignorance of therapist experience
  - Rigidity Vs. Flexibility:
    - Permanence of rigid views
    - Containment of rigidity
    - Practical easy vs nebulous experiential hard

## **Centrality of Beliefs**

- Value of liberal and moderate Beliefs
  - Allows for several explanations
  - Changeable views
  - Inclusive
  - Flexible
  - Articulated less
  - More Comfortable

- Can lead to vagueness
- Difficulty of Strong Beliefs
  - Problems engaging with contrasting beliefs
    - Difficulty empathizing/understanding
    - Other views uncomfortable
    - Risk of losing valuable elements of other beliefs
  - More prominent than moderate beliefs
  - Implicit persuasion of others
  - BUT provides moral framework for engagement
  - Conflict with other beliefs
    - Prevents progress
    - Invalidation

### **Vulnerability of Personal Beliefs**

- Isolation
  - Separation from views of others
  - Representing minority view
    - Need to demonstrate value
  - Identify with group to relieve isolation
- Fear of judgment
  - Unsure of views of others
    - Concern for self presentation
  - Judgment from Supervisor
    - Feeling exposed
    - Supervisor strong views on spiri usurp supervisee views
    - Supervisee avoidance of spiri
    - Risk of exposing personal view of R/S

- Difficulty defending personal understandings of spiri

### **Negotiating the Struggle**

#### **Acceptance Status Quo**

- The nature of supervision
  - Supervisor Power
    - Leader
    - Knows best
    - Advice valued
    - Protector
    - Validating/invalidating
    - Difficult to challenge
    - Responsible for what is addressed in supervision
  - Shared responsibility for supervision limitation
  - Limited by supervisor perspective and abilities
  - Short/rushed/censored
    - Prioritise risk/case management
    - Prioritise stuck clients
  - Relaxed/comfortable
  - Importance of supervisory relationship
  - Use the benefits of supervision
    - Gives perspective
    - Place to express emotions
    - Provides knowledge
    - Reflective space
      - Play with ideas
  - Inevitable Reduction

- Disappointment
  - Containment
- Nature of services
  - Pressure and technique focus
  - Path to supervision excludes Sis
  - Professional development will improve ability to manage difficulties alone
  - Mindfulness as psychologically accepted spiritual expression
  - Spiri does not fit with service ideology
    - minimized in clin practice
    - Not practical
  - Limitations not specific to SIs
- Nature of society
  - Secular society
    - spiri low priority
    - Spiri not relevant to most clients or supervisees
  - Modern society less contemplative

### **Practice adaptations**

- Supervision compromise
  - Implicit involvement of R/S
  - Supervisory translation
  - Choosing situations to challenge
  - Take to supervision if not central issue
  - Ignore supervisory reduction
  - Seeking supervisor with matched ideology
  - Supervisor-supervisee mutual protection
- Appropriate involvement of spiri

- Inclusion of therapist beliefs to connect with client
- Communicating Spiri through imagery
- Not imposing
  - Not initiating conversations
  - Avoid labels/judgement
- Supervision substitutes
  - Address spiri alone
  - Chaplain
  - Interview as substitute
  - Spousal relationship
  - experts with views congruent to client need



## Appendix D Reflective Journal Extract

29<sup>th</sup> January 2010

Met with [A mental health team] team yesterday. This is the first contact I have had with potential participants.

I was fearful that they would not feel able to talk in front of each other, as there would be supervisor-supervisee relationships represented between those present and I anticipate that if people appeared interested or volunteered to take part that it might be seen to suggest there was a problem with their supervisory relationship.

In this case those fears were unfounded. As discussed in supervision the day before with JC I made it clear that would make the process of recruitment as flexible as possible to enable people to take part as easily as possible (e.g. meeting at their home, at uni or at work).

The team were very open and appeared interested in the topic, raising important issues for consideration:

1. What if participants struggled to define spirituality even though they may work with/address elements of the construct but not define it as such? This may cause people to avoid taking part through lack of understanding. In discussion I spoke of some operational definitions given in the literature. It was suggested that highlighting some of the potential meanings of spirituality might help cue participants minds and enable me to get “what I am looking for”.
2. A psychologist who had been in practice a longer period of time explained that when a psychologist is more experienced there is a greater tendency to ‘self-soothe’ that to take everything to supervision – this would suggest that some aspects of clinical work would not get addressed in supervision – e.g. spirituality.
3. Why not use focus groups – the team meeting showed that it may be easier to facilitate discussion about spirituality between psychologists rather than expecting everything to be generated from one individual. There was certainly more ‘organic’ feel to the discussion of that particular team.
4. The issue arose which i had considered previously about whether those who don’t consider themselves spiritual would exclude themselves from this sort of research.
5. Team members also suggested that they would be interested, but would not know what to say.
6. The importance of being clear about the interviewer’s position was raised. As discourse analysis suggests that meaning is constituted between interviewer and interviewee, whereas IPA suggests the process is the interviewer trying to interpret the meaning of what the interviewee is interpreting about their experience.

My considerations of these issues:

1. The aim of the study is not based on an established meaning of spirituality, so the interview should give opportunity for the interviewee to explore their own understanding of the term and how that is addressed in supervision. This is due to an understanding that spirituality has historically been very difficult to define therefore attempts to focus on a particular aspect may be limiting in how it relates to the interviewee's understanding.
2. This seems a valid point and an awareness of this 'self-soothing' process may be important for interviews and reflection on findings.
3. Focus groups would be a useful suggestion for future research as it gives opportunity to gain data from more participants in less time and is potentially less influenced by facilitator factors. However, it would be more difficult to establish an understanding of each individual 'voice' and it is the subjective experience upon which this study focuses. Concurrence from different focus group members does not give insight into an individual's interpretation of meaning.
4. Recruitment was changed slightly following discussion of this issue at supervision with JC (27/01/10). From 'having addressed spirituality at least once in supervision' to 'having considered addressing spirituality in supervision at least once'. This was to enable better inclusion of the potential barriers to discussions of supervision, which are anticipated from research findings (see lit review). Also attending team meetings gives opportunity to address assumptions of exclusion such as this.
5. It was explained that the topic guide would be sent out at least one week prior to interview. As discussed in supervision (JC 27/01/10) questions about work life were included at the start of the interview to help participants to feel at ease and start talking.
6. I explained that I would be open about my views on spirituality if asked by participants, as I will be asking them to be open with me. I reflected that I perhaps won't say that again as it may prompt unnecessary questions and cause people to feel unable to say what they want – perhaps due to a full knowledge of my position. I do not think that I will be interpreting what participants say as standalone comments as the influence of a context in which I am present as a researcher and it may be inferred that I am interested in spirituality and may make certain responses from participants more likely.

## Appendix E Transcript Extract from “Dave”

<div style="border: 1px solid black; padding: 5px; width: fit-content;">Value of non-dogmatic beliefs</div>	<p>547 I: SO how are they, sorry, how are they 548 different in your mind? the kind of religious 549 practice and kind of spiritual knowledge? 550</p>	<div style="border: 1px solid black; padding: 5px; width: fit-content;">Sees himself as open-minded = wishy-washy, liberal, not adhering to dogmatic beliefs</div>
<div style="border: 1px solid black; padding: 5px; width: fit-content;">Value of coherent beliefs &amp; Difficulties of coherent beliefs</div>	<p>551 P2: Well, I suppose its just, I'm <u>open</u> 552 <u> minded</u> because just thinking about it with 553 you now I'm thinking well I'm thinking well 554 why would <u>they</u>, because surely <u>a person</u> 555 who's agnostic who didn't practice could 556 be much more helpful to our clients in 557 thinking about spirituality, <u>you know</u> 558 because just because <u>one</u> doesn't have 559 conviction or a particular practice doesn't 560 mean <u>one</u>... could have some very helpful 561 ways of thinking about it and there are 562 obviously a number of reasons to think 563 why, to me there are some reasons why it 564 might be <u>harder</u> if you had <u>clear faith</u> 565 because.. And then <u>separating your own</u> 566 conviction from that of your client, 567 especially if they're very different is 568 presumably <u>just as challenging</u> as 569 separating the fact that you have no faith 570 and somebody else does. Err, umm, just 571 because you have come in to one faith 572 doesn't mean you're <u>incredibly tolerant</u> of 573 all faiths. Though some people might be I 574 guess not... Others aren't. So I guess 575 <u>what draws me to them is the fact that I</u> 576 <u>know they won't be, they probably won't</u> 577 <u>be condescending or brush it aside as</u> 578 <u>irrelevant I suppose that's my fear that</u> 579 <u>umm, again I haven't really particularly</u> 580 <u>had this in clinical practice, but just</u> 581 <u>knowing out there especially in the more</u> 582 <u>science community there is a degree of</u> 583 <u>scathing and scepticism umm, about</u> 584 people with spiritual beliefs. I suppose 585 that's just guided that I'm more <u>cautious</u> 586 about bringing it up with people because I, 587 well I think well are they sympathetic? Or 588 not and I guess <u>I know a religious person</u> 589 <u>is sympathetic</u>, so I <u>naturally</u> just bring it 590 up with them, thinking about it. 591</p>	<div style="border: 1px solid black; padding: 5px; width: fit-content;">Like him. Is he exploring why he couldn't be more helpful?</div>
<div style="border: 1px solid black; padding: 5px; width: fit-content;">Factors affecting discussion of SI</div>	<p>592 I: How did that, because you mentioned 593 that you brought it up with umm, your OT 594 colleague. [P2: Yeah] How did that 595 conversation go from your perspective? 596</p>	<div style="border: 1px solid black; padding: 5px; width: fit-content;">Changes to 'one' to suggest this could include him, but maintains distance.</div>
<div style="border: 1px solid black; padding: 5px; width: fit-content;">Caution need when views of others are unclear</div>	<p>592 I: How did that, because you mentioned 593 that you brought it up with umm, your OT 594 colleague. [P2: Yeah] How did that 595 conversation go from your perspective? 596</p>	<div style="border: 1px solid black; padding: 5px; width: fit-content;">'Clear' – emphasises perceived absence of confusion.</div>
		<div style="border: 1px solid black; padding: 5px; width: fit-content;">Need to distance own convictions. Switches to 'you' to exclude him. Perhaps to include me?</div>
		<div style="border: 1px solid black; padding: 5px; width: fit-content;">Highlights the difficulties of contrasting spiritual views of client – therapist.</div>
		<div style="border: 1px solid black; padding: 5px; width: fit-content;">What leads him to discuss spiritual issues with religious colleagues and not supervisor?</div>
		<div style="border: 1px solid black; padding: 5px; width: fit-content;">Use underlined as quote.</div>
		<div style="border: 1px solid black; padding: 5px; width: fit-content;">'Out there' – highlights the unknown potentially threatening nature of scathing sceptics.</div>
		<div style="border: 1px solid black; padding: 5px; width: fit-content;">Perhaps highlights their unwillingness to consider SI's as he feels is valuable.</div>
		<div style="border: 1px solid black; padding: 5px; width: fit-content;">'Cautious' - perhaps fear of judgment?</div>
		<div style="border: 1px solid black; padding: 5px; width: fit-content;">When people are not clearly subscribed to an ideology it is unclear how sympathetic they will be to his perspective.</div>
		<div style="border: 1px solid black; padding: 5px; width: fit-content;">'Naturally' – it seems more natural, less forced/fearful because he knows them as a person? Knows their personal view.</div>

## Appendix F Favourable Ethical Opinion Letter



### National Research Ethics Service

#### Nottingham Research Ethics Committee 1

1 Standard Court  
Park Row  
Nottingham  
NG1 6GN

Telephone: 0115 8839390 (Direct Line)  
Facsimile: 0115 9123300

20 November 2009

Professor Nadina Lincoln  
Chair in Clinical Psychology  
University of Nottingham  
Institute of Work, Health & Organisations  
International House, B Floor  
Jubilee Campus,  
Nottingham  
NG8 1BB

Dear Professor Lincoln

**Study Title:** How do Clinical Psychologists Address Spiritual Issues  
in Supervision?  
**REC reference number:** 09/H0403/88  
**Protocol number:** 3

The Research Ethics Committee reviewed the above application at the meeting held on 10 November 2009. Thank you to Mr Malins, the Student involved in this research for attending to discuss the study.

#### **Ethical opinion**

The members of the Committee present gave a favourable ethical opinion of the above research on the basis described in the application form, protocol and supporting documentation, subject to the conditions specified below.

#### Discussion with Researcher

- The Committee asked about the term 'clinical supervision'; Mr Malins clarified that this refers to the direct supervision of a psychologist by a peer or superior undertaken outside of patient interaction. He informed the Committee that psychologists normally fill the role of both supervisor and supervisee so the data collected through the research interviews will be from both points of view.
- Mr Malins asked for advice from the Committee regarding the retention of primary data; it was suggested that it is stored for seven years, as some journals etc., have asked researchers to provide recordings, not just transcripts.
- The Committee requested that the version number confusion on the Consent Form is addressed; Mr Malins agreed to this and stated that the documentation will be checked through for typographical errors and discrepancies.
- Mr Malins confirmed that the study is looking into the role of spirituality of both the therapist and the patient and the interface between the two; it is unlikely that there

This Research Ethics Committee is an advisory committee to East Midlands Strategic Health Authority.  
*The National Research Ethics Service (NRES) represents the NRES Directorate within the National Patient Safety Agency and Research Ethics Committees in England.*

## Appendix G Ethical Approval Letter

		 <b>National Research Ethics Service</b> Nottingham Research Ethics Committee 1 1 Standard Court Park Row Nottingham NG1 6GN  Telephone: 0115 8839390 (Direct Line) Facsimile: 0115 9123300															
 21 December 2009																	
Mr Sam Malins 																	
<b>Full title of study:</b>	<b>How do Clinical Psychologists Address Spiritual Issues in Supervision?</b>																
<b>REC reference number:</b>	<b>09/H0403/88</b>																
<b>Protocol number:</b>	<b>4.0</b>																
<p>Thank you for your email correspondence of 14 December 2009. I can confirm the REC has received the documents listed below as evidence of compliance with the approval conditions detailed in our letter dated 10 November 2009. Please note these documents are for information only and have not been reviewed by the committee.</p>																	
<b>Documents received</b>																	
The documents received were as follows:																	
<table border="1"><thead><tr><th>Document</th><th>Version</th><th>Date</th></tr></thead><tbody><tr><td>Protocol</td><td>4.0</td><td>13 November 2009</td></tr><tr><td>REC application</td><td>22622/83865/1/531</td><td></td></tr><tr><td>Participant Information Sheet</td><td>4.1</td><td>14 December 2009</td></tr><tr><td>Participant Consent Form</td><td>4.1</td><td>14 December 2009</td></tr></tbody></table>	Document	Version	Date	Protocol	4.0	13 November 2009	REC application	22622/83865/1/531		Participant Information Sheet	4.1	14 December 2009	Participant Consent Form	4.1	14 December 2009		
Document	Version	Date															
Protocol	4.0	13 November 2009															
REC application	22622/83865/1/531																
Participant Information Sheet	4.1	14 December 2009															
Participant Consent Form	4.1	14 December 2009															
<p>You should ensure that the sponsor has a copy of the final documentation for the study. It is the sponsor's responsibility to ensure that the documentation is made available to R&amp;D offices at all participating sites.</p>																	
<b>09/H0403/88</b>		<b>Please quote this number on all correspondence</b>															
Yours sincerely																	
																	
<b>Ms Trish Wheat</b> <b>Committee Co-ordinator</b>																	
E-mail: trish.wheat@nottspct.nhs.uk																	
Copy to: <i>Professor Nadina Lincoln</i> <i>Mr Paul Cartledge – University of Nottingham</i> <i>R&amp;D office for NHS care organisation at lead site – Nottinghamshire Healthcare</i>																	
<small>This Research Ethics Committee is an advisory committee to East Midlands Strategic Health Authority. The National Research Ethics Service (NRES) represents the NRES Directorate within the National Patient Safety Agency and Research Ethics Committees in England.</small>																	

**Appendix H**  
**First Draft Interview Schedule**

<p><b>What does the term spirituality mean to you?</b> <i>Prompts: What is a spiritual person? Have you had any experiences you would call spiritual?</i></p>
<p><b>How do you engage with spirituality in your job – if at all?</b> <i>Prompts: How much do you think about it at work? Does it ever come up? – if so when? If not why do you think that is?</i></p>
<p><b>Are you happy with the role of spirituality in your job?</b> <i>Prompts: How could it be different? Feelings?</i></p>
<p><b>What do you think about the spiritual views of clients and colleagues?</b> <i>Prompts: Do your views differ? Why?</i></p>
<p><b>What attributes do you think are helpful in a clinical supervisor?</b> <i>Prompts: Best/worst supervisory experiences. Ideal supervisor</i></p>
<p><b>Are there any issues you wouldn't feel comfortable discussing in supervision?</b> <i>Prompts: As supervisee/supervisor? Why? Examples. Feelings.</i></p>
<p><b>Have spiritual issues ever come up in clinical supervision?</b> <i>Prompts: Why?/Why not? How was it dealt with?</i></p>
<p><b>How helpful do you think supervisory discussion of spiritual issues is - If at all?</b> <i>Prompts: Why?/Why not? Do you have an example to illustrate your view?</i></p>

## **Appendix I Participant Information Sheet**

### **How do clinical psychologists address spiritual issues in supervision?**

**Principle Researcher:** XXXX

I would like to invite you to take part in a research study to be completed as part of a Clinical Psychology Doctorate. Before you decide you need to understand why the research is being done and what it would involve for you. Please take time to read the following information carefully. Talk to others about the study if you wish.

Please ask if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

#### **What is the purpose of the study?**

Spirituality and religion are important issues for many clinical psychology clients, yet little has been studied about how they are addressed in supervision. This study aims to gain an in depth understanding of this issue by interviewing clinical psychologists about their experiences.

#### **Why have I been invited?**

You have been invited because you are a clinical psychologist, you have addressed spiritual issues in supervision before and we would like to hear about your experience.

#### **Do I have to take part?**

It is up to you to decide. We will describe the study and go through this information sheet, which we will then be given to you. We will then ask you to sign a consent form to show you have agreed to take part. You are free to withdraw at any time, without giving a reason.

#### **What will happen to me if I take part?**

If you agree to take part you will go through the following process:

1. We will contact you to arrange an interview with you at a time of your convenience. You may like to do this at your place of work or at home, there is also a private room available at Nottingham University. When we call we will also go through this sheet and the consent form to check that you would still like to take part. In the time up to the interview you will be encouraged to consider whether you are still happy to take part in the study.
2. The meeting for the interview will take no more than two hours. We will go through this information and the consent form again, which will be signed before we start before we start and give you the opportunity to withdraw if you wish.
3. The interview itself will take no more than one and a half hours. We would like to audio record the interview so that we have an accurate account of what was said. We will send you our question list so that you

know the type of things we are going to ask you. This is an opportunity to share your experiences on the topic so feel free to explain events involving you.

4. After the interview we will have a short debrief about how you found the interview experience and you will be given the opportunity to withdraw again.
5. The audio recording, consent form and any other identifiable information will be stored securely in a lockable cupboard at the University of Nottingham only accessible to the course administrator.
6. The recording will only be removed for the interview to be transcribed by the principle researcher or confidential transcription service. The transcription will be kept on an encrypted data stick in a password protected file. All identifiable data will be removed from the transcript and participants will be given an alternative name on the document.
7. The interview will be transcribed within four weeks.
8. Some quotes from your transcript may be used in reporting the research, but they would not identify you in any way.
9. You will receive a summary of the research findings when it is completed.
10. One month after the study is complete the interview recording will be destroyed. Hard copies of data (i.e. interview transcripts) will be kept in a sealed box for seven years in secure storage at Nottingham University, and destroyed securely after 7 years. Electronic data will be stored securely on a university computer and password protected, accessible only to the Principle Researcher.

#### **What are the possible disadvantages and risks of taking part?**

1. Discussion of spirituality has the potential to become personal and emotive, which some participants may find distressing. It is important to remember that if you feel uncomfortable you may stop the interview or withdraw at any time.
2. Some participants may worry that they will be identified in quotes from their interview. All quotes will be anonymised and any information which may identify participants (e.g. names and places) will be removed.
3. Some participants may feel that there will be repercussions from colleagues or their service for taking part. Participants may wish to use the opportunity to be interviewed at the university or at home to maintain their confidentiality.

#### **What are the possible benefits of taking part?**

The benefits possible for participants taking part in interviews include enhanced self-awareness, reflection and empowerment. The study has potential to benefit clinical psychology and service users through a reflection on and improvement of supervision practices.

#### **What will happen if I don't want to carry on with the study?**

You can withdraw from the study at any point until after the interview. You do not have to give a reason for withdrawing. Your data will not then be included



in the study. You can still remain informed of the study outcome even if you are not involved.

**What if there is a problem?**

If you have a concern about any aspect of this study, you may speak to the chief investigator who will do their best to answer your questions: XXXX

If you remain unhappy and wish to complain formally, you can do this through the NHS Complaints Procedure. Call the Patient Advice and Liaison Service on 0800 015 3367. Or email: XXXX

**Will my taking part in this study be kept confidential?**

All information which is collected about you during the course of the research will be kept strictly confidential, and you will not be identifiable from any information about you which is used after the interview is transcribed and a different name will have been allocated so that you cannot be recognised. The only exception to this would be if sharing information would help maintain your safety or the safety of others.

**What will happen to the results of the research study?**

All participants will be given a summary of the final research report. The research may then be published in a peer reviewed research journal, but no participants will be identified in any future publications.

**Who has reviewed the study?**

All research in the NHS is looked at by an independent group of people, called a Research Ethics Committee to protect your safety, rights, wellbeing and dignity. This study has been reviewed and given favourable opinion by Nottingham 1 Research Ethics Committee.

**For further information about this study or the topic in general contact:**

**XXXX, Principle Researcher -**

**- Email: [XXXX](#)**

**XXXX, Chief Investigator - Tel: XXXX.**

## Appendix J

### Participant Invitation

Version 2: 10/10/09

Dear Colleague,

I am conducting a research study investigating how clinical psychologists address spiritual issues in supervision.

Spirituality and religion can be important issues for clinical psychology clients, yet little has been studied about how they are addressed in supervision.

**This study aims to gain an understanding of this issue by interviewing clinical psychologists about their experiences.**

I am hoping to learn more about the views held by clinical psychologists, how they differ between individuals and how they impact on practice.

If you are interested in participating or have any questions about the study, please contact me.

XXXX  
Trainee Clinical Psychologist

Email: [XXXX](#)

**Appendix K  
Participant Consent Form**

**Title of Study: How do clinical psychologists address spiritual issues in supervision?**

**REC ref: XXXX**

**Chief Investigator: XXXX**

**Name of Researcher: XXXX**

**Name of Participant:**

**Please initial box**

1. I confirm that I have read and understand the Participant Information Sheet dated 4<sup>th</sup> December 2009 (Version 4) for the above study. The researcher has explained the study. I have had the opportunity to consider the information, ask questions and have had these answered to my satisfaction.

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. I understand that should I withdraw then the information collected so far cannot be erased, but that this information will not be used in the project analysis.

3. I understand that relevant sections of my data collected in the study may be looked at by authorised individuals from the University of Nottingham, the research group and regulatory authorities where it is relevant to my taking part in this study. I give permission for these individuals to have access to these records and to collect, store, analyse and publish information obtained from my participation in this study. I understand that my personal details will be kept confidential

4. I understand that the interview will be recorded and that anonymous direct quotes from the interview may be used in the study reports

5. I understand that any information shared in the interview will be treated with strict confidence between the study researcher and I. The only exception to this would be if sharing information would help maintain my safety or the safety of others.

6. I agree to take part in the above study.

Name of Participant

Date

Signature

\_\_\_\_\_  
Name of Researcher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

2 copies: 1 for participant, 1 for the project notes.

**Appendix L  
Confidentiality Agreement  
Transcription of Research Interviews for XXXX**

**Study Title:** How do clinical psychologists address spiritual issues in supervision?

**Chief Investigator:** XXXX

7. I agree to keep the information I am transcribing strictly confidential.

8. I will not discuss the interview content with anyone other than XXXX.

9. If I recognise the person being interviewed I will stop immediately and contact XXXX.

10. I will not make copies of any of the interview recordings.

11. I will store the recordings securely in a lockable area.

12. Nobody else will be allowed access to the tapes during the transcription process.

\_\_\_\_\_  
Name of Transcriber

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of researcher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature