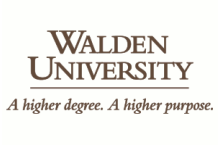

2020

Clinician Experiences with Religious, Spiritual, and Nonreligious Beliefs in Psychotherapeutic Interactions

Carolyn Rochelle Cowl-Witherspoon

Walden University

Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral dissertation by

Carolyn Cowl-Witherspoon

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
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Review Committee
Dr. Martha Giles, Committee Chairperson, Psychology Faculty
Dr. Kimberly McCann, Committee Member, Psychology Faculty
Dr. Tracy Mallett, University Reviewer, Psychology Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2020

Abstract

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by

Carolyn Cowl-Witherspoon

MA, Walden University, 2017

BA, California State University, Long Beach, 1981

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Social Psychology

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Abstract

Psychologists are ethically bound to respect the belief systems of their clients while practicing within appropriate boundaries of competence regardless of whether they hold different beliefs than their clients. Further, though there may be a disparity between clinicians' and clients' beliefs, most clients expect meaningful integrations of religious and spiritual beliefs, values, and traditions into psychotherapeutic interactions. To meet the needs and expectations of a religiously or spiritually oriented client base, psychologists must maintain appropriate levels of competency within this complex domain. But clinicians are hindered by inaccurate, incomplete, or inconsistent levels of education and training specific to the ethically appropriate integration of religion and spirituality into psychotherapeutic interactions. The purpose of this phenomenological study, guided by the social dominance theory, was to explore the experiences of 10 licensed psychologists to gain an understanding of how they managed the challenges presented by these deficits when working psychotherapeutically with clients who held either aligned or oppositional religious, spiritual, and nonreligious beliefs to their own. Four core themes were identified: awareness, respect, perspective, and humility which helped clarify the essence of the participants' experiences. This study contributes to existing literature and creates positive social change by revealing greater insights into how these experienced clinicians navigated the ethical integration of religious, spiritual, and nonreligious beliefs into psychotherapeutic interactions, expanding the understanding of how educational and training deficits in this domain may be addressed in the future.

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Dedication

This dissertation would not have been possible without the love, support, and contributions of a unique constellation of significant people in my life. To my parents, Dr. Jay A. Cowl and Jacquline K. Cowl, who were extraordinary, brilliant, fun, and wise. They taught me to believe in myself, to love learning, to continuously seek knowledge, and to ask questions. To my brother, Daryl, whose intelligence, humor, and contributions to the world were cut short far too soon. To my sister, Keri, who uses her extraordinary talent, intellect, and faith to make the world a better place every day. To Myra, whose unwavering support, guidance, and honesty throughout my journey have meant so much to me. To Amanda, who has walked beside me throughout this journey with unfailing friendship, support, guidance, and love. Thank you!

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Chapter 1: Introduction to the Study

The act of believing is foundational, influencing identity, relationships, behavior, culture, emotions, experiences, worldview, and perceptions (Boden, Berenbaum, & Gross, 2016). Historically, religious, spiritual, and nonreligious beliefs have had a significant influence on human interactions (Boden et al., 2016; Hodge, 2015; Mercier, Kramer, & Shariff, 2018). Manifestations or expressions of these beliefs have been used to create, avoid, or justify an array of human emotions and actions (Bradshaw et al., 2015; Hermann, Simpson, Lehtman, & Fuller, 2015; Husain & Howard, 2017). Further, these beliefs have provided people with a sense of identity (Brandt, 2013) and a feeling of belonging (Lambert et al., 2013), facilitated meaning-making, and fostered personal and collective well-being (Augustyn, Hall, Wang, & Hill, 2017; Lim, 2015; Pargament, Magyar-Russell, & Murray-Swank, 2005). For the overwhelming majority of Americans, these beliefs are fundamental and significant (Boden et al., 2016; Farrell et al., 2018; 3Oxhandler & Pargament, 2018), often representing and shaping significant aspects of a person's life, group memberships, and behavior (Davis, Hook, McAnnally-Linz, Choe, & Placeres, 2017; Khan & Stagnaro, 2016; King & Franke, 2017; Palasinski & Seol, 2015). Additionally, some form of religion or spirituality has been found among every culture throughout the world, spanning human history (Barnett, Shale, Elkins, & Fisher, 2014).

Based on available research, religious and spiritual identity are so significant to the majority of believers who seek mental health treatment that psychologists should be prepared for religious, spiritual, and nonreligious issues to be introduced into psychotherapeutic interactions (American Psychological Association [APA], 2017;

Barnett, 2016; Harris, Randolph, & Gordon, 2016; Schafer, Handal, Brawer, & Ubinger, 2011). Recognizing the relevance of these beliefs in psychotherapeutic interactions continues to grow as more mental health professionals identify the significance of these phenomena in the lives of their clients (Barnett, 2016; Magyar-Russell & Griffith, 2016; Russo-Netzer, 2018). Though the field of psychology has historically maintained an apathetic, tumultuous, or antagonistic relationship toward religious and spiritual beliefs (Hage, Hopson, Siegel, Payton, & Defanti, 2006; Hodge, 2017; Johnson, 2016a; Oxhandler, Moffatt, & Giardina, 2018), the past two decades have seen a growing emphasis on the inclusion of these beliefs into psychotherapeutic interactions (Delaney, Miller, & Bisonó, 2013; Jackson & Coyle, 2009; Jafari, 2016) to meet the needs and expectations of clients who may expect it (Oxhandler & Pargament, 2018). However, researchers have not addressed the level of significance or psychotherapeutic impact that the spiritual identity of the clinician may have on the client or the psychotherapeutic interactions between them, creating "a significant blind spot" in the research (Magaldi-Dopman, Park-Taylor, & Ponterotto, 2011, p. 287). This blind spot has limited understanding of whether the impact of discussing these phenomena in clinical interactions is psychotherapeutically positive or negative, especially depending on the skills and training of the clinician as they relate to religious, spiritual, and nonreligious beliefs (Schulte, Skinner, & Claiborn, 2002).

The literature has pointed to the necessity of education and competency training specific to religious, spiritual, and nonreligious beliefs to prepare psychologists to recognize and reduce biases and strengthen the likelihood of psychotherapeutic success

(Hage, 2006; Hage et al., 2006; Hathaway, 2016; Hodge, 2019; Raja, 2016; Ruff & Elliott, 2016; Vieten et al., 2016). Because people demonstrate an implicit preference for their own beliefs, the possibility for heuristic biases to be present in psychotherapeutic interactions between clinician and client are amplified (Briñol, Petty, Durso, & Rucker, 2017; Farrell et al., 2018; Hathaway, 2016). Implicit biases may result in unexpected psychotherapeutic challenges for psychologists who might lack adequate levels of competency training in religious, spiritual, and nonreligious beliefs, including specialized training in the recognition and mitigation of bias awareness related to these beliefs (Barnett & Johnson, 2011; Delaney et al., 2013; Hathaway, 2016; Hodge, 2019; Oxhandler & Pargament, 2018; Ruff & Elliott, 2016).

In addition to addressing biases, adequate training is necessary to build competence when working psychotherapeutically with spiritual beliefs. Psychologists recognize the importance of practicing within boundaries of competence while respecting the belief systems of others when working psychotherapeutically with clients who may hold aligned or oppositional religious, spiritual, or nonreligious beliefs to their own (American Psychological Association [APA], 2017; Drogin, 2019; Nagy, 2012; Pope & Vasquez, 2016). The level of competence associated with these phenomena may have an influence on clinical outcomes, making it importance for ethics and clinical efficacy (APA, 2017; Cummings, Ivan, Carson, Stanley, & Pargament, 2014; Hathaway, 2016). An essential aspect of competence is the ability to accurately evaluate boundaries, skills, and limitations; however, inaccurate overestimations of competency among psychotherapists within the industry (Davis et al., 2006; Johnson et al., 2014; Oxhandler

& Pargament, 2018) can impede their ability to accurately self-reflect, which is a fundamental component of ethically compliant competency maintenance (Rodolfa et al., 2005; Tamura, 2012). But there are no accepted, sanctioned, or consistent religious, spiritual, and nonreligious training competency protocols currently required among graduate school programs for psychology in the United States (Barnett & Johnson, 2011; Hage, 2006; Oxhandler & Pargament, 2018; Vieten et al., 2016). Further, adequately achieving competence does not guarantee its retention because unused skills fluctuate and degrade (Barnett, 2007). These deficits may be especially problematic for psychologists in maintaining adequate levels of competence when confronted by the diverse range of religious, spiritual, and nonreligious beliefs currently practiced in the United States (Beller & Kröger, 2017a; Dessel, Jacobsen, Levy, Lewis, & Kaplan, 2017; Ellison & Xu, 2014; McLean, Cresswell, & Ashley, 2016). Therefore, competence in these beliefs should be conceptualized as existing across a continuum of variability, influenced by factors such as training, supervision, and practice (Barnett & Zimmerman, 2019; Johnson et al., 2014).

In this study, I explored how psychologists described their experiences with competency training and bias awareness in preparing them for psychotherapeutic interactions with clients who may have held aligned or oppositional religious, spiritual, and nonreligious beliefs to their own. Gaining insight into how psychologists recognized and managed these challenges facilitated a richer understanding of their experiences with competency training and bias awareness, which can lead to further research into the clinical efficacy of prevailing professional standards of education, training, and

supervisory protocols for psychology students in religious, spiritual, and nonreligious content. Therefore, the findings from this research may contribute to positive social change through the empowerment of future clinicians and educators with the knowledge and training necessary to provide ethically competent care when working with clients who embrace diverse religious, spiritual, and nonreligious beliefs and faith traditions.

This chapter includes a brief background of the literature and the gap that inspired the scope and direction of this study. Then I introduce the problem statement, providing support for the potential scientific benefits from this study. Further, I detail the purpose of this study, including descriptions of the concepts that were explored. I also present the research question and identify the theoretical framework for this study and explain how the theory relates to the study's approach and research question. Then, I define the conceptual framework and nature of the study, offering a rationale for the study's design and introducing the phenomena and key concepts that were explored. All pertinent definitions are also included in this chapter. Further, I address the assumptions critical to extracting meaning from this research, describe the scope and delimitations, and present the limitations and measures to address them. The possible significance of this study, as well as any potential contributions are then presented. Finally, I address implications for positive social change within the scope of this study, followed by a summary of the main points of Chapter 1, facilitating the transition into Chapter 2.

Background

Though a growing emphasis on multicultural awareness and diversity training among graduate-level courses in psychology has emerged within the past two decades,

research has suggested that they do not adequately prepare future clinicians for the ethical complexities presented by religious, spiritual, and nonreligious interactions between clinician and client (Davis et al., 2018; Goodwin, Coyne, & Constantino, 2018; Hage et al., 2006; Russell & Yarhouse, 2006). Though there is minimal research to verify or refute this assumption on psychology students being inadequately prepared, some research has suggested that the most students have received minimal or no training in religious and spiritual diversity and ethically appropriate integration strategies (Hage, 2006; Hodge, 2007a; Schafer et al., 2011; Vogel, McMinn, Peterson, & Gathercoal, 2013). This lack of training is especially evident when religion and spirituality are subsumed under the broader context of multiculturalism within graduate-level curricula (Hage et al., 2006; Schafer et al., 2011).

In addition to a lack of training, there is a lack of research on certain areas related to beliefs and clinician and client interaction. Within the last 5 years, there have only been 11 studies conducted on some aspect of religious, spiritual, and nonreligious beliefs related to clinicians, psychotherapeutic interactions, bias awareness, or clinical competencies. Four of these studies were qualitative explorations, which were focused on the influence of psychotherapists' spirituality on their clinical practice (Blair, 2015); how religious beliefs might affect attitudes and behaviors toward those of different religious beliefs (Farrell et al., 2018); the effect on psychotherapeutic outcomes of therapist self-disclosure (Hill, Knox, & Pinto-Coelho, 2018); and the challenges presented by the integration of clients' religion and spirituality in psychotherapeutic interactions (Oxhandler et al., 2018). Additionally, six quantitative studies were

conducted on the negative impact that unresolved personal conflicts through countertransference can have on psychotherapeutic interactions (Hayes, Gelso, Goldberg, & Kivlighan, 2018); the initial development, validation, and revalidation of the Religious Integrated Practice Assessment Scale for mental health professionals (Oxhandler, 2019; Oxhandler & Parrish, 2016); the challenges associated with integrating clients' religious and spiritual beliefs into clinical practice among clinical psychologists, nurses, marriage and family therapists, clinical social workers, and professional counselors (Oxhandler & Parrish, 2017); an examination of psychologists' biases toward evangelical Christians (Ruff & Elliott, 2016); and a seminal work on competencies for psychologists in religion and spirituality (Vieten et al., 2016). Finally, one mixed-method study was conducted on countertransference and conflicting relationships for one psychotherapist trainee (Messina et al., 2018).

Five reviews or meta-analyses were also conducted to augment this research within the past 5 years. They included the systematic review of religion and spirituality within multiple clinical training programs (Jafari, 2016); the management of bias and the ethical engagement with spirituality in clinical practice (Hathaway, 2016); measuring religious competencies across helping professions (Oxhandler & Pargament, 2018); the ethical considerations for working with demographically similar clients (Raja, 2016); and clinical training for religious and spiritual beliefs in psychotherapy (Rupert, Moon, & Sandage, 2019).

Looking back further because of the lack of current research exploring these phenomena, five qualitative studies were conducted between 2009 and 2011. These

qualitative studies explored client perspectives on therapist self-disclosures (Audet, 2011); the barriers and enablers of integrating religion and spirituality into psychotherapy (Brown, Elkonin, & Naicker, 2013); an integrated spiritual practice framework for social workers (Carrington, 2013); and two seminal studies, which explored the ethical challenges of working with spiritual difference (Jackson & Coyle, 2009); and the religious and spiritual identity of psychotherapists and its impact on their clinical practice (Magaldi-Dopman et al., 2011). Further, eight quantitative studies were conducted on a seminal survey of religious and spiritual beliefs among psychologists (Delaney et al., 2013); the frequency of integrating religion and spirituality into psychotherapeutic interactions by practitioners (Frazier & Hansen, 2009); perceptions of diversity training effectiveness by clinical psychology students (Green, Collands, Radcliffe, Luebbe, & Klonoff, 2009); religious discrimination and ethical compliance among graduate students (Hodge, 2007b); training protocols in religion and spirituality among APA accredited predoctoral internship programs (Russell & Yarhouse, 2006); the perspectives of doctoral students on addressing religion and spirituality with clients (Saunders, Petrik, & Miller, 2014); training and education in religion and spirituality within APA accredited clinical psychology programs (Schafer et al., 2011); and an examination of religion and spirituality as diversity training in APA programs (Vogel et al., 2013). Finally, one mixed-methods study was conducted on whether conceptualizations of religious and spiritual beliefs affected participants' perceptions of ethical compliance (Hodge, 2006).

To supplement the research from this older period, seven reviews or meta-analyses were undertaken, including a review of religion and spirituality in group

counseling (Cornish & Wade, 2010); a review of relations between psychotherapists' religion and spirituality and psychotherapeutically related variables (Cummings et al., 2014); the function of spirituality and its influence in psychology training programs (Hage, 2006); an interdisciplinary review of multicultural training and spirituality (Hage et al., 2006); the evaluation of religion and spirituality in clinical practice as a specialty or just a niche (Hathaway, 2008); a meta-analytic review of the impact of counselor self-disclosure on clients (Henretty, Currier, Berman, & Levitt, 2014); and the integration of religion and spirituality into group psychotherapeutic interactions (Viftrup, Hvidt, & Buus, 2013).

What these studies, reviews, and meta-analyses revealed was that, without exception, potential deficiencies exist in current educational and training protocols for achieving competence within religious, spiritual, and nonreligious beliefs, whether presented on their own or subsumed under the umbrella of multiculturalism. Additionally, many researchers expressed concern that only a handful of studies had been conducted over the past 17 years to explore the effectiveness of integrating religious and spiritual competencies training in existing graduate programs, with a gap of 8 years between the first and next study conducted (see Schafer et al., 2011). Research has also cited the lack of clarity or consistency on graduate students' training in religion and spirituality from a clinical perspective (Green et al., 2009). Clinical psychology programs have emphasized multiculturalism and diversity training more often and effectively than religious, spiritual, or nonreligious beliefs as aspects of multiculturalism (Green et al., 2009). But few studies have been conducted on whether religion and

spirituality training were adequately presented to graduate students, raising concerns about how to effectively measure basic competencies in religious and spiritual training among doctoral students (Vogel et al., 2013). Another concern raised with consistency throughout the literature was that supervisors might lack the specialized training needed in religious, spiritual, and nonreligious beliefs to engage in effective supervision, with minimal research on supervisor competency (Aten & Hernandez, 2004; Hage, 2006; Vogel et al., 2013). Inadequate training, a lack of specialization by educators and supervisors in religiosity and spirituality, and perceived power differentials between faculty, students, and supervisors may limit opportunities for initiating discussions about competency levels and ethically appropriate implementation protocols within these phenomena (Vogel et al., 2013).

An identified gap was supported based on the research into these phenomena, revealing the limits of knowledge about how psychologists perceive their experiences with competency training and bias awareness when working psychotherapeutically with clients who may hold aligned or oppositional religious, spiritual, and nonreligious beliefs. Therefore, this study begins to fill this gap in knowledge by providing a foundational understanding of psychologists' experiences when working with clients who exhibit a diverse array of religious, spiritual, and nonreligious beliefs. This study represented an opportunity to qualitatively delve into an under-researched area within the field of psychology, providing an opportunity for psychologists to share the challenges and successes that they experienced when working with religious, spiritual, and nonreligious beliefs in psychotherapeutic settings.

Problem Statement

Research has revealed that religious, spiritual, and nonreligious beliefs represent an important and often influential component of the majority of Americans' lives (Cornish, Wade, Tucker, & Post, 2014), shaping their identity, group memberships, biases, and behavior (Davis et al., 2017; Heiphetz, Spelke, Harris, & Banaji, 2014; Khan & Stagnaro, 2016). Additionally, studies have indicated that most clients seeking psychotherapeutic assistance do so with the assumption that their beliefs will be included in psychotherapeutic interactions (Barnett & Johnson, 2011; Barnett et al., 2014; Jackson & Coyle, 2009; Saunders, Miller, & Bright, 2010). Additionally, because of the diversity of religious, spiritual, and nonreligious beliefs in the United States, psychologists should expect to have these phenomena introduced into psychotherapeutic exchanges throughout their careers (Hage, 2006; Richards & Bergin, 2014; Vogel et al., 2013). It has been estimated that there are at least 2,135 different groups or denominations currently active in the United States (Keller, 2014, p. 23). Moreover, the similarities and differences that exist between and within each of these belief groups create hierarchies and subordination among them, with each subgroup practicing their unique expressions and manifestations of their traditions and beliefs (Ellison & McFarland, 2013).

Although psychologists understand the ethical necessity for respecting the beliefs of others and providing competent care to clients of all religious, spiritual, and nonreligious beliefs (APA, 2017), research has indicated that educational and training requirements in these beliefs have been inadequate in preparing clinicians for the ethical complexities of addressing these phenomena in psychotherapeutic interactions (Davis et

al., 2018; Goodwin et al., 2018; Hage et al., 2006; Vieten et al., 2016). This deficit may impede clinicians' ability to obtain and maintain the appropriate levels of education, training, and supervision necessary for ethically appropriate levels of competence within these complex phenomena (Hathaway, 2013; Jafari, 2016; Oxhandler & Pargament, 2018; Vieten et al., 2016). However, because few studies have been conducted over the past 13 years on the efficacy of current competency training protocols specific to these phenomena for graduate-level psychology students in the United States, there is much that remains unknown about how psychologists perceive their experiences with competency training and bias awareness when working psychotherapeutically with clients who may hold aligned or oppositional religious, spiritual, or nonreligious beliefs. The intent of this study was to explore how psychologists described their unique experiences with competency training and bias awareness in managing religious, spiritual, and nonreligious challenges when working psychotherapeutically with clients who held aligned or oppositional beliefs. Through the power of their reflections (Hood, 2013; Moustakas, 1994; Ravitch & Carl, 2016; Tony, 2008), participants had the opportunity to share their experiences regarding any potential significance or influence that education and training competencies may have had on their bias awareness and psychotherapeutic interactions with clients whose beliefs were in alignment or opposition to their own. The phenomena and concepts of interest explored in this study included religious, spiritual, and nonreligious beliefs, competency training, bias awareness, and psychotherapeutic interactions.

Research Question

To adequately explore the phenomena and concepts in this study and increase understanding of their complexities, influences, and intersections, the research question was "How do clinical psychologists describe their experiences with competency training and bias awareness in managing religious, spiritual, and nonreligious challenges when working psychotherapeutically with clients who may hold aligned or oppositional beliefs?"

Theoretical Framework

Three theories were initially considered for this research because of their potential applicability and because of the iterative nature of a phenomenological study in qualitative research, but social dominance theory (SDT) was selected as the theoretical foundation for this study. The other two theories are briefly discussed in Chapter 2. The origin of this theory was the result of Sidanius and Pratto's (2012) negative experiences with ethnic and religious discrimination that resulted from dominant group-based social hierarchies that subjugated, discriminated, and oppressed outgroup members. SDT indicates that societies are organized through group-based hierarchies with firm delineations of power and privilege between dominant and subordinate groups, which assigns power and dominance through group categorizations according to ethnicity, socioeconomic status, religion, or nationality (Sidanius & Pratto, 2012). SDT recognizes the reality of social inequality on three levels—individual, intergroup, and system-wide—suggesting that social dominance and its effects are punctuated throughout all levels of social interaction within any society (Sidanius & Pratto, 2012). With an emphasis on the

power of dominant groups to effect oppression, discrimination, and prejudice toward members of nondominant groups, SDT recognizes the elasticity and tenacity of social processes and hierarchies in establishing and defining intergroup power as dominant yet fluid (Sidanius & Pratto, 2012).

SDT demonstrated flexibility in considering the lived experiences of the participants from a personal, intergroup, and systemwide level, thus facilitating the broadest potential understanding of the phenomena explored in this study. Based on the fundamental components of SDT's construction and suppositions, the theory related to the research question for this study because the psychologists worked at the institutional level, engaged with others on an intergroup level, and maintained their own beliefs on a personal level. Therefore, the data gathered in response to this study's research question, framed by SDT, help extend understanding of these psychologists' lived experiences with the phenomena and concepts explored by this research on a personal, intergroup, and systemwide level.

Conceptual Framework

This study's goal was to gain a deeper understanding of how psychologists described their experiences with competency training and bias awareness when working with clients who may have held aligned or oppositional religious, spiritual, and nonreligious beliefs. To facilitate this goal, the phenomena and concepts presented in this study are identified and briefly defined in this section, with more detailed definitions provided in Chapter 2. Recognizing their complexity and broadness, religious, spiritual, and nonreligious beliefs will be defined separately.

Religion is defined as a search for the sacred with individuals of similar beliefs in a communal or institutional setting (Arczynski, Morrow, & Englar-Carlson, 2016; Harris, Howell, & Spurgeon, 2018; Hodge, 2015). Spirituality is defined as the search for the mystical or sacred without the structural organization of a communal or institutional setting (Arczynski et al., 2016; Harris et al., 2018; Hodge, 2015). Nonreligious beliefs are defined as the absence of religious or spiritual beliefs (Bradley, Exline, Uzdavines, Stauner, & Grubbs, 2018; Gervais & Najle, 2015; Sahker, 2016).

Competence has been defined as the acquisition of knowledge sufficient to demonstrate the minimum levels of skills and judgment necessary to provide ethically appropriate psychotherapeutic interactions with clients who embrace any religious, spiritual, or nonreligious beliefs (APA, 2017; Barnett, 2007). Competency training may be defined as graduate-level education, training, and supervision, in conjunction with professional-level clinical experience, to achieve the minimum levels of competency standards as outlined in the Ethics Code (APA, 2017). Competency training specific to religious, spiritual, and nonreligious beliefs may be defined as training, supervision, or clinical experience specific to the understanding and ethically efficacious incorporation of these beliefs into psychotherapeutic interactions.

Bias may be defined as the predisposition, tendency, or inclination toward embracing a particular belief or assumption (Harris, Spengler, & Gollery, 2016; Raja, 2016). Finally, psychotherapeutic interactions occurring between clinical psychologists and their clients are defined as an active exploration of a client's presenting concerns

within the professional context of agreed-upon treatment goals between clinician and client (Peteet, 2014).

Guided by and derived from a careful review of the literature and an awareness of my pre-existing biases and assumptions concerning my research question and study goals, my conceptual framework recognized my role as the researcher that influenced all aspects of the research process (Ravitch & Carl, 2016). Through the contextual lens of an interpretive constructionist understanding, I approached the transcendental phenomenological research process of this qualitative study with the assumption that all experiences were complex, unique, and context specific. This involved the belief that all people interpret experiences, reality, and truth based on their understanding of their lived experiences and beliefs. I was also aware of the multitude of unrecognized or submerged assumptions and biases that I brought to this research process, including any triggered reactions I may have had throughout the study. I mitigated the influence of such biases through self-reflection (Ravitch & Carl, 2016). I also had frequent interactions with my thought partners and my committee members and continually engaged in journal and memo writing to ground and document my passage through all phases of this research process (Ravitch & Carl, 2016).

Utilizing this contextual lens as the conceptual framework for my study allowed me to approach my research question, instrument development, and data analysis from a position of openness and naïveté. I was relieved of preconceptions or assumptions that might have tainted the iterative nature of a transcendental phenomenological approach (Moustakas, 1994). By embracing an interpretive constructionist understanding of my

research question and study goals, I accepted the sincerity, integrity, and truth of each participant's lived experiences surrounding these complex phenomena (Rubin & Rubin, 2012). This contextual framework aligned with Moustakas' (1994) recommended approach to scientific inquiry using transcendental phenomenology, which is used to understand the essence of each person's experience with the phenomena being explored.

Nature of the Study

This qualitative study included a transcendental phenomenological design to explore the lived experiences of psychologists as they described their unique personal accounts of competency training and bias awareness in preparing them to work with clients who may have held aligned or oppositional religious, spiritual, or nonreligious beliefs. The rationale for selecting this approach is supported by the lack of studies on the phenomena in this study, which created a gap in understanding related to the phenomena of inquiry. To assist in unveiling a deeper level of understanding about these phenomena, this research design and methodological approach allowed me to bracket any prejudgments regarding the phenomena being explored (Moustakas, 1994). This allowed me to remain more present, accepting, and receptive to the lived experiences of my participants (Moustakas, 1994). Therefore, this approach allowed me to fully embrace Moustakas' (1994) belief in the importance of imaginative variation to arrive at a synthesis of meanings from the individual and collective experiences of my participants to reveal the true essence of their experiences with the phenomena.

The phenomena and key concepts explored in this study included religious, spiritual, and nonreligious beliefs, which represented a degree of diversity and

complexity that amplified the potential challenges for psychologists to integrate them into psychotherapeutic interactions ethically. Additionally, the study was focused on levels of competency training and bias awareness, which may have had some influence or impact on how effectively psychologists perceived their ability to successfully integrate religious, spiritual, and nonreligious beliefs into psychotherapeutic exchanges. Finally, I was interested in the potential effect on the efficacy of the psychotherapeutic process between clinician and client when aligned or oppositional religious, spiritual, or nonreligious beliefs were introduced into the psychotherapeutic interaction.

Participants were identified and chosen through purposeful random sampling to reduce selection biases and amplify the diversity of the participant pool. The criteria for selection included currently licensed psychologists residing and working in the United States who had a minimum of 5 years of current psychotherapeutic interactions with any client population over the age of 18. All potential participants who met the criteria for inclusion were not excluded based on ethnicity, sexuality, age, socioeconomic status, gender, ableism, theoretical orientation, or religious, spiritual, or nonreligious beliefs. Projected sample sizes were tentatively set at a minimum of four and a maximum of 10 participants until data saturation was obtained.

Data were gathered through semistructured interviews, either through Zoom videoconferencing or over the telephone, depending on each participant's preference, to remove the limitations imposed by geography that might have impeded inclusion for some participants in this study. Additionally, by gathering data through Zoom videoconferencing or over the telephone, participants had a higher degree of control,

privacy, and perceived comfort by determining how, when, and where they wanted to be when participating in the interview process. All interviews were recorded with the participants' permission, using three different digital recording devices, thus ensuring the likelihood of accurately capturing all the data. The digital recording devices utilized were a handheld Sony Recorder microSD (model number ICD-UX533), an HD Audio Recorder on my smartphone, and Zoom's recording function. The researcher-developed interview questions for this study were the result of a comprehensive review of existing literature, feedback from my thought partners, and revisions by my committee members on question content, suitability, and alignment with the research question and goals of this study.

Analysis of data occurred once data saturation had been achieved, and no new themes had emerged (Moustakas, 1994; Ravitch & Carl, 2016). Following Moustakas' (1994) guidelines for data analysis using the modification of the Van Kaam Method, I followed the seven steps recommended for data analysis. These steps are discussed in detail in Chapter 3. Audio recordings were professionally transcribed by NVivo Transcription services, which have demonstrated a verified accuracy rate of up to 95%. The transcriptions that NVivo Transcription services produced were verified for accuracy by each participant and me before data analysis began. Once the analysis of data was complete, I interpreted and reported the data from each participant's experiences with the phenomena to reveal a collective representation of the essence of their experiences, broadening understanding of the phenomena explored in this study.

Definition of Terms

Bias awareness: A clinician's ability to be aware of, recognize, and acknowledge any existing biases, preconceptions, assumptions, or judgments toward any phenomena, experience, event, belief, culture, or person which may be influential in altering perceptions toward them during psychotherapeutic interactions (Ruff & Elliott, 2016).

Bias: The predisposition, tendency, or inclination toward embracing a particular belief or assumption (Hodge, 2017).

Bracketing: A process of self-reflection, undertaken by the researcher, to acknowledge and mitigate biases and preconceptions during the research process, allowing the researcher to approach the phenomena being explored from a position of objectivity and understanding as it relates to the lived experiences of participants (Moustakas, 1994, p. 89).

Clinician: In this study, a clinician is defined as a psychologist who has obtained a PhD in psychology, representing the highest levels of education and knowledge offered in their profession.

Competency training deficits: Represented by educational environments and training programs that do not consistently or comprehensively prepare graduate-level psychology students for achieving minimal levels of knowledge and understanding in the phenomena of religious, spiritual, and nonreligious beliefs to ethically facilitate psychotherapeutic interactions consistent with requirements for competency detailed in the APA Ethics Code (APA, 2017; Oxhandler & Parrish, 2017).

Countertransference: An unconscious reaction to a client's transference, often as the result of unresolved psychological conflict, which may cause the conflict to surface (Connery & Murdock, 2019).

Culture: Shared meaning systems of thought and behavior that are developed, shared, and broadcast socially, allowing socioculturally pertinent knowledge, attitudes, and beliefs to be disseminated throughout the cultural group to facilitate functioning in specific settings (Dengah, 2017).

Epoche: The process of setting aside preconceptions, biases, and judgments about the phenomena being explored, and the lived experiences of the participants, to arrive at an understanding of the experience that is objective and reflective (Moustakas, 1994, p. 85).

Group memberships: The connections existing between group memberships and beliefs to facilitate a sense of connection that binds groups together, influencing conformity through normative behaviors, actions, and beliefs. Unified by shared worldviews and common beliefs, group memberships provide stability, shared collective identities, common goals, and social embeddedness that strengthens group identification (Galen, 2018).

Horiziontalization: The process of data analysis that recognizes and respects the infinite way in which phenomena may be interpreted, based on the experiences of the participants. Redundancies and irrelevant statements that do not relate to the phenomena being explored are removed (Moustakas, 1994).

Meaning-making: How a person assigns significance to the experiences in their life (Kupor, Laurin, & Levav, 2015).

Morality: A complex construct which involves the processes of cognition, emotions, and behavior to form evaluative judgments about right and wrong, good and bad, that are related to a person's beliefs, values, and worldview (Cohen, 2015).

Nonreligious beliefs: Broadly defined as the absence of religious or spiritual beliefs (Gervais & Najle, 2015).

Power differential: All psychotherapeutic interactions involve a power differential between clinician and client, which is defined as the elevation in perceived power or status of one person or group over another, based on the influences of sociocultural norms and the reality of socially assigned privilege, resulting in the ability to determine and dictate norms (Davis et al., 2018).

Professional psychology: Replacing the former term of professional psychology, the new term is health service psychology, defined by APA as "the integration of psychological science and practice to facilitate human development and functioning."

Prosocialism: The willingness to help others, often motivated without concern or expectation for any reciprocal reward (Johnson, Cohen, & Okun, 2016).

Religious belief: A search for the sacred with individuals of similar beliefs in a communal or institutional setting (Harris et al., 2018).

Religious or spiritual struggles: This occurs when a person's relationship with their religious or spiritual beliefs becomes affected, which can have a profound influence

on their beliefs, meaning-making, and interpersonal relationships (Van Tongeren et al., 2019).

Self-disclosures: The inclusion of biographical information, personal feelings, personal insights, personal strategies, personal challenges, or insights into the client or the psychotherapeutic alliance, which are provided by the clinician in an immediate, spontaneous manner (Ziv-Beiman, 2013).

Social identity: The portion of the self-concept that results from social group memberships and the emotional attachments which members perceive from them (Tajfel & Turner, 2001).

Spirituality: The search for the mystical or sacred without the structural organization of a communal or institutional setting (Harris et al., 2018).

Therapeutic alliance: A collaborative relationship between clinician and client, which is strengthened by attachment, positive regard, and a unified consensus of treatment outcomes (Flückiger, Del, Wampold, & Horvath, 2018).

Values: A collection of shared beliefs about normative behaviors that guide and motivate actions (Cook, Cottrell, & Webster, 2015).

Assumptions

Several key assumptions were interwoven throughout this research. Although religious and spiritual beliefs represented key phenomena in this study's exploration and are embraced by the overwhelming majority of Americans, these beliefs cannot be empirically proven to be true or false (Friesen, Campbell, & Kay, 2015). However, because of the unfalsifiable nature of religious and spiritual beliefs, and the uniqueness of

each person's experiences with these phenomena, the conceptual framework of this study supported the recognition that each person's beliefs represented truth as they understood and conceptualized it, based on the validity of their lived experiences. Therefore, although it is impossible to empirically prove or disprove the validity and truth of any or all religious, spiritual, or nonreligious beliefs, ideologies, or faith traditions, this study's conceptual framework accepted the assumption that each person's unique belief systems were true and valid for them.

Additionally, as the primary researcher in this transformational phenomenological exploration, I believe that I was able to identify and appropriately manage any biases, preconceptions, or assumptions that might have resulted from any interactions with my participants and this research process. However, I cannot be certain that I was able to maintain true objectivity in any phase of this research process, according to Moustakas' (1994) requirements. But I reached out to my thought partners and committee members, who continually challenged any manifestations that might have emerged from my unrecognized blind spots, erroneous assumptions, or inaccurate interpretations throughout all phases of the research process.

Finally, I assumed that all research, despite its best intentions, might be flawed because of the possibility for recognized and unrecognized biases to be embedded in any or all phases and components of the research process. Though this does not preclude the viability and utility of data obtained from studies to help inform and explain the constructs, concepts, and phenomena it has explored or examined, all results or interpretations from all forms of empirical research should be evaluated and understood

through the perceptual lens that the research and findings may or may not represent facts or truth.

Scope and Delimitations

In this study I explored how psychologists described their experiences with competency training and bias awareness in managing religious, spiritual, and nonreligious challenges when working psychotherapeutically with clients who may have held aligned or oppositional beliefs to their own. Focusing qualitatively on the lived experiences of psychologists who were providing psychotherapeutic care to a variety of client populations amplified the likelihood that they had encountered the planned or unexpected interjection of religious, spiritual, or nonreligious beliefs into clinical interactions. New insights became apparent as they shared how their experiences with competency training and bias awareness had assisted or hindered them in interacting effectively with their clients who may have had aligned or oppositional religious, spiritual, or nonreligious beliefs to their own.

Licensed psychologists residing and working in the United States represented the population of participants in this study, with inclusion criteria requiring a minimum of 5 years of active clinical experience, working with any client population over the age of 18, and utilizing any modality in psychotherapeutic interactions. The rationale for requiring potential participants to have a minimum of 5 years of direct clinical experience for inclusion in this study related to the assumption that more clinical experience may have resulted in a greater probability of encountering clients who may have held aligned or

oppositional religious, spiritual, or nonreligious beliefs during psychotherapeutic interactions.

When exploring the phenomena of religious, spiritual, and nonreligious beliefs, several theories were appropriate for this study's exploration (Van Lange, Kruglanski, & Higgins, 2012). Theories that were initially considered and then discarded included need-to-belong theory and social identity theory (Baumeister, 2012; Ellemers & Haslam, 2012). As discussed in more detail in Chapter 2, both of these theories might have been applicable to an exploration of this research; however, they were discarded in favor of SDT, which represented a more appropriate alignment with the research question and study goals. Additionally, the common ingroup identity model (Gaertner & Dovidio, 2012), sociometer theory (Leary, 2012), self-categorization theory (Turner & Reynolds, 2012), terror management theory (Greenberg & Arndt, 2012), and social comparison theory (Suls & Wheeler, 2012) may also have been appropriate for this study. However, the SDT provided the broadest and most appropriate theoretical base for understanding the phenomena being explored in this research. A more detailed explanation of SDT can be found in Chapter 2.

Study Limitations

There were several important limitations represented in this study. First, the nature of data gathering required self-reports from participants, which may have yielded information that was biased or influenced by social desirability (Burch-Brown & Baker, 2016; Hefti & Bussing, 2018; Oxhandler & Pargament, 2018). Further, I assumed that participants would actively share their experiences as engaged participants in the research

process, willingly and openly discussing their experiences with competency training and bias awareness in managing religious, spiritual, and nonreligious challenges when working psychotherapeutically with clients who may have held aligned or oppositional beliefs. But it is impossible to guarantee that every participant provided information that was accurate, authentic, and complete, especially when responding to questions about the unique lived experiences of their psychotherapeutic interactions with clients relating to religious, spiritual, and nonreligious content (Bradburn, Sudman, & Wansink, 2004). Though this does not dilute the scientific value of the gathered data, care must be taken to eliminate overgeneralization or universalization of the results (Ravitch & Carl, 2016).

Additionally, the potential perception of sensitivity related to this topic might have limited the number of psychologists willing to participate in this research (Rubin & Rubin, 2012). My focus for this study was on revealing a more thick understanding of these complex and diverse phenomena and their potential intersections in psychotherapeutic interactions. However, due to the uniqueness of each participant's experiences and the potential lack of representative diversity among the participant population, my goal for this qualitative study was not to seek generalized findings; rather, my goal was to achieve transferability (Ravitch & Carl, 2016). Transferability is facilitated by data that contains descriptions of participant's experiences that are detailed and thick (Ravitch & Carl, 2016). The successful transferability of the findings from this study will allow them to transfer to other contexts, thereby broadening understanding of these phenomena across more than one specific context (Ravitch & Carl, 2016).

Another significant limitation of this study was my inexperience in qualitative research, which challenged my ability to conduct effective interviews, including being able to appropriately and effectively encourage my participants to share their experiences openly. Creating an atmosphere of respect and interest is an essential component of successful interviewing, which was challenging to achieve because the interviews occurred over Zoom videoconferencing or the telephone rather than in a face-to-face meeting. Additionally, my inexperience as a qualitative researcher might have influenced my ability to accurately and effectively code, theme, and interpret the gathered data, which might have diluted the scientific value of the collected data. Lastly, as a novice researcher, I was aware of and managed my biases, assumptions, and prejudgments through self-reflection, epoche, and interactions with my thought partners and committee members.

Significance

This research begins to fill a gap in knowledge by providing a fundamental understanding of these participants' experiences with competency training and bias awareness when working with clients who exhibited a diverse array of religious, spiritual, and nonreligious beliefs. This study represented an opportunity to qualitatively delve into an under-researched area, providing experienced psychologists with the chance to share the challenges and successes that they had encountered when working with religion, spirituality, and nonreligious beliefs in psychotherapeutic interactions. The Ethical Principles of Psychologists and Code of Conduct (APA, 2017), hereafter referred to as the Ethics Code, provides a minimalistic approach to religion when specificity may

be more valuable in guiding ethical actions within these complex phenomena. Gaining insight into how participants recognized, perceived, and managed religious, spiritual, and nonreligious biases as they navigated through the complexities of client beliefs and their expectations for therapeutic care may have facilitated a richer understanding of current competency training and bias awareness protocols. The participants' stories revealed potential insights into the extent to which competency training and bias awareness guided or informed their ability to maintain phenomena-specific competence and psychotherapeutic effectiveness when working with clients from all religious, spiritual, and nonreligious backgrounds.

The observations gathered from this study may encourage further research into the psychotherapeutic efficacy of prevailing academic standards for competency training and bias awareness in religious, spiritual, and nonreligious content. By sharing their unique perspectives on this topic through their lived experiences, the participants broadened awareness and understanding of these phenomena within psychotherapeutic interactions, enhancing existing knowledge by illuminating their challenges and revealing their strategies for success. Clinical interactions with clients are a core component of psychotherapeutic care (Peluso & Freund, 2018; Spencer, Goode, Penix, Trusty, & Swift, 2019). Because psychologists are ethically bound and uniquely trained to protect their clients from harm, a deeper understanding of these phenomena may contribute to positive social change by empowering future clinicians with the competency training and bias awareness skill levels necessary to provide ethically competent care when working with clients who embrace a wide latitude of religious, spiritual, and nonreligious beliefs

(Behnke & Jones, 2012; Knauss & Knauss, 2012; Salter & Salter, 2012). Therefore, this research may help protect the clinician, client, and industry from harm through a better understanding of psychologists' experiences with these phenomena in psychotherapeutic interactions as well as expanding understanding of how competency training and bias awareness may have intersected and influenced these phenomena (Carrington, 2013; Danzer, 2018; Vieten et al., 2016).

Summary

Religious, spiritual, and nonreligious beliefs are complex, diverse, evolving, and unique to each person who embraces them. There are 2,135 groups or denominations within the United States currently practicing their beliefs and traditions (Keller, 2014). However, within the field of psychology there are inconsistent definitions for religion, spirituality, and nonreligious beliefs, with no agreement among the terms or how to define them. But research has suggested that clients expect their beliefs to be integrated into psychotherapeutic interactions (Arczynski et al., 2016; Raja, 2016; Sherbersky, 2016). Therefore, this study addressed the necessity for continued research into these intersecting phenomena to expand understanding of the challenges that psychologists may experience when religious, spiritual, or nonreligious beliefs are integrated into psychotherapeutic interactions with clients who may hold aligned or oppositional beliefs.

For this study, I utilized a qualitative, transcendental phenomenological approach and collected data through semistructured interviews. Data obtained from this research can fill the gap in knowledge by providing a broader foundational understanding of these psychologists' experiences with competency training and bias awareness when managing

the challenges associated with psychotherapeutic interactions with clients who might hold aligned or oppositional religious, spiritual, or nonreligious beliefs. The results of this study may lead to opportunities for further research into the clinical efficacy of prevailing professional standards of education, training, and supervisory protocols for psychology students and the phenomena of religious, spiritual, and nonreligious beliefs.

In the following chapter, I present a thorough review of the literature. Detailed information regarding theoretical foundations, the conceptual framework, definitions of key terms, and important percentages are provided. Additionally, the phenomena explored in this study are broken down into different categories, subgroups, and components, with literature provided to support their inclusion and relevance to this study. The gap in current knowledge is presented and supported throughout the literature review of Chapter 2 in conjunction with information supporting the necessity for this research. I also note the potential impact of this research on minimizing the existing gap in knowledge and understanding surrounding the possible intersections of these phenomena and concepts.

Chapter 2: Literature Review

Introduction

The purpose of this study was to explore how psychologists described their experiences with competency training and bias awareness in preparing them for psychotherapeutic interactions with clients who held aligned or oppositional religious, spiritual, or nonreligious beliefs. Despite the contentious relationship that has existed between the field of psychology and religious and spiritual beliefs, the last two decades have shown an increased awareness of these phenomena as influential aspects of peoples' lives and mental health (Augustyn et al., 2017; Harris et al., 2018; King & Franke, 2017). Research has indicated connections between religion and spirituality to higher levels of subjective well-being and life satisfaction among believers (Hui et al., 2018; Kanazawa, 2015; Morton, Lee, & Martin, 2017), contrasting findings that have suggested that religion and spirituality may negatively impact the mental health of believers (Gutierrez, Park, & Wright, 2017; Lim, 2015; Nie & Olson, 2016).

Further, the act of believing influences identity, relationships, behavior, culture, emotions, experiences, worldview, and perceptions (Boden et al., 2016; Wesselmann, VanderDrift, & Anew, Christopher, 2016). Those who seek psychotherapeutic assistance may prefer or expect religious, spiritual, or nonreligious beliefs integrated into psychotherapeutic interactions (Barnett, 2016; Johnson, 2016a; Oxhandler, 2019). Ethically, psychologists should be prepared to address religious and spiritual issues in psychotherapy based on the recognition that these beliefs may have relevance to a client's motivation to seek treatment (Barnett, 2016; Harris, Randolph, et al., 2016). But the level

of competency within this domain may influence clinical outcomes (Arczynski et al., 2016; Hathaway, 2016; Jafari, 2016). Thus, it is important for clinicians to achieve adequate education and competency training levels specific to religious, spiritual, and nonreligious beliefs for effective integration of religion and spirituality in psychotherapeutic interactions (Davis et al., 2018; Goodwin et al., 2018; Oxhandler et al., 2018). Though research has indicated deficiencies in current educational and training programs, little is known about how psychologists manage their bias awareness or perceive their levels of competency training as preparatory tools for the possible integration of religious or spiritual beliefs into psychotherapeutic exchanges.

Establishing a foundation for this exploration will begin with a brief introduction to applicable sociopsychological theories, preceding an examination of the historic and transformational views of religious, spiritual, and nonreligious beliefs within the field of psychology, including considerations for the fundamental challenges associated with defining the constructs of religious and spiritual belief. An abbreviated review of supportive literature will provide an overview of religious and spiritual beliefs when seen through the lenses of social and cultural influences and the uniqueness of the human experience. Other literature will reveal the paradoxical juxtaposition of religious and spiritual beliefs as potentially positive or negative forces affecting the health and well-being of believers at the individual, group, and societal levels. Then, a presentation of literature exploring the religious, spiritual, and nonreligious beliefs of psychologists will transition into a review of existing research providing more in-depth insights into specific aspects of psychotherapeutic interactions between psychologists and clients as they relate

to religious and spiritual beliefs. Accordingly, a more detailed review of the literature will address the competency training deficits currently indicated within the mental health professions, in conjunction with the importance of bias awareness for demonstrating psychotherapeutic efficacy. Finally, a presentation and discussion of research pertinent to this study will reveal the current corpus of knowledge yielded from the lack of existing research and illuminate the gap in extant literature which this study intends to address.

Literature Search Strategy

To implement a thorough and comprehensive review of relevant literature applicable to the topics of religious, spiritual, and nonreligious beliefs, competency training, bias awareness, psychotherapeutic interactions, and the potential implications and challenges associated with the aligned or oppositional beliefs between psychologists and their clients, EBSCOhost was used as the primary portal through which to access databases. Specific databases included Thoreau, Academic Search Complete, ProQuest Central, PsycINFO, ERIC, SAGE journals, and Taylor and Francis online. Additional sources included APA journals related to clinical psychology, psychotherapy, religious and spiritual beliefs, and research. Search parameters included limiters of peer-reviewed articles written within the past 5 years. Keywords consisted of various combinations of topic-specific words, including *agnostics, atheism, attitudes, behaviors, belief and doubt, bias, biases, boundaries, client matching, client perspective, clinical practice, clinical supervision, code of ethics, competency practices, competency skills, competency training, competency, countertransference, crisis of faith, deconversion, disaffiliation, disclosure, discrimination, diversity, ethics and counseling, ethics and psychotherapy,*

ethics in psychology and the mental health professions, ethics in psychology, ethics in psychotherapy and counseling, ethics in therapy, ethics, faith exit, graduate training, group counseling, group therapy, heterodox, heuristics, human diversity, integration, loss of faith and religion, morality, multicultural competence, multiculturalism, practice, practitioner, psychology training, psychotherapist training, psychotherapy outcome, psychotherapy process and outcome, psychotherapy relationship, psychotherapy, religion and spirituality, religion, religious doubt, religious identity, religious nones, religious or spiritual integration, religious practice, religious questions, spiritual identity, spiritual practice, spirituality, supervision, therapeutic alliance, therapeutic intervention, therapeutic rupture, therapist disclosure, therapist effects, therapist self-disclosure, therapy or treatment or intervention or counseling or psychotherapy, therapy, training, evaluation, unbelief, and *values.*

Each journal article was printed and reviewed to ensure relevance and applicability to this specific study. Due to the enormous amount of articles generated from a literature search including any iteration of phrases containing *religion* and or *spirituality*, culling was accomplished by maintaining a focus on the inclusion of the most recent prior studies that had specific salience to the current study. Further organization of the articles included evaluating and determining their relevance to the present study by specific, tangential, or peripheral topic support. Due to the lack of research into the specific subject area covered by the present study, research conducted more than 5 years ago has been included so that a thorough presentation of scholarship related to this study

is demonstrated, thereby revealing the most comprehensive exploration of this research topic to date.

Theoretical Foundation

Theories are an integral part of the scientific process and help connect ideas to research grounded in psychological principles that underlie the mechanisms of the phenomenon being studied (Van Lange et al., 2012). Theories have the ability to elucidate phenomena in a way that produces clarity and understanding (Van Lange et al., 2012). Selecting a theoretical foundation for this study was an iterative process; therefore, two seminal theories were initially and individually considered because of their potential applicability to this study but were ultimately discarded in favor of a third theory that demonstrated more appropriate alignment with the research question, exploration focus, and goals of this study. However, because of their frequent application to research on religion and spirituality, group memberships, and bias, and their potential salience to this study, a brief overview of the theories not chosen will be provided, followed by a presentation of the selected theory.

Need-to-Belong Theory

Fundamentally, research has demonstrated that all humans have an inherent need to belong, which propels them toward social relationships that allow them to fulfill this primal goal (Baumeister, 2012; Böhm, Rusch, & Baron, 2018; Long, Pinel, & Yawger, 2017). Baumeister's (2012) need-to-belong theory helps to clarify the importance of social connections, which mold the architecture of human behavior, cognition, and emotions. The desire to attain and maintain social connections (Bartz, Tchalova, &

Fenerci, 2016) is so important to humanity that individuals will alter their beliefs, behaviors, or goals to conform to the beliefs, behaviors, or goals of others (Kim & Hommel, 2015). Research has revealed the imperative role that belonging fulfills as well as the psychological and physical consequences which result when belonging is not successfully achieved (Falk & Scholz, 2018; Lambert et al., 2013; Wesselmann et al., 2016).

Social Identity Theory

Social connections flow into group memberships, and the cohesive force of group memberships may be in their ability to facilitate positive collective identities that allow people to define themselves within the context of their chosen social group (Ellemers & Haslam, 2012). This alliance generates differentiations between ingroup and outgroup memberships resulting from the active processes of social categorization, social comparison, and social identification (Kanas, Scheepers, & Sterkens, 2016; Killen, Hitti, & Mulvey, 2015; King & Franke, 2017). Once formed, social identities through group memberships can supersede individual identities, depending on the context (Destin, Rheinschmidt-Same, & Richeson, 2017) and might be a catalyst for outgroup derogation if the social identity of ingroup members is perceived as threatened (Craig & Richeson, 2016; Kunst, Kimel, Shani, Alayan, & Thomsen, 2018; Tajfel & Turner, 2001). Social identity theory has often been applied to research that focuses on group memberships that are shaped through social contexts and may lead to interreligious bias, conflict, and prejudice (Burch-Brown & Baker, 2016; Kanas et al., 2016; King & Franke, 2017).

Social Dominance Theory

Sidanius and Pratto's (2012) SDT provided the foundational theoretical framework for this study. The origin of this theory was in the real-life experiences of inequality, dominance, and violence experienced by SDT's first author and ethnic and religious discrimination experienced by SDT's second author due to a social system that was created and maintained by a dominant group-based social hierarchy (Sidanius & Pratto, 2012). From Sidanius and Pratto's personal experiences, this sociopsychological theory emerged and has been widely recognized as influential in its attempt to elucidate the complexities of dominance and oppression through socially structured and reinforced group-based hierarchies (Kauff, Schmid, Lolliot, Al Ramiah, & Hewstone, 2016; Pehrson, Carvacho, & Sibley, 2017).

Inspired by and evolved from classic and neo-classic theories of elitism and privilege, SDT's authors accepted that all social systems were hierarchically structured, thus allowing for the successful legitimization of control skewed in favor of the dominant groups (Sidanius & Pratto, 2012). SDT postulates that societies are organized through group-based hierarchies with firm delineations of power and privilege between dominant and subordinate groups (Sidanius & Pratto, 2012). Within hierarchal social systems, SDT suggests that stratification occurs across three specific systems: the age system, which assigns power and dominance based on age; the gender system, which assigns power and dominance through patriarchy; and the arbitrary-set system, which assigns power and dominance through group categorizations such as ethnicity, socioeconomic status, religion, or nationality (Sidanius & Pratto, 2012).

Additionally, SDT embraces societal inequality at the individual level, the intergroup level, and the system-wide level (Sidanius & Pratto, 2012). Thus, group-based hierarchies are maintained at the personal level through socially reinforced beliefs among individuals and reinforced through the coordinated acceptance and propagation of collective stereotypes, biases, and prejudices (Fiske, 2017; Sidanius & Pratto, 2012). At the intergroup level, Sidanius and Pratto (2012) posited that group-based hierarchies are maintained through social contexts and fueled by intergroup threat, prior contact, and the validation of ingroup versus outgroup delineations. Finally, at the societal level, social dominance through group-based hierarchies are maintained through two divergent suppositions: hierarchal-enhancing and hierarchal-attenuating beliefs (Abrams, Houston, Van de Vyver, & Vasiljevic, 2015; Pehrson et al., 2017; Su, Gries, Lee, & Tran, 2017). Briefly, those who embrace hierarchy-enhancing views advocate in favor of dominant group supremacy over subordinate groups, which has been termed social dominance orientation (SDO), whereas those who embrace hierarchy-attenuating ideologies embrace positions of equality over hierarchy (Abrams et al., 2015; Does & Mentovich, 2016; Sidanius & Pratto, 2012).

SDT and SDO have been applied to research focused on explorations of group-based inequality, bias, prejudice, or stereotyping within a wide variety of social contexts (Abrams et al., 2015; Alexandra, 2018; Kanas et al., 2016; Kauff et al., 2016; Newheiser, Hewstone, Voci, & Schmid, 2015; Pehrson et al., 2017). But SDT is the frequent theory of choice for research involving interpersonal dynamics and group-based structures, as SDO may reflect inconsistent variability in attitudes toward the hierarchal structuring of

subordinate groups based on specific attitudes relative to specific topics (Pehrson et al., 2017). For example, SDO has demonstrated a sensitivity to specific social contexts and experimental manipulations when assigning corresponding attitudes and beliefs (Pehrson et al., 2017). However, Pehrson et al. (2017) defend the integrity of SDO based on longitudinal studies that demonstrated that SDO does measure a person's attitudes toward social groups and specific attitudes, even though SDO's are shaped by sociodemographic factors.

With an emphasis on the power of dominant groups to effect oppression, discrimination, and prejudice toward members of nondominant groups, SDT distinguishes itself from other sociopsychological theories through its position on the conceptualization and consideration of group dominant power (Sidanius & Pratto, 2012). SDT focuses on societal organizations and social hierarchies that are defined and organized through group-based memberships (Alves, Koch, & Unkelbach, 2018; Böhm et al., 2018; Lantz, Pieterse, & Taylor, 2018). In contrast to other theories focused on the normative significance of social status, social identity, self-esteem, or self-categorization in determining influence and control over others, the elasticity and tenacity of social processes and hierarchies suggest that SDT emphasizes intergroup power as dominant yet fluid (Sidanius & Pratto, 2012). Utilizing SDT as a theoretical framework for this study helped increase understanding of social dominance as a complex system of group-based hierarchies that are influenced by personal agency, social contexts, and institutionalized discrimination (Böhm et al., 2018; Sidanius & Pratto, 2012).

This present study was conducted to understand the lived experiences of the participants as they related to competency training, bias awareness, and the challenges of working with clients who may have held aligned or oppositional religious, spiritual, or nonreligious beliefs. The applicability of SDT as a theoretical framework for this research was because of its flexibility in considering the lived experiences of the participants from the personal, intergroup, or system-wide level, thus facilitating the broadest understanding of the phenomena being explored. The research question for this study related to the fundamental components of SDT's construction and core suppositions because psychologists work at the institutional level, engage with others on an intergroup level, and maintain their own beliefs on a personal level. Data gathered in response to this study's research question, framed by SDT, extends understanding of psychologists' lived experiences on a personal, intergroup, and system-wide level.

Conceptual Framework

In this study I aimed to gain a deeper understanding of how psychologists described their experiences with competency training and bias awareness when working psychotherapeutically with clients who may have held aligned or oppositional religious, spiritual, and nonreligious beliefs. As the broadest concept included in this study, religious, spiritual, and nonreligious beliefs are defined in the following sections, followed by an overview of the history of these beliefs within the field of psychology. Finally, current percentages of religious, spiritual, and nonreligious beliefs throughout the United States are presented, with changing trends in beliefs noted.

In recognition of religious and spiritual beliefs as complex and multifaceted phenomena, a breakdown of their subcomponents, salient to this study, are briefly presented. They are accompanied by an abbreviated overview of supporting literature related to each subcomponent, whose inclusion provides a more informed understanding of each phenomenon as it related to the peripheral support of this study. Then, a more thorough review of the literature is discussed. Psychologists as psychotherapeutic providers are presented through a review of relevant literature, including information about their levels of religious, spiritual, and nonreligious beliefs and how those percentages of belief may be in contrast to the clients they serve. The psychotherapeutic process is then explored, due to its relevance as the platform through which psychologists provide assistance to their clients. Additionally, a review of pertinent literature as it relates to religious, spiritual, and nonreligious beliefs within psychotherapeutic interactions in included. Finally, the concepts of bias awareness and competencies are introduced through a review of the applicable literature, with a focus on their potential connections to psychotherapeutic efficacy within the phenomena of religious, spiritual, and nonreligious beliefs.

Religious, Spiritual, and Nonreligious Beliefs Defined

The definitions of religious and spiritual beliefs have evolved. Within the field of psychology, and indeed throughout the mental health professions, there remains an inconsistent and confusing blur of definitions for religion and spirituality, with no agreement among the terms, or whether the terms should be defined separately or as overlapping phenomena (Harris et al., 2018). However, for this exploration, religion was

defined as a search for the sacred with individuals of similar beliefs in a communal or institutional setting (Arczynski et al., 2016; Harris et al., 2018; Hodge, 2015). Spirituality was defined as the search for the mystical or sacred without the structural organization of the communal or institutional setting (Arczynski et al., 2016; Harris et al., 2018; Hodge, 2015). Nonreligious beliefs were defined as the absence of religious or spiritual beliefs (Bradley et al., 2018; Gervais & Najle, 2015; Sahker, 2016).

Historical Perspective of Religious, Spiritual, and Nonreligious Beliefs in Psychology

The history of religion and spirituality in psychotherapy has experienced dynamic swings from opposing poles of rejection to acceptance (Jafari, 2016). This tumultuous relationship found its genesis in the attitudes, opinions, and beliefs of some of the notable paragons of the field, like Freud and Ellis, who argued that religion represented tangible evidence of neuroses, illusions with detrimental implications for believers (Johnson, 2016b; Oxhandler et al., 2018). However, others, like Allport, Jung, and Maslow, held more favorable views toward religion and spirituality as appropriate or important phenomena to include in clinical exchanges (Harris, Randolph, et al., 2016). The historical bias against religion and spirituality as salient areas for exploration in psychotherapy have been well-documented within the literature (Arczynski et al., 2016; Jafari, 2016; Oxhandler et al., 2018; Oxhandler & Parrish, 2017; Plante, 2014), with links between the earlier beliefs of religion and spirituality as indicators of psychopathology (Hodge, 2017), to the recent concerns that integration should be considered across a continuum of commitment (Barnett, 2016; Barnett & Johnson, 2011). Fully dislodging

the early biases against the integration of religion and spirituality into psychotherapeutic interactions has been unsuccessful, to date, within the mental health profession.

However, while the majority of mental health professionals dismissed or ignored religion and spirituality as useful constructs for psychotherapeutic exploration throughout the majority of the twentieth century, the last two decades have seen a growing shift in that perception (Oxhandler & Pargament, 2018; Richards, Sanders, Lea, McBride, & Allen, 2015). Moving from a period of dismissal to acceptance, the debate as to whether the integration of religion and spirituality into psychotherapeutic environments is scientifically warranted, necessary, or beneficial continues (Harris et al., 2018; Johnson, 2016b). Proponents of inclusion argue that religious and spiritual beliefs are an essential component of human experience, necessitating their consideration as salient aspects of a client's mental health (Cohen, 2015; Harris et al., 2018; Kucinskas, Weight, Ray, & Ortberg, 2017). Psychologists who support integration suggest that incorporating religious and spiritual beliefs into psychotherapeutic interactions may improve treatment outcomes (Oxhandler & Parrish, 2017) while meeting clients' expectations and beliefs (Jafari, 2016). Opponents of inclusion argue that integration may lead to the unintentional blurring of boundaries between the role of a psychotherapist and the role of a religious or spiritual leader, thereby distorting clinical care for religious care (Barnett, 2016; Hodge, 2011; Johnson, 2016a; Milstein, Manierre, & Yali, 2010; Plante, 2009). Additionally, concerns remain within the field of psychology that the inappropriate integration of religious or spiritual beliefs into psychotherapeutic interactions may be utilized as a vehicle for serving the needs of the psychologist rather than the needs of the

client (Hathaway, 2016; Jackson & Coyle, 2009; Sperry & Mansager, 2007), or as a way of negating or altering client beliefs (Jackson & Coyle, 2009; Oxhandler, 2019; Rose, Westefeld, & Ansley, 2001; Ruff & Elliott, 2016).

Percentages of Belief in the United States

Whereas the religious landscape in the United States continues to evolve, with more people moving away from the formal structure of specific religious group memberships, the latest data revealed that religion was very important to 53% of respondents and somewhat important to 24% ("America's Changing Religious Landscape," 2015a). Interestingly, the Pew Research Center survey indicated a dramatic rise in Americans who have identified as religious *nones*, including 23% among the entire population and 35% of millennials ("America's Changing Religious Landscape," 2015a). As a specific category option provided on some religious and spiritual surveys, nones often represent but are not limited to, an unspecified designation separate from religious belief that may include agnostics, atheists, an absence of belief altogether, a willingness to believe in spirituality over religiosity, or a universal spirit (Deal & Magyar-Russell, 2018; Keller, Bullik, Klein, & Swanson, 2018; Speed & Hwang, 2019). If current trends continue, the percentage of Americans identifying as nonreligious may account for half of the population in the United States within the next 25 years (Coleman, Hood, & Streib, 2018; Hout, 2017; Moore, 2017).

When broken down by religious group affiliations, the Pew survey revealed an overwhelming majority of respondents who signified that their specific religious group was very important to them, with breakdowns by denominational affiliations ranging

from 52% to 90% (“America’s Changing Religious Landscape,” 2015a). These findings indicated that religious belief was very important to the majority of Americans (Zhang et al., 2018). And when broken down by gender, 43% of men and 57% of women respondents stated that religion was an important component in their lives (“America’s Changing Religious Landscape,” 2015a). Mirroring the Pew findings, the latest Gallup poll found that 72% of Americans believed that religion was important, with 51% indicating that it was very important (Brenan, 2018). Further, 63% of respondents of the 2015 Pew Research Center survey declared having an absolute belief in God, while 20% were fairly certain of His existence (“Belief In God,” 2015b). Attendance at religious services occurred at least once per week for 36% of respondents, with 33% attending, but less often (“Attendance at Religious Services,” 2014). Finally, 59% of respondents surveyed stated that they felt a sense of spiritual peace and well-being at least once a week, with 15% experiencing it once or twice per month (“Frequency of Feeling Spiritual Peace,” 2015c).

Sociocultural Components of Religious and Spiritual Beliefs

Religious and spiritual beliefs are rooted in social and cultural phenomena that shape and influence beliefs, identity, morality, values, conceptualizations of family, designations of groups, gender norms, sexual practices, and prosocialism (Fatima, Mehfooz, & Sharif, 2017; Krause & Hayward, 2015; Moon, Krems, Cohen, & Kenrick, 2019). Shared believing through sociocultural pathways allow for connections between people and provides them with a framework or structure that facilitates an understanding of how to navigate through a complex world in a meaningful way (Einolf, 2011; Krause

& Hayward, 2015; Morton et al., 2017). It has been argued that the connections between socialization and culture to religious and spiritual beliefs are critical to their successful continuance (Gervais & Najle, 2015; Hodge, 2015; Shariff, Piazza, & Kramer, 2014).

Culture can be defined as shared meaning systems of thought and behavior that are developed, shared, and broadcast socially, allowing socioculturally pertinent knowledge, attitudes, and beliefs to be disseminated throughout the cultural group to facilitate functioning in specific settings (Dengah, 2017; Gervais & Najle, 2015; Hays, 2016). The agreement that culture exerts a powerful influence on shaping religious, spiritual, and nonreligious beliefs is widely embraced throughout the field of psychology (Dengah, 2017; Kanazawa, 2015; Salzman, 2008; Zhang et al., 2018). However, it is important to note that the inclusiveness of culture as a construct may detract from the recognition that religious, spiritual, and nonreligious beliefs can exist apart from a cultural component and that culture exists separately from religious and spiritual beliefs (Hays, 2016; Johnson, Hill, & Cohen, 2011). Gervais and Najle (2015) punctuated this point by noting that humans as a species are steeped in culture, yet they are not indiscriminate actors, mindlessly or passively cannibalizing environmental information. There are still questions within the field of psychology as to whether religious beliefs necessitate culture to be learned, and whether the learning process requires scaffolding to be successful. Still, there is general agreement that sociocultural influences have an important connection to religious, spiritual, and nonreligious beliefs (Gervais & Najle, 2015).

Social Identity

The role of religious, spiritual, or nonreligious beliefs in shaping and influencing the development and retainment of identity formation is complex (Milstein et al., 2010; Palasinski & Seol, 2015). However, for this literature review, the construct of identity was defined through the conceptualization of social identity, rather than a personal identity (Ellemers & Haslam, 2012). According to SIT, social identity can be defined as that portion of the self-concept that results from social group memberships and the emotional attachments which members perceive from them (Tajfel & Turner, 2001). Social identities are not limited to one self-concept but can reflect several identities based on group memberships and social affiliations (Khan & Stagnaro, 2016). For some, their religious, spiritual, or nonreligious beliefs may form the core of their identity (Davis et al., 2017), while others may use their beliefs as tools for shaping or refining their identity (Cohen, 2015). Social identity may result from a person's associations between their religious, spiritual, or nonreligious beliefs and their values or worldview (Jafari, 2016). Religious, spiritual, or nonreligious social identity may be influenced by a multitude of sociocultural factors, such as ethnicity, gender, group membership, sexual orientation, or cultural hierarchy (Cornish & Wade, 2010; Fiske, 2014). However, people may also define themselves and their social identity in ways unrelated to religious, spiritual, or nonreligious beliefs (Hodge, 2013a). Importantly, religious, spiritual, or nonreligious social identity may be related to or a consequence of a client's desire to seek psychotherapeutic interactions (Barnett, 2016; Cornish & Wade, 2010).

Morality and Values

Morality has often been associated with the core values of many faith traditions. In this study, morality was defined as a complex construct which involves the processes of cognition, emotions, and behavior to form evaluative judgments about right and wrong, good and bad, which are related to a person's beliefs, values, and worldview (Cohen, 2015; Sunar, 2002). Values were defined as a collection of shared beliefs about normative behaviors that guide and motivate actions (Cook et al., 2015). Cohen (2015) notes the importance that the field of psychology has placed on the concept of morality. Indeed, the importance of morality is so critical to healthy functioning that its absence has been conceptualized as a pathological condition (Sunar, 2002). For many people, their evaluation of their moral standards forms the foundation of their self-concept and social identity (Stanley & De Brigard, 2019). The connection between religion and morality is tightly intertwined, with some scholars arguing that religious belief functions as the specifier of moral behavior through oral or written traditions which are socially shared among group members, thus dictating normative behaviors and actions through the designation of what constitutes morality and immorality (Cohen, 2015; Cook et al., 2015; Hardy & Willoughby, 2017; Soliman, Johnson, & Song, 2015; Yilmaz & Bahçekapili, 2015).

However, although agreeing that religion and spirituality punctuated a moral imperative, Norenzayan et al. (2016) suggested that religious and spiritual beliefs were unnecessary components of morality, arguing that nonreligious believers could also exhibit moral behavior and prosocial values through other group connections separate

from any religious or spiritual beliefs. Despite this, research has revealed that nonreligious believers have been viewed as non-trustworthy and lacking in morality (Cook et al., 2015; Labouff & Ledoux, 2016; Wright & Nichols, 2014). As an understudied population in psychological research, atheists and other nonbelievers have experienced negative stereotyping that have characterized them as being morally deficient due to their lack of religious or spiritual affiliations (Cheng, Pagano, & Shariff, 2018; Dubendorff & Luchner, 2017; Wright & Nichols, 2014).

Group Memberships

The literature connecting the phenomena of religious, spiritual, and nonreligious beliefs to group memberships is substantial. However, for this study, the salience of group memberships as they related to religious, spiritual, and nonreligious beliefs was in recognizing that the connections existing between group membership and beliefs facilitated a sense of connection that bound groups together, influencing conformity through normative behaviors, actions, and beliefs. United by shared worldviews and common beliefs, whether religious or not, group memberships provide stability, shared collective identities, common goals, and social embeddedness that strengthens group identification (Galen, 2018; Lambert et al., 2013; Zhang et al., 2018).

Religious group membership may, paradoxically, result in elevations of intergroup bias and outgroup derogation (Burch-Brown & Baker, 2016; King & Franke, 2017; LaBouff, Rowatt, Johnson, & Finkle, 2012). Wright and Nichols (2014) noted that the connection between religion and conflict among ingroup and outgroup members had had a long history. This view was challenged by a quantitative study conducted by

Banyasz, Tokar, and Kaut (2016), whose findings suggested that religion or religious group memberships were not an accurate predictor of intergroup bias or outgroup derogation. Instead, Banyasz et al. (2016) indicated that the prevalence of religious ethnocentrism, defined as the propensity for forming negative judgments about others based on religious beliefs, was more likely due to dispositional characteristics like SDO and religious fundamentalism then group membership. However, it can also be argued that group membership often produces communities of homogeneity, which may suggest that elevated levels of religious ethnocentrism may occur through group alliances and shared standards of expectations for group behavior (Zhang et al., 2018).

Gender and Sexuality

As a result of the power which religious groups have to define and enforce social and behavioral norms, conceptualizations and determinations of gender roles and responsibilities, identity, and sexuality may be affected. Throughout the literature there was an agreement, based on existing research, that gender differences in religious expression remain consistent, with women identifying as generally more religious than men (Ellison & Xu, 2014; Farmer, Trapnell, & Meston, 2009; Moon et al., 2019; Sherkat, 2002; Sigalow, Shain, & Bergey, 2012). However, Schnabel (2015) cautioned against making generalities based on the consistency of these findings. Utilizing data from the General Social Survey (GSS), Schnabel determined that gender differences of religiosity were more pronounced in women who identified as members of the Christian faith, but the same trends were not observed in respondents who identified as non-Christian. Additionally, the results revealed variations among Christian groups, showing variability

among levels of religiosity throughout the measures (Schnabel, 2015). These findings would suggest that there may be other influences beyond gender, which may affect levels of religious belief, thus validating the complexity of religious belief and the importance of refraining from generalizing.

Identifying and determining role identities may occur within certain religious or spiritual groups. This trend has been most noted in groups who embrace fundamentalist sensibilities, where firm boundaries and strict beliefs create clear interpretations of gender behavior and responsibilities (Pargament, 2002; Sherbersky, 2016). As a group that embraces and enforce a rigid ideological structure of beliefs, actions, and gender role identities, fundamentalists can come from any religious, spiritual, or nonreligious tradition (Banyasz et al., 2016). What they have in common is a conviction that their beliefs represent the literal truth, which can sometimes be associated with higher levels of outgroup derogation and prejudicial assumption (Brandt & Reyna, 2010; Labouff & Ledoux, 2016; Salzman, 2008; Sherbersky, 2016).

Although many religious beliefs have moral foundations based on tolerance and acceptance of others, some religious groups have strong views about sexual norms (Etengoff & Rodriguez, 2017). Beliefs about sexual norms are determined by the privileged status of dominant religious groups, whose power allows them to decide, based on their beliefs, which types of sexual behaviors are acceptable or unacceptable (Etengoff & Rodriguez, 2017; Perry & Whitehead, 2016). This power to define sexual norms transcends all boundaries of sexuality, including the approval and acceptance of sexual partners, sexual activities, the use of birth control, and the age and circumstances at

which sexual activity should begin (Burke & Hudec, 2015; Hardy & Willoughby, 2017; Moon et al., 2019; Perry & Whitehead, 2016). Familial support of religiously determined proscriptions toward sexual norms also helped to reinforce them (Etengoff & Daiute, 2015). Interestingly, Hardy and Willoughby (2017) noted that the ascription of acceptable or unacceptable manifestations of sexuality was the result of norms created by religious groups and socially reinforced rather than being based on principles of universal morality. However, this observation does not consider the strong associations which may exist between religious beliefs and familial adherence, thus creating a potential conflict between conceptualizations of sexuality and expectations of religious adherence (Etengoff & Rodriguez, 2017).

Prosocialism

Prosociality has been defined as the willingness to help others (Johnson et al., 2016). There is a robust association between religious or spiritual adherence and prosocial behaviors (Farrell et al., 2018; Galen, 2018; Johnson et al., 2016; Luria, Cnaan, & Boehm, 2017). Indeed, Luria et al. (2017) suggested that prosocial behavior was a consequence of religious beliefs which supported the expression of faith by fulfilling the assumptive expectations of God, the values associated with religious imperatives to help others, and the maintenance of social capital through group commitments to engaging in prosocial behaviors. Without a theoretical model to guide researchers attempting to understand the correlation between religious belief and prosociality, it is not known whether prosocial behavior is motivated by pride, guilt, duty, altruism, or obligation (Johnson et al., 2016; Luria et al., 2017). However, religious or spiritual beliefs are not

prerequisites for prosocial behavior, since the nonreligious also engage in prosocial acts, thereby amplifying the complexity of any perceived links between religious and spiritual beliefs and prosocialism.

Components of Human Experience

Emotion. For some, religion and spirituality form the nexus of human experience (Walsh, 2010). The act of believing provides people with the opportunity to experience emotions that may connect them to the divine, thereby elevating the significance of their experience based on the strength of the emotion it evoked within them (Kucinskas et al., 2017; Peluso & Freund, 2018). Certainly, religious, spiritual, and nonreligious beliefs may elicit or facilitate a variety of emotions (Thagard, 2005). Emotion variability has been defined as the degree of variation experienced in an emotion (Tong, 2017).

While du Toit (2014) observed that emotions were not specifically religious, it was also suggested that religious, spiritual, or nonreligious beliefs could influence any emotion. Indeed, du Toit argued that religion made no sense unless it was understood within the framework of emotional manifestations like fear, joy, happiness, and shame. With this in mind, du Toit postulated that religious belief would never have occurred or been socially shared without its connection to emotions. Echoing the connection between emotion and religious believing was a consistent finding among research (Cohen, 2015; Silberman, 2005; Thagard, 2005; Tong, 2017; Van Cappellen, 2017); however, one study explored whether nonbelievers' nonbelief was based on perceptions of past emotions directed toward the hypothetical concept of a God or gods (Bradley, Exline, &

Uzdavines, 2017). This suggests that nonbelievers may also experience emotional connections that validate their beliefs.

Symbols and rituals. Throughout the world, every culture has created or identified specific symbols and traditions which represent, signify, or exemplify their religious or spiritual beliefs (Newberg, 2014). Importantly, although symbols and rituals vary widely between and among different religious and spiritual faith traditions and beliefs, they are all infused with meaning, and thus rooted in functions of the brain (Newberg, 2014). For example, Komatsu (2017) has hypothesized that the notion of invisibility provides a crucial connection between the awareness and understanding of religious and spiritual symbols and rituals to their meaning construction. Arguing that symbols and rituals are tangible, visual representations of intangible ideals, concepts, or likenesses, the connections between the unseen and religious and spiritual beliefs are made visible through religious and spiritual symbols and rituals (Komatsu, 2017). Therefore, the icons, statues, or symbols that can be found in many houses of worship are understood to be visible representations of invisible meanings, saints, deities, or gods (Komatsu, 2017). Further, Komatsu contended that this connection between invisibility and the representations which they portray serve to clarify traditions and unify communities of believers, thus reinforcing and enhancing collective identity.

In much the same way, religious or spiritual badges can identify and unify believers, serving as a visible representation of their commitment to their beliefs and their community (McCullough, Swartwout, Shaver, Carter, & Sosis, 2016). Religious or spiritual badges can be defined as objects, jewelry, body modifications, or clothing that

identify the wearer as a member of a particular religious or spiritual group (Endelstein & Ryan, 2013). For many, the opportunity to form strong connections between religious and spiritual beliefs and the symbols and rituals which help to represent them is powerful and positive (Galen, 2018); however, visual badges of religious or spiritual beliefs have also been used as identifiers for the targeting of stigmatizing, stereotyping, and discrimination (Endelstein & Ryan, 2013; Leets, 2002; McCullough et al., 2016; Silberman, 2005).

Prayer. Prayer has often been used as a protective factor against all types of threats (Barnett et al., 2014), and serves to provide believers with comfort and connection to a higher power or powers (Van Tongeren et al., 2018). As a form of religious or spiritual ritual, prayer is a complex construct that may take on many forms and be practiced in a multitude of ways (Barnett et al., 2014). Prayer can occur alone or communally, in a specific setting, during particular times or days, or can be facilitated through silence, verbalization, singing, or chanting (Barnett et al., 2014). The complexities of prayer are further exemplified by the differences in body positions that may be preferred, specified, or required among religious and spiritual groups, or by how some faith traditions conceptualize and carry out the act of praying through specific categories of intention. Notably, previous research had suggested that not all prayer may be beneficial, with findings that indicated associations with higher levels of positive mental health to some methods of prayer, while other types of prayer were associated with low, or contradictory associations to well-being (Black, Pössel, Jeppsen, Tariq, & Rosmarin, 2015).

The opportunity to pray collectively with like-minded believers during specific times within faith communities allows groups to define and maintain a sense of collective identity among believers (Fuist, 2015). Fuist (2015) posited that the creation and maintenance of religious or cultural boundaries could be facilitated through collective prayer, reinforcing the components of collective social identity throughout group members. Importantly, extant research that focused on prayer had utilized predominantly Christian samples and instruments that have not been shown to effectively generalize across other religious and spiritual faith traditions (Black et al., 2015). Finally, Black et al. (2015) have cautioned that there is no agreement within the field of psychology on measurements for prayer types and no measures which address private prayer practices and traditions among non-Christian groups.

Religious and Spiritual Struggles

Struggles occur throughout humanity, and religious, spiritual, or nonreligious struggles may occur, which may call into question beliefs, associations, and group memberships. While religious and spiritual beliefs often provide believers with comfort and connection (Wilt, Grubbs, Exline, & Pargament, 2016), religious and spiritual struggles can sometimes arise (Stauner, Exline, Pargament, Wilt, & Grubbs, 2019). For this review, religious and spiritual struggles were defined as the awareness or experience of conflict, tension, anxiety, doubt, disbelief, or anger associated with religious or spiritual beliefs, practices, or memberships that may impact interactions between people on an individual, collective, or divine level (Gutierrez et al., 2017). More simply, religious and spiritual struggles occur when a person's relationship with their belief is

affected (Van Tongeren et al., 2019). Whether caused by stress or the result of distress (Krause, Pargament, & Ironson, 2017; Stauner et al., 2019), religious and spiritual struggles can have profound influences on belief, meaning-making, and interpersonal relationships (Marks, Dollahite, & Young, 2019; Nie & Olson, 2017).

Previous studies had revealed connections between religious and spiritual struggles and declines in perceptions of health and well-being (Gutierrez et al., 2017; Trevino, Pargament, Krause, Ironson, & Hill, 2019; Wilt, Exline, Grubbs, Park, & Pargament, 2016; Wilt, Stauner, Harriott, & Pargament, 2019); however, it would be inaccurate to classify all religious and spiritual struggles as entirely negative experiences. In comparison, research by Wilt, Pargament, and Exline (2019) suggested that struggles may also demonstrate opportunities to strengthen, alter, or amend beliefs, resulting in the possibility of a stronger religious or spiritual identity and firmer connections to beliefs.

Benefits and Detriments of Religious and Spiritual Beliefs

The complexity of religious, spiritual, and nonreligious beliefs is evident when evaluating these phenomena from the perspectives of potential benefits or detriments (Bradley et al., 2017; Sayadmansour, 2014; Van Tongeren et al., 2018; Viftrup et al., 2013). Examples of detrimental outcomes from adherence to religious, spiritual, and nonreligious beliefs include intergroup conflict, bias, stereotyping, intolerance, discrimination, microaggressions, and prejudice (Cheng et al., 2018; Farrell et al., 2018; Graham & Haidt, 2010). Religious and spiritual beliefs may also be powerful tools for cementing social connections among ingroup members, while also serving as a springboard for active derogation of outgroup members (Shariff et al., 2014).

Additionally, religious and spiritual beliefs may be utilized to obviate or mitigate interpersonal conflicts or be utilized to instigate and propagate them (Etengoff & Daiute, 2015). Whether viewed as positive or negative, religious, spiritual, and nonreligious beliefs have been empirically shown to generate a powerful emotional affect.

Well-Being

The scientific debate over the associations of religious and spiritual beliefs to health and wellness continues. A large body of research has offered findings which have suggested that religious and spiritual beliefs produce higher levels of health and wellness (Hui et al., 2018; Kanazawa, 2015; Moore, 2017; Morton et al., 2017; Testoni, Visintin, Capozza, Carlucci, & Shams, 2016; Vieten et al., 2016). Conversely, other scholars have argued that religious or spiritual beliefs are extraneous factors in determining health and wellness (Galen, 2018; Speed & Hwang, 2019). Further, some scholars have noted that the nonreligious have often been largely excluded from past research (Moore & Leach, 2016). Interestingly, Moore and Leach (2016) reported that the perceived associations between belief and health and wellness might be more accurately defined, not as linear, but rather as curvilinear. This assertion may provide further support for caution in interpreting existing data in either direction since it has been argued that some studies utilized measurement scales with overlapping or confusing content that may have implications for the accuracy of their results (Garssen, Visser, & De Jager Meezenbroek, 2016).

Existing Research and Current Study

Existing research into all aspects of religious, spiritual, and nonreligious beliefs are obviously and unavoidably imperfect. Indeed, contradictions inhabit the research related to religious, spiritual, and nonreligious beliefs (Lun & Bond, 2013). Religious and spiritual experiences are uniquely human, complex, transient, ephemeral, fragile, and challenging to unpack (Belzen, 2010). Fundamentally, the process of obtaining accurate data surrounding religious, spiritual, and nonreligious beliefs have often been constrained or hindered by inaccurate, unclear, overlapping, or culturally/religiously skewed terms; the utilization of instruments which did not operationalize terms or concepts consistently; and a lack of agreement within the field of psychology as to whether religion and spirituality should be treated and measured as separate phenomena, subsumed under each other, or presented as one comprehensive term (Dengah, 2017; Galen, 2018; Garssen et al., 2016; Hodge, 2015; Nadal, Hardy, & Barry, 2018; Yang & Yang, 2017).

Additionally, conceptual blurring makes comparisons between groups of believers and nonbelievers problematic (Galen, 2018), with inaccurate comparisons between homogeneous believers and heterogeneous nonbelievers, who have consistently been underrepresented in the research (Moore & Leach, 2016; Speed & Hwang, 2019). Some instruments do not accurately define or differentiate between categories related to the nonreligious, atheists, agnostics, or nones, and this may affect the viability of the gathered data because the differences between these designations can be significant, and the terms are not interchangeable (Garcia & Blankholm, 2016). Concerns persist with instrument scales and measurements that are overrepresented by Christian populations

and underrepresented by minority religious, spiritual, and nonreligious believers, thus diluting the efficacy and comparability of findings (Black et al., 2015; Etengoff & Daiute, 2015; Lim, 2015; Marks et al., 2019; Oxhandler, 2019). Finally, concerns surrounding congruence fallacy, inaccurate self-reporting, over-reporting, social desirability bias, biased focuses within the research, the interviewer effect, prosocial behavior bias, and recall bias remain unresolved variables within psychological research (Hout, 2017; Kucinskas et al., 2017; Ruff & Elliott, 2016; Shariff, 2015; Yang & Yang, 2017).

While these same concerns may be represented throughout all research in the social sciences, the constructs of religious, spiritual, and nonreligious beliefs may be more vulnerable to their effects because it is unlikely that any poll or specific instrument would be capable of capturing the unbiased, uniquely personal array of conceptualizations, feelings, and emotions which encompass the lived experiences of religious, spiritual, and nonreligious believers (Deal & Magyar-Russell, 2018). However, prior research into these phenomena has provided an essential foundation on which to frame and guide this new study. By evaluating the existing research, a significant gap was identified, signifying the opportunity to conduct further research that might provide a deeper level of understanding of the concepts in this study. The following sections will provide additional information in support of this argument, affirmed by a review of concept-specific literature to this study.

Literature Review of Specific Topic Areas

Topic areas with specific salience to the current study will be covered more comprehensively in this portion of the literature review. These topics include the

definitions of psychology, clinicians, psychotherapy, bias awareness, and competencies. An expanded understanding of each of these topics will be accomplished through a detailed review of extant literature, facilitating a more in-depth exploration of the various subcomponents which comprise the concepts of or phenomena related to each topic.

Defining Psychology and Clinicians

The APA has defined psychology as a discipline that is grounded in science and exemplifies diversity through its broad applicability within the social sciences (APA, 2019). Practice applications for psychologists include the ability to conduct research, test or develop theories, educate, supervise, and assist clients with their mental health needs through psychotherapeutic interactions (Bersoff, 2019). Importantly, the APA has designated that psychology is a doctoral-level profession, thereby mandating that psychologists must achieve the highest levels of education and knowledge offered in their profession (Barnett & Johnson, 2008). As a doctoral-level discipline guided by the Ethics Code, psychologists are required to meet minimum expectations of professional education and training, to assist their clients throughout all areas of mental and emotional health (APA, 2017).

The definition of professional psychology was replaced by a new term which the APA believes more accurately defines the scope and contributions of psychologists' work in the mental health professions. *Professional psychology* is now known as *health service psychology* and is the result of an update to the Guidelines and Principles and Standards of Accreditation, generated jointly by the APA and the Commission on Accreditation.

> Health service psychology is defined as the integration of psychological science and practice to facilitate human development and functioning. Health service psychology includes the generation and provision of knowledge and practices that encompass a wide range of professional activities relevant to health promotion, prevention, consultation, assessment, and treatment for psychological and other health-related disorders.

Psychologists' Religious, Spiritual, and Nonreligious Beliefs

Somewhat surprisingly, the religious, spiritual, and nonreligious beliefs of psychologists have been almost wholly ignored in empirical research since the emergence of religion and spirituality as potentially relevant phenomena in the field of psychology. Indeed, only a handful of studies have specifically explored the religious, spiritual, and nonreligious beliefs of American psychologists since the 1980s. Of these, the majority have revealed that psychologists appear to be less religious than the clients they serve; however, some studies have disputed that finding (Bilgrave & Deluty, 2002; Delaney et al., 2013; Magaldi-Dopman et al., 2011; Shafranske & Cummings, 2013; Smith & Orlinsky, 2004; Vieten et al., 2016; Vogel et al., 2013; Walker, Gorsuch, & Tan, 2004).

The challenge of understanding religious, spiritual, and nonreligious beliefs in the context of psychology and psychotherapeutic interactions often centers on the complexity of accurately defining or compartmentalizing the phenomena accurately. This challenge may be why there is incongruence in existing research as to the percentages of religious, spiritual, and nonreligious beliefs among psychologists and the clients they serve. How the phenomena of religion or spirituality are defined or delineated will have a direct

bearing on how each respondent self-identifies with the definition or category of each concept or construct being measured. This lack of consistency in defining terms has confused interpreting the results of each study (Harris et al., 2018). Whereas some studies revealed that psychologists were far less religious than the general population (Delaney et al., 2013; Hodge, 2007b; Hodge, 2017; Jafari, 2016; Magaldi-Dopman et al., 2011; Oxhandler et al., 2018; Pargament, 2002; Park, Currier, Harris, Slattery, 2017; Russell & Yarhouse, 2006; Vogel et al., 2013), this may not reflect an accurate representation of the complexities of psychologists' religious, spiritual, or nonreligious beliefs. As a seminal researcher in the domains of religion and spirituality, Pargament (2002) has argued that minimizing or discounting the emotional investment in religion or spirituality that may be experienced by psychologists might be an inaccurate representation of their perceptions of belief. A similar distinction was expressed by Magaldi-Dopman et al. (2011), who echoed Pargament's (2002) contention that psychologists' beliefs, experiences, and identities are complex interfaces that may be difficult to define because of their variability when working psychotherapeutically with clients' religious, spiritual, or nonreligious beliefs. What is apparent from a review of the literature is that the development of psychologists' religious, spiritual, and nonreligious beliefs have continued to be overlooked and underexplored in research (Magaldi-Dopman et al., 2011).

The seminal studies by Magaldi-Dopman et al. (2011) and Delaney et al. (2013) are referenced more often than any other studies that have explored the religious and spiritual beliefs of psychologists. In their qualitative exploration of psychotherapists'

beliefs, Magaldi-Dopman et al.'s (2011) study revealed the complex nature of psychologists' beliefs when juxtaposed against their view of inadequate training or scaffolding support in religious, spiritual, and nonreligious integration processes to appropriately accommodate the dynamic, discordant, and iterative nature of their beliefs as they interact psychotherapeutically with their clients. Respondents shared experiences of feeling triggered by internal conflicts and unresolved issues when clients discussed religious or spiritual topics, leaving them feeling ill-prepared to interact psychotherapeutically with their clients. Revealing extreme biases toward their belief systems when clients discussed religious or spiritual beliefs, respondents described the challenges of value differences that were reflected in the wide disparity of beliefs during psychotherapeutic exchanges between clinicians and clients. In the discussion of their findings, the authors acknowledged the often-iterative process associated with personal beliefs that psychologists may have undergone when working with clients who discussed religious, spiritual, or nonreligious topics in psychotherapy.

In their quantitative study, Delaney et al. (2013) sought to empirically explore the religious and spiritual values and attitudes of clinicians, while noting that the few existing earlier studies had indicated the propensity for psychologists to be less religious than their clients. Drawing on assumptions that a lack of training in religion and spirituality may affect psychotherapeutic outcomes, their study supported prior research, which indicated a disparity of beliefs between psychologists and the American public. According to respondents, psychologists were less likely to affirm a belief in God, were less likely to pray, and were less likely to attend a religious service, with 48% revealing

religion as unimportant to them (Delaney et al., 2013). However, 82% of respondents revealed a positive association between religious beliefs and mental health (Delaney et al., 2013). Interestingly, most respondents indicated the importance of spirituality over religious belief, providing further support for the complex divide between the phenomena of religion and spirituality within the mental health profession. In their concluding remarks, Delaney et al. (2013) argued that the data suggested the need for additional training in religion and spirituality, because of the perception by psychologists that they were inadequately trained to address religion and spirituality in psychotherapeutic interactions.

Psychologists' Religious and Spiritual Values and Orientations

Exploring the religious and spiritual beliefs and value orientations of psychologists were the focus of two earlier studies, undertaken in the mid-1980s, by two separate groups of researchers. Although the findings from both studies revealed that there were discrepancies between levels of religious and spiritual belief and adherence among clinicians and their clients, both studies also found that a majority of respondents did identify with some religious or spiritual belief, value, or orientation (Bergin & Jensen, 1990; Shafranske & Malony, 1990). In the study by Bergin and Jensen (1990), the authors speculated that the discrepancy in beliefs revealed in their research might have reflected gaps in clinical training that did not include or emphasize the phenomena of religion and spirituality as appropriate considerations in educational or psychotherapeutic training. Delving deeper into the beliefs and subsequent implications of psychologists' religious and spiritual values and orientations, Shafranske and Malony's (1990) study

confirmed that a majority of respondents viewed religion as valuable or meaningful on a personal level, prompting the authors to speculate about the potentially influential implication of a clinician's view of religion and spirituality and how that view may orient their attitude toward its integration in psychotherapeutic exchanges. Importantly, Shafranske and Malony's discussion concluded by emphasizing the necessity for psychologists to differentiate between an assumption of personal competence in addressing religion and spirituality in psychotherapeutic exchanges with actual training in that domain, including an emphasis on bias awareness to augment existing training practices that often neglected religious and spiritual themes (Shafranske & Malony, 1990).

In consideration of the potential intersections between psychologists' religious beliefs, political ideologies, and psychotherapeutic orientations, Bilgrave and Deluty (2002) explored how these variables might have affected psychologists' values and worldviews. The psychologists in their study identified as being less religious than the general public; however, a majority of the respondents did admit to some religious or spiritual beliefs (Bilgrave & Deluty, 2002). Interestingly, their study revealed that psychologists generally considered religious and spiritual beliefs to be important on a personal level, emphasizing private spiritual practice over institutional attendance (Bilgrave & Deluty, 2002). Importantly, 63% of respondents in the study confirmed that their personal religious beliefs and values maintained some influence on their psychotherapeutic practices (Bilgrave & Deluty, 2002).

Thirty years earlier, the chairman of the 1957 APA Annual Convention in New York City addressed the challenges presented to clinicians by the emerging relationships between religion and mental health in the field of psychology. Empirical research at the time revealed that religion and spirituality were deeply significant in the lives of many people, and therefore might be salient phenomena to explore in psychotherapeutic exchanges (Feifel, 1958). Acknowledging that finding, Feifel (1958) argued that objectivity was a futile goal for all psychologists engaging in interactions with clients, cautioning instead that psychologists needed to be aware of their values and orientations toward religious and spiritual beliefs so that they would not be "blind" to their potential effects amidst the rigors of psychotherapeutic work (p. 566). Despite Feifel's admonition, over 60 years ago, of the necessity for awareness and understanding of religious values and orientations, the religious, spiritual, and nonreligious beliefs of psychologists and their potential salience to psychotherapeutic interactions between clinician and client remain grossly underexplored in psychology.

According to Magaldi-Dopman et al., (2011), this gulf in an understanding of what potential impact the religious, spiritual, or nonreligious beliefs and values of psychologists may have on psychotherapeutic interactions with clients must be recognized within the field of psychology as an indication of a powerful blind spot between what is known and what is not known about this meaningful interaction. Given the paucity of research which currently exists, little appears to have changed throughout the last three decades in the scope of understanding between the potential impact and influences that the religious, spiritual, and nonreligious beliefs and values of

psychologists may have on psychotherapeutic interactions with clients who may hold aligned or oppositional beliefs. Indeed, empirical evidence continues to support the contention that psychotherapeutic interactions are value-laden, not value-free (Tjeltveit, 2016).

Values in psychology can be defined as the perception of something as being valuable rather than verifying that it is valuable (Tjeltveit, 2016). Believed to represent a crucial distinction in understanding between perception and actuality, value differences or conflicts in psychotherapeutic interactions may unwittingly cause tensions to arise between the religious, spiritual, and nonreligious values of clinicians and their clients (Tjeltveit, 2016). Tjeltveit (2016) argued that because clients often adopt the values of their clinicians, value convergence should more appropriately be termed value conversion, thus more accurately reflecting the movement of values in psychotherapeutic interactions, which often flows from clinician to client.

Psychotherapeutic Interactions

The psychotherapeutic interaction between clinician and client is rooted in the recognition that the avoidance of harm is an essential component of this successful process (APA, 2017). Ensuring that religious, spiritual, or nonreligious beliefs or value differences do not derail positive forward progress may help reduce client dropouts, which often occur during initial sessions if a collaborative relationship between clinician client is not adequately achieved (Spencer et al., 2019). The accommodation of client preferences during psychotherapeutic interactions may translate into higher levels of client retention and more positive psychotherapeutic outcomes (Spencer et al., 2019).

Establishing a collaborative relationship in psychotherapeutic interactions can be defined as the development of a cooperative relationship between clinician and client, where treatment goals help to inform the active participation of clinician and client (Spencer et al., 2019). Spencer et al. (2019) argued that developing a collaborative relationship built on trust and respect can be challenging, especially when considerations of religious, spiritual, and nonreligious beliefs may enter the psychotherapeutic relationship. The creation of a safe space through which clinicians and clients may actively explore presenting concerns is a primary goal in psychotherapeutic interactions (Peteet, 2014), and the introduction of religious or spiritual content in this exchange may elevate the complexity of the interaction and the relationship (Magaldi-Dopman et al., 2011).

Therapeutic alliance. The therapeutic alliance has been defined as a collaborative relationship between clinician and client (Flückiger et al., 2018) that is strengthened by attachment, positive regard, and a unified consensus of treatment outcomes (Farber, Suzuki, & Lynch, 2018; Gelso, Kivlighan, & Markin, 2018). A strong therapeutic alliance provides clients with the confidence to believe in the psychotherapeutic process and in the clinician's ability to assist the client (Ardito & Rabellino, 2011). Ruptures can occur in the therapeutic alliance if a compatible relationship is not established between clinician and client (Eubanks, Sinai, Israel, Muran, & Safran, 2018). In their meta-analysis of alliance raptures, Eubanks et al. (2018) discussed the emotional challenges which may result when a rupture occurs. Whether materializing as withdrawal or confrontation (Eubanks et al., 2018), ruptures in the alliance between clinician and client may occur when religious, spiritual, or

nonreligious issues gradually develop or suddenly arise during psychotherapeutic interactions (Goodwin et al., 2018).

Power differential. All psychotherapeutic interactions involve a power differential between clinician and client. In a recent qualitative study conducted by Arczynski et al. (2016), the researchers explored the experiences of 11 clinicians who integrated religion and spirituality into psychotherapeutic interactions with their clients. The researchers employed a grounded theory method to analyze data from their participants, which revealed concerns expressed by participants about power differentials and the possibility of undue religious or spiritual influence over client beliefs and religious or spiritual identities. Other researchers have echoed this concern. Citing the danger of unwittingly or unintentionally superimposing religious, spiritual, or nonreligious beliefs on clients, clients have expressed concern that the presence of power differentials in psychotherapeutic interactions may undermine client beliefs (Jackson & Coyle, 2009; Walsh, 2010). Ultimately, power differentials that are present in psychotherapeutic interactions are influenced by sociocultural norms and privilege (Davis et al., 2018). Accordingly, Hodge (2017) aptly noted that the benefit of power provides the powerful with the opportunity to define norms.

Further support for concerns related to power differentials was voiced by Vogel et al. (2013). Their quantitative research study investigated religion and spirituality as a part of diversity training in APA accredited programs. The authors argued that power differentials also exist between trainees and their supervisors, and this power imbalance could result in trainees who may feel uncomfortable or unwilling to discuss religious,

spiritual, or nonreligious issues with their supervisors. Critically, power differentials and the privileged status which accompany them are implicit and can have a detrimental effect on the integration process (Cornish & Wade, 2010; McIntosh, 2015).

Countertransference. When working psychotherapeutically with religious, spiritual, and nonreligious beliefs, the possibility that countertransference may occur has been recognized throughout the literature. Countertransference has been defined as an unconscious reaction to a client's transference, often as the result of unresolved psychological conflict, which may cause the conflict to surface (Connery & Murdock, 2019; Hayes et al., 2018; Messina et al., 2018). Countertransference in psychotherapeutic interactions may occur if a clinician feels triggered by the religious, spiritual, or nonreligious beliefs or values of their client. Importantly, countertransference can be effectively managed and has been positively associated with productive and meaningful psychotherapeutic outcomes (Messina et al., 2018). Unfortunately, Messina et al. (2018) have acknowledged that research into countertransference in psychotherapeutic interactions has received very little empirical attention; thus, there is much that remains unknown about this process, its impact on the psychotherapeutic dyad, or its effective resolution. Despite the potential importance of understanding this dynamic and its implications more thoroughly, Vogel et al. (2013) have suggested that trainees may not be appropriately prepared to respond to incidences of countertransference.

Self-disclosures. Boundary management in psychotherapeutic interactions involves recognizing the importance of appropriately utilized self-disclosures (Audet,

2011). Although the psychotherapeutic utility and value of self-disclosures have been debated for decades (Levitt et al., 2016), they remain an active part of many clinicians' psychotherapeutic interactions. Self-disclosures have been defined as the inclusion of biographical information, personal feelings, personal insights, personal strategies, personal challenges, or insights into the client or the therapeutic alliance that are provided by the clinician in an immediate, spontaneous manner (Ziv-Beiman, 2013). More concisely, self-disclosures involve any information or revelations about the nonprofessional aspects of a clinician's life (Hill et al., 2018). Non-immediate self-disclosures may also occur, but these may reflect a shift in focus that might serve the clinician's needs rather than the client's (Audet, 2011). Intratherapy self-disclosures may help to maintain focus on the client, enhancing the psychotherapeutic experience of client self-exploration (Henretty et al., 2014). However, those findings have been challenged by other research whose conclusions supported equally positive results from extratherapy self-disclosures (Levitt et al., 2016). Importantly, self-disclosures may have a positive or negative effect on boundary management in psychotherapeutic interactions, resulting in the possible establishment of a beneficial bond between clinician and client (Hill et al., 2018), or produce a detrimental rupture within the psychotherapeutic interaction (Audet, 2011; Henretty et al., 2014; Hill et al., 2018; Ziv-Beiman, 2013).

The positive or negative valence of self-disclosure suggests that psychologists must remain cautious when spontaneously sharing their own religious, spiritual, or nonreligious beliefs with their clients (Barnett & Johnson, 2011). From a risk management perspective, self-disclosures exemplify the need for careful consideration,

where the motivation for implementation should always center on the client's need (Barnett & Johnson, 2011). Special attention to ethical considerations for self-disclosure may necessitate a careful evaluation of intent to ensure that the needs of the client motivate any revelations when religious or spiritual beliefs are present in psychotherapeutic interactions (Raja, 2016). Importantly, clinicians must recognize the possible threat of over-identification, perceived personal connections, or of any negatively inferred content, which may result from ill-advised self-disclosures that may lead to the blurring of boundaries, role reversals, or client vulnerability (Henretty et al., 2014). This risk may be especially salient when recognizing the emotionality and vulnerability that often accompanies personal identification with religious, spiritual, or nonreligious beliefs from the perspectives of both clinician and client.

Informed consent. Integrating any form of religion or spirituality into psychotherapeutic interactions necessitates the inclusion of informed consent (Barnett, Wise, Johnson-Greene, & Bucky, 2007; Johnson, 2016b). Obtaining informed consent that is specific to religious and spiritual beliefs, values, assessments, or treatment plans are essential forms of compliance with the ethical requirements specified in the Ethics Code (APA, 2017). Critically, the informed consent process must be viewed as ongoing, occurring not only before treatment begins (Peteet, 2014; Pope & Keith-Spiegel, 2008), but also when any changes to a treatment plan are being considered, such as the integration of religious, spiritual, or nonreligious beliefs into psychotherapeutic interactions (Barnett, 2016). Allowing clients to fully participate in an updated or revised informed consent process, as often as warranted, provides clients with the opportunity to

fully understand the proposed changes and scope of religious, spiritual, or nonreligious integrations that the clinician may be suggesting. Only when fully informed will clients have the appropriate level of information necessary to accept or decline any proposed integration strategies of religious, spiritual, or nonreligious beliefs into psychotherapeutic interactions.

Bias awareness. Previous research has indicated that biases are an inescapable aspect of human interactions (Hodge, 2017). Numerous studies throughout the social sciences have confirmed or have been highly supportive of the ubiquity of biases, from which none of us are immune. Always present in every human interaction, biases may be especially prevalent when dealing with the phenomena of religious, spiritual, and nonreligious beliefs (Soliman et al., 2015). The insidiousness of biases is that they often operate beyond our level of awareness and can be consciously or unconsciously held (Ruff & Elliott, 2016). Unacknowledged biases can create blind spots in awareness, which may impede psychotherapeutic interactions (Magaldi-Dopman et al., 2011). When addressing religious, spiritual, or nonreligious beliefs in psychotherapy, biased assumptions or beliefs may lead to the erroneous pathologizing of a client's beliefs, or it may result in the inappropriate minimization or dismissal of a client's religious or spiritual beliefs, values, or traditions as lacking clinical salience (Farrell et al., 2018; Hathaway, 2016; Ruff & Elliott, 2016). Conversely, the presence of biased assumptions may create inaccurate evaluations that unintentionally allocate special significance to religion or spirituality when it may not have clinical salience (Jackson & Coyle, 2009; Raja, 2016; Ruff & Elliott, 2016).

Within this context of awareness, Hathaway (2016) reviewed the prevalence and management of bias within clinical practice. Utilizing a composite case example to illustrate biased clinical interactions when spirituality was introduced into psychotherapeutic interactions, Hathaway argued that a lack of training specific to religious, spiritual, and nonreligious beliefs in clinical environments might often result in clients who discontinue needed treatment. Hathaway surmised that when bias disrupts psychotherapeutic interactions, it is most prevalent through the dismissal or minimization of client beliefs, especially when considering the lack of salience that many clinicians assigned to religious or spiritual beliefs. The consequences of these biased interactions may result in misdiagnoses, which leads to client harm (APA, 2017). Noting the criticality of self-reflection to generate awareness and mitigation of potential biases, Hathaway speculated that it would be difficult to determine the actual scope and impact of entrenched religious and spiritual biases in psychotherapeutic interactions.

Interestingly, Raja (2016) conducted a review of prior research that revealed, in part, that clinicians working with clients of similar demographics and beliefs do not mitigate or eliminate the presence of bias. Raja acknowledged that similarities might raise more concern for unrecognized biases to interfere with the psychotherapeutic process because of assumed similarity bias, whereby assumptions of similarity erroneously extend beyond evident characteristics. According to the author, this may be especially prevalent when working with religion and spirituality. Based on Raja's evaluation, the similarity of belief between clinician and client amplifies the risk of overlooking or minimizing actual psychopathology because of religious beliefs, or in

failing to recognize the unique beliefs of the client as separate and distinct from those of the clinician.

A quantitative study by Harris, Spengler, et al. (2016), would seem to lend support to Raja's (2016) contention that assumed similarity bias might result in diagnostic errors. Contrary to Harris, Spengler, et al.'s (2018) hypotheses, the data suggested that clinical judgment bias had occurred; however, it was the inverse of what the researchers had expected. Their findings revealed that the higher the level of spirituality, the more likely the psychologists were to dismiss "socially deviant cases," opting instead to make positive judgments about the clients' prognoses (Harris, Spengler, et al., 2016, p. 395). The authors have defined socially deviant faith as individuals who embraced very high levels of religion or spirituality. This phenomenon of inaccurate diagnostic judgments, which the authors have termed clinical judgment faith bias, contradicted their predictions and revealed the presence of an unanticipated bias when working with clients who embraced high levels of religious or spiritual beliefs (Harris, Spengler, et al., 2016). Therefore, the authors recommended that psychologists who may hold higher levels of religious or spiritual beliefs should be aware of this potential bias to mitigate occurrences of inaccurate underpathologizing of clients with similar levels of belief (Harris, Spengler, et al., 2016).

Motivational bias may occur when beliefs satisfy motives (Friesen et al., 2015). In a quantitative study that examined the benefits to believers of religion as unfalsifiable, Friesen et al. (2015) hypothesized that the protection of religious beliefs was reinforced through their unfalsifiability. Citing the preponderance of research that demonstrated the

connections between attitudes and motivated beliefs, the researchers suggested that the advantage to religious unfalsifiability meant that people's belief systems were impervious to the introduction of contradictory facts (Friesen et al., 2015). If religious and spiritual beliefs cannot be empirically proven as factual, then they cannot be empirically proven as false. Religious unfalsifiability may allow some people to embrace a motivational or confirmatory bias toward their beliefs as representative of religious, spiritual, or nonreligious truth.

The idea of motivational or confirmatory bias as it relates to religion and spirituality may extend to a review of five studies that examined various aspects of biases for or against religious or spiritual beliefs. Despite the differences in each study, they all contain a similar focus on religious or spiritually oriented bias and or discrimination, especially as it relates to the perception of religious or spiritual beliefs as truth. A quantitative study was undertaken by two researchers to examine if Americans identified America as a Christian-specific country (Butz & Carvalho, 2015). Acknowledging the wide diversity of religious and spiritual beliefs in America and the First Amendment, which specifies the separation of church and state, Butz and Carvalho (2015) hypothesized that respondents would judge Christian groups as more representative of the American ideal then non-Christian groups. Their findings supported their hypothesis that respondents believed that Christianity was representative of the image of America. Noting the contradiction between the First Amendment's intent and any religious tradition being selected as representative of American ideals, their research adds support to the notion that biased judgments influence perceptions of truth.

Two separate quantitative studies both explored bias and discrimination against evangelical Christians. Hodge's (2007b) study focused on the perception of religious discrimination against evangelical Christians while paradoxically noting that most of the research into religious, spiritual, and nonreligious beliefs has utilized populations which were Christian-dominant. Arguing that discrimination was unintentional because of myopic worldviews and privileged status, Hodge acknowledged the under-representation of minority groups in research. The results of his research indicated that evangelical Christians were indeed more likely to experience elevated levels of discrimination than mainline Christians.

Similarly, in a quantitative study by Ruff and Elliott (2016), the researchers wanted to examine psychologists' responses to evangelical Christians. Noting the possibility of bias occurring when working with dissimilar beliefs in psychotherapeutic interactions, the researchers hypothesized that a lack of training and inherent biases might interfere with psychotherapeutic processes for people of different religious beliefs. Their findings suggested that a significant bias against evangelical Christians was activated by participants, despite Ruff and Elliott's observation that psychologists' education and training should have prepared them to recognize and suppress such a bias, indicating that some psychologists might have greater difficulty making appropriate clinical judgments about clients who practice evangelical Christianity.

Two qualitative studies were conducted to explore religion and spirituality among people who hold different religious or spiritual beliefs. Both studies revealed examples of biases from respondents who affirmed that their specific beliefs represented the truth.

The award-winning study by Jackson and Coyle (2009) explored clinicians' reactions and responses to spiritual differences, which had relevance to the presenting problems of a client. While the respondents in this qualitative study described their primary goal throughout the psychotherapeutic process as the enhancement of client well-being through improved psychological functioning, respondents also explained that they struggled with the desire to alter client beliefs implicitly. Respondents shared ways in which they attempted to change the spiritual beliefs of a client, or hoped that their client's spiritual beliefs would change through the course of the psychotherapeutic interactions. Although the initial intent of this study was to explore religious and spiritual differences between clinician and client, the researchers revealed that the emerging conflict for the respondents in this study was the challenge they faced when they perceived a client's religious or spiritual beliefs as being potentially unhealthy. Jackson and Coyle advanced the criticality of self-reflection and bias awareness among clinicians to help mitigate the possibility of the imposition of their own religious or spiritual beliefs and values onto their client. In doing so, clinicians may be more attuned to their own bias blind spots as they relate to the evaluation of a client's religious or spiritual beliefs (Raja, 2016). Importantly, Ruff and Elliott (2016) have suggested that a psychologist's determination of religious or spiritual beliefs as potential impediments to the psychological health and well-being of a client may necessitate careful ethical consideration to avoid violating the mandate which protects the beliefs of others in the Ethics Code (APA, 2017).

The goal of the second qualitative study was to develop a deeper understanding of how a person's religious perspectives might influence their attitude and behavior toward

others of different religious or spiritual beliefs (Farrell et al., 2018). Recognizing the dynamics of ingroup and outgroup membership to influence attitudes and behaviors, 96% of the participants were comprised of the same religious group (Farrell et al., 2018). Their responses indicated a deep bias toward their own religious beliefs over the beliefs of others. In the emergent themes which evolved from this study, respondents shared their belief in the truth of their faith and in their efforts to evangelize to those who did not share their same views. Additionally, some respondents acknowledged feeling biased against those with differing religious or spiritual beliefs, resulting in their avoidance of those individuals and failing to remain open to learn about other faith perspectives. Some respondents said that although they did not want to interact with people of differing beliefs, they would pray for them. According to the researchers, some participants admitted to feeling pity for those who did not share their religious beliefs (Farrell et al., 2018). A difference in beliefs caused some respondents to feel distrustful of others, stating that they felt most comfortable connecting with people of their faith. In their discussion of this research, the authors aptly noted that religious diversity could facilitate a sense of enrichment or conflict (Farrell et al., 2018).

Competencies

The mandates contained within the Ethics Code do not require psychologists to accept or embrace the religious, spiritual, or nonreligious beliefs of others, nor do they require psychologists to understand those beliefs fully; however, psychologists are ethically bound to provide competent care to their clients (Russell & Yarhouse, 2006). Barriers to providing competent care within the domains of religious, spiritual, and

nonreligious beliefs remain underexplored within the field of psychology; however, there is one barrier to competent care upon which every research study that has explored this gap agrees. Competency deficits abound in the training, supervision, and integration of religious, spiritual, and nonreligious beliefs into psychotherapeutic interactions.

Religious and spiritual integration. Oxhandler and Parrish (2017) provided a concise history of the integration practices of religion and spirituality throughout the mental health professions, noting that religious and spiritual integrations were naturally interwoven throughout all aspects of care up until the 1900s. Mental health facilities were often religiously affiliated, allowing clients to experience continuity of their religious or spiritual values while seeking treatment (Oxhandler & Parrish, 2017). However, from the 1920s through the 1980s, a shift occurred in which religion and spirituality were generally removed from all phases of scientific training, inquiry, and practice (Oxhandler & Parrish, 2017). This shift in inclusion practices may have occurred as a result of changing attitudes among seminal mental health professionals who began to view religion and spirituality in a negative frame. Other influences included the mental health industry's acceptance of the medical model as the preferred pathway to care, and the growing emphasis within the scientific community on empirical research to support claims validating integration (Oxhandler & Parrish, 2017). Since the 1980s, the trend toward inclusion of religious and spiritual beliefs in psychotherapeutic interactions has continued to amplify, mirroring the public's desire to have their beliefs and values integrated into psychotherapeutic care.

The pendulum has swung back toward favoring the integration of religious and spiritual beliefs and values in psychotherapeutic interactions. This change in status can be attributed to emerging research, which continues to show connections between appropriate integration processes and positive mental health outcomes for clients who seek psychotherapeutic interventions (Barnett, 2016; Oxhandler et al., 2018; Oxhandler & Parrish, 2017; Post & Wade, 2009). Additionally, issues related to religious and spiritual beliefs may be salient to a client's overall health and wellness (Harris et al., 2018). A client's religious and spiritual beliefs and values may serve as a foundational framework of support for coping with any challenges that they may be experiencing or they may represent the source or cause of a client's distress that propels them toward treatment (Barnett, 2016; Post & Wade, 2009). Importantly, many clients may prefer or expect religious or spiritual integrations into their psychotherapeutic interactions (Oxhandler et al., 2018; Post & Wade, 2009).

Although the majority of research supporting integration has yielded favorable findings, the process of integration is not without contrary views. It has been argued that integration practices produce two challenges that should be considered before embracing the immediate integration of religious and spiritual beliefs in mental health exchanges (Richards et al., 2015). Richards et al. (2015) have raised concerns regarding studies that have demonstrated positive outcomes for the integration of religious and spiritual approaches in psychotherapeutic interactions that are based on weak methodological approaches. The authors have cited the failure among many studies to design and conduct research which scientifically demonstrates client randomization and treatment

groups, with constraints of non-representative populations, small samples, a lack of control for researcher bias, inconsistent treatment protocols, and a lack of standardization among instruments and outcome measurements (Richards et al., 2015). To this, the authors have argued that a lack of clarity exists among integration strategies for the use of religious or spiritually oriented psychotherapeutic approaches, and the actual integration process of religion and spirituality lacks empirical evaluation to support the interpretation of findings (Richards et al., 2015). These concerns suggest that the efficacy of religious and spiritual integration in psychotherapeutic interactions must continue to undergo the rigors of scientific inquiry to expand awareness and understanding of its effectiveness and applicability.

Training deficits. Many mental health professionals have expressed hesitancy or discomfort with integrating religious, spiritual, and nonreligious beliefs into psychotherapeutic interactions. The removal of religion and spirituality from the consideration of mental health professions during the 1920s onward translated into decades of educational environments and training programs that did not include these phenomena in their curricula or training programs, effectively inhibiting clinicians from achieving competence in these domains (Oxhandler & Pargament, 2018). Although competence begins with adequate levels of education, training, and supervision in the domains of religious, spiritual, and nonreligious beliefs (Schafer et al., 2011), this gap in competence because of educational and training deficits has left many clinicians unprepared for the challenges of integrating religion and spirituality into

psychotherapeutic interactions (Arczynski et al., 2016; Hodge, 2017; Johnson, 2016b; Vieten et al., 2016).

Competence has been defined as the acquisition of knowledge sufficient to demonstrate the minimum levels of skills and judgment necessary to demonstrate ethical and clinical efficacy when working with people of diverse religious, spiritual, and nonreligious beliefs (Barnett, 2007). Extant research has repeatedly revealed competency gaps in the domains of religious, spiritual, and nonreligious beliefs throughout the mental health professions, including APA accredited programs, coursework, supervision, and faculty publishing (Oxhandler et al., 2018; Rosmarin, Green, Pirutinsky, & McKay, 2014; Ruff & Elliott, 2016). Vogel et al. (2013) noted that existing doctoral and internship programs lacked formal or systematic training processes or protocols to adequately prepare clinical psychology students for the complexities of integrating religious and spiritual beliefs and values into psychotherapeutic interactions. Jafari (2016) agreed with that assessment and argued that existing training programs have been unsuccessful in providing students and trainees with the education and supervision necessary to provide competent levels of religious or spiritual integration for client populations. Mirroring these concerns, Hathaway (2016) reported that fewer than one out of five APA accredited doctoral programs provided organized or consistent presentations of religion or spirituality in their student curricula.

An interdisciplinary overview of existing research was conducted by Hage et al. (2006) to evaluate the status of multicultural training specific to religion and spirituality within the helping professions. It revealed that training programs within the discipline of

clinical psychology were inadequate. In addition to the inadequacies that clinical psychology programs have demonstrated in respect to training and integration processes for religious, spiritual, and nonreligious beliefs in psychotherapeutic interactions, the authors reported that they were unable to locate any research which focused on the feedback, attitudes, and opinions of faculty and clinical supervisors in relation to integration processes and protocols for religion and spirituality in research (Hage et al., 2006).

Several studies have provided support for the contention that competency deficits exist within clinical psychology programs in the United States. Two studies specifically examined current levels of training and perceptions of training experiences in religious, spiritual, and nonreligious beliefs and integration processes among psychology programs by utilizing a quantitative approach. In the first study, Russell and Yarhouse (2006) evaluated data obtained from 139 APA accredited pre-doctoral intern sites through a web-based survey, which revealed that 64.7% of internship sites reported offering no training in religion or spirituality. Less than half of the internship sites reported offering training in religion and spirituality, but this training was only offered once per semester (Russell & Yarhouse, 2006). Importantly, most of the respondents revealed that the training in religion and spirituality, which was provided, was subsumed under the context of multicultural training, limiting the scope and effectiveness of its exposure (Russell & Yarhouse, 2006). When asked about the frequency of providing rotations in religious and spiritual content, only six out of the 139 intern sites which participated in the research reported offering a rotation involving religion and spirituality (Russell & Yarhouse,

2006). When asked about coverage of religion and spirituality in internship training, 90.6% of training directors revealed that training might occur within the process of supervision (Russell & Yarhouse, 2006). In clarifying, training directors reported that religion and spirituality were explored within supervision most often when the phenomenon was introduced by the client (Russell & Yarhouse, 2006). When asked about the probability of introducing training specific to religion and spirituality in the future, 67.9% of training directors responded by saying that they did not foresee religion and spirituality training as ever being integrated into their existing programs (Russell & Yarhouse, 2006). Additionally, 90.8% of training directors acknowledged that religion and spirituality would not be included in trading rotations in "the foreseeable future" (Russell & Yarhouse, 2006, p. 434).

In terms of faculty expertise in religion and spirituality, 73.4% of training directors acknowledged that their facilities had no faculty members whose areas of interest included religious, spiritual, or nonreligious beliefs (Russell & Yarhouse, 2006). Linked to these deficits in supervision leadership within religion and spirituality at APA accredited intern sites, 82% of training directors admitted that their intern sites had no faculty members who had published research or produced any scholarly articles on the phenomena of religion and spirituality within the field of psychology (Russell & Yarhouse, 2006). Surprisingly, the data revealed that 83.5% of training directors admitted that their sites did not have any students whose professional interests included the intersections of religion and spirituality with psychology (Russell & Yarhouse, 2006). Russell and Yarhouse (2006) found that percentage surprising when further data from the

study revealed that 26.6% of training directors acknowledged that they did have faculty members whose areas of interest in psychology included religion and spirituality. This lack of congruency might signal an apparent disconnect between potential opportunities for mentorship and training opportunities to occur between faculty members and interns. Even more surprising was the data which revealed that only 2.2% of internship sites participating in this study reported providing or even having access to any materials on religion and spirituality (Russell & Yarhouse, 2006). The authors concluded the review of their findings by conveying their concern that the majority of intern sites, whether APA accredited or nonaccredited, appear to provide either no training or very little formal training in the domains of religion and spirituality for their interns (Russell & Yarhouse, 2006).

Additional support for their findings was provided by another quantitative study whose goal was to examine perspectives on training experiences related to religion and spirituality, which was conducted by Saunders et al. (2014). In this study, whose population was comprised of psychology doctoral students in clinical or counseling psychology programs, fully one-quarter of respondents said they received no training in religion and spirituality, with one-half of respondents revealing that they learned about religion and spirituality through personal reading or interactions with their supervisors (Saunders et al., 2014). While the majority of respondents agreed that clients should be able to discuss religious and spiritual matters in psychotherapeutic interactions, approximately 30% admitted that the little training they did receive was unsystematic, and subsumed under the context of another course or within a seminar rather than as a

separate phenomenon (Saunders et al., 2014). The authors of this study concluded that students were not receiving adequate levels of training in religion and spirituality. They further speculated that if students do not have access to sufficient training in religion and spirituality within the first three years of their educational process, the students may erroneously infer that issues of religion and spirituality lack relevance and salience in psychotherapeutic interactions (Saunders et al., 2014). To eliminate that possibility from occurring, the authors emphasized the importance of mandated training in religion and spirituality for all clinical students (Saunders et al., 2014).

Multicultural diversity training deficits. The majority of training that included the phenomena of religion and spirituality often occurred when subsumed under the context of multicultural diversity training. In a quantitative study focused on determining if training and education in religion and spirituality had improved within clinical psychology programs, the researchers revealed that very little had changed (Schafer et al., 2011). Schafer et al.'s (2011) findings indicated that religion and spirituality were most often covered as subcontent within other courses. The authors argued that adequate education and minimum levels of training are critical for equipping students with the basic knowledge necessary to meet the needs of their clients in psychotherapeutic interactions as they relate to religious and spiritual beliefs (Schafer et al., 2011). Without basic levels of training specific to these phenomena, the authors suggested that providing competent care to all clients may be in question (Schafer et al., 2011). Their findings revealed that religion and spirituality were covered within the coursework of a cultural diversity class 68.5% percent of the time, rather than as a stand-alone course (Schafer et

al., 2011). For those few programs which did offer religion and spirituality as a separate course, only 27.3% required students to take the course (Schafer et al., 2011).

Interestingly, their data indicated that coverage of religion and spirituality in academic training programs did vary between Ph.D. and Psy.D. programs, and among programs that were religiously affiliated compared with those which were not (Schafer et al., 2011). Suggesting a possible explanation for this disparity between topic coverage of religion and spiritual beliefs in training programs, the authors surmised that this variation might have been because the emphasis in Psy.D. programs is often on applied clinical skills when compared with Ph.D. programs whose focus is on demonstrating appropriate research skills (Schafer et al., 2011). While these authors conceded that very little has changed in integrating more coverage and training of religion and spirituality in graduate programs, they appeared to be more optimistic that this trend may change (Schafer et al., 2011). However, they expressed concerns about "a potentially large number of" inadequately trained professionals who may be providing clinical care to clients without the benefit of adequate levels of education, exposure, and training in the domains of religion and spirituality during their educational journey (Schafer et al., 2011, p. 238).

Two additional quantitative studies were undertaken to evaluate the effectiveness of religion and spirituality as a part of multicultural diversity training (Green et al., 2009; Vogel et al., 2013). In the study by Green et al. (2009), clinical psychology graduate students were asked to define their perceptions of diversity training within their programs of study. Citing the value of the research for revealing more information about how students evaluated the effectiveness of their diversity training and perceived its

importance during their academic training, the results indicated that students did not include religion when defining diversity (Green et al., 2009). Instead, the data suggested that student awareness of diversity-focused on concepts of ethnicity, culture, gender, or race rather than on religious, spiritual, or nonreligious beliefs (Green et al., 2009). The authors posited that one explanation for the respondents' bias toward defining diversity as ethnicity, race, or culture might have resulted from how diversity was conceptualized and presented in their educational training, revealing what the authors believed was a narrowly conceived definition of diversity (Green et al., 2009). Finally, their research yielded data that showed that the majority of all respondents were dissatisfied with the scope of diversity training which they had received through coursework, clinical exposure, and research (Green et al., 2009).

Further evidence of diversity training gaps in educational effectiveness was found in a quantitative conducted study by Vogel et al. (2013), which examined the incorporation of religion and spirituality into diversity training programs. In support of the contention that providing adequate levels of training in religion and spirituality through diversity programs has been unsystematic and potentially ineffective, this study included directors of clinical training, training directors, interns, faculty, doctoral students, and predoctoral interns (Vogel et al., 2013). Findings indicated that respondents' perceived hierarchies of effectiveness among diversity training categories with the highest level of effectiveness was designated as racial diversity (Vogel et al., 2013).

Given the lowest rating for effectiveness in the hierarchy of diversity, training was signified by religion and spirituality, along with disabilities and age (Vogel et al., 2013). Other findings revealed by the data included the concern that trainees were unprepared to address any potential countertransference which might occur when working with clients' religious and spiritual beliefs (Vogel et al., 2013). Data indicated that trainees were not adequately learning about religion and spirituality as sources of identity and personhood, leaving them potentially unprepared to interact clinically with clients who may identify as religious or spiritual (Vogel et al., 2013). Vogel et al. (2013) suggested that these findings may illuminate the lack of confidence that many trainees had in being adequately prepared to interact psychotherapeutically with clients in the domains of religion and spirituality. Further citing a lack of adequate training in religious or spiritually oriented areas such as broader worldviews, religious and spiritual interventions, referrals and consultations, and potential deficits in supervision as it relates to religious and spiritual phenomena in clinical work, Vogel et al. conceded that specific avenues of learning, which may have helped trainees enhance their religious and spiritual knowledge to meet the requirements of psychotherapeutic interactions with clients, were not being explored or utilized by trainees. Noting that coursework alone may be inadequate to prepare clinical psychology students for their professional role when working with clients' religious and spiritual beliefs, the authors offered a list of recommendations which would provide graduate programs and students with a greater depth of preparedness for dealing with religion and spirituality in psychotherapeutic interactions (Vogel et al., 2013).

The Influence of Religious and Spiritual Beliefs on Integration

Despite the upward arc in importance and prevalence of multiculturalism awareness, education, and research within the field of psychology, relatively little research has been conducted which has explored the impact or influence of psychologists' religious, spiritual, or nonreligious beliefs and identity on the psychotherapeutic process (Magaldi-Dopman et al., 2011). In a position of privilege during psychotherapeutic interactions, psychologists work in an industry in which secularism dominates the landscape (Hodge, 2017). Although most studies have generally reported that psychologists are more secular in their worldviews and belief orientations, other researchers have challenged that assumption. Two qualitative studies were conducted that provided a deeper understanding of the religious and spiritual beliefs of psychologists and how those beliefs may have influenced their practice of psychology.

In their seminal study on psychologists' religious, spiritual, and nonreligious beliefs and the potential influence which they may have on the practice of psychotherapy, Magaldi-Dopman et al. (2011) qualitatively explored the religious and spiritual identities of 16 experienced psychologists to understand better how their religious or spiritual identities may have influenced their psychotherapeutic interactions with clients. While simultaneously acknowledging the potential importance of religious and spiritual identity on alliance building in psychotherapy, the authors also acknowledged that the influence of a psychologist's religious, spiritual, or nonreligious beliefs within that clinical interaction has continued to be underexplored. Most importantly, Magaldi-Dopman et al. observed that the existing gap in knowledge and understanding as to the potential effects

and influences of psychologists' religious, spiritual, or nonreligious identity on psychotherapeutic interactions remains unknown.

Correlating the "dearth" of existing research on the potential influence of psychologists' beliefs in psychotherapeutic interactions to "a significant blind spot," the authors argued that this exploration was imperative not only to identify and reinforce best practice procedures in psychotherapeutic exchanges but should be considered "an ethical imperative" within the field of psychology as a means of eliminating the existing gap in knowledge and rectifying it through increased awareness and understanding (Magaldi-Dopman et al., 2011, p. 287). Voicing their agreement with the corpus of extant literature which has unanimously acknowledged industry-wide inadequacies and inconsistencies in training, supervision, and clinical experience with the phenomena of religious, spiritual, and nonreligious beliefs in psychotherapeutic interactions, the authors validated the need for this qualitative study as an opportunity to learn more about this complex professional interaction from the psychologists' perspective (Magaldi-Dopman et al., 2011).

The results of their study indicated that the development of a psychotherapist's religious, spiritual, and nonreligious identity remains a complex and dynamic process, which was described by respondents as "conflicted, and unsupported by psychological training programs" (Magaldi-Dopman et al., 2011, p. 292). Citing feelings of isolation throughout their educational and clinical training experiences, respondents shared the challenges which they encountered when they felt triggered, confused, or conflicted about how to competently engage with clients in the domains of religious, spiritual, and nonreligious beliefs (Magaldi-Dopman et al., 2011). Despite their attempts to remain

unbiased, respondents acknowledged that deficits in training impeded this ideal. Respondents noted the frustrating irony of having received little support in their own religious, spiritual, or nonreligious identity formation process while endeavoring to competently assist clients in their similar journey (Magaldi-Dopman et al., 2011).

Grappling under the impediment of incomplete training in this domain produced a cascade of different reactions from respondents in Magaldi-Dopman et al.'s (2011) study, including feelings of anxiousness, defensiveness, or exhilaration. Every psychologist who participated in the study conveyed the belief that their training inadequately prepared them to explore, question, and challenge the contours of their own religious, spiritual, and nonreligious identities. Additionally, all respondents revealed that the totality of their academic and clinical training had disregarded or dismissed the phenomenon of religion and spirituality. Further, three respondents mentioned that their desire to explore religious, spiritual, and nonreligious identity within the boundaries of their training programs was met with hostility, which caused them to struggle (Magaldi-Dopman et al., 2011).

Other challenges that were revealed by the respondents in Magaldi-Dopman et al.'s (2011) study included conflicts of religious and spiritual worldviews between themselves and their clients, biases toward various religious or spiritual interpretations, and strong biases toward their belief systems over the beliefs embraced by their clients. Interestingly, respondents admitted to using exploration into the religious, spiritual, and nonreligious beliefs of their clients as a therapeutic tool, even when it may not have been psychotherapeutically useful, because their lack of training had limited their knowledge

of other clinical options which may have been more beneficial to their client (Magaldi-Dopman et al., 2011). In helping to understand the complex processes involved in the integration of religious, spiritual, and nonreligious identities into psychotherapeutic interactions, the visual imagery of a mountain was created, which represented the challenging journey undertaken by every clinician and client who work together (Magaldi-Dopman et al., 2011).

In summarizing the data from their study, the authors referred to the religious, spiritual, and nonreligious identity development of psychologists as being an iterative process which was permeable and malleable, informed and challenged by psychotherapeutic interactions with clients who may have been on their own religious, spiritual, or nonreligious identity journey. Magaldi-Dopman et al. (2011) observed that while the emphasis on multiculturalism has continued to rise, research into the influence that psychologists' religious, spiritual, or nonreligious beliefs may have in psychotherapeutic interactions has been almost nonexistent. Concerns of religious, spiritual, and nonreligious identities bleeding into the psychotherapeutic environment were raised by the authors, who suggested that the creation of specific guidelines to address and mitigate unresolved or unrecognized biases might provide psychologists with an appropriate framework of competence when working with religious, spiritual, and nonreligious beliefs in psychotherapeutic interactions (Magaldi-Dopman et al., 2011). Noting the ubiquity of biases, the authors characterized improvements in religious, spiritual, and nonreligious training as a possible solution to the concerns expressed by the

psychologists in their study and for the deficits which currently exist in this domain within the field of psychology.

The second study suggested similar findings, and qualitatively explored the spirituality of nine psychotherapists to understand more about how their beliefs might influence their work with clients (Blair, 2015). Recognizing the significance which a psychotherapist's beliefs may have on clinical interactions and acknowledging the paucity of research that has focused on it throughout the field, Blair (2015) interviewed three psychotherapists, three counselors, and three psychologists who worked in a variety of settings. The participants embraced a variety of theoretical orientations and included six females and three males who ranged in age from 42 to 85 years old at the time of the study (Blair, 2015). The results of this exploration revealed that participants recognized the complexity and overlapping interface that often occurred between the phenomena of religion and spirituality (Blair, 2015). Using language which conveyed the personal nature of their spirituality, participants discussed the intersection of their spiritual beliefs as an important component in their self-care process. In describing their psychotherapeutic interactions with clients, the participants shared that the ability to work with religion and spirituality in the clinical environment demanded an appropriate degree of competence and an accurate awareness of their beliefs to increase recognition of how their beliefs or biases might be unintentionally interjected into psychotherapeutic interactions (Blair, 2015). Several of the participants shared the transformative process they experienced when listening and learning about varying perspectives of religious and spiritual beliefs from their clients (Blair, 2015).

In response to questions about the challenges associated with working psychotherapeutically with spirituality, the participants discussed the difficulties they encountered when their clients expressed the dogmatic fundamentalism of their beliefs. When discussing self-disclosure, their responses became divergent, with some participants stating that they would never self-disclose information about their spiritual beliefs, and others stating that they would if the situation had warranted such a disclosure. Participants described grappling with ethical concerns of self-disclosure, including those moments when their beliefs had "leaked out" without conscious intention (Blair, 2015, p. 166). Blair considered the episodes of leakage as representative of how positive or negative views of religion and spirituality might be communicated in psychotherapeutic exchanges, amplifying the necessity for adequate training specific to these domains.

Several participants recounted their impressions of negativity or minimalization of the value of religion and spirituality during professional training interactions (Blair, 2015). The participants expressed the fundamental necessity for psychotherapists to carefully explore their own beliefs and how those beliefs may influence their professional practice (Blair, 2015). Importantly, the majority of study participants revealed their lack of training in adequately preparing them for working with the phenomena of religion and spirituality in psychotherapeutic interactions, necessitating their actions to seek additional learning within these domains to maintain appropriate levels of competence (Blair, 2015). According to Blair (2015), this lack of training resulted in psychotherapeutic interactions, which were variable and idiosyncratic. In conclusion, the researcher suggested that if training protocols were not adequately preparing psychotherapists to work within

boundaries of competence when religious or spiritual beliefs were introduced into psychotherapeutic interactions, he cautioned that this presented a risk of danger that may result in clinical work that could be either ineffective or harmful (Blair, 2015). Noting the criticality for recognizing blind spots and gaps in training, Blair reasoned that more harm might occur if these deficits are not adequately addressed within the supervision processes.

Barriers to Integration

The potential barriers to the successful integration of religion and spirituality into psychotherapy were explored in two qualitative studies whose data showed similar findings. The purpose of Brown et al.'s (2013) study was to explore psychologists' attitudes toward the integration of religion and spirituality into psychotherapeutic interactions. Employing multiple research questions to generate a complete understanding of the phenomena being explored, the researchers wondered what psychologists' perceptions and understanding of religion and spirituality in psychotherapy might be, and whether they integrated these phenomena into their clinical work (Brown et al., 2013). Utilizing three focus groups, the respondents included five clinical psychologists, nine counseling psychologists, and one educational psychologist. The religious compositions of respondents were all Christian, except for one participant who did not identify with any religious or spiritual worldview.

As a qualitative study, the data suggested several themes in conjunction with the integration of religion and spirituality in psychotherapeutic interactions. Enablers to integration included the respondents' clinical decision to explore the religious or spiritual

journey of the client and to address the religious or spiritual needs of the client (Brown et al., 2013). Recognizing the value of their religious or spiritual beliefs allowed respondents to interact with clients' religious and spiritual beliefs more confidently. This feeling was magnified when respondents discovered that clients shared religious or spiritual beliefs that were similar to their own. Respondents shared their beliefs about the human connection, which they perceived between themselves and their clients, inspiring them to connect more fully with their clients on a religious or spiritual level. Importantly, respondents shared examples of barriers to the integration of religion and spirituality in psychotherapeutic interactions.

Ethically, respondents were concerned about maintaining appropriate boundaries while engaging in psychotherapy, maintaining an awareness of competence and practicing within that framework, avoiding the imposition of their beliefs onto their clients, and concerns about engaging in multiple relationships. Additional barriers included the fear of belief or value conflicts with their clients, feeling uncomfortable about discussing religious or spiritual beliefs with clients, clients who might validate behaviors based on their religious and spiritual beliefs, clients utilizing religion and spirituality for making decisions, clients altering their beliefs to align with the clinicians', and deficits in training, knowledge, and understanding of the phenomena of religion and spirituality (Brown et al., 2013). Respondents also acknowledged barriers resulting from countertransference and conflicting religious and spiritual beliefs. The responses and approaches to religious and spiritual integration utilized by the respondents in this study differed among them, with no consensus among approaches or integration practices. The

authors noted while approaches were inconsistent, a consistent theme provided by respondents concerning integrating religion and spirituality in psychotherapy was a lack of training specific to the phenomena of religion and spirituality (Brown et al., 2013).

Mirroring much of the findings in Brown et al.'s (2013) study, a recent study was conducted by Oxhandler, Moffatt et al. (2018), which represents the most current research to explore mental health professionals' perceptions of supports and barriers to the integration of clients' religious and spiritual beliefs in psychotherapeutic interactions. In the study, 207 respondents from various mental health professions participated in a qualitative exploration designed to gain a complete understanding of the integration experiences of respondents when working with clients' religious and spiritual beliefs. Responding to three open-ended questions, the respondents discussed what they believed provided support or represented barriers to the integration of religious and spiritual beliefs in psychotherapeutic interactions with their clients, and how their educational experiences and training equipped them to integrate these phenomena successfully into clinical practice.

In response to the identification of supportive factors, 72.4% of respondents believed that openly embracing the integration of religion and spirituality, in conjunction with nonreligious and spiritually oriented clinical practices, facilitated a more religious and spiritually sensitive practice (Oxhandler, Moffat et al., 2018). Additionally, 42.2% believed that recognizing and embracing their religious beliefs made the integration process easier (Oxhandler, Moffat et al., 2018). Other supportive factors were identified as engaging in religious or spiritual practices for self-care, maintaining an active curiosity

about religion and spirituality, and drawing on religious or spiritual memberships through organized religion or faith groups (Oxhandler, Moffat et al., 2018).

Interestingly, a somewhat contradictory dichotomy was revealed when 24.6% of respondents acknowledged education as providing a means of support for integration, with 13.1% of respondents attributing that support to professional training specifically related to the integration of religion and spirituality in clinical interactions (Oxhandler, Moffat et al., 2018). However, when discussing barriers to the integration process, the most consistently given reply was a lack of training, with 32.5% of respondents reporting that they received no educational experience with religion and spirituality whatsoever (Oxhandler, Moffat et al., 2018). Other barriers to integration included feeling uncomfortable about discussing religion and spirituality with clients, being accused of trying to impose clinician beliefs onto clients, the uncertainty of how to deal with clients' fundamentalist beliefs, time limitations at job sites for integration, the perception that religion and spirituality were unacceptable subject matter, and that clients were unwilling to discuss religion or spirituality (Oxhandler, Moffat et al., 2018).

Overall, the findings from this interdisciplinary, qualitative study revealed that a majority of psychotherapists had not received any training in the integration of religion and spirituality into psychotherapeutic interactions (Oxhandler, Moffat et al., 2018). The authors noted the incongruity of findings which revealed that almost one quarter of respondents attributed their education as a support system for religious and spiritual integration, juxtaposed against the findings that only 5% to 29% of respondents ever took a course on religion and spirituality during their educational or clinical training

(Oxhandler, Moffat et al., 2018). Importantly, the authors acknowledged that while a lack of training was most often identified in their study as a common barrier to integration practices, they also posited that the respondents' other perceived barriers might be ameliorated by amplifying training programs throughout the mental health industry (Oxhandler, Moffat et al., 2018). When reviewing the feedback on training, the authors observed that 71% to 95% of their respondents "did not take a course;" however, only one-third of the respondents specifically disclosed that they did not have any formal training in religion and spirituality (Oxhandler, Moffat et al., 2018, p. 10). From this, the authors extrapolated that practitioners may have found other outlets, beyond their graduate training programs, for increasing their awareness and understanding of the intersections between clients' religious and spiritual beliefs and their salience in psychotherapeutic interactions (Oxhandler, Moffat et al., 2018).

Seminal Competencies Research

The creation and acceptance of recommended or sanctioned religious, spiritual, and nonreligious competencies within the field of psychology have yet to be agreed on or established. However, a handful of scholars have attempted to forward their conceptualizations of effective competencies for mental health professionals to implement. The most recent contributors to competency recommendations include abbreviated recommendations containing only four steps (Plante, 2014), and general suggestions provided in scholarly papers (Johnson, 2016b). There are recommendations that consist of brief composites of other recommendations (Sperry, 2016), and competencies specifically designed for supervisors (Hull, Suarez, & Hartman, 2016).

There are competency recommendations that have resulted from the creation of a relational training model (Rupert, Moon, & Sandage, 2019), and a model for interreligious competence (Morgan & Sandage, 2016). Each of these models and others like them represents positive contributions to the development and application of religious, spiritual, and nonreligious competencies in psychotherapeutic interactions, with similar recommendations among all of them. However, the seminal study which created and evaluated competencies for psychologists was collaboratively developed by a team of scholars whose experience within the domains of religious, spiritual, and nonreligious integration generated a set of competency recommendations that has been largely unchallenged for supremacy (Vieten et al., 2016).

In their quantitative study, Vieten et al. (2016) provided 272 respondents with the opportunity to review and evaluate 16 suggested religious and spiritual competencies to determine their acceptability to practicing psychotherapists. Drawing on extant research that indicated the importance of religion and spirituality for the majority of Americans, and in recognition of the potential salience that those beliefs may have in clinical interactions, the researchers recognized the criticality of creating and organizing recommended competencies which might be utilized to fulfill APA's mandates for competent, ethical care as outlined in the Ethics Code (APA, 2017), and to maintain compliance with APA's resolution to eliminate of all forms of religious and anti-religious discrimination (APA, 2007). The advisability and utility of creating a list of competencies whose application might help narrow the gap that exists between educational and training deficiencies and the successful integration of religious, spiritual,

and nonreligious beliefs in psychotherapeutic interactions may prove beneficial to psychotherapists who are searching for a framework to guide or inform their integration strategies or processes.

After the initial development of religious and spiritual competencies by Vieten et al. (2016), the competencies underwent an additional review by a focus group of clinicians and scholars who were identified as experts in religious and spiritual integration in the field of psychology. The researchers then surveyed 105 licensed psychotherapists who were very experienced in the integration process to obtain their feedback and suggestions for the appropriate wording of each competency (Vieten et al., 2016). Once complete, the researchers determined 16 competencies in religion and spirituality, which were divided into sections identified as attitudes, knowledge, and skills (Vieten et al., 2016). With the competencies formalized, Vieten et al. quantitatively surveyed 272 respondents who self-identified as each having approximately 23 years of clinical experience and represented a variety of religious, spiritual, and nonreligious beliefs.

The results of the survey revealed that almost 70% of respondents acknowledged having no specific training, or a small amount of training related to these competencies in their educational and training experiences (Vieten et al., 2016). Whereas a high percentage of respondents admitted to having minimal to no training in these religious and spiritual competencies, the survey findings also indicated that approximately 30% of respondents believed that they demonstrated complete competency within their clinical practices for successfully implementing each one of the 16 competencies presented in the

survey (Vieten et al., 2016). This incongruity may be due to self-reported biases which may occur in all research, such as social desirability bias, recall bias, or overclaiming, whereby respondents overstate the boundaries of their knowledge or skills (Atir, Rosenzweig, & Dunning, 2015; Hout, 2017; Raja, 2016; Yang & Yang, 2017). According to the researchers and supported by similar studies, self-reported biases are not uncommon, resulting in inaccurate perceptions of competency (Vieten et al., 2016). It has been forwarded that people demonstrate a tendency toward self-deceit, especially when they believe that it is warranted or accurate (Pope & Keith-Spiegel, 2008). For example, psychologists who are religious or spiritual may unwittingly and inaccurately assume that membership within a particular faith group would automatically qualify them as competent for the integration of religious and spiritual beliefs into psychotherapeutic interactions (Barnett et al., 2014).

Importantly, the survey revealed that between 70% and 90% of respondents affirmed that competencies in all 16 domains should be demonstrated in clinical practice and that psychologists needed more training to accomplish that goal (Vieten et al., 2016). The researchers argued that their survey found what the corpus of research has revealed, wide gaps in competency for the integration of religious, spiritual, and nonreligious beliefs in psychotherapeutic interactions remain throughout the mental health professions (Vieten et al., 2016). Finally, they contended that the identified gap in training and supervision might inhibit psychotherapists from accomplishing the effective integration of religious, spiritual, and nonreligious beliefs into psychotherapeutic interactions (Vieten et al., 2016). Punctuating the potential importance of this seminal study and its findings,

Vieten et al. (2016) reported that their study represents the first set of religious and spiritual competencies to have undergone empirical validation and applicability review for utilization throughout the mental health professions.

Synthesis of Literature Review

The process of scientific inquiry into the phenomena of religious, spiritual, and nonreligious beliefs and their integration into psychotherapeutic interactions between clinician and client, as exemplified through the literature presented in this review, is deceptively difficult to conduct, interpret, compare, and report. The literature affirmed the ubiquity of all forms and degrees of belief; however, the literature also conceded that the phenomena of religious, spiritual, and nonreligious beliefs have thus far eluded or defied the acceptance of a unified definition within the mental health professions, or generated an accepted, validated instrument to accurately and consistently measure them. The dynamic complexities of religious, spiritual, and nonreligious beliefs were consistently presented and supported throughout the literature, as were the perceived competency deficits in education and training related to the integration of those beliefs into psychotherapeutic interactions.

An analysis of the studies provided in this literature review did not uncover any specific controversies surrounding the key concepts and phenomena being explored. With consistency, the researchers agreed that, based on the results of their studies, glaring gaps existed in education, training, and implementation of religious, spiritual, and nonreligious beliefs into psychotherapeutic interactions. Interestingly, there was a lack of agreement about the effectiveness and competence of supervisors in religion and

spirituality and little research to support any tentative conclusions. Some scholars argued that current supervisors did not receive the necessary levels of training in religious, spiritual, and nonreligious beliefs when they were students, making them unqualified to supervise trainees in this domain (Aten & Hernandez, 2004; Hage, 2006; Richards et al., 2015; Vogel et al., 2013). Others argued that supervisors were a positive and effective link between trainees and the challenges of integrating religion and spirituality into clinical work (Hage, 2006; Russell & Yarhouse, 2006; Saunders et al., 2014; Soheilian, Inman, Klinger, Isenberg, & Kulp, 2014).

Researchers throughout the literature also commented with unanimity on the necessity for conducting further research in the areas of religious, spiritual, and nonreligious beliefs and their integration into psychotherapeutic interactions. Despite the existing research, little is known about how to accurately, effectively, and consistently define the phenomena in question, or what specific standards should be used throughout the mental health professions to determine the achievement of appropriate levels of competence in the integration process. Additionally, existing research has not empirically revealed what criterion, if any, is needed to determine a supervisor's qualifications for overseeing the integration process of religious, spiritual, and nonreligious beliefs. Indeed, questions continue to be raised about whether religious, spiritual, and nonreligious beliefs should become a recognized specialty in the field of psychology, and if so, what criterion should be utilized to evaluate competence or expertise, and how would it be measured. Although an abundance of research has explored religion and spirituality, very little research has explored the experiences of

psychologists when integrating religious, spiritual, and nonreligious beliefs into psychotherapeutic interactions with clients. This glaring gap in knowledge and understanding provides an essential opportunity for new research which may yield richer insights into the complexities of these dynamic and meaningful interactions, potentially contributing to new conceptualizations of how the field of psychology might address curricula, training, supervision, and integration strategies of religious, spiritual, and nonreligious beliefs in the future.

Justification for the Selection of Key Phenomena and Concepts

A careful review of the existing literature informed the selection of the key phenomena and concepts for this study. Although there appeared to be examples of divide among some of the findings and implications throughout the research presented in this review, there were two key concepts on which every research study reviewed herein agreed: Psychologists received inconsistent or incomplete training in the domains of religious, spiritual, and nonreligious integration into psychotherapeutic interactions, and as a consequence of these deficits, their competence in working with the integration of these phenomena may be affected.

Methodological Approaches to the Research

Of the key studies evaluated for this literature review, the majority selected a quantitative approach to address their research questions. The data yielded from each quantitative study was meaningful but not directly comparable because of a lack of consistency in the instruments selected for each study. Moreover, inconsistent definitions of key terms populated throughout the variety of instruments amplified the possibility

that respondents' selections may have been different from one instrument to another, based on their assumptions of meaning for each key term. In each case, the researchers believed that a quantitative approach was the most appropriate approach to address the goals of their studies. For example, the majority of studies that utilized a quantitative approach were evaluating competencies, integration strategies, biases, religious and spiritual assessments, religious and spiritual beliefs, religious discrimination, and education and training effectiveness. Utilizing a quantitative approach allowed the researchers to connect with larger numbers of participants and gather more data to help answer their research questions in broad, often generalized levels of reporting. That methodological approach was very appropriate for research questions designed to collect information about overall trends, general consensuses, and opinions. For example, Oxhandler (2019) selected a quantitative approach as the best means of reaching the broadest possible number of respondents since the research goal was to determine the validity of a religious and spiritual practice assessment scale.

Conversely, the researchers who selected a qualitative methodological approach had goals that invited a more detailed level of understanding in response to their research questions. In the qualitative studies, the number of participants were much smaller than the quantitative studies, but the data yielded from the qualitative studies were much richer, textured, and more detailed. Unlike the utility and functionality of a quantitative study, which often provides respondents with Likert-type scales to answer research questions with selected descriptions provided, a qualitative study allows respondents to answer questions in their own words, and this often yields information that might be

more authentic, vivid, and emotive. For example, one qualitative study sought to understand more about the influence of therapists' spirituality and training on their clinical practice. One respondent, sharing his experiences with training about his spiritual beliefs, said, in part: "There was a big cost, and the cost was my own spirituality to a degree was, yeah, diminished or damaged or whatever, compromised in some way…and it almost killed off the spiritual part in me, I could almost feel it because it was so intellectual, so academic" (Blair, 2015, p. 167). The impact of what that response conveyed, and the depth of information contained within it could not have been replicated through a quantitative approach.

Strengths and weaknesses in research approaches. Researchers and scholars throughout the mental health professions have approached the problem of competency gaps through educational and training deficits in the integration of religious, spiritual, and nonreligious beliefs in psychotherapeutic interactions by attempting to define key terms, concepts, and phenomena to accurately measure or more clearly understand them. This initial task has been fraught with challenges, since religion, spirituality, and nonreligious beliefs are as individualized and unique as the people who embrace and debate them. While some experts' definitions may be referred to more often than others (Pargament, 2002), there is no official agreement and no one definition of these phenomena which have been utilized throughout the field of psychology.

Although often overlooked in the discussion and conclusion portions of existing research into these phenomena, the scientific practice of psychological research and the reliability and veracity of its conclusions are undoubtedly inhibited by this problem.

Indeed, one of the fundamental principles of scientific research is the criticality of accurately defining terms. This inability to define terms with consistency becomes especially salient when researching phenomena as complex as religious, spiritual, and nonreligious beliefs. How can you adequately identify, measure, and compare what you cannot define with uniformity, consistency, or agreement? The instruments utilized to measure these phenomena within the mental health professions represent unquestionable flaws in research because of their inconsistency in defining, categorizing, and reporting the data which is generated. Arguments have included concerns regarding how religious or spiritual identities are conceptualized and presented in instruments (Day & Lee, 2014), instruments which are unintentionally infused with bias through Christianized norms or language (Huber & Huber, 2012; Moore, 2017), inconsistent terminology utilized throughout instruments (Hodge, 2013b), and existing instruments which often fail to measure the complex distinctions between religious and nonreligious believers (Speed & Hwang, 2019). For many, the nuanced differences between religious, spiritual, and nonreligious beliefs, practices, and worldviews may be too difficult to tease apart, with concerns of significant overlapping or confusion between terms that dilute the integrity or generalizability of results (Hill et al., 2000). Researchers have responded to this foundational problem through the creation of even more instruments that attempt to measure these phenomena with the development of new psychometric scales (Black et al., 2015; Lewis, 2016; Moore, 2017). As argued by Oxhandler (2019), the mental health profession requires a validated instrument whose utilization and implementation could extend across all disciplines in the helping professions. However, this may be difficult to

achieve, since Oxhandler also indicated that the five primary mental health professions all follow different ethics codes which require different standards and expectations for competent care.

Another compelling problem hindering a more precise understanding of these phenomena is a lack of clear, consistent, or sanctioned guidelines for psychologists to follow when integrating religious, spiritual, or nonreligious beliefs in psychotherapeutic exchanges. As demonstrated by this review of existing literature, there is no agreement within the field of psychology for what specific integrative strategies and guidelines should be employed or how the efficacy of that employment should be measured. In the domains of religion and spirituality, there is no current APA-recognized specialization. Often referred to as a niche or proficiency (Hathaway, 2008; Vieten et al., 2016), the integration of religious, spiritual, and nonreligious beliefs into psychotherapeutic interactions straddles key ethical issues (Barnett, 2016; Barnett & Johnson, 2011). Without a consistent, agreed on set of competency guidelines to serve as an ethical framework from which to consider integration practices or adequate levels of training and supervision in this domain, psychologists may be unfairly hindered in their ability to provide their clients with competent care when providing clinically salient religious, spiritual, or nonreligious integrations.

Summary and Conclusions

Despite the extensive research that has explored religion and spirituality, few studies have explored the religious, spiritual, and nonreligious beliefs of psychologists, or how those beliefs may have impacted psychotherapeutic interactions. Another highly

underexplored area of research involves psychologists' attitudes, opinions, and levels of competence regarding the integration of religious, spiritual, and nonreligious beliefs into psychotherapeutic interactions. Even fewer studies have explored psychologists' biases, self-disclosure practices, and experiences with countertransference when integrating religious, spiritual, and nonreligious beliefs into psychotherapeutic interactions. The fewest number of studies have explored psychologists' challenges when working psychotherapeutically with people who may hold aligned or oppositional religious, spiritual, and nonreligious beliefs.

What was revealed through this review of the literature was that the intersections of these phenomena in psychology have remained under-researched. There was consensus within the literature that religious, spiritual, and nonreligious beliefs are diverse and complex, and little is known about how these beliefs might affect the psychotherapeutic relationship between clinician and client. There appears to have been unanimous agreement that deficits in educational and training competencies in religion and spirituality currently exist and may be an impediment to the successful integration of religious, spiritual, and nonreligious beliefs into psychotherapeutic interactions. Finally, some researchers have created suggested competencies to serve as a framework for guiding psychologists toward a more ethically informed process of integration for religion and spirituality into clinical interactions.

While an evaluation of the preceding literature provided some insights into the diversity and complexity of religious, spiritual, and nonreligious beliefs in psychotherapeutic interactions, it also revealed substantial gaps that prohibit a complete

understanding of the phenomena being explored. The opportunity to close that gap and extend the field's current knowledge through a qualitative study allowed for the generation of new data, which was personal, specific, and textured. Therefore, this study provided psychologists with the opportunity to fully share their unique experiences with competency training and bias awareness when working with clients whose beliefs were in alignment or opposition to their own, revealing additional information that might amplify our understanding of these complex, intersecting phenomena.

In the following chapter, I present my research design and rationale, including the concepts and phenomena of the study and my reasoning for choosing a qualitative approach. I discuss my role as the researcher, including researcher biases and ethical issues. My methodological strategies are presented, including population details and selection strategies, as well as data collection information necessary to achieving saturation. Data analysis is discussed along with demonstrations of research trustworthiness, and special attention is given to ethical procedures and processes that protected my participants and their data.

Chapter 3: Research Method

Introduction

The purpose of this qualitative study was to explore how psychologists described their experiences with competency training and bias awareness in preparing them for psychotherapeutic interactions with clients who may have held aligned or oppositional religious, spiritual, or nonreligious beliefs to their own. Due to the limited amount of research on this topic and to facilitate a deeper level of understanding of these psychologists' experiences, a qualitative research design was utilized, which allowed for a more comprehensive understanding of the phenomena being explored (Moustakas, 1994). In this way, the participants were able to share the essence of their experiences, creating a deeper level of awareness and revealing a broader foundation of knowledge about the phenomena being explored in this study (Moustakas, 1994).

In this chapter, the research design and rationale are presented, and my role as the researcher is explained. All areas of methodological consideration are provided, including details of the researcher-developed questionnaire, procedures for recruitment and data collection, and the plan for data analysis. Additionally, all the components that establish the foundations of trustworthiness are discussed. A detailed overview of the ethical procedures and considerations required to conduct this research follows, focusing on ethical considerations for recruitment, data collection, participation or withdrawal from the study, data treatment, confidentiality, and the dissemination of the study results. To conclude, a summary of the information provided in the chapter is reviewed, with a transition that will precede Chapter 4.

Qualitative Research Design and Rationale

The selection of qualitative research as a methodological design was determined after a careful review of the literature to ascertain the existing level of knowledge and understanding concerning the phenomena of focus in this study. The quantitative studies produced data that did not provide a rich, textured, or detailed understanding of the phenomena, and the few studies that had qualitatively explored some of these phenomena were able to provide more insights into select phenomena but still revealed gaps in knowledge. This gap signified an opportunity for more qualitative research to be conducted. Most studies have recommended that additional qualitative studies be undertaken to more thoroughly explore the scope of these phenomena through the rich detailing of people's lived experiences (Blair, 2015; Farrell et al., 2018; Jackson & Coyle, 2009; Magaldi-Dopman et al., 2011). Doing so may amplify the likelihood of revealing greater levels of understanding about these complex constructs. Therefore, the research question for this qualitative study was "How do clinical psychologists describe their experiences with competency training and bias awareness in managing religious, spiritual, and nonreligious challenges when working psychotherapeutically with clients who may hold aligned or oppositional religious, spiritual, or nonreligious beliefs?"

Qualitative Research Designs

When conducting a qualitative study, the researcher has several research designs for the exploration of their research goals. These include a narrative approach with its emphasis on storytelling (Davidsen, 2013; Englander, 2019; Wiklund-Gustin, 2010); a grounded theory approach, which focuses on the goal of developing theories generated

from the data (Fassinger, 2005; Ponterotto, 2005; Wertz, 2014); an ethnographic approach, which focuses on field study observations (Agee, 2009; Denzin & Lincoln, 2013; Hamilton & Finley, 2019); a case study design, which often emphasizes an in-depth analysis of a single case (Constantinou, Georgiou, & Perdikogianni, 2017; Guetterman & Fetters, 2018); and a phenomenological approach. After evaluating each option, I selected a phenomenological approach because its design is predicated on developing a richer understanding of the lived human experiences of participants, with an emphasis on the phenomena being explored (Englander, 2019; Giorgi, 1997; Moustakas, 1994). This approach is often an appropriate methodology to employ when existing knowledge about the phenomena has been limited. The focus of a phenomenological study is the essence of a shared experience relating to the phenomena of interest from the perspective of the participants, unencumbered by attempts to form an analysis or explanation of the experience or the phenomena (Denzin & Lincoln, 2013; Erickson, 2011; Moustakas, 1994). Therefore, a phenomenological approach provides an opportunity to illuminate participants' experiences surrounding a common phenomenon to reveal a deeper level of understanding (Mihalache, 2019; Moustakas, 1994). In this way, a phenomenological research design was the most appropriate methodological approach for this qualitative study, because it most clearly aligned with the research goals of this study (Churchill, 2018).

Defining Phenomena of the Study

A careful review of the literature informed the selection of the key phenomena and concepts in this study: religious, spiritual, and nonreligious beliefs as well as

competency training and bias awareness in psychotherapeutic interactions. For this exploration, religion was defined as a search for the sacred with individuals of similar beliefs in a communal or institutional setting (Arczynski et al., 2016; Harris et al., 2018; Hodge, 2015). Spirituality was defined as the search for the mystical or sacred without the structural organization of the communal or institutional setting (Arczynski et al., 2016; Harris et al., 2018; Hodge, 2015). Finally, nonreligious beliefs were defined as the absence of religious or spiritual beliefs (Bradley et al., 2018; Gervais & Najle, 2015; Sahker, 2016).

Competence, as exemplified by the standards detailed in Section 2 of the Ethics Code, has been defined as the acquisition of knowledge sufficient to demonstrate the minimum levels of skills and judgment necessary to demonstrate ethical and clinical efficacy when working with people of diverse religious, spiritual, and nonreligious beliefs (APA, 2017; Barnett, 2007). Competency training may therefore be defined as graduate-level education, training, and supervision, in conjunction with professional-level clinical experience, to achieve the minimum levels of competency standards as outlined in the Ethics Code (APA, 2017). Competency training specific to religious, spiritual, and nonreligious beliefs may be defined as training, supervision, or clinical experience specific to the understanding and ethical incorporation of these beliefs into psychotherapeutic interactions.

Bias, as supported by research, remains an inescapable aspect of human interactions (Hodge, 2017). Bias may be defined as the predisposition, tendency, or inclination toward embracing a particular belief or assumption. Bias exists in many

forms, including but not limited to the biases of assumed similarity, confirmation biases, blind spot biases, motivational biases, salience biases, heuristic biases, and affective biases (Harris, Spengler, et al., 2016; Raja, 2016).

Finally, psychotherapeutic interactions occur between psychologists and their clients when the creation of a safe space has been established through the appropriate application of the standards provided in the Ethics Code regarding all phases of appropriate human interaction in a clinical environment (APA, 2017). These include embracing the five general principles for aspirational conduct when interacting with clients while maintaining a minimum level of competency throughout all the applicable ethical standards related to psychotherapeutic interactions. Additionally, psychotherapeutic interactions may be defined as the unified and active exploration of a client's presenting concerns within the professional context of the psychologist's and client's agreed-upon treatment goals (Peteet, 2014).

Role of the Researcher

The fundamental motivation for the focus of this study was my desire to understand more about how experienced psychologists navigated through any personal or professional challenges they might have encountered with working with clients who held aligned or oppositional religious, spiritual, and nonreligious beliefs to their own. I also wondered whether their education and training assisted them in their interactions with their clients when these beliefs were integrated into psychotherapeutic interactions. As I began my literature review in preparation for this study, I became aware of gaps in education and training, so I wanted to understand how psychologists were able to

navigate through training deficits related to these phenomena and still provide clients with efficacious psychotherapeutic care. My role as the researcher in this study was to provide experienced psychologists with the opportunity to expand understanding of the potential intersections between competency training, bias awareness, and the integration of religious, spiritual, and nonreligious beliefs into psychotherapeutic interactions based on their experiences. Their experiences may also improve understanding of the potential influences that competency training deficits and bias awareness may or may not have on psychotherapeutic interactions when psychologists work with clients who embrace aligned or oppositional specific religious, spiritual, or nonreligious beliefs to their own.

Power Differentials

As a non-clinician who does not currently work in a clinical or psychotherapeutic environment, I did not have any personal or professional relationships with any potential research participants, nor did I have any educational or supervisory relationships with any potential research participants, suggesting that no power differential was activated on that basis. Therefore, to the best of my knowledge, any interactions that transpired between my participants and me as the researcher occurred without any potential conflict of professional relationships or power imbalances.

Incentives

No incentives were offered for participation in this study beyond the implicit recognition that voluntary participation contributed to the advancement of scientific knowledge by providing data that may assist in reducing the significant gap in understanding which currently exists regarding the intersections of these phenomena.

Through the generous sharing of their lived experiences, participants helped broaden and deepen the field of psychology's understanding of these complex phenomena and related concepts in psychotherapeutic interactions, thus expanding the literature to include their experiences with the successes and challenges of integrating religious, spiritual, and nonreligious beliefs into psychotherapeutic interactions.

Managing Researcher Bias

Biases are an inevitable component of the research process (Hodge, 2017; Morrow, 2005; Post & Wade, 2009). Through the processes of epoche, bracketing, self-reflective journaling, and memo writing, I tried to recognize and manage my own biases as they related to the concepts explored in this study (Moustakas, 1994). Utilizing these processes of intentionality, self-reflection, and epoche allowed me to bracket and defuse any preconceived biases, assumptions, judgments, or feelings that I may have carried into the research process about the phenomena being explored. This self-awareness enabled me to be fully present, open, and accepting of the lived experiences of my participants (Mihalache, 2019; Moustakas, 1994).

Additionally, because I was aware that activations of my biases might have occurred at any time during this study, I reached out to my trusted colleagues and associates. They agreed to be my thought partners throughout this research process (Ravitch & Carl, 2016). Maintaining a consistent and candid dialogic engagement, both collectively and individually, with my thought partners throughout all phases of the research process allowed me to continually have my biases and interpretations rigorously challenged (Ravitch & Carl, 2016).

Methodology and Data Collection Procedures

The participant population for this study included licensed psychologists residing and working in the United States. The criteria for participant selection included psychologists who were currently licensed at the time of the study with a minimum of 5 years of active clinical experience, working with any client population over the age of 18 and providing any psychotherapeutic interactions (Ravitch & Carl, 2016). Requirements for inclusion did not include a religiously oriented psychotherapeutic practice or an interest in religion or spirituality, either personally or professionally. The rationale for establishing the selection criterion of a minimum of 5 years of direct clinical experience as a licensed psychologist was because this may have increased the probability that each participant would have encountered more than one experience with clients who revealed aligned or oppositional religious, spiritual, or nonreligious beliefs to their own during psychotherapeutic interactions (Post & Wade, 2009). In the selection process, no participants who met the identified criteria for inclusion were excluded based on ethnicity, sexuality, age, socioeconomic status, gender, ableism, theoretical orientation, or religious, spiritual, and nonreligious beliefs.

Sampling Strategy

The sampling strategy employed for this study was purposeful random sampling. This sampling strategy was selected because of its flexibility in selecting participants who had the necessary experience concerning the phenomena being explored to ensure that the goals of the research were achieved (Guest, Bunce, & Johnson, 2006; Ravitch & Carl, 2016). Additionally, purposeful random sampling aided in the reduction of bias because

of the random nature of the selection process, once the established criteria for inclusion had been met by the prospective participants (Ravitch & Carl, 2016). Purposeful random sampling also provided me with a greater opportunity to obtain a diverse population of participants who exhibited a range of clinical experience concerning the phenomena being explored (Guest et al., 2006; Ravitch & Carl, 2016), which produced more unique participant experiences (Morrow, 2005). Further, purposeful random sampling is an appropriate participant selection strategy for qualitative research when time and resources were constrained while still yielding data that was rich and textured and fulfilled the goals of this research (Ravitch & Carl, 2016).

Sample Size

There appears to be no consensus in determining the number of participants required to achieve data saturation in qualitative research. Some researchers have argued that purposeful sampling studies may be justified with a single participant to produce information-rich data (Boddy, 2016; Patton, 2015). Others have argued that data saturation can occur anywhere within three to 35 interviews (Guest et al., 2006; Morrow, 2005; Sim, Saunders, Waterfield, & Kingstone, 2018).

Despite the potential importance of sample size to validity in a qualitative study, it has been observed that the goal of data saturation is, fundamentally, a matter of researcher judgment and not based on an arbitrary number of participants (Blaikie, 2018). Variations in agreement over data saturation may be due to the interpretive nature of the qualitative research process, which requires flexibility in thinking and a reliance on the researcher's knowledge and experience with the phenomena being explored (Blaikie,

2018; Guest et al., 2006; Sim et al., 2018; Van Rijnsoever, 2017). Although data saturation is often conceptualized as achieving redundancy of information, I conducted this study following Morrow's (2007) assertion that the achievement of true redundancy is impossible due to the uniqueness of experiences among participants.

In consideration of the conflicting information regarding sample size, engaging in self-reflection to consider my ontological and epistemological approaches, and reviewing the goals of my study, I tentatively projected my sample size to consist of a minimum of four and a maximum of 10 participants until data saturation was obtained. As qualitative research is an iterative process, the number of participants needed to fulfill the goals of my study did not change once the research process had begun. Because the phenomena that were explored in this study were complex and highly individualized, it was impossible to predict the number of participants needed to reach data saturation until the interviewing process had commenced. However, I decided that I had achieved data saturation with 10 participants. As I hold an interpretive constructionist worldview, which informed and guided all phases of my research, I embraced the multiplicity of meanings that people assigned to their lived experiences (Creswell & Creswell, 2018; Rubin & Rubin, 2012). This worldview oriented my research as I recognized the importance of context, the variability of interpretations, and the conceptualization of truth as being unique to each person (Morrow, 2005).

Participant Recruitment Pathways

The recruitment process for identifying potential participants for this study was accomplished by distributing an invitation for participation through emails to APA

divisions with clinical orientations or emphasis, including Division 12 (Society of Clinical Psychology), Division 36 (Society for the Psychology of Religion and Spirituality), and Division 42 (Psychologists in Independent Practice). In addition to recruiting through those specific APA divisions, the same request for participation in a qualitative study was posted through the following clinically oriented listservs and private Facebook groups: Mental Health Professionals, Therapists in Private Practice, Therapists, LGBT Mental Health Providers, and Mental Health Professionals Group. Professionals who were most likely to fulfill the criterion necessary for inclusion in this research study populated both of those recruitment pathways.

Participant contact and inclusion suitability. The research participation invitation, which was posted through the contact pathways already described, invited potential participants to take part in a qualitative study that would explore clinical work and religious, spiritual, and nonreligious beliefs. Interested potential participants were invited to contact me through email or telephone. At that time, I conducted a preliminary evaluation to determine their participation suitability based on the inclusion criteria specified for this research. If potential participants met the criteria for inclusion, I verbally provided a more detailed explanation of the research's purpose and study goals and explained the process for data gathering. During the initial telephone contact, all participants were encouraged to ask questions regarding the research process.

Informed consent. If participants confirmed their desire to participate in this study and fulfilled the criteria for inclusion, each participant was emailed an informed consent document to review (with IRB approval 04-10-20-0575119 provided), and a

demographic questionnaire (see Appendix A) to complete and return to me by email before the selected appointment time for their interview. If participants were unable to email the completed informed consent document and demographic questionnaire before their interview occurred, they had the opportunity to provide verbal confirmation of receiving, reviewing, and verbally consenting to participate in the research before beginning the interview, once the recording process had begun.

Interview protocols. Participants were advised that data gathering would occur through Zoom videoconferencing or over the telephone, depending on each participant's preference, rather than through face-to-face interviews. Those methods of data gathering were selected to ensure the highest level of convenience for participants, concerning the reality of their time constraints due to personal commitments and professional schedules. Because Zoom videoconferencing and telephone interviews effectively removed the limitations imposed by geography as an impediment to inclusion in this study, I was able to include participants who might not have been able to participate in face-to-face interviews because of differences in physical locales. Further, by conducting interviews through Zoom videoconferencing or over the telephone, it added a dimension of privacy to the participants while providing them with a comfortable and safe environment of their choosing when participating in the interview process.

Digital recording. All interviews occurred through Zoom videoconferencing or over the telephone and were digitally recorded by three different digital recording devices to ensure redundancy of data collection. The digital recording devices utilized were a handheld Sony recorder microSD (model number ICD-UX533), an HD Audio Recorder

on my smartphone, and the recording function provided by Zoom. Using three different devices to record all interviews reduced the possibility of equipment failure that might have resulted in lost data and device redundancy helped to ensure that the interviews were captured accurately and in their entirety. Importantly, successful qualitative interviewing includes the ability to establish a warm, respectful, and attentive relationship with each participant (Bradburn et al., 2004; Moustakas, 1994; Ravitch & Carl, 2016; Rubin & Rubin, 2012). Using digital recording devices allowed me to be completely present, focused, and personally engaged with each participant during the interview process, because the digital recorders' utility allowed me to be freed from the necessity of taking extensive notes during each interview. As a result of their functionality in accurately capturing the data from each interview, I fully attended to and absorbed the essence of each participant's experiences as they shared them. No participant declined to be recorded. Still, I did take brief notes during the interview process to document as many of the specific phrases, words, and impressions shared by the participant concerning the phenomena being explored, while remaining focused and present with each participant. To ensure greater accuracy of my notes, I reflected what I had written to each participant during their interview so that I could make any necessary changes in the data if there were inaccuracies.

Instrumentation

Providing participants with the opportunity to meaningfully share their lived experiences with the phenomena being explored in this study hinged on the utilization or development of appropriate questions that captured the true essence of their experiences

(Moustakas, 1994). As a qualitative study, interview questions, follow-up questions, and probe questions were appropriate tools to employ, assisting participants in fully sharing the narratives of their experiences (Ravitch & Carl, 2016).

Instrument development and validity of the interview guide. The researcher-developed interview guide and interview questions created for this study (see Appendix B) were initially conceptualized and shaped through a comprehensive review of the existing interview guides that had been utilized in seminal qualitative research studies which had explored similar phenomena (Arczynski et al., 2016; Audet, 2011; Farrell et al., 2018; Magaldi-Dopman et al., 2011; Russo-Netzer, 2018). From there, preliminary interview questions were generated after reviewing the general recommendations for effective wording and structure of interview questions from a selection of experts in qualitative research (Agee, 2009; Bradburn et al., 2004; Frankel & Devers, 2000; Moustakas, 1994; Ravitch & Carl, 2016; Rubin & Rubin, 2012). Further refinement of the interview questions and follow-up questions occurred after I received valuable feedback from my committee chairperson and my thought partners, who assisted me with refining question content, language suitability, and alignment with the research question and study goals. Therefore, validity of the interview guide was established through the iterative processes of questioning and seeking feedback from my committee members and thought partners as to the content and suitability of the interview questions, follow-up questions, and probe questions (Shenton, 2004).

Sufficiency of instruments. The research question for this study explored how psychologists described their experiences with competency training and bias awareness in

managing religious, spiritual, and nonreligious challenges when working psychotherapeutically with clients who may have held aligned or oppositional beliefs. To ensure the sufficiency of the researcher-created instrument in answering the research question, I engaged in a repetitive process of self-reflection, memo writing, and interactions with my committee chairperson and thought partners to continually evaluate how my instrument aligned with my research question and study goals. Recognizing the importance of context and perception in understanding the lived experiences of the participants, the instrument was designed to complement the semistructured interview format and to honor the complex nature of the phenomena being explored, encouraging a flow of data from participants that answered the research question through their unique narratives, expanding our understanding of these phenomena.

Debriefing Procedures

Following each interview, I thanked participants for their contribution to enlarging our understanding of the phenomena that were explored in this study and provided them with the opportunity to ask any questions or share any concerns that they might have had that related to any portion of their contribution to the process. Additionally, I reviewed the goals of the study and asked each participant if they wanted to receive a summary of the findings once the research had been completed.

Follow-Up Procedures

To facilitate the goals of this study, I created the interview guide and interview questions as the instrument through which each participant could spontaneously and fully share their unique experiences with the phenomena being explored. When necessary, I

reached out to participants for any required clarification of content or refinement of interpretations to ensure the accuracy of their verbalized experiences as detailed in the resulting transcripts. I reached out to one participant through email to clarify their description of an event they had shared, and they emailed me their brief clarification.

Data Analysis Plan

The single research question guiding this study focused on how psychologists described their experiences with competency training and bias awareness in managing religious, spiritual, and nonreligious challenges when working psychotherapeutically with clients who may have held aligned or oppositional beliefs. All data analysis processes referred to this specific research question when evaluating and interpreting the transcripts, codes, themes, and findings suggested by the analysis of the data.

Following Moustakas' (1994) modification protocols of the Van Kaam Method of Data Analysis for Phenomenological Studies, I followed the seven steps recommended for data analysis. After obtaining and reviewing each participant's completed transcription of the interview, I began the first step by conducting a horizonalizational review of the document and located data specific to the experience being explored (Moustakas, 1994). Through that process, I began to understand the uniqueness of each participant's experience, ensuring that I assigned equality of value to all aspects of their experience (Moustakas, 1994). The next step in the data analysis plan involved reduction and elimination, which necessitated a review of the data to determine which experiences increased understanding of the phenomena and whether they invited interpretation (Moustakas, 1994). By reducing or eliminating repetitive, vague, or overlapping data, I

maintained the integrity of each participant's lived experiences as they related to the phenomena being explored.

The third step in the data analysis plan was to cluster and theme the experiences of the participants (Moustakas, 1994). I accomplished this through a careful and repeated reading of the transcripts of each participant to reveal "the core themes of the experience" (Moustakas, 1994, p. 121). Step four involved a final review and validation of identified themes for each research participant to ensure accuracy and relevancy to their experiences, ensuring that the essence of each participant's experience was the focus of the data analysis (Moustakas, 1994). The fifth step involved my construction of a textural description of each participant's experiences, with verbatim examples taken from each transcribed interview, which allowed me to create a clear and vivid understanding of the lived experiences of participants (Moustakas, 1994). I then created an individual structural description of all participants' experiences, informed by the individual textural descriptions already revealed, along with an imaginative understanding "of the underlying dynamics of the experience" to reveal how the lived experiences of the participants connected with the themes of the phenomena explored, thus unlocking a more complex understanding of the essence of each participant's experiences (Moustakas, 1994, p. 135).

In the final step, I created a composite description of the meanings and essences for each participant's experiences through the addition of a textural prism of data analysis (Moustakas, 1994). Generating the composite description provided an opportunity to discover the richly textured and complex variations of experience of each participant,

thereby elevating the descriptions to include not just the experience, but also the context within which the experience occurred from the perspective of each participant (Ponterotto, 2006).

All the transcriptions from each interview were thoroughly reviewed before being uploaded into NVivo 12 qualitative analysis software for preliminary analysis assistance. Because of the broad scope and complexity of the phenomena that were explored in this study, the data generation was plentiful; however, it did not make hand coding too laborious. I initially selected NVivo 12 to assist me in the preliminary organization of my data. Although the NVivo 12 software was an asset in the initial organization of data, I elected to complete all the coding, theme generation, and analysis by hand.

Treatment of Discrepant Cases

The highly personalized and emotive nature of religious, spiritual, and nonreligious beliefs suggested that case discrepancies would not be likely. As the primary goal of this research was to understand more about the lived experiences of psychologists concerning competency training and bias awareness when working with clients who may have held aligned or oppositional religious, spiritual, and nonreligious beliefs, it was imperative to recognize the uniqueness associated with every person's beliefs about these phenomena, without assuming or labeling any manifestation of experience, belief, or action as disharmonious, incompatible, or inappropriate. Therefore, all data were given equal weight during the analysis process, without interpreting any one participant's experience as more real, true, or valid than any other participants' experiences. Importantly, by utilizing Moustakas' (1994) modification of the Van Kaam

method for data analysis, any portions of the participants' experiences that were not in alignment with the research goal of this study were culled out during the coding and theming stages of the data analysis process.

Issues of Trustworthiness

Qualitative research is a subjective process of scientific inquiry that is primarily rooted in the descriptive and inexact characteristics of language (Morrow, 2007). Trustworthiness in qualitative research is often achieved through verification processes that aid in demonstrating scientific rigor and quality (Morrow, 2007). Trustworthiness in qualitative research may be attained through demonstrations of credibility, transferability, dependability, and confirmability (Denzin & Lincoln, 2013; Morrow, 2005; Shenton, 2004).

Credibility

Establishing credibility in this study was accomplished through the accurate representation of each participant's experience with the phenomena being explored, ensuring that the essence of meaning derived from their narratives was a faithful depiction of their unique personal accounts (Morrow, 2005; Morrow, 2007; Moustakas, 1994; Shenton, 2004). Additionally, through the use of triangulation strategies, I incorporated careful transcript reviews, self-reflection, journal writing, reflexivity, memo writing, rigorous bias challenges from my thought partners, feedback from my committee members, and member checks to ensure that the transcription, interpretation, and analysis of the data was accurate (Creswell & Creswell, 2018). Finally, credibility was enhanced

through my sampling strategy that included randomization that reduced researcher bias during participant selection (Shenton, 2004).

Transferability

The importance of transforming participants' lived experiences into descriptions that are thick, rich, and textured is a fundamental component of ensuring transferability in qualitative research (Moustakas, 1994). Although every participant's experiences were unique representations of their perception of events, the generalizability of the phenomena being explored in this study was exemplified through the emergence and confirmation of consistent themes generated from the data analysis (Patton, 2015; Shenton, 2004). Additionally, diversity in participant selection through purposeful random sampling amplified the probability of achieving data that were representative of a broader footprint of experiences concerning the phenomena being explored in this study (Ravitch & Carl, 2016).

Dependability

Providing a detailed account of all phases of the research process helps to ensure dependability in qualitative research (Shenton, 2004). Notably, dependability refers to the provision of a detailed audit trail of the conducted research, which would allow any other researcher to replicate the procedural processes utilized throughout the study (Shenton, 2004). Thus, the inclusion of the research design, details of the implementation pathways and processes utilized, clear descriptions of data gathering strategies, and an objective evaluation of the research helped to establish dependability in this study (Shenton, 2004). As qualitative research is an iterative process, maintaining

detailed memos and journal entries also assisted in tracking the evolving nature of all phases of the research, thereby enhancing dependability (Morrow, 2005).

Confirmability

Confirmability is rooted in the understanding that objectivity in research is never accomplished (Morrow, 2005). The awareness and mitigation of researcher bias is a critical component of establishing confirmability in qualitative research (Shenton, 2004). Shenton (2004) specifies that achieving confirmability is dependent on the researcher's ability to remain objective throughout the research process. For this study, confirmability was sought through the accurate representations of the phenomena being explored, the data gathered, the interpretation of the data, the representations of the findings, and an active awareness of my biases as the researcher (Morrow, 2005).

The goal of this study was to understand more about the lived experiences of psychologists, as expressed through their perceptions of their experiences with the phenomena explored in this study, rather than evaluated through my biases, assumptions, and beliefs (Shenton, 2004). Reflexivity is often used in qualitative research to demonstrate confirmability, and it provided me with the opportunity to become aware of my biases throughout the research process, mitigating them through the utilization of strategies which included epoche, memo writing, journaling, and discussions with thought partners and committee members (Ravitch & Carl, 2016).

Ethical Considerations in Research

The importance of recognizing and understanding ethical considerations throughout the research process is rooted in the fundamental need to protect the human

participants who make research possible (Ross, Iguchi, & Panicker, 2018). Framed by the recommendations in the Belmont Report and punctuated by the aspirational principles and applicable standards of the APA Ethics Code, researchers have a solemn ethical responsibility to protect research participants by recognizing and respecting their autonomy, minimizing their harm, and exhibiting fairness to all participants in the research process (APA, 2017; Ross et al., 2018). While ethical practices in research are required, maintaining an accurate level of ethical awareness as to the potential ethical considerations that may develop during the research process is the primary responsibility of the researcher (Fisher & Vacanti-Shova, 2012; Kara & Pickering, 2017).

Ethical Concerns Regarding Recruitment

I utilized a randomized sampling strategy to amplify the likelihood of fair and unbiased recruitment of research participants. I endeavored to create recruitment materials that were phrased with language that was bias-free and aligned with the specifications for ethically appropriate language as required by the APA Publication Manual (APA, 2010). The Institutional Review Board (IRB) did not classify participants for this research study as a vulnerable population, thereby signifying that no special ethical considerations for recruitment needed to be considered based on vulnerability concerns (Knapp & VandeCreek, 2012).

Informed consent. As a researcher, it was my ethical responsibility to provide an informed consent document to prospective participants that included the purpose and procedures of the research, how the data would be used, privacy protections, and any anticipated risks or benefits that participation may have produced (Geldenhuys, 2019).

Additionally, the informed consent document specified that potential participants might have withdrawn from participation in the study at any time without penalty (Fisher & Vacanti-Shova, 2012).

Confidentiality. Fisher and Vacanti-Shova (2012) speculated that breaches in confidentiality remain the greatest risk for research participation. Although absolute confidentiality could not be guaranteed, I took the necessary steps to protect the confidentiality of participants by providing them with a pseudonym that de-identified them in the research process. Participants were also informed of the limits of confidentiality when concerns of elder or child abuse might have been indicated, or if the risk of self-harm became apparent (Fisher & Vacanti-Shova, 2012).

Ethical Concerns of Data Collection Processes

Once the data collection process had begun, participants may have exercised their right to withdraw from the research process or the interview at any time, without penalty, although none did so. As mentioned previously, the specific number of participants in a qualitative study has been argued to be less important than the quality of the data that is generated from the completed interviews, with emphasis on reaching data saturation (Blaikie, 2018; Boddy, 2016; Van Rijnsoever, 2017). Fortunately, I did not need to address participant dropout that might have affected data saturation. Nonetheless, I maintained an accurate list of respondents who expressed an interest in participating in the study. I was able to obtain the necessary number of participants required to reach data saturation after my first recruitment, so I did not need to resubmit the recruitment request through the same recruitment pathways that were initially utilized.

Treatment of Data

As detailed previously, all data gathered during the research process will be securely maintained following the ethical standards of appropriate research conduct (APA, 2017; Barnett & Campbell, 2012; Fisher & Vacanti-Shova, 2012). To facilitate that, I purchased a brand-new laptop computer that was only used for this research process. It is password protected and only accessed by me. It contains the NVivo 12 software program and includes all the transcribed interviews from each participant. It also contains all of my self-reflective journal entries and memos (created through NVivo), which are core parts of the qualitative, phenomenological research process (Denzin & Lincoln, 2013; Ravitch & Carl, 2016).

To elevate the security of the computer and safeguard the information it contains, the latest generation of computer security software was installed and will be continuously maintained. While every computer may be vulnerable to a viral attack, this computer was not utilized to access the Internet, any web browsers, or engage in any email correspondence, reducing the likelihood of a cyber-attack. Finally, I have run a full computer scan once a week to check it for any evidence of invading malware or spyware, which would threaten its contents.

The digital recordings of each interview were uploaded into that computer, and all forms of data collection generated from this study will be maintained in a locked fireproof safe in my home office for the required period of 5 years. After that time, I will destroy them. All my notes and paperwork relating to this research study have been locked in the same fireproof safe in my home office for the same required time, after

which time they, too, will be destroyed. Additionally, I have backed up all of my files related to this research study on a new external hard drive, which was only used to store these materials and will be maintained in the same locked fireproof safe in my home office for the same time frame before being destroyed.

Summary

The purpose of Chapter 3 was to provide a detailed overview of the qualitative mechanics required to conduct this research, including a reiteration of the study's purpose and a restatement of the research question. The research design and its rationale were presented, and the phenomena and key concepts being explored in this study were defined. I provided justification for selecting the research design, and details of my role as the researcher, including determinations for how potential researcher biases were managed. Ethical issues related to my role as the researcher were also discussed, and possible options for addressing these issues were provided.

The methodological section detailed participant selection protocols, which included identification of the population, the justification for the sampling strategy, criteria for participant selection, the rationale for the number of research participants utilized, procedures for participant identification and recruitment, and the relationship between sample size and saturation. The instrumentation was identified as researcher-developed, and its efficacy in addressing the research question was related. Recruitment procedures and data collection protocols were discussed, as was the plan for data analysis.

Issues of trustworthiness in the research process were provided, including establishing credibility, transferability, dependability, and confirmability, which all helped support the quality, rigor, and validity of this qualitative study. Ethical procedures were introduced, with an emphasis on understanding the responsibility associated with utilizing human participants in the research process. Specifically, ethical concerns relating to recruitment, data collection, participant withdrawal, data treatment, anonymity and confidentiality of data, and the protection of data were addressed. In Chapter 4, I review this study's purpose and research question and identify the setting and its potential influence on this study, along with the demographics and characteristics of the participants. Then details of the data collection and data analysis processes are shared, along with the demonstration of trustworthiness in this study. Finally, I conclude Chapter 4 by revealing the findings from the research, including quotations from the participants to support theme development and the essence of their experiences with the phenomena explored in this study.

Chapter 4: Results

Introduction

The purpose of this qualitative study was to explore how psychologists described their experiences with competency training and bias awareness in preparing them for the challenges of psychotherapeutic interactions with clients who may have held aligned or oppositional religious, spiritual, or nonreligious beliefs to their own. To help expand my understanding of the complex phenomena explored by this purpose and the research question, I conducted individual interviews with 10 participants who met the qualifications for inclusion in this study, employing the interview protocols specified in Chapter 3 (see Appendix B). After having each audiotaped interview transcribed professionally and reviewed by myself and each participant, I began a thorough analysis of the data, which will be discussed in greater detail in the following sections of this chapter. Utilizing Moustakas' method for phenomenological data analysis to elucidate the individual and collective essence of the experiences of my participants, four core themes emerged, supported by multiple subthemes that synchronously responded to and answered the research question.

In this chapter, I will present the emergent themes and subthemes. I will also provide information about the setting, participant demographics, and data collection procedures. Special attention will be paid to describing the process and procedures of data analysis that I followed. Additionally, I will detail evidence of trustworthiness and present the results of this study. Finally, I will conclude this chapter with a summary of the answers to my research question and provide a transition to Chapter 5.

Setting

As detailed in Chapter 3, I was able to conduct individual interviews with each participant from the security of a private, separate room in my home, amplifying the privacy of each participant's interview and increasing participant confidentiality. Nine participants chose to have their interviews conducted through Zoom videoconferencing, and one participant chose to be interviewed over the telephone. After receiving the informed consent document by email prior to each interview, all participants verbally acknowledged their consent to participate in this study at the beginning of their recorded interviews. Each participant also verbally agreed to have their interview recorded to ensure the accuracy of the gathered data, providing me with the opportunity to focus on each participant and their experiences as they shared them.

Part of the nature of my study involved asking each participant for specific examples of clinical experiences with clients involving the integration of religious, spiritual, and nonreligious beliefs into psychotherapeutic interactions. Being mindful of the criticality of maintaining confidentiality between clinician and client, I advised each participant to let me know if I asked any question that they felt might compromise that confidentiality so that I could rephrase the question or dismiss it. I also asked each participant to let me know if I inadvertently asked them a question that they felt uncomfortable talking about so that we could move on. Each participant understood that they could withdraw from participation in this study at any time. No participants expressed any discomfort or concern throughout the interview process.

A circumstance that must be noted is that these interviews were conducted during the COVID-19 pandemic that necessitated a mandatory stay-at-home order throughout the United States, which meant that all my participants were at home when our interviews were conducted. Additionally, because the stay-at-home order affected almost everyone, some of my participants may have had family members at home during their interview; however, all the interviewees were successful in participating in the interview process in private. It is unknown whether, or to what extent, this required homebound status may have affected each participant or the information they provided during their interviews. However, none of the participants expressed any concerns. Nine of the interviews were conducted without any interruption; however, one interview was interrupted for two and a half minutes when the participant lost electric power during our Zoom interview. But power was quickly restored, and we were able to continue our interview without further incident.

Demographics

The participant population for this study was licensed psychologists residing and working in the United States. Participant inclusion focused on psychologists who were currently licensed at the time that this study was conducted, who had a minimum of 5 years of active clinical experience, working with any client population over the age of 18 and providing any type of psychotherapeutic interactions and theoretical orientations (Ravitch & Carl, 2016). Requirements for inclusion did not include a religiously oriented psychotherapeutic practice or an interest in religion or spirituality, either personally or professionally. However, the participants' self-reported categorizations of personal

religious, spiritual, or nonreligious beliefs included one who identified as an atheist, one who identified as spiritual but not religious, two who identified as Christian, two who identified as Jewish, and four who identified as a blend of several different beliefs or faith traditions.

To safeguard the privacy of each participant, I assigned them a random alphabet letter as opposed to a fictitious, gender-suggestive name. To further support the masking of their identity, every participant was designated as "they" or "their" rather than a gender identifying pronoun throughout the presentation of data that follows in this study. However, to accurately situate the participants within a demographic framework, five participants were female, and five participants were male, with age range spans from 45-70. Additionally, these participants represented an exceptional depth of clinical experience, with four participants having between 5 and 18 years of clinical experience, three participants having between 20 and 25 years of clinical experience, and three participants having between 30 and 39 years of clinical experience. The professional settings in which these participants provided services included private practice, academic institutions, and healthcare systems. Geographically, the participants were located throughout the United States and were able to participate in this research because we utilized technology to facilitate it.

There were 10 participants in this study who participated in a semistructured interview consisting of the same interview questions and follow-up questions, which were modified as appropriate for each participant based on the experiences they shared. Data collection was achieved through Zoom videoconferencing for nine of the

participants, with one participant selecting the telephone for their interview. Each participant was interviewed one time, with variations in the duration of each interview, lasting from 56 minutes to 121 minutes, determined by the amount of information each participant chose to share, or the amount of time in which they had to participate in the interview.

All interviews were digitally recorded by using three different digital recording devices to ensure redundancy of data collection. The digital recording devices utilized were a handheld Sony recorder microSD (model number ICD-UX533), an HD audio recorder on my smartphone, and the recording function provided by Zoom. The only variation in data collection from the plan presented in Chapter 3 included the addition of a third digital recording option provided by Zoom and the necessity to conduct the Zoom interviews on my older computer because the microphone on my new computer was not working properly. The digital recordings of each interview were uploaded into my computer from the Sony recorder. Once I verified that each interview's audio file was successfully uploaded into a secure file on my computer, all other audio files were immediately erased. The only file I retained from each participant's interview was on my Sony recorder, which was purchased specifically for this research and has been securely stored according to the ethical guidelines described in Chapter 3.

Because of the unprecedented upsurge in usage of Zoom videoconferencing technology by people, employers, schools, and organizations throughout the United States due to the COVID-19 virus and subsequent stay-at-home requirement, Zoom experienced connectivity fluctuations, which resulted in sporadic and momentary

muddiness in some of the audio recordings. It was impossible to anticipate when these fluctuations might occur, even though they only lasted for a moment. However, in some of the audio files, it was sometimes difficult to accurately discern which word a participant might have used. To verify the accuracy of data collected from every participant and to ensure that the transcriptions were faithful representations of the participants' experiences, all participants were sent a complete copy of their transcript for review. To ensure that each participant could easily find any areas in the transcript where the audio recording may have experienced a brief connection fluctuation based on Zoom's provider interruptions, I explained the situation to them. I told them that I had identified each spot with empty brackets so that they could fill in the missing word and correct the transcript to ensure that it was an accurate representation of their experiences and our interview.

Data Analysis

I approached the responsibility of data analysis of my participants' lived experiences concerning the research question of this study by closely following Moustakas' modified Van Kaam method for analysis of phenomenological data (Moustakas, 1994). To immerse myself in the data, I began by listening to the audio files of each interview four times. I then reviewed each interview transcription word by word while listening simultaneously to the audio file, which allowed me to correct any errors or deviations from the audio file that appeared in the transcript. Throughout that process, I engaged in consistent epoche and journaling so that I could document and keep track of any assumptions, biases, or beliefs throughout the research process (Moustakas, 1994). I

also regularly engaged in discussions with my thought partners about my thoughts and feelings throughout the data collection and interpretation processes (Ravitch & Carl, 2016). Doing so allowed me to maintain a candid awareness of the unavoidable human tendeny for making assumptions and being blind to bias. It also provided me with an ethically appropriate mitigation strategy to dilute or obviate their effects on the processing and interpretation of the data.

Coding Procedures

This study yielded a large amount of data that covered complex experiences. As such, preliminary data organization was an essential and laborious process. After careful consideration, I decided to do all data coding by hand rather than utilizing NVivo 12 software, because coding by hand can yield a more accurate and responsive evaluation and understanding of the data. To accomplish that analysis, I began by following Moustakas' (1994) guideline of listing and forming preliminary groupings of every participant's verbal descriptions of their lived experiences relevant to the research question by coding the data by hand. To capture the horizons of each interview, I used a different color highlighter to designate each main idea or category of each participant's experiences. Once I had achieved the horizonalization of data from all participants, I then moved to the process of reduction and elimination (Moustakas, 1994). This step required me to evaluate all highlighted content to determine if it captured each participant's experiences in a way that helped me to understand it. Employing Moustakas' two requirements for this testing of the data, I evaluated whether each portion of highlighted content was necessary for understanding each participant's experiences

and whether I could attach a label to it. I eliminated any content that did not meet these two requirements.

The remaining content represented the invariant constituents of each participant's experience (Moustakas, 1994). Once I had completed this portion of data organization and analysis, I was able to begin clustering and thematizing the invariant constituents, which allowed me to identify, distill, and refine emergent themes (Moustakas, 1994). To facilitate the emergence of themes, I created a separate Word document for each collection of highlighted, idea-specific content. Once completed, I was able to identify the themes and subthemes revealed after careful exploration of the participants' experiences, culminating in a final composite description of the participants' collective "meanings and essences of the experience" (Moustakas, 1994, p. 121). I repeated Moustakas' steps for data analysis through several iterations to verify the consistency of my findings, taking breaks in between each cycle to allow myself to engage in journal writing and self-reflection to process my own thoughts and reactions to the data.

Core Themes and Subthemes

The research question for this study asked participants to describe how their education and training experiences, specific to the integration of religious, spiritual, and nonreligious beliefs into psychotherapeutic interactions may have affected their perceptions of their competency and their ability to recognize and mitigate bias when working with clients who may have held aligned or oppositional beliefs to their own. A research question of this density and complexity generated themes and subthemes that were also dense and complex. After immersing myself in the interpretation of the data

and reflecting on the essence of my participants' experiences, I distilled their experiences down to four core themes, with subthemes that helped explicate them and increase my understanding of them. The core themes that emerged were competence, respect, perspective, and humility.

The components that comprised and encompassed the themes that emerged from each participant's reflections covered a broad range of foci. I specifically omitted any attempt to define the terms contained within the research question or follow-up questions during each interview, so my conceptualization of these terms would not influence participants' responses. In this way, each participant was free to approach their experiences and their understanding of key terms within the research question and follow-up questions from their perspectives, consistent with my desire to nest this research in an interpretative constructionist approach (Ponterotto, 2005; Rubin & Rubin, 2012). Thus, though the four core themes were representative throughout each participant's experiences, the subthemes highlighted how each participant perceived their focus and understanding of each theme.

Theme 1: Awareness of Competence

Each participant conveyed an awareness of the criticality of competence concerning their clinical work and supervisory responsibilities. Developing the fundamental components of competence might be thought to begin at the educational level. However, in reflecting on their academic training, nine of the participants shared similar experiences where religious, spiritual, and nonreligious beliefs were either completely absent or minimally present in their coursework at the doctoral level. For

example, Participant L stated, “In terms of formal training, I got very little that I did not seek out myself.” Another participant shared that “I don’t remember anything of religion or spirituality in my training” (Participant C). Several participants noted that a course on multiculturalism was a part of their training at the doctoral level, but course content “seemed more focused on the politics of race and gender and sexual orientation–not really addressing religion within the context of culture” (Participant M). Expanding on the scope of their content exposure in multiculturalism, Participant M added that “we studied racism and sexism and probably heterosexism and maybe even ageism and ableism–[but] there was nothing on anti-Semitism or any kind of religious prejudice.”

In response to whether they believed their academic training had adequately prepared them for integrating religious, spiritual, and nonreligious beliefs into psychotherapeutic interactions, nine of the 10 participants felt that their education had either not prepared them at all or had not prepared them to the extent that they would have liked. Participant M expressed, “It seemed like a real gap, because when you’re doing any kind of clinical work, you’re going to be seeing people from all different backgrounds.” One participant shared that “I would have liked to have [had] more–and I think it would have been helpful” (Participant T).

Subtheme 1: Awareness of bias. All 10 participants shared their awareness of their own biases and their ability to recognize them as being important aspects of maintaining competence when working psychotherapeutically with clients who might have had aligned or oppositional religious, spiritual, or nonreligious beliefs to their own. Participant L said, “I know that when I was in training, all of us, including me, struggled

with, ‘Wait…*wait*… the client has a very different belief than I do,” Clarifying what the awareness of bias means to them, another participant shared that:

> When I say I have my own biases, what I mean is that my perspective is my bias. And I present [it as] such, because I think that makes it safe…for others, and *not* presenting *my perspective* as the *truth* or anything else–just my bias. I’m not talking about being biased against someone or someone’s beliefs. I’m just talking about saying, “This is where I’m coming from. You should know, because it’s going to color how I respond to you, and I want you to know that, so that you… just receive it as another perspective.” (Participant C)

Each participant shared the unique ways in which they recognized and mitigated their feelings of bias during psychotherapeutic interactions with their clients in relation to religious, spiritual, or nonreligious beliefs.

> There’s a lot of times when [I’m] talking with people, that I kind of go “*hummmmmmm...,”* you know? And so, usually what I do in those kinds of situations, is to take that moment to kind of look at my perspective on those types of things. (Participant N)

Another participant shared that “a little signal goes off in your head, it’s like—’*What the hell*?’ kind of thing–it’s like, ‘*Oh…hummmmm,’* yeah! [laughter]” (Participant R).

Participant L added to the understanding of clinician bias awareness by sharing that:

> If the client talks about something and I feel an immediate, "*Oh, that's wrong*!" sort of reaction, or I don't like how they're talking about their spirituality, or I have some sort of negative feeling about it, that's…when I go to, "Oh, okay–I've got to step back and make sure I understand and hear you." It's the thing that lets me know that I have to be looking out for my own biases if I start to feel myself judging the client, really.

Another participant shared their belief in the importance of bias recognition as an important aspect of providing competent care, but it may sometimes be incomplete on its own, without the benefit of collaboration and supervision.

> I was trained to look at my own biases, my own expectations. That's something that I…try to routinely do with both clinical practice and research. But the research on that suggests that it's not effective–that we are very bad at looking at, and actually identifying our own biases and expectations in an accurate way. And so that's where collaboration and supervision comes in. (Participant D)

Subtheme 1.2: Seeking competence. All the participants shared their experiences with actively seeking competence in the integration of religious, spiritual, and nonreligious beliefs into psychotherapeutic interactions. Focusing on the value of supervision and peer mentoring, the importance of lifelong learning specific to this phenomena, the necessity for reaching out to religious or spiritual leaders when appropriate, recognizing the benefits of learning from clients, and continually gaining experience in integration practices provided a richer level of understanding for how each participant approached their perception of achieving and maintaining competence.

Helping to describe their belief in the value of supervision, because they had not received any training in religion or spirituality as a doctoral student, one participant clarified their position on the advantages of supervision by stating that:

> Supervision is very different from clinical training. My training in my coursework and stuff was terrible. My supervision was a lot better. Supervisors are dealing with real, *real* complexity–and coursework is dealing with abstraction, and so, you know, that's the difference. (Participant C)

Another participant shared their perception of the value they found in reaching out to a religious and spiritual representative. "We would have these incredible conversations about things" (Participant N). Participant P shared their experiences with how powerful and meaningful it could be for clients when clinicians reached out to a religious leader. "So many times, many times I would bring the chaplains into the rooms to do…faith-based prayer and interventions with them [clients], that were specific to their faith" (Participant P).

In elucidating their perception of the benefit of the client as a resource, Participant M shared this:

> Often, I kind of let the client be the resource, because whatever a book or article may say about a particular religion and issue, the client probably hasn't read the same book or article and may have been raised with very different…beliefs regarding whatever the subject is…because whatever the religion–of course, there's multiple schools, and its practiced in an endless number of ways by different people in different countries and different families…so external sources

> can be helpful–but that doesn't tell me the client's own family background, cultural background, etc. So, I will ask the client to be a resource in that sense of just learning about the client's current practice, past practice, upbringing, and so on. (Participant M)

Subtheme 1.3: Ethics as a component of competence. While only two participants specifically mentioned ethics by name during their interviews, all of them shared their experiences with ethical awareness as it related to the integration of religious, spiritual, and nonreligious beliefs into psychotherapeutic interactions. Their integration interactions, focusing on ethics as a component of competence in psychotherapeutic interactions involving religious, spiritual, and nonreligious beliefs, included sharing their experiences regarding the prohibition of imposing or altering client beliefs, and the importance of maintaining an awareness of their own competency gaps to avoid ethical missteps, pitfalls, biases, and blind spots.

Noting that some clients may have had an inaccurate view of how issues of religion and spirituality could be ethically addressed in psychotherapeutic interactions, Participant L explained that:

> There are many clients who either *won't come* for treatment at all because of that fear [that the clinician will try to alter their beliefs], or, clients who *will come* for treatment, *in fear and trembling* that I'm going to basically make sure that they go to hell by separating them from their relationship with God. (Participant L)

Summing up the importance of ethical practices relating to the integration of religious, spiritual, or nonreligious beliefs into psychotherapeutic interactions, Participant P shared this observation:

> I think because of my training, I've always been aware…[that] there's potential for harm…you need to be very careful. I mean that was something that was always ingrained from the…get-go…there are so many potential pitfalls and you need to be really careful. (Participant P)

Sharing their awareness of how important the ethics of integrating religious, spiritual, and nonreligious beliefs can be in psychotherapeutic interactions, Participant L said, "How do we do this? What do I need to learn? How can I make sure that I'm not doing something wrong? That was the biggest–it continues to be my biggest worry" (Participant L). Several participants shared their belief that it was almost impossible for a clinician to know the specifics of every religious, spiritual, and nonreligious belief system. "There are many cultural and religious backgrounds that I'm not extremely well acquainted with. And I'm aware of those limits" (Participant S).

Discussing the ethical imperative for respecting the religious and cultural beliefs of clients, and recognizing the complex intersections which exist between religion and culture, often magnified by the gaps in training specific to this area, Participant M shared this experience:

> We study Latino culture. We learn that it's patriarchal and we need to respect that because that's their culture. Then we study Asian culture and we learn that it's patriarchal, but we have to respect that, too–it's their culture…and then we get to

> white culture and we're told it's patriarchal, and that's wrong, and we have to change it. We're supposed to respect other people's cultures, which are largely patriarchal…and religion has a lot to do with people's values, and maybe even gender roles and other factors–to our attitudes toward LGBT issues, abortion, and so on. These are often tied in with people's religion. So you get the intersection of values and religion in a [psychotherapeutic] context–and in some cases you have to respect it because it's their tradition. In other cases, you have to change it, because it's wrong, even if it's the same value. So that's the kind of issue that I think could have been utilized for a very rich discussion in terms of clinical practice. (Participant M)

Theme 2: Respect

Without exception, every participant shared their belief that a firm foundation of respect laced through every aspect of their psychotherapeutic interactions and supervisory responsibilities concerning integrating religious, spiritual, and nonreligious beliefs. Serving to support, guide, and affirm their actions, participants shared their experiences with the infusion of respect throughout all their religious, spiritual, and nonreligious interactions with their clients.

Respecting the unique beliefs of clients without imposing or altering their beliefs was discussed by most of the participants, including one participant who said, "If I have a client who is–who has lost their faith, I just don't see it as my job to help [them] find it to get it back. I think that they would resent that–it would interfere" (Participant B). In acknowledging respect as a perceptual lens through which participants were able to view

and appreciate the uniqueness and value of their clients' beliefs, one participant shared that:

> Having [religious] clients and connecting really closely with them, and recognizing the way in which religion works in their lives…that puts me in check…to feel much more respectful. It prevents me from categorizing blindly. You know, really *respecting* where these people are coming from. (Participant T)

Subtheme 2.1: Respect for the intersections between diversity of belief and culture. In expressing their awareness of and respect for the complex intersections between religion and culture, Participant M shared that, "there is a distinction somewhere, maybe, between culture, values, and beliefs...my goal is to work effectively with my clients and respect their frame of reference" (Participant M). For some participants, respect for client beliefs informed their approach to self-disclosures regarding religious, spiritual, and nonreligious beliefs.

> I will do the amount of self-disclosure the client needs to be comfortable. Sometimes, the amount the client needs to be comfortable is *zero*! Sometimes, that's where they will say that they want to know what my spiritual beliefs are. And my approach will always be, "Tell me *what about that* is important to you?" And I will address what about it is important to them. (Participant L)

Emphasizing the importance of maintaining and reinforcing respect for their clients' unique beliefs during psychotherapeutic interactions, Participant T said:

> I'll say to them, "I do not have anything–any investment in what spot you land on. I don't have any investment on you being observant and religious, or you're not

> being observant religious…I have no agenda here…I respect your religion." But the relief that they feel…and they'll say it–and they'll talk about it–and that they so appreciate it. (Participant T)

Subtheme 2.2: The salience of belief in psychotherapeutic interactions. All the participants expressed a common belief in the clinical salience of integrating religious, spiritual, and nonreligious beliefs into psychotherapeutic exchanges when appropriate while respecting and celebrating the distinctive presentations of each client's beliefs. "I'm just astounded every day [at] how people have this in their life. And it's incorporated, and it's there…all kinds of varieties" (Participant S). Another participant shared their awareness of respecting and safeguarding client beliefs by noting that:

> If somebody is actively, spiritually seeking, then that *seek* – that *search* becomes part of the therapy. If somebody already has established their religious beliefs, [and are] comfortable in it, and not needing anything surrounding it, then [it] won't [be part of therapy]. A lot of people are agnostic or atheist…I think there's a whole kind of spirituality that doesn't have to be religious. (Participant C)

Providing clients with a safe, respectful space through which to introduce or explore their religious, spiritual, and nonreligious beliefs in psychotherapeutic interactions was also discussed by the participants. Recognizing that clients may have limited options for exploring their beliefs with others, one participant observed that:

> I think they appreciate the opportunity to talk about something like that…and sometimes it's things that they maybe could talk about with friends or family–but maybe not–maybe a spouse. But it may be a very awkward conversation because

> a lot of people aren't really able or willing to engage in that, because that means examining their own beliefs. And it can be hard to talk to a clergy about them because they may be struggling with doubts in God's existence or…fundamental aspects of the religion they feel they have to abide by. So they may not be comfortable talking to their own clergy about it. So I think providing that place in therapy with that kind of conversation could be really meaningful. (Participant M)

Echoing a similar sentiment, Participant T described their opportunity to respect client beliefs by providing a safe space for them to openly discuss and explore their beliefs:

> What I have found over the years is that a lot of people want to talk about religion and spirituality. And a lot of my clients have been surprised that they're allowed to do that in therapy. But it's such–it's *such an important part* of so many people's well-being, that I just think it's important not to have it split off. (Participant T)

Punctuating that respect for client beliefs by providing safe spaces within psychotherapeutic interactions to freely explore them, another participant observed:

> In discussing [beliefs], what I've seen over and over again is it validates what the people are sharing. So if it's some sort of experience they had of some encounter that they believe, and they've been afraid to tell anyone else, or just never felt safe enough to hear that, and sit with that, and explore what that is, and what it means to them psychologically…I have heard from multiple [clients] that it has been a

> game changer for them. So it's not as if I influenced anything to change it…I've just sat with it and allowed it to be–and gently explored it with people in a safe and respectful way. And they, that allows them to sort of do with it where [and] what they need. And it's wonderful. (Participant S)

Participant R shared a similar experience with respecting clients' beliefs when integrating them into psychotherapeutic interactions by noting:

> I think when people's religious views get reinforced…when they…see that I, as their therapist…*value that*…I really, I *really do think* that that's a very positive triggering for them. Because…I've had people come and say, "*No one's ever* asked me about that before," or, "My previous therapist didn't really ask about that or didn't think that was important." (Participant R)

Subtheme 2.3: Client-centered approach and value-driven care. Respect for client beliefs was exemplified through client-centered approaches and an emphasis on value-driven care among the participants. "My belief system is really irrelevant…and I meet the person where that person's at–you use that person's language. Even if it's not my language" (Participant R). Participant L described their integration experience by sharing that, "the place that all of those training and experiences converged was a very strong value on the dignity and worth of my clients, and my clients' beliefs and values" (Participant L).

Theme 3: Perspective

Each participant's ability to fluidly embrace and maintain a perspective-centric orientation to the beliefs of their clients, whether those beliefs were aligned with or in

opposition to their own, when integrating religious, spiritual, or nonreligious beliefs into psychotherapeutic interactions, were interwoven throughout their experiences. Often drawing on their skills and experience, participants exemplified perspective maintenance when listening, questioning, and understanding the beliefs of their clients during psychotherapeutic interactions. "I did a lot of very respectful listening and asking, asking questions without making recommendations" (Participant L).

> Really trying to go back again and again and again to that place…that I've been trained to do–that gentle curiosity, that…that sort of back to your motivational and reviewing type of, "Tell me more...help me to understand this." (Participant S)

Subtheme 3.1: Psychotherapeutic impact of aligned or oppositional beliefs. Participants recounted their awareness of perspective-taking when describing their experiences working with the complexity of aligned or oppositional religious, spiritual, and nonreligious beliefs between clinician and client, including the potential impact of those beliefs during psychotherapeutic interactions.

> It cannot matter at all, or it could get in the way of the therapeutic process when there are certain assumptions being made by either the client or the therapist–[like] assuming that, "Oh well, you believe certain things because you are this religion." (Participant D)

Participant R described their view on the alignment or oppositional beliefs between clinician and client, and their potential impact on the psychotherapeutic exchange, through objective perspective-taking, in this way:

> They can matter. They don't have to matter. I guess it depends on the way in which I, as the clinician, accept and respond to a person's religious, spiritual beliefs, or system of understanding. Yeah. It matters. Does it get in the way? No. *No*–but I think whether the differences are similar or different…where the client is at, that matters a great deal…and my acceptance of where that client's at matters a great deal–whether it's consistent with where my belief system is or more contrary. (Participant R)

Drawing from and reflecting on their experiences with the challenges of integrating religious, spiritual, and nonreligious beliefs, whether aligned or oppositional between clinician and client, Participant P shared that:

> In a psychotherapeutic journey, I think it does not matter, but that's my bias. I don't think it matters, but I think that, to some clients, it really matters. And I don't want to tell them that that's not important, because it's important to them. So in my perspective, in the way that I approach it…I don't think that it matters. (Participant P)

Subtheme 3.2: Perspectives of truth, beliefs, and worldviews. When describing their interactions with clients, participants shared their perspectives on approaching beliefs, truth, and worldviews. As someone with deeply held religious beliefs, working in a religiously oriented environment, Participant B shared their perspective on the importance of maintaining a religiously neutral clinical setting so that client perspectives would not be unintentionally influenced. "I don't have any religious symbols of any kind

in my office, though most of my clients would be quite religious–or any religious pictures, even though most of them would be [religious]" (Participant B).

When discussing their experiences with navigating through the potential convolutions of religious, spiritual, and nonreligious *truth* with clients, one participant wondered, "Is *religious truth* different from any other kind of truth? How do you make that distinction? How do you define that as the client, you know, those differences?" (Participant N). Participant B shared, "What I felt is that it was my job to be accommodating of their cultural experience and beliefs, and to treat their cultural experiences and beliefs with respect–and treat them as their *truth*" (Participant B). Emphasizing the goal of protecting client perspectives regarding client beliefs, one participant said, "I really don't want to push people into becoming like their therapist. I want them to become like what they believe is true and good and important" (Participant L).

> But for me personally, I think it is constantly operating…at the level where I am maintaining an awareness of my perspective, and my client's perspective, and any other relevant perspective that I need to deal with these kinds of religious issues. The way I work with them, it's all about being aware of multiple contexts. (Participant L)

Subtheme 3.3: Perspectives toward religious labels. Some of the participants shared their perspectives on the misleading properties of labels and terms when defining religious, spiritual, and nonreligious beliefs in psychotherapeutic interactions. As explained by one participant, "It's…very hard sometimes to describe to your clients what

your religious and spiritual worldview is with one word or one denomination" (Participant P). Another participant shared their perspectives concerning the misleading characteristics that religious labels may sometimes produce.

> I don't do a whole lot of self-disclosure because it may be misleading. I come from a [specific religious denomination] cultural background…but I consider myself nonreligious. So I don't tend to tell people that I'm [that specific religious denomination] because that might mislead people into thinking…that I go to church every Sunday, and I pray regularly, that I read the Bible, and all of that…and so I don't tend to share that very much with the clients because it may be misleading. (Participant D)

Further illustrating their perspective on the limitations of labels, Participant N discussed how they approach religious labeling.

> The way that I approach questions like that is to ask, "What kind of person do you want to be? What kind of concerns do you want to resolve?" And so those things actually tell me more about how a person thinks–because if I ask somebody what their religion is, they're going to spit out a label. Okay–but that doesn't really tell me anything about what their *faith* is–what their *beliefs* are–because…they could just have that as a label and never go to church, or whatever. So I think asking those types of things, to me, has not been the norm simply because I don't put a lot of value in that part of it. I want to know how that person comes to these decisions, not just what the label is that they apply. (Participant N)

Subtheme 3.3: Perspective focused approach to correlating diversity training.

Several of the participants shared their perspectives on how they approached working with the integration of religious, spiritual, and nonreligious beliefs in psychotherapeutic interactions. Having already shared that their doctoral education may not have provided them with the extent of training, specific to the integration of religious, spiritual, and nonreligious beliefs that they would have preferred having before beginning their clinical careers, they recounted the ways in which they felt they were able to compensate for that deficit in training.

> I do not feel it hindered [me], because I think my style of working with differences in diversity applies to *any kind* of diversity, and so I'm just as comfortable in that domain as in any other level of diversity–whether it's sexual orientation, or its cultural diversity, or any of it…I just think I was able to compensate for not having [that training]. (Participant C)

Participant D explained their perspective on the consequences of a lack of specific training in the integration of religious, spiritual, and nonreligious beliefs in this way:

> Because I got a good general education about how to deal with multicultural issues in general…I tend to approach religion and spirituality as multicultural issues. And because I also had the opportunity to take the initiative and get additional training *specifically* in religious and spiritual issues, I'd say yes [I felt prepared]. (Participant D)

Similarly, another participant shared their perspective on their experiences with successfully integrating religious, spiritual, and nonreligious beliefs into

psychotherapeutic interactions, despite having received minimal training in their doctoral program specific to that area.

> I know that what I did is I applied all of the principles I've learned in multicultural counseling training to religion. And I know we were *expected* to do that, actually. There was definitely an explicit expectation that we respect and apply that to whatever we come into–what we come across. So I did that very consciously. (Participant T)

Theme 4: Humility

One filament that seemed to thread through many of the participants' experiences when working psychotherapeutically with clients who may have held aligned or oppositional religious, spiritual, or nonreligious beliefs to their own, was an active and candid awareness of their inability to know everything, despite having careers which spanned many years as successful clinicians, educators, and supervisors. They shared their desire to continue learning. "I'm currently still learning and open and embracing…" (Participant S). Participant R said simply, "You know, there is *so much more* to know" (Participant R). And another participant expressed their perspective in this way:

> I want to improve all the time. I continually ask for feedback from the people that I see. And so when I don't know something about a culture or religion or set of beliefs, I seek that knowledge. I try to be humble. (Participant C)

One participant described their feelings associated with the diverse kaleidoscope of religious, spiritual, and nonreligious beliefs by saying:

> To be honest, what comes up for me the most is feeling like I still–there's still so much more that I need to know, to feel like…I am prepared for every situation. And it's mostly…because I did not have training in theology in any way. I have all this training in psychology and psychology of religion and spirituality, but I actually still need to know more about different faith traditions. (Participant P)

Participant D also shared their recognition of the impossibility of knowing everything about religious, spiritual, and nonreligious beliefs in this way:

> I've never attempted to know everything there is about religion, because that's an impossibility. There are many things that I don't know. Even sometimes, even some basic things about religions that I probably should know. So I tend to take the approach that, "This is what I know and can offer," but when it comes to religious and spiritual issues–the client is very much the expert. And I love it when they share their religious and spiritual beliefs. (Participant D)

Subtheme 4.1: Challenges and obstacles. All the participants described the challenges and obstacles they had navigated through when integrating religious, spiritual, and nonreligious beliefs into psychotherapeutic interactions. When asked why they reached out to consult with a religious leader, one participant humbly replied that it was because of "my own incompetence [laughter]–I mean, noticing that I need…some double-checking." (Participant S).

When describing an early integration experience, Participant L shared what the experience felt like when they encountered a challenging obstacle because they were unable to find the resources they needed to assist a client.

> I was–*oh*, it was like losing my virginity as a counseling student! I lost a measure of innocence, trust, and naïveté about the practice of psychology. I had, to that time, believed that therapist decisions were about data, using evidence-based…techniques. Here I was, with only my second client, pushed into a land without data, and realizing that this was *not* all "science" *at all*! I found myself questioning the nature of my science, the way some [people] question the nature of their faith when their assumptions are disproven. (Participant L)

Subtheme 4.2: Suggestions for others. When I asked if they had any suggestions for others in how to successfully integrate religious, spiritual, and nonreligious beliefs into psychotherapeutic interactions, each participant freely offered suggestions from their experiences. I felt their suggestions exemplified not only the depth of their skills and knowledge with the extraordinarily complex intersections of these phenomena but also reverberated with their humanity and humility.

Preliminarily, Participant P suggested that:

> The first thing you have to do is work on yourself and make sure you know what you're biases are…you can't experience the benefits of what it [integrating belief] can do for you and your client if you haven't gotten comfortable with it yourself, first. (Participant P)

Participant C drew from their own experiences with integrating religious, spiritual, and nonreligious beliefs into psychotherapeutic interactions, and said, "I think that one of the core values for a therapist that is most important is openness. And so I would say, do anything you can to cultivate your openness, and that will bring you

through anything and everything" (Participant C). Offering their perspective on another suggestion, Participant R recommended that:

> You're going to want to get out there and really encounter…the diversity of religious and spiritual beliefs, you know? You're going to want to be prepared, because people's views just vary so much, and there is no one-size-fits-all. And…you really won't appreciate it until you come up against something and think, "I have no idea what this person is talking about!" (Participant R).

Paralleling and expanding on that suggestion, Participant M observed that while reading about beliefs are obviously important, it is not enough.

> Introductions to different religions can be helpful for some basic background or historical knowledge. But I also think it's important to visit houses of worship, and it's interesting. Because book knowledge is part of it, but I also think you just need to get out and meet people – and encounter people from different backgrounds and maybe have some conversations…that can be far more meaningful than learning about the history of [a religion]. So, I mean that [reading] has its place, but that's just a piece of it. (Participant M)

In addition to learning about different religious, spiritual, and nonreligious beliefs, Participant T offered these suggestions:

> Get a great peer supervision group [where] you can talk about these things. Engage in mindfulness practices yourself so you're aware of what goes through your mind, and your emotions, and your body in sessions, so that…there's always the track of self-observation. That's so the awareness is there before you open

> your mouth! I think it's important…for there to be an explicit awareness that spirituality is very…essential to a lot of people's well-being. And it will come up in therapy, because people deal with things like grief, [and] it will come up. And I think it's shortsighted to do therapy without embracing that. I do hear sometimes a therapist who just will *not talk about that*–but I…don't know how you can *not* talk about that. I mean how–how–*how* do you not talk about it? (Participant T)

Discrepant Case

The invitation for research participation in this study detailed the requirements for inclusion. Importantly, the invitation for participation specifically noted that inclusion criteria did not require participants to have a religiously oriented clinical practice, or an interest in religious, spiritual, or nonreligious beliefs. There were also no criteria which specified if, and to what extent potential participants may have had an educational or training background in integration practices for religious, spiritual, and nonreligious beliefs. During my preliminary screening process with perspectives participants, one participant revealed that they had benefited from an exceptional level of education and training specific to the integration of religious, spiritual, and nonreligious beliefs. My initial assumption based on that participant's education and training, was that their experiences with the phenomena in this study might not have had much in common with the experiences of the other participants. However, because I had not yet reached data saturation at the time of my interview with this participant, I was still actively seeking additional participants. I had no way of knowing whether another participant might want

to participate in my study who might also have had similar educational and training experiences.

Importantly, as a phenomenological exploration of my participants' lived experiences with the phenomena that were explored in this study, I recognized the fundamental importance and value of each participant's experience, regardless of the focus or extent of their education and training, as a means of elevating the understanding of these complex and intersecting phenomena. I, therefore, approached the analysis of all data with the same epoche, no matter what each participant's educational or training experiences might have been. Interestingly, after following Moustakas' method of data analysis, I was surprised to find that even though one participant did have a different educational and training journey from the others, that participant's integration experiences echoed many of the experiences of the other participants.

Evidence of Trustworthiness

Credibility

Credibility was established in this study through the accurate representation of each participant's experience with the phenomena being explored. This ensured that the essence of meaning derived from their narratives was a faithful depiction of each participant's unique personal accounts (Morrow, 2005; Morrow, 2007; Moustakas, 1994; Shenton, 2004). Whenever I was unsure of a participant's meaning, I asked clarifying probes to verify that I understood what they were sharing (Rubin & Rubin, 2012). Examples of these clarifying probes included, "Can you tell me more about that," and "Can you define that." By establishing a solid understanding of each participant's lived

experiences through consistent clarification of the information they provided, credibility was enhanced. Additionally, to confirm my understanding of their experience, I would reflect what they said and have them verify if it was accurate or correct me if I was wrong. An example of that would be, "So it sounds like you felt that your training in religious, spiritual, and nonreligious beliefs was inadequate, is that accurate?"

Credibility was also enhanced by participant checks of all data transcriptions. Although this study generated a large amount of data, I felt it was essential that each participant had the opportunity to carefully review their transcript to verify that it was an accurate and faithful representation of their interview. Whenever inaccuracies were found, I immediately changed them per the participants' corrections. Additionally, using triangulation strategies, I incorporated journal writing, reflexivity, memo writing, self-reflection, and rigorous bias challenges from my thought partners. These were essential elements in assisting me in recognizing and mitigating any incidents of biases or assumptions which developed throughout the research process. During the iterative process of data analysis, my thought partners also provided feedback on my coding and theme development (Rubin & Rubin, 2012). Finally, credibility was reinforced by my sampling strategy that included randomization that reduced researcher bias during the participant selection process (Shenton, 2004).

Transferability

The importance of transforming participants' lived experiences into descriptions that are thick, rich, and textured is a fundamental component of achieving transferability in qualitative research (Moustakas, 1994). Although each participant's experience was a

unique representation of their perception of the phenomena explored in this study, its generalizability was exemplified through data saturation and the emergence and confirmation of consistent themes generated from the data analysis (Patton, 2015; Shenton, 2004). Additionally, purposeful random sampling amplified my ability to include participants from varied backgrounds and levels of experience, yielding data that was representative of a broader footprint of experiences with the phenomena that were explored in this study (Ravitch & Carl, 2016).

Dependability

I engaged in epoche, self-reflection, and the bracketing of my assumptions and biases to create an accurate accounting of the processes I had undertaken throughout each phase of the research process (Morrow, 2005). I have demonstrated dependability in my research by maintaining consistency in memo writing, journaling, and engaging in frequent interactions with my thought partners. To increase the dependability of the coding process, I manually coded all data through iterative cycles of analysis, revealing codes and themes which were accurate representations of the participant's lived experiences with the phenomena explored in this study (Morrow, 2005; Shenton, 2004).

Confirmability

Confirmability was achieved through the accurate representation of the phenomena that were explored, the data that was gathered, how the data was interpreted, and the representation of the findings (Morrow, 2005). Additionally, it was essential throughout all phases of the research process that I remained aware of my biases as the researcher (Shenton, 2004). I embraced reflexivity to demonstrate confirmability by

maintaining a commitment to epoche, memo writing, journaling, and reaching out to my thought partners (Ravitch & Carl, 2016).

Results

Themes and Theory

The research question for this study focused on how psychologists described their experiences with competency training and bias awareness in managing religious, spiritual, and nonreligious challenges when working psychotherapeutically with clients who may have had aligned or oppositional religious, spiritual, or nonreligious beliefs to their own. The theoretical foundation for this study was SDT. SDT recognizes the reality of social inequality through group-based hierarchies, manifested at the individual, intergroup, and systemwide levels, while also allowing for the elasticity of hierarchies in establishing and defining the fluidity of intergroup power (Sidanius & Pratto, 2012). Utilizing SDT as a theoretical frame through which to extend my understanding of psychologists' lived experiences with the phenomena in this research, I was able to gain a deeper understanding of the participants' experience with the integration of religious, spiritual, and nonreligious beliefs into psychotherapeutic interactions at the personal, intergroup, and systemwide levels.

For example, the participants often shared how their beliefs were impacted on a personal level when working psychotherapeutically with clients who may have held aligned or oppositional religious, spiritual, or nonreligious beliefs to their own.

> I feel like I've had very powerful sacred moments from people who have very different beliefs than me. And hopefully…I'd like to see it as a journey

> where…we're learning…I'm *walking, journeying with them*…and I believe that…you learn things from your clients, too. I'm not explicitly trying to get things from them, but…it happens. So I think that for me, I've had…really rich, meaningful relationships and learned a lot, and have a lot of respect for different people. (Participant P)

Another participant shared an experience at the intergroup level when reaching out to others for consultations regarding religious, spiritual, or nonreligious beliefs.

> There's sort of a division–I have sort of a smaller group of people who are pretty open and [are] people of faith, who are kind of willing to bounce those ideas up–and don't really get overly offended…by that. And–I have people who argue–the door is just closed as soon as you start bringing that kind of stuff up. (Participant N)

Sharing their perspective on religious, spiritual, and nonreligious integration experiences as a metaphorical connection across humanity, symbolically representing a systemwide unifier of shared experience, Participant T shared:

> I find…the conversations when people trust me with that [their beliefs] very rewarding, because it feels very intimate. And it's an honor–it's a privilege to hear people's thoughts and feelings that they're not sharing, generally. And I think it's rewarding to be able to talk about spiritual issues in terms of meaning, meaning-making with people, because I am a human being, too…I think just the way it resonates as…both being human and trying to make meaning in the world–it resonates. (Participant T)

Explication of Themes Through Data Presentation

Competence

Through participant responses to the research question for this study, I sought to reveal a deeper level of understanding about how psychologists viewed their experiences with competency training and bias awareness when meeting the challenges of integrating religious, spiritual, and nonreligious beliefs into psychotherapeutic interactions with clients who may have held aligned or oppositional beliefs to their own. Guided by the participants' descriptions of their experiences, the generation of competence as a core theme emerged through the iterative process of data analysis. Recognizing the intersections and complexity of religion and culture in the absence of adequate levels of education and training at the doctoral level, one participant noted:

> So we may have studied racism, but we didn't really study African-American culture or the place of religion and the church in the African-American communities. It was about the racial oppression, which is important, of course, but it was not really *multiculturalism*, and it wasn't *studying cultures*. And…that's a big gap, because you have people coming in…who are Christian, Jewish, Hindu, Muslim…Buddhists…and even within Christianity [and] Judaism–there's incredible diversity. And just having more of a foundation in that, or strategies in working with people who are utterly different in their beliefs and values…I think would be helpful. (Participant M)

Confirming the importance of adequate levels of competency training specific to religious, spiritual, and nonreligious beliefs, another participant shared that:

> In my master's [program], there was a value on diversity – and [yet] there was an entire diversity course with *not one chapter*, or *even one lecture* focusing on religious diversity at all. In my PhD program…there was a diversity course. [But] I do not recall course content looking specifically at religion and spirituality in my PhD program. I regularly talk to groups of practicum students and interns and ask them, "How many people here got more than one or two lectures on religious diversity in their training program?" And there are very few who have. (Participant L)

Respect for Bias Awareness

The importance of and respect for bias awareness and the ability to mitigate its effects were expressed by all the participants. Each participant shared their own experiences with recognizing the presence of bias and the strategies that they found helpful in mitigating them. "I have to periodically take a deep breath and remind myself, it's about what is useful, not about what is good and right" (Participant L). Another participant shared that, "There are times when I'm working with people whose worldviews are really kind of fundamentally different from mine, and…I'm really well aware in those moments that I'm using my skills, and I'm keeping my opinions out of sight" (Participant T). Using an analogy to share their experiences with bias awareness and mitigation, Participant N said:

> If you are looking at things like your values–they're kind of like a lighthouse, okay? So in your regular conversation, you don't necessarily rely on them. But when you need to rely on your values is on the dark and stormy nights. So when

> the path is unclear, and there's a lot of turbulence that's going on in the world, that's when you need to look to your values to define what you do. And so, in a therapy situation when somebody throws something at you–if it's a discrepant belief, particularly–that's the time to be able to say, "Okay, I need to go where my values are about this." And that's why I say you can't really approach therapy from a value free perspective, because if you make that assumption, you're going to get blindsided by your own perspectives and not realize how they might be having an interplay with what the client was bringing. (Participant N)

Perspectives of Religious, Spiritual, and Nonreligious Integration Challenges

While each participant shared their experiences with the challenges they faced when integrating religious, spiritual, and nonreligious beliefs into psychotherapeutic interactions, they also shared how meaningful the experiences were, from their perspective.

> Any integration experience is good. I mean, that's the next level of complexity–it's putting together the pieces and having a new whole. And in fact, when people do add the spiritual dimension into the work–it is the deepest, I think. (Participant C)

Expanding further on the concept of the integration experience, Participant C added:

> The idea of the internal world reflecting the external world – being able to search for what's *outside* by *going inside*. And so with people, if we sink down low enough to where there's a flip–and with that, what I mean is–where what

> happens in the inner world and what happens between us then gets reflected in stuff happening outside–which to me, is magical. That's the magic…that's an integrative and spiritual experience, and no other tops it. (Participant C)

Emphasizing the benefits of integration for many clients, Participant L shared this experience:

> I've had lots of people in my office and in my group room in tears because they are suddenly able to recapture the concept of a God that loves them, that they had lost. A lot of my [clients] are pretty explicit with me about the fact that my willingness to bring their spiritual values and beliefs into the conversation is what is making the difference between the care they have been getting for the past 40 years, and what's going on now. (Participant L)

In discussing the reluctance that some clinicians may have in integrating religious, spiritual, and nonreligious beliefs into psychotherapeutic interactions, one participant said, "It's so crazy–we'll talk about *anything*–we'll talk about *pornography*–we'll talk about *sex*–but we *should* be talking about *religion*, too–if it's important to the client" (Participant P). Punctuating their belief in the importance of integrating religious, spiritual, and nonreligious beliefs into psychotherapeutic interactions when appropriate, Participant L suggested that, "The issue is *not* that you can't ethically talk about this. The issue is that you can't ethically *not* talk about this!" (Participant P).

Humility in Their Role as Providers

Embracing the challenges associated with the integration of religious, spiritual, and nonreligious beliefs into psychotherapeutic interactions, the participants often

expressed sensitivity to the dynamic complexity of beliefs and their role as a provider of client care.

> I'm trying very, very hard to just open up doors and let them explore multiple perspectives. And it's extremely important to me that I don't push my own faith belief on my clients…I make sure that I focus on my clients need first. This isn't about me and acting my own theology or making a determination about whose theology might be right or wrong. I don't think right and wrong categories are useful most of the times during therapy. (Participant L)

In response to whether their perspective had changed when working with clients' aligned or oppositional beliefs, one participant observed:

> It would probably be dishonest to say that it has not changed, but *how* it has changed is a harder thing to kind of describe–because it's sort of like the development, maybe, of the Grand Canyon. You know–a little bit of wind…a little bit of water…and whole lot of time, and that flat rock becomes the Grand Canyon…there's that slow development for each and every interaction that you have that kind of shapes that. (Participant N)

Participant L addressed the challenges presented by working with clients whose beliefs may be aligned with or in opposition to the clinician by saying that often, it "depends on the level of skill for the therapist" (Participant L).

> If the therapist has the discipline to do the research they need to do to understand their client's perspective, and the therapist is willing to understand their own faith, and their own biases well enough to sort of take a deep breath, step back, and

> make sure that they're not imposing a value that's not theirs–then it doesn't have to be a barrier. (Participant L)

One participant shared how they understood their role and how they explained that role to their clients.

> The way I explain, usually right off the bat, when I talk with people about my role as a therapist–because often times people are coming in, thinking that I'm going to impart some profound wisdom or teach them some profound skill…and so usually what I say is that I am a tool, and I will use an example. [I] pick up my pen that I have there, and I'll say, "With my pen, I can take notes. I can doodle. I can draw a picture. I can write the next great American novel. There's a lot of things that I can do with the pen. But the pen isn't doing that work. The pen–it's taking what's up here, and putting it down there, and making it manifest and tangible on a piece of paper." Your role as a therapist is more like a pen–to take the potential that exists within you already and help you manifest that in a way that's going to help them [clients] function. (Participant N)

Summary

I designed the research question of this study to serve as a catalyst for providing psychologists with the opportunity to reveal a more in-depth and broader understanding of how they described their experiences with competency training and bias awareness when integrating religious, spiritual, and nonreligious beliefs into psychotherapeutic interactions with clients who may have had aligned or oppositional beliefs to their own. The participants' responses generated rich, complex, and evocative data about their lived

experiences with these phenomena. My interpretation of data through the application of Moustakas' method of analysis yielded four core themes which were generalized among all participants' experiences. Emphasizing the necessity for competence, the importance of respect, the criticality of perspective, and the warmth of humility, each participant's descriptions of their experiences enhanced my understanding of these intersecting and complex phenomena.

In Chapter 4, I have provided an overview of the setting and conditions of this study. I have presented relevant participant demographics, detailed my data collection processes, and discussed my data analysis. I discussed the discrepant education and training journey of one of the participants and explored what potential effect that had on the interpretation of data. Additionally, I provided evidence of trustworthiness by describing this study's credibility, transferability, dependability, and confirmability. In presenting the results of this study, I dissected the research question down into four component parts. I demonstrated their connection with the four core themes which were generated through my interpretation of the data. Finally, I summarized the answers to the research question that was suggested by my interpretation of the data.

In Chapter 5, I restate the purpose and nature of my study and why I believe this research was important to conduct. I then describe the interpretation of the findings generated by this study, and I analyze and interpret the findings in the context of the theoretical framework. Limitations of the study are presented, and recommendations for further research are provided. Implications for positive social change are introduced, and I conclude Chapter 5 by sharing the essence of this study's data and why it matters.

Chapter 5: Summary, Interpretations, and Conclusion

To facilitate the purpose of the study, which was to explore psychologists' experiences navigating clients' beliefs in psychotherapeutic interaction, I interviewed 10 psychologists whose ages, years of practice, geographic location, areas of treatment specialization, theoretical orientation, work environment, and religious, spiritual, and nonreligious beliefs represented a diverse sampling. Their detailed responses to this study's research question regarding their experiences with these phenomena provided the data through which four core themes ultimately emerged. The four core themes of awareness, respect, perspective, and humility helped clarify the essence of their collective experience.

Each participant shared their experiences and perspectives on the adequacy of their education and training in initially preparing them to meet the challenges of integrating religious, spiritual, and nonreligious beliefs into psychotherapeutic interactions. Nine of the 10 participants believed that their education and training had not adequately prepared them for the integration of these specific beliefs into psychotherapeutic interactions during their doctoral studies, sharing their experiences with overcoming these initial competency deficits specific to the integration of religious, spiritual, and nonreligious beliefs. Further, this study revealed their insights into how these participants provided ethically efficacious psychotherapeutic care for clients whose religious, spiritual, or nonreligious beliefs may have been aligned with or in opposition to their own. The analysis of data yielded emergent themes that elucidated how the participants were able to apply their clinical skills and experience to the successful

integration of religious, spiritual, and nonreligious beliefs into psychotherapeutic interactions, despite any deficits that they perceived from their doctoral education or training specific to that integration process.

Interpretation of the Findings

The literature has shown an increased awareness among mental health professionals of the impact that religious, spiritual, and nonreligious belief may have on the health and wellness of believers (Augustyn et al., 2017; Harris et al., 2018; King & Franke, 2017). Research also revealed that clients preferred the integration of their beliefs into psychotherapeutic interactions (Barnett, 2016; Oxhandler, 2019). Additionally, the literature also exposed gaps in competence due to education and training deficits in the integration of religious, spiritual, and nonreligious beliefs among doctoral programs throughout the United States (Arczynski et al., 2016; Hodge, 2017; Vieten et al., 2016).

Gaps in Education and Training Confirmed

When compared to the findings in the literature, this study's findings confirmed the same perceived gaps in education and training specific to the integration of religious, spiritual, and nonreligious beliefs into psychotherapeutic interactions, with 90% of participants sharing that their training was either inadequate or nonexistent in that area. The participant who had received a much higher level of education and training specific to that type of integration said, "I did feel prepared upon leaving my graduate program, that I had the knowledge base to just continue to build upon that," while also adding that although they had received a much higher level of training in that area, "There were gaps

in people doing different things then what I learned...because you're always going to have that…you can learn other things from other people [all the] time" (Participant P). Thus, the results from this study confirm previous findings as well as extend knowledge and understanding of these intersecting phenomena by revealing how these participants were able to overcome those perceived deficits and provide ethically efficacious care to their clients.

Competence as an Active Pursuit

Although competence in the integration of religious, spiritual, and nonreligious beliefs into psychotherapeutic interactions fundamentally begins with adequate levels of education, training, and supervision (Schafer et al., 2011), the findings from this study provided a broader understanding of how initial deficits in education and training specific to the integration of these phenomena might not be an impediment to a psychologist's ability to provide competent levels of care. For example, one participant shared how they navigated through uncertainty when working with client beliefs:

> This is where I reached out to some people who are more knowledgeable in these religious arenas–older, wiser folks…many people can accommodate conflicting beliefs, and it doesn't diminish any of them. And so it was really sort of reaching out to my support folks and some experts. And also just reminding [myself], of being intentional with myself, reminding myself, these are my assumptions coming to light. (Participant S)

Participant S added that the challenging process of integration requires, "utilizing my basic skills and then, doing the mental work–my own, sort of, after the patient's gone,

and reaching out to other people–talking to other people about it." Based on the experiences shared by these participants, deficits were not viewed as an insurmountable hindrance but rather as an opportunity to actively seek additional training, mentorship, supervision, and resources that augmented any initial deficits that they may have experienced in their initial education and training.

Supervision and Supervising

Almost 74% of training directors acknowledged that their faculty members had no interest or special training in religious, spiritual, and nonreligious beliefs (Russell & Yarhouse, 2006). In this study, most participants believed that their supervisors might have lacked the specific expertise necessary to teach integration practices and strategies; however, they still believed that their supervisors were often effective at supervising. Though one participant said that their supervisors had, "very little–a very limited extent" of expertise in religious, spiritual, and nonreligious beliefs (Participant R), another participant said, "Well, they didn't have any expertise [in religion and spirituality]–[but] I thought they were expert psychologists" (Participant B). Participant C also observed that "The supervision was good and I could've talked about whatever was coming up [with client beliefs]. I would've been fine to do that." Therefore, none of the participants shared any concerns that their supervisors' lack of specific training in religious, spiritual, or nonreligious integration practices hindered their ability to guide their supervisees when issues of religion or spirituality were introduced into supervision sessions.

Despite having supervisors with little or no training in the integration of these phenomena, the participants in this study were all active supervisors who displayed high

levels of awareness and sensitivity to the gaps in their initial training yet were empowered by their commitment to the acquisition of knowledge necessary to supervise the integration of these phenomena effectively. One participant noted that although their initial education and training did not adequately prepare them to supervise others on the integration of religious, spiritual, and nonreligious beliefs:

> I was well prepared, based on my work experience. What I felt is that it was my job to be accommodating of their cultural experience and beliefs–and to treat their cultural experiences and beliefs with respect–and treat them as their truth. (Participant B)

One participant also noted the importance of filling that gap in education and training specific to the integration of these phenomena by sharing that, "It's something that I've explicitly brought up with my supervisees on multiple occasions" (Participant D). Another participant said,

> I'm frequently going to them and asking them about it. So we talk about implicit and explicit spiritual assessment, for example, or spiritual coping, positive and negative spiritual coping. So it's language that the students [become] very familiar with. So I'm talking to them about, "How does this client integrate the sacred in his or her life?"–just kind of asking questions like that, or [how to help] clients find a deeper meaning, so using whenever kind of religious or spiritual language [that fits] the client's situation. (Participant R)

Heightened Bias Awareness and Active Mitigation Strategies

Despite each participant's separate pathway to competence in the integration of religious, spiritual, and nonreligious beliefs, they collectively expressed a desire to continue learning through seeking resources, reaching out to experts, and learning from their clients. Recognizing that coursework alone would be inadequate to prepare them or their students for the challenges of integrating religious, spiritual, and nonreligious beliefs into psychotherapeutic interactions (Vogel et al., 2013), all the participants acknowledged the criticality of bias awareness and appropriate mitigation strategies. Bias is always present in every human interaction and may be especially prominent when dealing with phenomena of belief (Soliman et al., 2015). Thus, a lack of training in bias awareness and the integration of religious, spiritual, and nonreligious beliefs might result in disruptions of clients' psychotherapeutic care (Hathaway, 2016), which the participants seemed especially aware.

One way in which bias was often experienced and mitigated by participants was through triggering interactions with clients. One client shared this vivid recollection:

> I remember once having a client that–every single session, [the client] succeeded in trashing my religious group. [The client] just thought that that was one of—that group was the *worst people* in the *entire world*—and [the client] had *no idea* at all that I was a member of that group. *Oh*–that–*that was hard*! After most sessions, I would call one of my colleagues and just a vent a little bit, so that when he came in again, I would not have a bunch of pent up leftovers or frustration, and I could take a deep breath…and get it over. (Participant L)

When I asked Participant L if they ever considered revealing to the client that they were a member of that religious group, the participant said, “Had I shared, [the client] would have lost me as a therapist and [the client] was finding the work we were doing together helpful.” They also added on how they address bias:

> But honestly, most of what helps me to address risks of bias in my work is my experience of watching my own therapist, and just my own faith perspectives, which are very universalizing and do not come to the conclusion that any faith perspective is any better or more right than any other, and everybody needs to find the path that works for them. (Participant L)

Another participant discussed how they navigated through the range of client beliefs that may have been contrary to their own:

> I’m not an expert in [specific denominational beliefs], but in my rudimentary mind I thought, “Well I don’t know how this can compute.” I don’t understand. I was having a hard time expanding my thought process enough to say that all these things could exist together. And so I got to really work on checking my own assumptions and beliefs and being sort of–*staying open*, and just giving [the client] room and space to sort of work this out. (Participant S)

In considering the importance of boundary maintenance related to biases, Participant B explained:

> Now, I have my biases, but I just think, “Well, how does this fit or not fit there?” Because here’s this very strict boundary that I want to keep–because my job is–

> well, I say this to my clients, "What can I help you with?" I want you to get what you want [out of the therapeutic interaction].

Participant T said about their awareness of bias and their strategy for mitigation, "I just watch it–I note it–then I draw on my skills.".

Perspective-Centered Approaches to Integration

When sharing their experiences with the phenomena that were explored in this study, the participants relied on their perspective as a conduit for providing ethically efficacious care to their patients who may have had aligned or oppositional religious, spiritual, and nonreligious beliefs to their own. Emphasizing the need to focus on a client-centered approach, they were often guided by their awareness of multiple perspectives in their interactions. One participant shared this perspective:

> I think the most important thing was the breadth of knowledge that I had *not* been exposed to–I was just *not exposed*. I never–I didn't really know any people from other backgrounds. So the ability to learn about different religions and cultures and their historical components, and how that might relate to the way they see the world or interact–I really soaked it up–and it was so wonderful!
>
> (Participant S)

When I asked one participant if their perspective had changed as they gained more experience with integrating religious, spiritual, and nonreligious beliefs into psychotherapeutic actions, they responded by saying:

> No. I would think that the perspective hasn't changed, but rather, my depth of being able to appreciate [it]…and just to be able to, myself, understand the

> client's perspective at greater depth and understanding…as my experience has grown…and the value of not making assumptions about where that person's at. (Participant R)

After reflecting on the scope of their career, and how their perspective may have influenced it, Participant R also observed:

> I had basically no training, but yet…after being in practice for 21 years and really making a point of learning, and having those very different experiences, I feel confident…I feel like I have a wonderful…font of knowledge…[including] all the different ways in which people express their religious and spiritual beliefs –but there are always surprises along the way–without a doubt!

Finally, Participant N shared how the awareness of perspective has guided their interactions with their clients: "My family kind of neglected to teach me that there was a box that you are supposed to think *inside of*. And so I never had some of those mindsets about things that…other people may have." When asked if aligned or oppositional religious, spiritual, or nonreligious beliefs matter in a psychotherapeutic interaction, Participant N said, "It depends a little–a little bit on the religion–*or* the perspective that comes with it."

Extension of Knowledge

The data generated from the experiences of these participants have extended the existing knowledge of these complex and intersecting phenomena by revealing each participant's tangible, frank, and meaningful descriptions of bias awareness and mitigation strategies for overcoming any initial education and training deficits that they

may have experienced during their doctoral training programs. Additionally, several interesting differences were noted when comparing the findings from this study to the most recent, applicable research reviewed in Chapter 2, expanding understanding of these phenomena more extensively. For example, the participants in Blair's (2015) study shared that their spirituality was an essential aspect of their ability to work psychotherapeutically with others, and neglecting to do so would negatively impact their psychotherapeutic work with clients, which the participants of the current study did not agree with. The participants in this study seemed comfortable with their levels and degrees of belief, whatever they might have been, without having their personal observance of belief be a necessary or essential component of their ability to provide efficacious religious, spiritual, or nonreligious psychotherapeutic interactions with their clients.

Additionally, research has indicated a lack of confidence caused by a lack of training. Oxhandler, Moffat, et al., (2018) indicated that the participants felt hindered by a lack of education and training in knowing how to respond to clients when matters of religion or spirituality were introduced into psychotherapeutic interactions. In another study by Oxhandler and Parrish (2017), psychologists reportedly had the least amount of confidence in integrating client beliefs into psychotherapeutic interactions. The authors suggested that this may have been because psychologists were not adequately exposed to or trained in the integration of these phenomena during their doctoral programs (Oxhandler & Parrish, 2017). In contrast, the participants in this study specifically acknowledged their lack of initial education and training in the integration of these

phenomena during their doctoral programs; however, rather than conceptualizing that gap as a limiter or deterrent to providing the integration of client beliefs, 100% of participants shared their commitment to continually seeking broader ranges of knowledge and greater depth of understanding of the ethical integration of these complex phenomena. According to their narratives, this was done not just to achieve competence, but to maintain adequate levels of competence as they moved through their careers and continued to gain more experience in the integration process.

In their study exploring psychologists' bias against evangelical Christian patients, Ruff and Elliott (2016) reported that their findings suggested that psychologists may be far more biased against evangelical Christian clients because of their inability to recognize and mitigate their own biases. Those findings seem contrary to the experiences shared by the participants in this study. All the participants in this study shared their accounts of how they maintained an unflinching awareness of their biases, providing details that included their continuously practiced mitigation strategies to decrease or eliminate its effects.

In the qualitative study by Farrell et al., (2018), participants noted that their religious faith encouraged and compelled them to evangelize to their clients. And while participants in that study noted the importance of listening and learning from their clients, the second most prevalent motive for their actions stemmed from their goal of engaging in evangelism toward clients, along with their awareness of bias against those who had a different faith perspective from their own (Farrell et al., 2018). The participants in my study candidly recounted their experiences with safeguarding the unique beliefs of their

clients. They shared how they tried to ensure the protection and sanctity of each client's beliefs. For example, some participants were careful about sharing their own religious, spiritual, or nonreligious self-disclosures with clients because they did not want to influence or alter their clients' beliefs unwittingly.

In the seminal qualitative study on psychotherapists' religious identity and their practice of psychotherapy by Magaldi-Dopman et al., (2011), the authors noted that respondents shared feelings of isolation based on their religious and spiritual identity and a lack of support during their exploration of their own beliefs. Citing the prevalence of emotional activation through religious and spiritual triggering and a lack of training in religious and spiritual issues, the participants in that study felt resentment for their clients when religion or spirituality was introduced into psychotherapeutic interactions because of their fear of being unable to provide efficacious care due to training deficits (Magaldi-Dopman et al., 2011). Findings from that study revealed the presence of aggravated bias by the participants toward religious issues, including their continued struggles with their own religious identity while trying to assist clients with client beliefs (Magaldi-Dopman et al., 2011). Importantly, participants felt they did not have proper support or opportunities to expand their understanding of religious and spiritual issues in psychotherapeutic interactions, leaving them feeling vulnerable and incapable (Magaldi-Dopman et al., 2011). None of the participants in my study expressed any of these same views. They did, however, share their experiences with various layers of perceived support through access to mentors, reaching out to experts, maintaining peer connections,

reading current literature, taking CE classes specific to the integration of these phenomena, and practicing a wide variety of self-care strategies.

Finally, in the seminal quantitative study by Vieten et al., (2016), which explored competencies for psychologists in religion and spirituality, the authors noted that a lack of training in religion and spirituality amplified the likelihood of bias to occur among clinicians that might lead to negative consequences during clinical interactions with clients. The authors speculated that the avoidance of integrating religion and spirituality into psychotherapeutic interactions by psychologists might be the result of a lack of training (Vieten et al., 2016). In contrast to the findings from Vieten et al.'s study, the data from this study revealed that although 90% of my participants did not believe that they had adequate levels of initial training in the integration of religious, spiritual, and nonreligious beliefs, none of them appeared to view that as a detriment, nor did it appear to hinder their efforts to acquire the levels of competence they needed to begin integrating these beliefs into psychotherapeutic interactions.

Although the religious, spiritual, and nonreligious beliefs of psychologists have been almost completely ignored in empirical research, with only a handful of studies that explored the beliefs of American psychologists since the 1980s (Delaney et al., 2013; Magaldi-Dopman et al., 2011), the psychologists in this study represented a diverse collection of believers who candidly shared their experiences when working with aligned or oppositional beliefs between themselves and their clients in psychotherapeutic interactions. They collectively affirmed that aligned or oppositional beliefs between clinician and client did not have to impede integration success. But whether clients'

beliefs were aligned with or in opposition to their own, each participant observed that they relied on their skills and experience to assist them in effectively navigating through it.

> If there's an alignment, we have to be more careful about confirmatory bias–that you're not just sort of sliding into something because it's easier and the beliefs are shared…so it's a far more skilled position to be in. I don't see alignment as always being a good thing because somebody always has to challenge some things–because if you have sort of that echo chamber that you're in, that's not going to be a good thing either. So it's not necessarily easier if it's discrepant, but it's easier to maintain the standards of looking at those things, so you're less likely to fall into a bias. (Participant N)

In discussing whether they believed that aligned or oppositional beliefs between clinician and client mattered during a psychotherapeutic interaction, one participant said:

> I think they matter in the way that any other factor would matter. They exist and they…can't just be ignored. So I think that they do matter like all other components matter…in the sense that this is just part of what we do. Not because you feel like it should be one way or the other, but because it's a piece of the whole presentation. (Participant S)

And finally, in extending our understanding of how psychologists in this study perceived the importance of aligned or oppositional beliefs with their clients and its potential impact on the psychotherapeutic interaction, Participant B shared that, "I really

don't have trouble with people whose beliefs don't align with mine" (Participant B), and then adding this additional observation:

> It's much easier to feel attuned to someone who's a similar kind of spiritual orientation. It's like a *resonance* feeling. So it's like we're on the same…*we're resonating*. So it just feels *different*. It's just the difference between observing something fascinating, and resonating with something similar. (Participant B)

Summation of the Findings

Awareness

At the core of these psychologists' experiences with the phenomena explored in this study, four themes seemed to drive their actions and define their psychotherapeutic approaches. The first theme was *awareness*. As they shared their experiences, a heightened sense of awareness seemed to permeate every aspect of their interactions with their clients when integrating religious, spiritual, and nonreligious beliefs. Each participant shared that they were very aware of any competency gaps they may have had when they completed their doctoral training. Each participant shared their awareness of their own experiences with bias and its potential impact on psychotherapeutic interactions. Each participant shared their awareness of the importance of creating and maintaining an active mitigation strategy for those biases, and they also shared their awareness of any biases that their clients may have experienced when integrating religious, spiritual, or nonreligious beliefs. Importantly, as each participant shared their experiences with these phenomena, I felt that their narratives were tacitly punctuated with their awareness of the importance of attaining and maintaining the skills they needed to

provide ethically efficacious care to all of their clients, whatever their individual or collective beliefs might have been. This research has broadened the understanding of these phenomena because these participants were able to split the construct of awareness into a prism, revealing the spectrum of its diversity for us, while illuminating the scope of their skills and competence when integrating these phenomena into psychotherapeutic interactions.

Respect

Building on the foundational core of awareness, every participant shared their belief in the criticality of *respect*. They shared their belief in the importance of respecting the wide range of diversity that exists in religious, spiritual, and nonreligious beliefs. They shared their respect for the exquisite complexity of belief, and of the challenges associated with integrating those beliefs into psychotherapeutic interactions. They shared their respect for lifelong learning, and they shared their respect for the realization that the process of learning never stops. They shared their respect for the necessity to provide a safe space through which clients could explore, question, and discuss whatever their beliefs were, without criticism or fear. They shared their respect for providing psychotherapeutic care that was client-focused and value-driven. Through the sharing of their experiences, the understanding of these phenomena may have expanded because these participants detailed their diverse conceptualizations of respect as an essential element to the integration process.

Perspective

As I listened to each participant share their experiences, the word that kept reverberating through my mind was *perspective*. The participants' emphasis on perspective-taking was evident throughout each interview as they shared their experiences with educational and training deficits, bias awareness, and the integration of these complex phenomena into psychotherapeutic interactions with clients who might have had aligned or oppositional religious, spiritual, and nonreligious beliefs to their own. I was frankly awestruck by the ability of these participants to implicitly and explicitly understand the dynamics of perspective, and recognize its power, its purpose, and its privilege. Sharing one of my own biases, I believe that all human interactions pivot upon perspective. As the complex axis point upon which every psychotherapeutic interaction revolves, this study's findings have revealed new information about how these participants perceived the impact of their educational and training deficits and bias awareness while sharing their perspectives on how they approached their integration processes with clients who may have held aligned or oppositional religious, spiritual, or nonreligious beliefs to their own.

Humility

As I interviewed each participant in this study, I had no preconceived idea of what they might say or how I might react to it. In all candor, however, what I never expected was for each of these participants to radiate a kind of quiet, dignified *humility* that permeated all their responses to my questions. They were humble when they discussed their understanding of the complex interplay between religious, spiritual, and

nonreligious beliefs. They were humble when they acknowledged their awareness of any training deficits they might have had and its potential impact on their competency levels at the beginnings of their careers. They were humble when detailing their experiences with their own biases and their strategies for overcoming them. They were humble when they recounted how they actively sought and continued to seek the skills they believed they needed to provide their clients with the highest levels of psychotherapeutic care relating to the phenomena being explored in this study.

Each of these participants was vastly different from the other in a multitude of ways. Each had their own unique beliefs and values, and unique ways in which they approached the beliefs and values of others. Some had a foundation in beliefs, and some did not. All of them were highly experienced clinicians. But the unifying themes connecting all their experiences were exemplified through awareness, respect, perspective, and humility toward their clients and the integration of religious, spiritual, and nonreligious beliefs into psychotherapeutic interactions. Therefore, this study extends the corpus of literature by revealing how these participants overcame any initial educational and training deficits specific to the integration of religious, spiritual, and nonreligious beliefs into psychotherapeutic interactions. Their narratives represent a collective mosaic of the essence of their experiences, expanding the understanding of gaps in competence as potential opportunities to seek and acquire new knowledge rather than as an impediment to providing ethically efficacious care.

Limitations of the study

The nature of data gathering for a qualitative study requires self-reports from participants, and this may yield information that is intentionally or unintentionally biased or influenced by social desirability (Burch-Brown & Baker, 2016; Hefti & Bussing, 2018; Oxhandler & Pargament, 2018). Further, the assumption was made that these participants actively shared their experiences as engaged participants in the research process, openly and willingly discussing their experiences with competency training and bias awareness in managing religious, spiritual, and nonreligious challenges when working psychotherapeutically with clients who may hold aligned or oppositional beliefs.

As a phenomenological exploration of the lived experiences of psychologists when integrating religious, spiritual, and nonreligious beliefs into psychotherapeutic interactions, I wanted to gain a deeper understanding of how psychologists perceived deficits in competency training and bias awareness when working with clients whose beliefs might have been aligned with or in opposition to their own. When I initially conceptualized this study and the potential participants who might have responded, I assumed that most of the respondents would be early career professionals with little experience in the practice of integrating these phenomena into psychotherapeutic interactions. However, I was surprised that every one of my participants had a lot of experience in these integration practices. Therefore, because of their levels of expertise in this area, the data generated from this study cannot be generalized across all psychologists in the United States. The transferability of this study is facilitated by data that contains thick descriptions of the participants' experiences (Ravitch & Carl, 2016);

however, it should be noted that the rich and textured descriptions and quotations provided by these participants of their experiences with these phenomena might be viewed by some mental health professionals as aspirational because of the high levels of expertise that they exemplify.

This research was conducted during a worldwide pandemic; therefore, it is impossible to know what limitations may have resulted from it. Participants were interviewed in their home environments, rather than another environment of their choosing because of the nationwide stay-at-home order, which may have affected or influenced their responses or their participation. While every participant was sent to a complete copy of their transcribed interview to review for accuracy, two participants elected not to edit theirs, preferring to rely on the skill and accuracy of the transcriber. While I checked each transcription against each audiotaped interview to verify its accuracy before sending it out to participants, I still missed several minor errors that were corrected. Additionally, because I utilized Zoom videoconferencing technology for nine of the 10 interviews, occasional connectivity issues occurred that affected the accuracy of the recordings and subsequent transcriptions in minor ways. Eight participants reviewed their transcripts, and we were able to correct any errors which I had missed; however, to ensure accuracy of data presentation from the two participants who elected not to review their transcript, I did not use any quotation portions from them that were affected by the minor connectivity issues.

Another limitation of this study was the lack of ethnic diversity among my participants. Despite inviting participants from across a diverse array of populations, all

my participants self-identified as white/Caucasian. As a researcher, I was deeply disappointed that my participants were not more diverse in their ethnicity. Also, all my participants were highly experienced in the integration of religious, spiritual, and nonreligious beliefs into psychotherapeutic interactions. Their years of clinical experience and expertise in the intersections of these complex phenomena were reflected in their recounted experiences. Still, it might have added a greater dimension of understanding and generalizability of the gathered data if early or mid-career professionals had shared their experiences with these phenomena, too.

Finally, my inexperience as a qualitative researcher and as an individual infused with my collection of biases must be noted as potential imitations. This was my first experience interviewing participants as part of a research process. Because of the exceptional levels of experience and expertise that my participants exemplified, I must admit that I sometimes felt intimidated. Therefore, any actual or perceived deficiencies in the scope or content of gathered data from my participants may be attributable to my inexperience as a qualitative interviewer. In every instance, my participants were gracious, patient, and encouraging. While I mitigated any personal manifestations of bias during the research process through self-reflection, memo writing, journaling, and discussions with my thought partners, I must own that I often felt like I was the unwittingly lucky recipient of a front-row seat to a master's class in the ethical integration of religious, spiritual, and nonreligious beliefs into psychotherapeutic interactions, and it was an incredibly powerful experience. I sincerely hope that all aspects of my data analysis and my presentation of their lived experiences in this research

honor my participants' selfless contribution to expanding the understanding of these complex phenomena by sharing their stories with me.

Recommendations

The data generated from this study has provided new insight into how these highly experienced psychologists were able to overcome any initial deficits in education and training related to the phenomena being explored, thereby increasing understanding of how gaps in competence among some mental health professionals may be reframed as opportunities for actively acquiring the skills and training necessary to achieve and maintain competence, but there is much that remains unknown. The unified consensus among existing research has concurred that current doctoral programs in psychology fall short in adequately preparing future clinicians for the ethical complexities presented by the integration of religious, spiritual, and nonreligious beliefs into psychotherapeutic interactions (Davis et al., 2018; Goodwin et al., 2018; Magaldi-Dopman et al., 2011; Vieten et al., 2016).

Recommendations for further research include approaching this underexplored area with additional qualitative research that would allow mental health professionals across a broader continuum of experience share the depth and scope of their experiences with educational and training deficits and bias awareness specific to the integration of religious, spiritual, and nonreligious beliefs into psychotherapeutic interactions. Additional research could potentially reveal more insights into how clinicians perceive their experiences with these phenomena, whether as detrimental impediments or as catalysts for enrichment, or perhaps something else. Because so little research has been

undertaken to explore the potential intersections of these complex phenomena, and because there are no currently accepted or sanctioned definitions for any of the key terms of these phenomena in the field of psychology (Harris et al., 2018), a focus on qualitative explorations may provide richer discoveries of data that may help mental health professional understand the tangle of these challenging intersections with more clarity.

Implications

Positive Social Change

Although it is impossible to predict what, if any, positive social change may result from this research, I hope that it will encourage other researchers in the mental health professions to take a hard and objective look at the current limitations and gaps in our understanding of educational and training deficits concerning these phenomena. If so, that may catalyze more researchers into undertaking scientific explorations of the potential role that deficits in education and training may have on a clinician's willingness to integrate client beliefs into psychotherapeutic exchanges, including broadening our understanding of how clinicians recognize and mitigate their limitations of competence, their awareness of biases, and when and how to ethically integrate religious, spiritual, and nonreligious beliefs into psychotherapeutic interactions.

As reflected through SDT, psychologists have their individual beliefs, intergroup memberships, and system-wide associations. This suggests that the potential for positive social change through the appropriate application of findings from this research and more like it has the potential to positively impact individuals, groups, and society by generating a more clarified understanding of how to ethically meet the psychotherapeutic needs of a

client population who appears to prefer the integration of their religious, spiritual, and nonreligious beliefs into psychotherapeutic interactions. When a client's needs and expectations in psychotherapeutic interactions are efficaciously met, it amplifies the likelihood of positive social change at the individual level, the intergroup level, and the system-wide level.

Additionally, with a continued emphasis on researching the intersections of these phenomena, we may learn more about whether these deficits in education and training are perceived as a problem to a greater variety of clinicians with more diverse levels of professional experience. Additional insights of understanding through continued research into these gaps may provide clinicians with greater opportunities for discovering more potential pathways for achieving competence in this specific domain, despite experiencing or perceiving deficits in their own educational and training journeys. Providing mental health professionals with a more in-depth understanding of the challenges that might surface when integrating the complexity of beliefs into psychotherapeutic interactions may assist clinicians in assisting others in an ethically informed and efficacious manner, suggesting that the potential for positive social change might occur anywhere across a broader footprint of interactions.

Conclusion

As complex and highly diverse phenomena, religious, spiritual, and nonreligious beliefs have provided people with a sense of identity (Brandt, 2013), a feeling of belonging (Lambert et al., 2013), facilitated meaning-making, and fostered personal and collective well-being (Augustyn et al., 2017; Lim, 2015; Pargament et al., 2005). The

ubiquity of belief has been found among every culture throughout the world, uninterruptedly spanning the expanse of recorded human history (Barnett et al., 2014). Mental health professionals have continued to recognize the salience of integrating client beliefs into psychotherapeutic interactions (Barnett, 2016; Magyar-Russell & Griffith, 2016; Russo-Netzer, 2018), and clients have continued to expect it (Oxhandler & Pargament, 2018). However, a careful review of existing literature revealed a unified consensus among researchers that deficits in education and training currently exist among doctoral students in the integration practices associated with religious, spiritual, and nonreligious beliefs into psychotherapeutic interactions.

The purpose of this phenomenological study was to gain additional insight into how psychologists described their experiences with competency training and bias awareness in preparing them for psychotherapeutic interactions with clients who may have held aligned or oppositional religious, spiritual, and nonreligious beliefs to their own. While mental health professionals recognize the ethical criticality of maintaining competence in all levels of provided care, only a handful of studies have explored the gaps in competence that may occur when educational and training deficits exist. Therefore, the data generated from this study may increase understanding of the essence of these psychologists' experiences and perspectives on the impact of educational and training deficits specific to the integration of religious, spiritual, and nonreligious beliefs into psychotherapeutic interactions, and how they were able to mitigate those perceived deficits successfully through active, career-long competence seeking, resulting in their ability to provide ethically efficacious clinical care to their clients. Although these

psychologists' experiences are not representative of the experiences of all psychologists who might have chosen to integrate client beliefs into psychotherapeutic interactions, their insights highlight the strategies they employed to acquire and maintain specific competencies, despite any educational and training deficits, to successfully provide client-centered care to those clients who preferred the integration of their beliefs into psychotherapeutic interactions.

References

Abrams, D., Houston, D. M., Van de Vyver, J., & Vasiljevic, M. (2015). Equality hypocrisy, inconsistency, and prejudice: The unequal application of the universal human right to equality. *Peace and Conflict: Journal of Peace Psychology, 21*, 28–46. https://doi.org/10.1037/pac0000084

Agee, J. (2009). Developing qualitative research questions: A reflective process. *International Journal of Qualitative Studies in Education*, *22*, 431–447. https://doi.org/10.1080/09518390902736512

Alexandra, V. (2018). Predicting CQ development in the context of experiential cross-cultural training: The role of social dominance orientation and the propensity to change stereotypes. *Academy of Management Learning and Education*, *17*, 62–78. https://doi.org/10.5465/amle.2015.0096

Alves, H., Koch, A., & Unkelbach, C. (2018). A cognitive-ecological explanation of intergroup biases. *Psychological Science*. *9*, 1126–1133. https://doi.org/10.1177/0956797618756862

American Psychological Association. (2007). *Resolution on religious, religion-based and/or religion-derived prejudice*. *American Psychological Association*. Retrieved from https://www.apa.org/about/policy/religious-discrimination.pdf

American Psychological Association. (2010). *Publication manual of the American Psychological Association* (6th ed.). Washington, DC: Author

American Psychological Association. (2017). *Ethical principles of psychologists and code of conduct*. Retrieved from https://www.apa.org/ethics/code/

American Psychological Association. (2019). *Definition of psychology*. Retrieved from https://www.apa.org/about/

Arczynski, A. V., Morrow, S. L., & Englar-Carlson, M. (2016). Cultivating a spiritually integrative psychotherapy approach with youth: An exploratory qualitative study. *Spirituality in Clinical Practice, 3*, 196–207. https://doi.org/10.1037/scp0000086

Ardito, R. B., & Rabellino, D. (2011). Therapeutic alliance and outcome of psychotherapy: Historical excursus, measurements, and prospects for research. *Frontiers in Psychology, 2*. https://doi.org/10.3389/fpsyg.2011.00270

Aten, J. D., & Hernandez, B. C. (2004). Addressing religion in clinical supervision: A model. *Psychotherapy, 41*, 152–160. https://doi.org/10.1037/0033-3204.41.2.152

Atir, S., Rosenzweig, E., & Dunning, D. (2015). When knowledge knows no bounds: Self-perceived expertise predicts claims of impossible knowledge. *Psychological Science, 26*, 1295–1303. https://doi.org/10.1177/0956797615588195

Audet, C. T. (2011). Client perspectives of therapist self-disclosure: Violating boundaries or removing barriers? *Counselling Psychology Quarterly, 24*, 85–100. https://doi.org/10.1080/09515070.2011.589602

Augustyn, B. D., Hall, T. W., Wang, D. C., & Hill, P. C. (2017). Relational spirituality: An attachment-based model of spiritual development and psychological well-being. *Psychology of Religion and Spirituality, 9*, 197–208. https://doi.org/10.1037/rel0000100

Banyasz, A., Tokar, D., & Kaut, K. (2016). Predicting religious ethnocentrism: Evidence for partial mediation model. *Psychology of Religion and Spirituality, 8*, 25–34.

https://doi.org/10.1037/rel0000020

Barnett, J. E. (2007). Clinical competence for practicing psychologists: Clearly a work in progress. *Professional Psychology: Research and Practice, 38,* 510–517. https://doi.org/10.1037/0735-7028.38.5.510

Barnett, J. E. (2016). Are religion and spirituality of relevance in psychotherapy? *Spirituality in Clinical Practice, 3,* 5–9. https://doi.org/10.1037/scp0000093

Barnett, J. E., & Campbell, L. F. (2012). Ethics issues in scholarship. In S. J. Knapp (Ed.), *APA handbook of ethics in psychology: Practice, teaching, and research* (Vol. 2, pp. 309–333). Washington, DC: American Psychological Association.

Barnett, J. E., & Johnson, W. B. (2008). *Ethics desk reference for psychologists*. Washington, DC: American Psychological Association.

Barnett, J. E., & Johnson, W. B. (2011). Integrating spirituality and religion into psychotherapy: Persistent dilemmas, ethical issues, and a proposed decision-making process. *Ethics and Behavior, 21,* 147–164. https://doi.org/10.1080/10508422.2011.551471

Barnett, J. E., Shale, A. J., Elkins, G., & Fisher, W. (2014). Spirituality and prayer. In J. E. Barnett (Ed.). *Complementary and alternative medicine for psychologists: An essential resource* (pp. 119–132). Washington, DC: American Psychological Association.

Barnett, J. E., Wise, E. H., Johnson-Greene, D., & Bucky, S. F. (2007). Informed consent: Too much of a good thing or not enough? *Professional Psychology: Research and Practice, 38,* 179–186. https://doi.org/10.1037/0735-7028.38.2.179

Barnett, J. E., & Zimmerman, J. (2019). *If you build it they will come: And other myths of private pratice in the mental health professions*. New York, NY: Oxford University Press.

Bartz, J. A., Tchalova, K., & Fenerci, C. (2016). Reminders of social connection can attenuate anthropomorphism: A replication and extension of Epley, Akalis, Waytz, and Cacioppo (2008). *Psychological Science*, *27*, 1644–1650. https://doi.org/10.1177/0956797616668510

Baumeister, R. F. (2012). Need-to-belong theory. In P. A. M. Van Lange, A. W. Kruglanski, & E. T. Higgins (Eds.), *Handbook of theories of social psychology* (Vol. 2, pp. 121–140). Thousand Oaks, CA: SAGE.

Behnke, S., & Jones, S. E. (2012). Ethics and ethics codes for psychologists. In S. J. Knapp (Ed.), *APA handbook of ethics in psychology: Moral foundations and common themes* (Vol. 1, pp. 43–74). Washington, DC: American Psychological Association.

Beller, J., & Kröger, C. (2017). Is religious fundamentalism a dimensional or a categorical phenomenon? A taxometric analysis in two samples of youth from Egypt and Saudi Arabia. *Psychology of Religion and Spirituality*, *9*, 158–164. https://doi.org/10.1037/rel0000085

Beller, J., & Kröger, C. (2018). Religiosity, religious fundamentalism, and perceived threat as predictors of Muslim support for extremist violence. *Psychology of Religion and Spirituality, 10*, 345–355. https://doi.org/10.1037/rel0000138

Belzen, J. A. (2010). Psychology of religion: Perspectives from cultural psychology.

Mental Health, Religion & Culture, *13*, 329–347. https://doi.org/10.1080/13674670903415212

Bergin, A. E., & Jensen, J. P. (1990). Religiosity of psychotherapists: A national survey. *Psychotherapy*, *27*, 3–7. https://doi.org/10.1037/0033-3204.27.1.3

Bersoff, D. N. (2019). A short history of the development of APA's Ethics Codes. In E. Y. Drogin (Ed.), *Ethical conflicts in psychology* (5th ed.). Washington, DC: American Psychological Association.

Bilgrave, D. P., & Deluty, R. H. (2002). Religious beliefs and political ideologies as predictors of psychotherapeutic orientations of clinical and counseling psychologists. *Psychotherapy*, *39*, 245–260. https://doi.org/10.1037/0033-3204.39.3.245

Black, S. W., Pössel, P., Jeppsen, B. D., Tariq, A., & Rosmarin, D. H. (2015). Poloma and Pendleton's (1989) prayer types scale in Christian, Jewish, and Muslim praying adults: One scale or a family of scales? *Psychology of Religion and Spirituality*, *7*, 205–216. https://doi.org/10.1037/rel0000018

Blaikie, N. (2018). Confounding issues related to determining sample size in qualitative research. *International Journal of Social Research Methodology*, *21*, 635–641. https://doi.org/10.1080/13645579.2018.1454644

Blair, L. J. (2015). The influence of therapists' spirituality on their practice: A grounded theory exploration. *Counselling and Psychotherapy Research*, *15*, 161–170. https://doi.org/10.1002/capr.12015

Boddy, C. R. (2016). Sample size for qualitative research. *Qualitative Market Research*,

19, 426–432. https://doi.org/10.1108/QMR-06-2016-0053

Boden, M. T., Berenbaum, H., & Gross, J. J. (2016). Why do people believe what they do? A functionalist perspective. *Review of General Psychology*, *20*, 399–411. https://doi.org/10.1037/gpr0000085

Böhm, R., Rusch, H., & Baron, J. (2018). The psychology of intergroup conflict: A review of theories and measures. *Journal of Economic Behavior and Organization*, January, 1–49. https://doi.org/10.1016/j.jebo.2018.01.020

Bradburn, N., Sudman, S., & Wansink, B. (2004). *Asking questions*. San Francisco, CA: John Wiley & Sons, Inc.

Bradley, D. F., Exline, J. J., & Uzdavines, A. (2017). Relational reasons for nonbelief in the existence of gods: An important adjunct to intellectual nonbelief. *Psychology of Religion and Spirituality*, *9*, 319–327. https://doi.org/10.1037/rel0000073

Bradley, D. F., Exline, J. J., Uzdavines, A., Stauner, N., & Grubbs, J. B. (2018). The reasons of atheists and agnostics for nonbelief in God's existence scale: Development and initial validation. *Psychology of Religion and Spirituality*, *10*, 263–275. https://doi.org/10.1037/rel0000199

Bradshaw, W. S., Heaton, T. B., Decoo, E., Dehlin, J. P., Galliher, R. V., & Crowell, K. A. (2015). Religious experiences of GBTQ Mormon males. *Journal for the Scientific Study of Religion*, *54*, 311–329. https://doi.org/10.1111/jssr.12181

Brandt, M. J., & Reyna, C. (2010). The role of prejudice and the need for closure in religious fundamentalism. *Personality and Social Psychology Bulletin*, *36*, 715–725. https://doi.org/10.1177/0146167210366306

Brandt, P.-Y. (2013). Psychological aspects of the role of religion in identity construction. *Integrative Psychological & Behavioral Science*, *47*, 299–303. https://doi.org/10.1007/s12124-013-9237-z

Brenan, M. (2018). Religion considered important to 72% of Americans. Retrieved from https://news.gallup.com/poll/245651/religion-considered-important-americans.aspx

Briñol, P., Petty, R. E., Durso, G. R. O., & Rucker, D. D. (2017). Power and persuasion: Processes by which perceived power can influence evaluative judgments. *Review of General Psychology*, *21*, 223–241. https://doi.org/10.1037/gpr0000119

Brown, O., Elkonin, D., & Naicker, S. (2013). The use of religion and spirituality in psychotherapy: Enablers and barriers. *Journal of Religion and Health*, *52*, 1131–1146. https://doi.org/10.1007/s10943-011-9551-z

Burch-Brown, J., & Baker, W. (2016). Religion and reducing prejudice. *Group Processes and Intergroup Relations*, *19*, 784–807. https://doi.org/10.1177/1368430216629566

Burke, K., & Hudec, A. M. (2015). Sexual encounters and manhood acts: Evangelicals, Latter-Day Saints, and religious masculinities. *Journal for the Scientific Study of Religion*, *54*, 330–344. https://doi.org/10.1111/jssr.12182

Butz, D. A., & Carvalho, J. D. (2015). Examining the psychological separation of church and state: The American–Christian effect. *Psychology of Religion and Spirituality*, *7*, 109–119. https://doi.org/10.1037/a0037706

Carrington, A. M. (2013). An integrated spiritual practice framework for use within

social work. *Journal of Religion & Spirituality and Social Work*, *32*, 287–312. https://doi.org/10.1080/15426432.2013.839206

Cheng, Z. H., Pagano, L. A., & Shariff, A. F. (2018). The development and validation of the microaggressions against non-religious individuals scale (MANRIS). *Psychology of Religion and Spirituality*, *10*, 254–262. https://doi.org/10.1037/rel0000203

Churchill, S. D. (2018). Explorations in teaching the phenomenological method: Challenging psychology students to "grasp at meaning" in human science research. *Qualitative Psychology*, *5*, 207–227. https://doi.org/10.1037/qup0000116

Cohen, A. B. (2015). Religions profound influences on psychology: Morality, intergroup relations, self-construal, and enculturation. *Current Directions in Psychological Science*, *24*, 77–82. https://doi.org/10.1177/0963721414553265

Coleman, T. J., Hood, R. W., & Streib, H. (2018). An introduction to atheism, agnosticism, and nonreligious worldviews. *Psychology of Religion and Spirituality*, *10*, 203–206. http://dx.doi.org/10.1037/rel0000213

Connery, A. L., & Murdock, N. L. (2019). An interactive view of countertransference: Differentiation of self and client presentation. *Psychotherapy*, *56*, 181–192. https://doi.org/10.1037/pst0000218

Constantinou, C. S., Georgiou, M., & Perdikogianni, M. (2017). A comparative method for themes saturation (CoMeTS) in qualitative interviews. *Qualitative Research*, *17*, 571–588. https://doi.org/10.1177/1468794116686650

Cook, C. L., Cottrell, C. A., & Webster, G. D. (2015). No good without God: Antiatheist prejudice as a function of threats to morals and values. *Psychology of Religion and Spirituality*, *7*, 217–226. https://doi.org/10.1037/rel0000013

Cornish, M. A., & Wade, N. G. (2010). Spirituality and religion in group counseling: A literature review with practice guidelines. *Professional Psychology: Research and Practice*, *41*, 398–404. https://doi.org/10.1037/a0020179

Cornish, M. A., Wade, N. G., Tucker, J. R., & Post, B. C. (2014). When religion enters the counseling group: Multiculturalism, group processes, and social justice. *Counseling Psychologist*, *42*, 578–600. https://doi.org/10.1177/0011000014527001

Craig, M. A., & Richeson, J. A. (2016). Stigma-based solidarity: Understanding the psychological foundations of conflict and coalition among members of different stigmatized groups. *Current Directions in Psychological Science*, *25*, 21–27. https://doi.org/10.1177/0963721415611252

Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches* (5th ed). Thousand Oaks, CA: SAGE Publications Ltd.

Creswell, J. W., Hanson, W. E., Plano-Clark, V. L., & Morales, A. (2007). Qualitative research designs: Selection and implementation. *Counseling Psychologist*, *35*, 236–264. https://doi.org/10.1177/0011000006287390

Cummings, J. P., Ivan, M. C., Carson, C. S., Stanley, M. A., & Pargament, K. I. (2014). A systematic review of relations between psychotherapist

religiousness/spirituality and therapy-related variables. *Spirituality in Clinical Practice*, *1*, 116–132. https://doi.org/10.1037/scp0000014

Danzer, G. (2018). Therapeutic self-disclosure of religious affiliation: A critical analysis of theory, research, reality, and practice. *Psychology of Religion and Spirituality*, *10*, 398–403. https://doi.org/10.1037/rel0000197

Davidsen, A. S. (2013). Phenomenological approaches in psychology and health sciences. *Qualitative Research in Psychology*, *10*, 318–339. https://doi.org/10.1080/14780887.2011.608466

Davis, D. A., Mazmanian, P. E., Fordis, M., Van-Harrison, R., Thorpe, K. E., & Perrier, L. (2006). Accuracy of physician self-assessment compared with observed measures of competence: A systematic review. *Journal of the American Medical Association*, *296*, 1094–1102. Retrieved from http://jama.jamanetwork.com/article.aspx?articleid=203258

Davis, D. E., Deblaere, C., Owen, J., Hook, J. N., Rivera, D. P., Choe, E., … Placeres, V. (2018). The multicultural orientation framework: A narrative review. *Psychotherapy*, *55*, 89–100. https://doi.org/10.1037/pst0000160

Davis, D. E., Hook, J. N., McAnnally-Linz, R., Choe, E., & Placeres, V. (2017). Humility, religion, and spirituality: A review of the literature. *Psychology of Religion and Spirituality*, *9*, 242–253. https://doi.org/10.1037/rel0000111

Day, A., & Lee, L. (2014). Making sense of surveys and censuses: Issues in religious self-identification. *Religion*, *44*, 345–356. https://doi.org/10.1080/0048721X.2014.929833

Deal, P. J., & Magyar-Russell, G. (2018). Sanctification theory: Is nontheistic sanctification nontheistic enough ? *Psychology of Religion and Spirituality*, *10*, 244–253. https://doi.org/10.1037/rel0000204

Delaney, H. D., Miller, W. R., & Bisonó, A. M. (2013). Religiosity and spirituality among psychologists: A survey of clinician members of the American Psychological Association. *Spirituality in Clinical Practice, 1*, 95–106. https://doi.org/10.1037/2326.4500.1.S.95

Dengah, H. J. F. (2017). Religion as cultural models: Developing and emic measure of religiosity. *Journal for the Scientific Study of Religion, 56,* 104–125. https://doi.org/ 10.1111/jssr.12313

Denzin, N. K., & Lincoln, Y. S. (2013). The discipline and practice of qualitative research. In *The landscape of qualitative research* (4th ed). Thousand Oaks, CA: Sage Publications.

Dessel, A. B., Jacobsen, J., Levy, D. L., Lewis, T. O., & Kaplan, L. E. (2017). LGBTQ topics and Christianity in social work: Tackling the tough questions. *Social Work & Christianity*, *44*, 11–30. https://scholarworks.waldenu.edu/swhs_pubs/14

Destin, M., Rheinschmidt-Same, M., & Richeson, J. A. (2017). Status-based identity: A conceptual approach integrating the social psychological study of socioeconomic status and identity. *Perspectives on Psychological Science, 12*, 270–289. https://doi.org/10.1177/1745691616664424

Does, S., & Mentovich, A. (2016). Rooting for the top dog: How social dominance motives shape group preference in intergroup competition. *Journal of*

Experimental Social Psychology, *62*, 24–29. https://doi.org/10.1016/j.jesp.2015.09.002

Drogin, E. Y. (2019). *Ethical conflicts in psychology* (5th ed.). Washington, DC: American Psychological Association.

Dubendorff, S. J., & Luchner, A. F. (2017). The perception of atheists as narcissistic. *Psychology of Religion and Spirituality*, *9*, 368–376. https://doi.org/10.1037/rel0000093

Einolf, C. J. (2011). The link between religion and helping others: The role of values, ideas, and language. *Sociology of Religion: A Quarterly Review*, *72*, 435–455. https://doi.org/10.1093/socrel/srr017

Ellemers, N., & Haslam, S. A. (2012). Social identity theory. In P. A. M. Van Lange, A. W. Kruglanski, & E. T. Higgins (Eds.), *Handbook of theories of social psychology*. (Vol. 2, pp. 379–398). Thousand Oaks, CA: SAGE Publications, Inc.

Ellison, C. G., & McFarland, M. J. (2013). The social context of religion and spirituality in the United States. In K. I. Pargament (Ed.), *APA handbook of psychology, religion, and spirituality: Context, theory, and research* (Vol. 1, pp. 21–50). Washington, DC: American Psychological Association.

Ellison, C. G., & Xu, X. (2014). Religion and families. In J. Treas, J. Scott, & M. Richards (Eds.), *The Wiley Blackwell companion to the sociology of families* (pp. 277–299). Hoboken, NJ: John Wiley & Sons, Inc.

Endelstein, L., & Ryan, L. (2013). Dressing religious bodies in public spaces: Gender, clothing and negotiations of stigma among Jews in Paris and Muslims in London.

Integrative Psychological and Behavioral Science, 47, 249–264. https://doi.org/10.1007/s12124-012-9228-5

Englander, M. (2019). Phenomenological psychological interviewing. *Humanistic Psychologist*. *48*, 54–73. https://doi.org/10.1037/hum0000144

Erickson, F. (2011). A history of qualitative inquiry in social and educational research. In K. Denzin & Y. S. Lincoln (Eds.), *The SAGE handbook of qualitative research* (4th ed., pp. 43–58). Thousand Oaks, CA: Sage Publications.

Etengoff, C., & Daiute, C. (2015). Clinicians' perspective of the relational processes for family and individual development during the mediation of religious and sexual identity disclosure. *Journal of Homosexuality*, *62*, 394–426. https://doi.org/10.1080/00918369.2014.977115

Etengoff, C., & Rodriguez, E. M. (2017). Gay men's and their religiously conservative family allies' scriptural engagement. *Psychology of Religion and Spirituality*, *9*, 423–436. https://doi.org/10.1037/rel0000087

Eubanks, C. F., Sinai, M., Israel, B., Muran, J. C., & Safran, J. D. (2018). Alliance rupture repair: A meta-analysis. *Psychotherapy*, *55*, 508–519. https://doi.org/10.1037/pst0000185.supp

Falk, E., & Scholz, C. (2018). Persuasion, influence, and value: Perspectives from communication and social neuroscience. *Annual Review of Psychology*, *69*, 329–356. https://doi.org/10.1146/annurev-psych-122216-011821

Farber, B. A., Suzuki, J. Y., & Lynch, D. A. (2018). Positive regard and psychotherapy outcome: A meta-analytic review. *Psychotherapy*, *55*, 411–423.

https://doi.org/10.1037/pst0000171

Farmer, M. A., Trapnell, P. D., & Meston, C. M. (2009). The relation between sexual behavior and religiosity subtypes: A test of the secularization hypothesis. *Archives of Sexual Behavior*, *38*, 852–865. https://doi.org/10.1007/s10508-008-9407-0

Farrell, J. E., Hook, J. N., Zhang, H., Mosher, D., Aten, J. D., Van Tongeren, D. R., & Davis, D. E. (2018). Religious attitudes and behaviors toward individuals who hold different religious beliefs and perspectives: An exploratory qualitative study. *Psychology of Religion and Spirituality*, *10*, 63–71. https://doi.org/10.1037/rel0000143

Fassinger, R. E. (2005). Paradigms, praxis, problems, and promise: Grounded theory in counseling psychology research. *Journal of Counseling Psychology*, *52*, 156–166. https://doi.org/10.1037/0022-0167.52.2.156

Fatima, S., Mehfooz, M., & Sharif, S. (2017). Role of Islamic Religiosity in Predicting Academic Motivation of University Students. *Psychology of Religion and Spirituality*, *9*, 377–386. https://doi.org/10.1037/rel0000097

Feifel, H. (1958). Symposium on relationships between religion and mental health: Introductory remarks. *American Psychologist*, *13*, 565–566. https://doi.org/10.3168/jds.S0022-0302(60)90360-X

Fisher, C. B., & Vacanti-Shova, K. (2012). The responsible conduct of psychological research: An overview of ethical principles, APA ethics code standards, and federal regulations. In S. J. Knapp (Ed.), *APA handbook of ethics in psychology:*

Practice, teaching, and research (Vol. 2, pp. 335–369). Washington, DC: American Psychological Association.

Fiske, S. T. (2014). *Social beings: Core motives in social psychology* (3rd ed.). Hoboken, NJ: John Wiley & Sons, Inc.

Fiske, S. T. (2017). Prejudices in cultural contexts: Shared stereotypes (gender, age) versus variable stereotypes (race, ethnicity, religion). *Perspectives on Psychological Science*, *12*, 791–799. https://doi.org/10.1177/1745691617708204

Flückiger, C., Del, A. C., Wampold, B. E., & Horvath, A. O. (2018). The alliance in adult psychotherapy: A meta-analytic synthesis. *Psychotherapy*, *55*, 316–340. https://doi.org/10.1037/pst0000172

Frankel, R. M., & Devers, K. J. (2000). Study design in qualitative research-1: Developing questions and assessing resource needs. *Education for Health*, *13*, 251–261. https://doi.org/10.1080/13576280050074534

Frazier, R. E., & Hansen, N. D. (2009). Religious/spiritual psychotherapy behaviors: Do we do what we believe to be important? *Professional Psychology: Research and Practice*, *40*, 81–87. https://doi.org/10.1037/a0011671

Friesen, J. P., Campbell, T. H., & Kay, A. C. (2015). The psychological advantage of unfalsifiability: The appeal of untestable religious and political ideologies. *Journal of Personality and Social Psychology*, *108*, 515–529. https://doi:10.1037/pspp0000018

Fuist, T. N. (2015). Talking to God among a cloud of witnesses: Collective prayer as a meaningful performance. *Journal for the Scientific Study of Religion*, *54*, 523–

539. https://doi.org/10.1111/jssr.12209

Gaertner, S. L., & Dovidio, J. F. (2012). The common ingroup identity model. In P. A. M. Van Lange, A. W. Kruglanski, & E. T. Higgins (Eds.), *Handbook of theories of social psychology*. (Vol. 2, pp. 439–457). Thousand Oaks, CA: SAGE Publications Ltd.

Galen, L. W. (2018). Focusing on the nonreligious reveals secular mechanisms underlying well-being and prosociality. *Psychology of Religion and Spirituality*, *10*, 296–306. https://doi.org/10.1037/rel0000202

Garcia, A., & Blankholm, J. (2016). The social context of organized non-beliefs: County-level predictors of nonbeliever organizations in the United States. *Journal for the Scientific Study of Religion*, *55*, 70–90. https://doi.org/10.1121/1.4929899

Garssen, B., Visser, A., & De Jager Meezenbroek, E. (2016). Examining whether spirituality predicts subjective well-being: How to avoid tautology. *Psychology of Religion and Spirituality*, *8*, 141–148. https://doi.org/10.1037/rel0000025

Geldenhuys, H. (2019). Applied ethics in transpersonal and humanistic research. *Humanistic Psychologist*, *47*, 112–135. https://doi.org/10.1037/hum0000123

Gelso, C. J., Kivlighan, D. M., & Markin, R. D. (2018). The real relationship and its role in psychotherapy outcome: A meta-analysis. *Psychotherapy*, *55*, 434–444. https://doi.org/10.1037/pst0000183

Gervais, W. M., & Najle, M. B. (2015). Learned faith: The influences of evolved cultural learning mechanisms on belief in Gods. *Psychology of Religion and Spirituality*, *7*, 327–335. https://doi.org/10.1037/rel0000044

Giorgi, A. (1997). The theory, practice, and evaluation of the phenomenological method as a qualitative research procedure. *Journal of Phenomenological Psychology*, *28*, 235–260. https://doi.org/10.1163/156916297X00103

Goodwin, B. J., Coyne, A. E., & Constantino, M. J. (2018). Extending the context-responsive psychotherapy integration framework two cultural processes in psychotherapy. *Psychotherapy*, *55*, 3–8. https://doi:10.1037/pst0000143

Graham, J., & Haidt, J. (2010). Beyond beliefs: Religions bind individuals into moral communities. *Personality and Social Psychology Review*, *14*, 140–150. https://doi.org/10.1177/1088868309353415

Green, D., Collands, T. A., Radcliffe, A. M., Luebbe, A. M., & Klonoff, E. A. (2009). Clinical psychology students' perceptions of diversity training: A study of exposure and satisfaction. *Journal of Clinical Psychology*, *65*, 1056–1070. https://doi.org/10.1002/jclp.20605

Greenberg, J., & Arndt, J. (2012). Terror management theory. In P. A. M. an Lange, A. W. Kruglanski, & E. T. Higgins (Eds.), *Handbook of theories of social psychology* (Vol. 1, pp. 398–415). Thousand Oaks, CA: SAGE Publications Ltd.

Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? *Field Methods*, *18*, 59–82. https://doi.org/10.1177/1525822X05279903

Guetterman, T. C., & Fetters, M. D. (2018). Two methodological approaches to the integration of mixed methods and case study designs: A systematic review. *American Behavioral Scientist*, *62*, 900–918. https://doi.org/10.1177/0002764218772641

Gutierrez, I. A., Park, C. L., & Wright, B. R. E. (2017). When the divine defaults: Religious struggle mediates the impact of financial stressors on psychological distress. *Psychology of Religion and Spirituality*, *9*, 387–398. https://doi.org/10.1037/rel0000119

Hage, S. M. (2006). A closer look at the role of spirituality in psychology training programs. *Professional Psychology: Research and Practice*, *37*, 303–310. https://doi.org/10.1037/0735-7028.37.3.303

Hage, S. M., Hopson, A., Siegel, M., Payton, G., & Defanti, E. (2006). Multicultural training in spirituality: An interdisciplinary review. *Counseling and Values*, *50*, 217–235. https://doi.org/10.1002/j.2161-007X.2006.tb00058.x

Hamilton, A. B., & Finley, E. P. (2019). Qualitative methods in implementation research: An introduction. *Psychiatry Research 280*, *112516*, 1–8. https://doi.org/10.1016/j.psychres.2019.112516

Hardy, S. A., & Willoughby, B. J. (2017). Religiosity and chastity among single young adults and married adults. *Psychology of Religion and Spirituality*, *9*, 285–295. https://doi.org/10.1037/rel0000112

Harris, K. A., Howell, D. S., & Spurgeon, D. W. (2018). Faith concepts in psychology: Three 30-year definitional content analyses. *Psychology of Religion and Spirituality*, *10*, 1–29. https://doi.org/10.1037/rel0000134

Harris, K. A., Randolph, B. E., & Gordon, T. D. (2016). What do clients want? Assessing spiritual needs in counseling: A literature review. *Spirituality in Clinical Practice*, *3*, 250–275. https://doi.org/10.1037/scp0000108

Harris, K. A., Spengler, P. M., & Gollery, T. J. (2016). Clinical judgment faith bias: Unexpected findings for psychology research and practice. *Professional Psychology: Research and Practice*, *47*, 391–401. https://doi.org/10.1037/pro0000113

Hathaway, W. L. (2008). Clinical practice with religious/spiritual issues: Niche, proficiency or specialty. *Journal of Psychology and Theology*, *36*, 16–25. https://doi.org/10.1177/009164710803600102

Hathaway, W. L. (2013). Pathways toward graduate training in the clinical psychology of religion and spirituality: A spiritual competencies model. In K. I. Pargament (Ed.), *APA handbook of psychology, religion, and spirituality: An applied psychology of religion and spirituality* (Vol. 2, pp. 635–649). Washington, DC: American Psychological Association.

Hathaway, W. L. (2016). Ethical engagement with spirituality in clinical practice: Managing bias. *Spirituality in Clinical Practice*, *3*, 14–17. https://doi.org/10.1037/scp0000100

Hayes, J. A., Gelso, C. J., Goldberg, S., & Kivlighan, D. M. (2018). Countertransference management and effective psychotherapy: Meta-analytic findings. *Psychotherapy*, *55*, 496–507. https://doi.org/10.1037/pst0000189

Hays, P. (2016). Let's talk: Finding the right words. In *Addressing cultural complexities in practice: Assessment, diagnosis, and therapy* (pp. 63–77). Washington, DC: American Psychological Association.

Hefti, R., & Bussing, A. (Eds.). (2018). Integrating religion and spirituality into clinical

practice. In *European conference on religion, spirituality, and health*. (pp. 1–206). https://doi.org/978-3-03842-790-2

Heiphetz, L., Spelke, E. S., Harris, P. L., & Banaji, M. R. (2014). What do different beliefs tell us? An examination of factual, opinion-based, and religious beliefs. *Cognitive Development, 30,* 15–29. https://doi.org/10.1016/j.cogdev.2013.12.002

Henretty, J. R., Currier, J. M., Berman, J. S., & Levitt, H. M. (2014). The impact of counselor self-disclosure on clients: A meta-analytic review of experimental and quasi-experimental research. *Journal of Counseling Psychology*, *61*, 191–207. https://doi.org/10.1037/a0036189

Hermann, A. D., Simpson, A. J., Lehtman, M. J., & Fuller, R. C. (2015). Does guilt motivate prayer? *Journal for the Scientific Study of Religion*, *54*, 540–554. https://doi.org/10.1111/jssr.12208

Hill, C. E., Knox, S., & Pinto-Coelho, K. G. (2018). Therapist self-disclosure and immediacy: A qualitative meta-analysis. *Psychotherapy, 55*, 445–460. https://doi.org/10.1037/pst0000182

Hill, P. C., Pargament, K. I. I., Hood, J. R. W., McCullough, M. E., Swyers, J. P., Larson, D. B., & Zinnbauer, B. J. (2000). Conceptualizing religion and spirituality: Points of commonality, points of departure. *Journal for the Theory of Social Behaviour*, *30*, 51–77. https://doi.org/10.1111/1468-5914.00119

Hodge, D. R. (2006). Do conceptualizations of spirituality and religion affect perceptions of compliance with the ethical standards that address religion? *Journal of Religion and Spirituality in Social Work: Social Thought*, *25*, 1–18.

https://doi.org/10.1300/J377v25n02

Hodge, D. R. (2007a). Pressing toward inclusion? Exploring the state of religious diversity. *Social Work Research*, *31*, 55–63. https://doi.org/10.1093/swr/31.1.55

Hodge, D. R. (2007b). Religious discrimination and ethical compliance: Exploring perceptions among a professionally affiliated sample of graduate students. *Journal of Religion & Spirituality in Social Work: Social Thought*, *26*, 91–113. https://doi.org/10.1300/ J377v26n02_05

Hodge, D. R. (2011). Using spiritual interventions in practice: Developing some guidelines from evidence-based practice. *Social Work, 56*, 149–158. https://doi.org/10.1093/sw/56.2.149

Hodge, D. R. (2013a). Assessing spirituality and religion in the context of counseling and psychotherapy. In *APA handbook of psychology, religion, and spirituality: An applied psychology of religion and spirituality* (Vol. 2, pp. 93–123). https://doi.org/10.1037/14046-000

Hodge, D. R. (2013b). Implicit spiritual assessment: An alternative approach for assessing client spirituality. *Social Work, 58*, 223–231. https://doi.org/10.1093/sw/swt019

Hodge, D. R. (2015). Spirituality and religion among the general public: Implications for social work discourse. *Social Work, 60*, 219–228. https://doi.org/10.1093/sw/swv021

Hodge, D. R. (2017). The lack of metaphysical diversity in psychological discourse: How the privileging of secularism hinders scientific advancement and impacts clients.

In *FIRE Faculty conference proceedings*. Dallas, TX. https://www.thefire.org/2017-faculty-conference-papers-now-available/

Hodge, D. R. (2019). Spiritual microaggressions: Understanding the subtle messages that foster religious discrimination. *Journal of Ethnic & Cultural Diversity in Social Work,* 1–17. https://doi.org/10.1080/15313204.2018.1555501

Hood, R. W. (2013). Methodological diversity in the psychology of religion and spirituality. In K. I. Pargament (Ed.), *APA handbook of psychology, religion, and spirituality: Context, theory, and research*. (Vol. 1, 79–102). Washington, DC: American Psychological Association.

Hout, M. (2017). Religious ambivalence, liminality, and the increase of no religious preference in the United States, 2006–2014. *Journal for the Scientific Study of Religion*, *56,* 52–63. https://doi.org/10.1111/jssr.12314

Huber, S., & Huber, O. W. (2012). The centrality of religiosity scale (CRS). *Religions, 3,* 710–724. https://doi.org/10.3390/rel3030710

Hui, C., Cheung, S. H., Lam, J., Ying Lau, E. Y., Cheung, S. F., & Yuliawati, L. (2018). Psychological changes during faith exit: A three-year prospective study. *Psychology of Religion and Spirituality*, *10,* 103–118. https://doi.org/10.1037/rel0000157

Hull, C. E., Suarez, E. C., & Hartman, D. (2016). Developing spiritual competencies in counseling: A guide for supervisors. *Counseling and Values*, *61*(April), 111–127. https://doi.org/10.1002/cvj.12029

Husain, A., & Howard, S. (2017). Religious microaggressions: A case study of Muslim

Americans. *Journal of Ethnic and Cultural Diversity in Social Work*, *26*, 139–152. https://doi.org/10.1080/15313204.2016.1269710

Jackson, J., & Coyle, A. (2009). The ethical challenge of working with spiritual difference: An interpretative phenomenological analysis of practitioners' accounts. *Counseling Psychology Review*, *24*(3), 86–99. Retrieved from http://www.bpsshop.org.uk/Counselling-Psychology-Review-Vol-24-Nos-3-4-November-2009-P925.aspx

Jafari, S. (2016). Religion and spirituality within counselling/clinical psychology training programmes: A systematic review. *British Journal of Guidance and Counselling*, *44*, 257–267. https://doi.org/10.1080/03069885.2016.1153038

Johnson, K. A., Cohen, A. B., & Okun, M. A. (2016). God is watching you…but also watching over you: The influence of benevolent God representations on secular volunteerism among Christians. *Psychology of Religion and Spirituality*, *8*, 363–374. https://doi.org/10.1037/rel0000040

Johnson, K. A., Hill, E. D., & Cohen, A. B. (2011). Integrating the study of culture and religion: Toward a psychology of worldview. *Social and Personality Psychology Compass*, *5*, 137–152. https://doi.org/10.1111/j.1751-9004.2010.00339.x

Johnson, W. B. (2016a). Challenging clinically salient religion: The art of respectful confrontation. *Spirituality in Clinical Practice*, *3*, 10–13. https://doi.org/10.1037/scp0000099

Johnson, W. B. (2016b). Confrontation of clinically salient religion in psychotherapy: Ethical considerations. *Journal of Psychology and Christianity*, *35*(4), 344–356.

https://doi.org/10.1017/9781316417287.002

Johnson, W. B., Barnett, J. E., Elman, N. S., Forrest, L., Schwartz-Mette, R., & Kaslow, N. J. (2014). Preparing trainees for lifelong competence: Creating a communitarian training culture. *Training and Education in Professional Psychology, 8,* 211–220. https://doi.org/10.1037/tep0000048

Kanas, A., Scheepers, P., & Sterkens, C. (2016). Religious identification and interreligious contact in Indonesia and the Philippines: Testing the mediating roles of perceived group threat and social dominance orientation and the moderating role of context. *European Journal of Social Psychology, 46*, 700–715. https://doi.org/10.1002/ejsp.2212

Kanazawa, S. (2015). Where do Gods come from? *Psychology of Religion and Spirituality*, *7*(4), 306–313. https://doi.org/10.1037/rel10000033

Kara, H., & Pickering, L. (2017). New directions in qualitative research ethics. *International Journal of Social Research Methodology, 20*, 239–241. https://doi.org/10.1080/13645579.2017.1287869

Kauff, M., Schmid, K., Lolliot, S., Al Ramiah, A., & Hewstone, M. (2016). Intergroup contact effects via ingroup distancing among majority and minority groups: Moderation by social dominance orientation. *PLoS ONE*, *11*(1), 1–29. https://doi.org/10.1371/journal.pone.0146895

Keller, B., Bullik, R., Klein, C., & Swanson, S. B. (2018). Profiling atheist worldviews in different cultural contexts: Developmental trajectories and accounts. *Psychology of Religion and Spirituality, 10*, 229–243. https://doi.org/10.1037/rel0000212

Keller, R. R. (2014). Religious diversity in North America. In P. S. Richards & A. E. Bergin (Eds.), *Handbook of psychotherapy and religious diversity* (2nd ed., pp. 21–50). Washington, DC: American Psychological Association.

Khan, S. R., & Stagnaro, M. N. (2016). The influence of multiple group identities on moral foundations. *Ethics & Behavior, 26,* 194–214. https://doi.org/10.1080/10508422.2015.1007997

Killen, M., Hitti, A., & Mulvey, K. L. (2015). Social development and intergroup relations. In M. Mikulincer, P. R. Shaver, J. F. Dovidio, & J. A. Simpson (Eds.), *APA handbook of personality and social psychology: Interpersonal relations and group processes* (Vol. 2, pp. 177–201). Washington, DC: American Psychiatric Association.

Kim, D., & Hommel, B. (2015). An event-based account of conformity. *Psychological Science, 26,* 484–489. https://doi.org/10.1177/0956797614568319

King, J. E., & Franke, G. R. (2017). Faith bias or religious expression: The real religious diversity challenge? *Journal of Management, Spirituality and Religion, 14,* 81–99. https://doi.org/10.1080/14766086.2016.1249396

Knapp, S. J., & VandeCreek, L. D. (2012). *Practical ethics for psychologists: A positive approach* (2nd ed.). Washington, DC: American Psychological Association.

Knauss, L., & Knauss, J. (2012). Ethical issues in multi-person therapy. In S. J. Knapp (Ed.), *APA handbook of ethics in psychology: Practice, teaching, and research* (Vol. 2, pp. 29–44). Washington, DC: American Psychological Association.

Komatsu, K. (2017). Not seeing is believing: The role of invisibility in human lives.

Integrative Psychological and Behavioral Science, 51, 14–28. https://doi.org/10.1007/s12124-016-9364-4

Krause, N., & Hayward, R. D. (2015). Humility, compassion, and gratitude to God: Assessing the relationships among key religious virtues. *Psychology of Religion and Spirituality*, *7*, 192–204. https://doi.org/10.1037/rel0000028

Krause, N., Pargament, K. I., & Ironson, G. (2017). Spiritual struggles and health: Assessing the influence of socioeconomic status. *Society for the Scientific Study of Religion, 56*, 620–636. https://doi.org/10.1111/jssr.12364

Kucinskas, J., Weight, B. R. E., Ray, D. M., & Ortberg, J. (2017). States of spiritual awareness by time, activity, and social interaction. *Journal for the Scientific Study of Religion*, *56*, 418–437. https://doi:10.1111/jssr.12331

Kunst, J. R., Kimel, S. Y., Shani, M., Alayan, R., & Thomsen, L. (2018). Can Abraham bring peace? The relationship between acknowledging shared religious roots and intergroup conflict. *Psychology of Religion and Spirituality*. *11*, 417–432. https://doi.org/10.1037/rel0000192

Kupor, D. M., Laurin, K., & Levav, J. (2015). Anticipating divine protection? Reminders of God can increase nonmoral risk taking. *Psychological Science*, *26,* 374–384. https://doi.org/10.1177/0956797614563108

Labouff, J. P., & Ledoux, A. M. (2016). Imagining atheists: Reducing fundamental distrust in atheist intergroup attitudes. *Psychology of Religion and Spirituality*, *8*, 330–340. https://doi.org/10.1037/rel0000066

LaBouff, J. P., Rowatt, W. C., Johnson, M. K., & Finkle, C. (2012). Differences in

attitudes toward outgroups in religious and nonreligious contexts in a multinational sample: A situational context priming study. *International Journal for the Psychology of Religion*, *22*(1), 1–9. https://doi.org/10.1080/10508619.2012.634778

Lambert, N. M., Stillman, T. F., Hicks, J. A., Kamble, S., Baumeister, R. F., & Fincham, F. D. (2013). To belong is to matter: Sense of belonging enhances meaning in life. *Personality and Social Psychology Bulletin, 39,* 1418–1427. https://doi.org/10.1177/0146167213499186

Lantz, M. M., Pieterse, A. L., & Taylor, T. O. (2018). A social dominance theory perspective on multicultural competence. *Counselling Psychology Quarterly, 33*, 142–162. https://doi.org/10.1080/09515070.2018.1500352

Leary, M. R. (2012). Sociometer theory. In P. A. M. Lange, A. W. Kruglanski, & E. T. Higgins (Eds.), *Handbook of theories of social psychology* (Vol. 2, pp. 141–159). Thousand Oaks, CA: SAGE Publications Ltd.

Leets, L. (2002). Experiencing hate speech: Perceptions and responses to anti-Semitism and antigay speech. *Journal of Social Issues*, *58,* 341–361. https://doi.org/10.1111/1540-4560.00264

Levitt, H. M., Minami, T., Greenspan, S. B., Puckett, J. A., Henretty, J. R., Reich, C. M., & Berman, J. S. (2016). How therapist self-disclosure relates to alliance and outcomes: A naturalistic study. *Counselling Psychology Quarterly*, *29*, 7–28. https://doi.org/10.1080/09515070.2015.1090396

Lewis, C. A. (2016). Assessment of mental health, religion and culture: The development

and examination of psychometric measures. *Mental Health, Religion and Culture*, *19*, 415–419. https://doi.org/10.1080/13674676.2017.1310477

Lim, C. (2015). Religion and subjective well-being across religious traditions : Evidence from 1.3 million Americans. *Journal for the Scientific Study of Religion*, *54*, 684–701. https://doi.org/10.1111/jssr.12232

Long, A. E., Pinel, E. C., & Yawger, G. C. (2017). When shared group membership signifies shared subjective experience: I-sharing and the minimal group paradigm. *Journal of Social Psychology*, *157*, 389–406. https://doi.org/10.1080/00224545.2016.1239610

Lun, V. M.-C., & Bond, M. H. (2013). Examining the relation of religion and spirituality to subjective well-being across national cultures. *Psychology of Religion and Spirituality*, *5*, 304–315. https://doi.org/10.1037/a0033641

Luria, G., Cnaan, R. A., & Boehm, A. (2017). Religious attendance and volunteering: Testing national culture as a boundary condition. *Journal for the Scientific Study of Religion*, *56*, 577–599. https://doi.org/10.1111/jssr.12360

Magaldi-Dopman, D., Park-Taylor, J., & Ponterotto, J. G. (2011). Psychotherapists' spiritual, religious, atheist or agnostic identity and their practice of psychotherapy: A grounded theory study. *Psychotherapy Research : Journal of the Society for Psychotherapy Research*, *21*, 286–303. https://doi.org/10.1080/10503307.2011.565488

Magyar-Russell, G. M., & Griffith, J. L. (2016). Addressing unhealthy and potentially harmful expressions of religiousness and spirituality in clinical practice.

Spirituality in Clinical Practice, *3*, 159–162. https://doi.org/http://dx.doi.org/10.1037/scp0000111

Marks, L. D., Dollahite, D. C., & Young, K. P. (2019). Struggles experienced by religious minority families in the United States. *Psychology of Religion and Spirituality*, *11*, 247–256. https://doi:10.1037/re10000214

McCullough, M. E., Swartwout, P., Shaver, J. H., Carter, E. C., & Sosis, R. (2016). Christian religious badges instill trust in Christian and non-Christian perceivers. *Psychology of Religion and Spirituality*, *8*, 149–163. https://doi.org/10.1037/rel0000045

McIntosh, P. (2015). Extending the knapsack: Using the white privilege analysis to examine conferred advantage and disadvantage. *Women and Therapy*, *38*, 232–245. https://doi.org/10.1080/02703149.2015.1059195

McLean, M., Cresswell, J., & Ashley, C. (2016). Psychologists finding religious belief: Building bridges between developmental cognitive science and cultural psychology. *Culture & Psychology*, *22*, 44–64. https://doi.org/10.1177/1354067X15621482

Mercier, B., Kramer, S. R., & Shariff, A. F. (2018). The belief in God: Why people believe and why they don't. *Current Directions in Psychological Science*, *27*, 263–268. https://doi.org/10.1177/0963721418754491

Messina, I., Solina, C., Frangioni, V., Arduin, A., Sambin, M., & Gelso, C. (2018). Origins of countertransference and core conflictual relationship theme of a psychotherapist in training as emerging in clinical supervision. *Psychotherapy*,

55, 222–230. https://doi.org/10.1037/pst0000148

Mihalache, G. (2019). Heuristic inquiry : Differentiated from descriptive phenomenology and aligned with transpersonal research methods. *Humanistic Psychologist*, *47*, 136–157. https://doi.org/10.1037/hum0000125

Milstein, G., Manierre, A., & Yali, A. M. (2010). Psychological care for persons of diverse religions: A collaborative continuum. *Professional Psychology: Research and Practice*, *41*, 371–381. https://doi.org/10.1037/a0021074

Moon, J. W., Krems, J. A., Cohen, A. B., & Kenrick, D. T. (2019). Is nothing sacred? Religion, sex, and reproductive strategies. *Current Directions in Psychological Science*, *28*, 361–365. https://doi.org/10.1177/0963721419838242

Moore, J. T. (2017). Multicultural and idiosyncratic considerations for measuring the relationship between religious and secular forms of spirituality with positive global mental health. *Psychology of Religion and Spirituality*, *9*, 21–33. https://doi.org/10.1037/rel0000083

Moore, J. T., & Leach, M. M. (2016). Dogmatism and mental health: A comparison of the religious and secular. *Psychology of Religion and Spirituality*, *8*, 54–64. https://doi.org/10.1037/rel0000027

Morgan, J., & Sandage, S. J. (2016). A developmental model of interreligious competence. *Archive for the Psychology of Religion*, *38*, 129–158. https://doi.org/10.1163/15736121-12341325

Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology*, *52*, 250–260.

https://doi.org/10.1037/0022-0167.52.2.250

Morrow, S. L. (2007). Qualitative research in counseling psychology: Conceptual foundations. *Counseling Psychologist*, *35*, 209–235. https://doi.org/10.1177/0011000006286990

Morton, K. R., Lee, J. W., & Martin, L. R. (2017). Pathways from religion to health: Mediation by prosocial and lifestyle mechanisms. *Psychology of Religion and Spirituality*, *9*, 106–117. https://doi: 10.1037/rel0000091

Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: SAGE Publications, Inc.

Nadal, A. R. C., Hardy, S. A., & Barry, C. M. (2018). Understanding the roles of religiosity and spirituality in emerging adults in the United States. *Psychology of Religion and Spirituality*, *10*, 30–43. https://doi.org/10.1037/rel0000104

Nagy, T. F. (2012). Competence. In S. J. Knapp (Ed.), *APA handbook of ethics in psychology: Moral foundations and common themes* (Vol. 1, pp. 147–174). Washington, DC: American Psychological Association.

Newberg, A. B. (2014). Multidisciplinary directions for studying the brain and religious phenomena. *Spirituality in Clinical Practice*, *1*, 106–108. Retrieved from http://psycnet.apa.org/?&fa=main.doiLanding&doi=10.1037/scp0000019

Newheiser, A. K., Hewstone, M., Voci, A., & Schmid, K. (2015). Making and unmaking prejudice: Religious affiliation mitigates the impact of mortality salience on out-group attitudes. *Journal for the Scientific Study of Religion*, *54*, 774–791. https://doi.org/10.1111/jssr.12233

Nie, F., & Olson, D. (2017). Demonic influence: The negative mental health effects of belief in demons. *Journal for the Scientific Study of Religion*, *55*, 498–515. https://doi.org/10.1111/jssr.12287

Oxhandler, H. K. (2019). Revalidating the religious/spiritually integrated practice assessment scale with five helping professions. *Research on Social Work Practice*, *29*, 223–233. https://doi.org/10.1177/1049731516669592

Oxhandler, H. K., Moffatt, K. M., & Giardina, T. D. (2018). Clinical helping professionals' perceived support, barriers, and training to integrate clients' religion/spirituality in practice. *Spirituality in Clinical Practice*. 1–14. https://doi.org/http://dx.doi.org/10.1037/scp0000189

Oxhandler, H. K., & Pargament, K. I. (2018). Measuring religious and spiritual competence across helping professions: Previous efforts and future directions. *Spirituality in Clinical Practice*, *5*, 120–132. https://doi.org/10.1037/scp0000149

Oxhandler, H. K., & Parrish, D. E. (2016). The development and validation of the religious/spiritually integrated practice assessment scale. *Research on Social Work Practice*, *26*, 295–307. https://doi.org/10.1177/1049731514550207

Oxhandler, H. K., & Parrish, D. E. (2017). Integrating clients' religion/spirituality in clinical practice: A comparison among social workers, psychologists, counselors, marriage and family therapists, and nurses. *Journal of Clinical Psychology*, *74*, 680–694. https://doi.org/10.1002/jclp.22539

Palasinski, M., & Seol, K. O. (2015). Examination of religious identity meta-stereotypes when defying its relevant source through out-group helping. *Psychology of*

Religion and Spirituality, 7, 80–89. https://psycnet.apa.org/buy/2014-33755-001

Pargament, K. I. (2002). The bitter and the sweet: An evaluation of the costs and benefits of religiousness. *Psychological Inquiry*, *13*, 168–181. https://doi.org/10.1207/S15327965PLI1303_02

Pargament, K. I., Magyar-Russell, G. M., & Murray-Swank, N. A. (2005). The sacred and the search for significance: Religion as a unique process. *Journal of Social Issues*, *61*, 665–687. https://doi.org/10.1111/j.1540-4560.2005.00426.x

Park, C. L., Currier, J. M., Harris, J. I., Slattery, J. M. (2017). Ethical considerations for addressing spirituality with trauma survivors from a reciprocal perspective. In Park, C. L., Currier, J. M., Harris, J. I., Slattery, J. M. (Eds). *Trauma, meaning, and spirituality: Translating research into clinical practice*, (pp. 201–221). https://doi.org/10.1037/15961-000

Patton, M. Q. (2015). Purposeful sampling and case selection: Overview of strategies and options. In Patton, M. Q. (Ed.). *Qualitative design and data collection*. (4th ed., pp. 264–272). Thousand Oaks, CA: Sage Publications

Pehrson, S., Carvacho, H., & Sibley, C. G. (2017). Group differences in the legitimization of inequality: Questioning the role of social dominance orientation. *British Journal of Social Psychology*, *56*(1), 28–46. https://doi.org/10.1111/bjso.12167

Peluso, P. R., & Freund, R. R. (2018). Therapist and client emotional expression and psychotherapy outcomes: A meta-analysis. *Psychotherapy*, *55*, 461–472. https://doi.org/10.1037/pst0000165

Perry, S., & Whitehead, A. (2016). Religion and public opinion toward same-sex Relations, marriage, and adoption: Does the type of practice matter? *Journal for the Scientific Study of Religion, 55*, 637–651. https://doi.org/10.1111/jssr.12215

Peteet, J. R. (2014). What is the place of clinicians' religious or spiritual commitments in psychotherapy: A virtues-based perspective. *Journal of Religion and Health, 53*, 1190–1198. https://doi.org/10.1007/s10943-013-9816-9

Pew Research Center. (2014). *Attendance at religious services*. Retrieved from https://www.pewforum.org/religious-landscape-study/attendance-at-religious-services/

Pew Research Center. (2015a) *America's changing religious landscape*. Retrieved from https://www.pewforum.org/wp-content/uploads/sites/7/2015/05/RLS-08-26-full-report.pdf

Pew Research Center. (2015b). *Belief in God*. Retrieved from https://www.pewforum.org/religious-landscape-study/belief-in-god/

Pew Research Center. (2015c) *Frequency of feeling spiritual peace and wellbeing*. Retrieved from https://www.pewforum.org/religious-landscape-study/frequency-of-feeling-spiritual-peace-and-wellbeing/

Plante, T. G. (2009). Spiritual practices in psychotherapy: Thirteen tools for enhancing psychological health. In *American Psychological Association 2009 convention presentation*. American Psychological Association. https://doi.org/10.3109/01612840.2011.587939

Plante, T. G. (2014). Four steps to improve religious/spiritual cultural competency in

professional psychology. *Spirituality in Clinical Practice*, *1*(4), 288–292. https://doi.org/10.1037/scp0000047

Ponterotto, J. G. (2005). Qualitative research in counseling psychology: A primer on research paradigms and philosophy of science. *Journal of Counseling Psychology*, *52*, 126–136. https://doi.org/10.1037/0022-0167.52.2.126

Ponterotto, J. G. (2006). Brief note on the origins, evolution, and meaning of the qualitative research concept thick description. *The Qualitative Report*, *11*, 538–549. Retrieved from http://www.nova.edu/ssss/QR/QR11-3/ponterotto.pdf

Pope, K. S., & Keith-Spiegel, P. (2008). A practical approach to boundaries in psychotherapy: Making decisions, bypassing blunders, and mending fences. *Journal of Clinical Psychology*, *64*, 638–652. https://doi.org/10.1002/jclp.20477

Pope, K. S., & Vasquez, M. J. (2016). *Ethics in psychotherapy and counseling: A pratical guide* (5th ed.). Hoboken, NJ: John Wiley & Sons, Inc.

Post, B., & Wade, N. (2009). Religion and spirituality in psychotherapy: A practice friendly review of research. *Journal of Clinical Psychology*, *65*, 131–146. https://doi.org/10.1002/jclp.20563

Raja, A. (2016). Ethical considerations for therapists working with demographically similar clients. *Ethics and Behavior*, *26*, 678–687. https://doi.org/10.1080/10508422.2015.1113133

Ravitch, S., & Carl, N. M. (2016). *Qualitative research: Bridging the conceptual, theoretical, and methodological*. Thousand Oaks, CA: Sage Publications.

Richards, P. S., & Bergin, A. E. (2014). Toward religious and spiritual competency for

mental health professionals. In P. S. Richards & A. E. Bergin (Eds.), *Handbook of psychotherapy and religious diversity* (2nd ed.). Washington, DC: American Psychological Association.

Richards, P. S., Sanders, P. W., Lea, T., McBride, J. A., & Allen, G. E. K. (2015). Bringing spiritually oriented psychotherapies into the health care mainstream: A call for worldwide collaboration. *Spirituality in Clinical Practice*, *2*, 169–179. https://doi.org/10.1037/scp0000082

Rodolfa, E., Eisman, E., Rehm, L., Bent, R., Nelson, P., & Ritchie, P. (2005). A cube model for competency development: Implications for psychology educators and regulators. *Professional Psychology: Research and Practice, 36*, 347–354. https://doi.org/10.1037/0735-7028.36.4.347

Rose, E. M., Westefeld, J. S., & Ansley, T. N. (2001). Spiritual issues in counselling: Clients' beliefs and preferences. *Journal of Counseling Psychology, 48,* 61–71. https://doi.org/10.1037/0022-0167.48.1.61

Rosmarin, D., Green, D., Pirutinsky, S., & McKay, D. (2014). Spirituality/religion: Beliefs, practices, attitudes, and training among ABCT members. *Behavior Therapist, 37,* 193–196. https://doi.org/10.1037/a0035218

Ross, M. W., Iguchi, M. Y., & Panicker, S. (2018). Ethical aspects of data sharing and research participant protections. *American Psychologist, 73*, 138–145. https://doi.org/10.1037/amp0000240

Rubin, H. J., & Rubin, I. S. (2012). *Qualitative interviewing: The art of hearing data* (3rd ed). Thousand Oaks, CA: SAGE Publications Ltd.

Ruff, J. L., & Elliott, C. H. (2016). An exploration of psychologists' possible bias in response to evangelical Christian patients: Preliminary findings. *Spirituality in Clinical Practice, 3,* 115–126. https://doi.org/10.1037/scp0000102

Rupert, D., Moon, S. H., & Sandage, S. J. (2019). Clinical training groups for spirituality and religion in psychotherapy. *Journal of Spirituality in Mental Health, 21,* 163–177. https://doi.org/10.1080/19349637.2018.1465879

Russell, S. R., & Yarhouse, M. A. (2006). Training in religion/spirituality within APA-accredited psychology predoctoral internships. *Professional Psychology: Research and Practice, 37,* 430–436. https://doi.org/10.1037/0735-7028.37.4.430

Russo-Netzer, P. (2018). "This is what real spirituality is all about": A phenomenological exploration of the experience of spirituality outside institutional religion. *Psychology of Religion and Spirituality*. *11*, 453–462. https://doi.org/http://dx.doi.org/10.1037/rel0000169

Sahker, E. (2016). Therapy with the nonreligious: Ethical and clinical considerations. *Professional Psychology: Research and Practice*, *47,* 295–302. https://doi.org/10.1037/pro0000087

Salter, D. S., & Salter, B. R. (2012). Competence with diverse populations. In S. J. Knapp (Ed.), *APA handbook of ethics in psychology: Moral foundations and common themes* (Vol. 1, pp. 217–240). Washington, DC: American Psychological Association.

Salzman, M. B. (2008). Globalization, religious fundamentalism and the need for meaning. *International Journal of Intercultural Relations, 32,* 318–327.

https://doi.org/10.1016/j.ijintrel.2008.04.006

Saunders, S. M., Miller, M. L., & Bright, M. M. (2010). Spiritually conscious psychological care. *Professional Psychology: Research and Practice*, *41*, 355–362. https://doi.org/10.1037/a0020953

Saunders, S. M., Petrik, M. L., & Miller, M. L. (2014). Psychology doctoral students' perspectives on addressing spirituality and religion with clients: Associations with personal preferences and training. *Psychology of Religion and Spirituality*, *6*, 1–8. https://doi.org/10.1037/a0035200

Sayadmansour, A. (2014). Neurotheology: The relationship between brain and religion. *Iranian Journal of Neurology*, *13*, 52–55. Retrieved from http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=3968360&tool=pmcentrez&rendertype=abstract

Schafer, R. M., Handal, P. J., Brawer, P. A., & Ubinger, M. (2011). Training and education in religion/ spirituality within APA-accredited clinical psychology programs: 8 Years Later. *Journal of Religion and Health*, *50*, 232–239. https://doi.org/10.1007/s10943-009-9272-8

Schnabel, L. (2015). How religious are American women and men? Gender differences and similarities. *Journal for the Scientific Study of Religion*, *54*, 616–622. https://doi.org/10.1111/jssr.12214

Schulte, D. L., Skinner, T. A., & Claiborn, C. D. (2002). Religious and spiritual issues in counseling psychology training. *Counseling Psychologist*, *30*, 118–134. https://doi.org/10.4324/9780203646984

Shafranske, E. P., & Cummings, J. P. (2013). Religious and spiritual beliefs, affiliations, and practices of psychologists. In K. I. Pargament, A. Mahoney, & E. P. Shafranske (Eds.), *APA handbook of psychology, religion, and spirituality: An applied psychology of religion and spirituality* (Vol. 2, pp. 23–42). Washington, DC: American Psychological Association.

Shafranske, E. P., & Malony, H. N. (1990). Clinical psychologists' religious and spiritual orientations and their practice of psychotherapy. *Psychotherapy, 27,* 72–78. https://doi.org/10.1037/0033-3204.27.1.72

Shariff, A. F. (2015). Does religion increase moral behavior? *Current Opinion in Psychology, 6,* 108–113. https://doi.org/10.1016/j.copsyc.2015.07.009

Shariff, A. F., Piazza, J., & Kramer, S. R. (2014). Morality and the religious mind: Why theists and nontheists differ. *Trends in Cognitive Sciences, 18,* 439–441. https://doi.org/10.1016/j.tics.2014.05.003

Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, *22*, 63–75. https://doi.org/10.3233/EFI-2004-22201

Sherbersky, H. (2016). Family therapy and fundamentalism: One family therapist's exploration of ethics and collaboration with religious fundamentalist families. *Clinical Child Psychology and Psychiatry*, *21*, 381–396. https://doi.org/10.1177/1359104515620249

Sherkat, D. E. (2002). Sexuality and religious commitment in the United States: An empirical examination. *Journal for the Scientific Study of Religion, 41,* 313–323.

https://doi.org/10.1111/1468-5906.00119

Sidanius, J., & Pratto, F. (2012). Social dominance theory. In P. A. M. Van Lange, A. W. Kruglanski, & E. T. Higgins (Eds.), *Handbook of theories of social psychology*. (Vol. 2, pp. 418–438). Thousand Oaks, CA: SAGE Publications, Inc.

Sigalow, E., Shain, M., & Bergey, M. R. (2012). Religion and decisions about marriage, residence, occupation, and children. *Journal for the Scientific Study of Religion*, *51*, 304–323. https://doi.org/10.1111/j.1468-5906.2012.01641.x

Silberman, I. (2005). Religion as a meaning system: Implications for the new millennium. *Journal of Social Issues, 61*, 641–663. https://doi.org/10.1111/j.1540-4560.2005.00425.x

Sim, J., Saunders, B., Waterfield, J., & Kingstone, T. (2018). Can sample size in qualitative research be determined a priori? *International Journal of Social Research Methodology*, *21*(5), 619–634. https://doi.org/10.1080/13645579.2018.1454643

Smith, D. P., & Orlinsky, D. E. (2004). Religious and spiritual experience among psychotherapists. *Psychotherapy*, *41*, 144–151. https://doi.org/10.1037/0033-3204.41.2.144

Soheilian, S. S., Inman, A. G., Klinger, R. S., Isenberg, D. S., & Kulp, L. E. (2014). Multicultural supervision: Supervisees' reflections on culturally competent supervision. *Counselling Psychology Quarterly*, *27*, 379–392. https://doi.org/10.1080/09515070.2014.961408

Soliman, T. M., Johnson, K. A., & Song, H. (2015). It's not "all in your head":

Understanding religion from an embodied cognition perspective. *Perspectives on Psychological Science, 10,* 852–864. https://doi.org/10.1177/1745691615606373

Speed, D., & Hwang, K. (2019). Heretic, heal thyself! Atheism, nonreligious, and health. *Psychology of Religion and Spirituality, 11*, 297–307. https://doi:10.1037/rel0000158

Spencer, J., Goode, J., Penix, E. A., Trusty, W., & Swift, J. K. (2019). Developing a collaborative relationship with clients during the initial sessions of psychotherapy. *Psychotherapy*, *56*, 7–10. https://doi.org/10.1037/pst0000208

Sperry, L. (2016). Spiritually sensitive clinical practice: Differentiating basic from specialized competencies. *Spirituality in Clinical Practice, 3*, 73–76. https://doi.org/10.1037/scp0000106

Sperry, L., & Mansager, E. (2007). The relationship between psychology and spirituality: An initial taxonomy for spiritually oriented counseling and psychotherapy. *Journal of Individual Psychology*, *63*, 359–370.

Stanley, M. L., & De Brigard, F. (2019). Moral memory and the belief in the good self. *Current Directions in Psychological Science, 28*, 387–391. https://doi.org/10.1177/0963721419847990

Stauner, N., Exline, J. J., Pargament, K. I., Wilt, J. A., & Grubbs, J. B. (2019). Stressful life events and religiousness predict struggles about religion and spirituality. *Psychology of Religion and Spirituality, 11*, 291–296. https://doi.org/10.1037/rel0000189

Su, J. C., Gries, P. H., Lee, I.-C., & Tran, A. G. T. T. (2017). Linking parental

socialization about discrimination to intergroup rattitudes: The role of social dominance orientation and cultural identification. *Cultural Diversity and Ethnic Minority Psychology*, *23*, 435–444. https://doi.org/10.1037/cdp0000140

Suls, J. M., & Wheeler, L. (2012). Social comparison theory. In P. A. M. Van Lange, A. W. Kruglanski, & E. T. Higgins (Eds.), *Handbook of theories of social psychology* (Vol. 1, pp. 460–482). Thousand Oaks, CA: SAGE Publications Ltd.

Sunar, D. (2002). The psychology of morality. In D. J. Lonner, D. L. Dinnel, S. A. Hayes, & D. N. Sattler (Eds.), *Online readings in psychology and culture* (Unit 2, Chapter 11). Bellingham, WA: Western Washington University

Tajfel, H., & Turner, J. C. (2001). Social identity theory of intergroup behavior. In R. Brown & S. L. Gaertner (Eds.), *Blackwell handbook of social psychology: Intergroup processes* (pp. 133–152). Malden, MA: Blackwell.

Tamura, L. J. (2012). Emotional competence and well-being. In S. J. Knapp (Ed.), *APA handbook of ethics in psychology: Moral foundations and common themes* (Vol. 1, pp. 175–216). Washington, DC: American Psychological Association.

Testoni, I., Visintin, E. P., Capozza, D., Carlucci, M. C., & Shams, M. (2016). The implicit image of God: God as reality and psychological well-being. *Journal for the Scientific Study of Religion*, *55*, 174–184. https://doi.org/10.1111/jssr.12252

Thagard, P. (2005). The emotional coherence of religion. *Journal of Cognition and Culture*, *5*, 58–74. https://doi.org/10.1163/1568537054068642

Tjeltveit, A. (2016). Value conversion and moral (and spiritual?) transformations: Addressing some complexities of the ethical dimensions of psychotherapy.

Journal of Psychology and Christianity, *35*, 330–343. https://search-ebscohost-com.ezp.waldenulibrary.org/login.aspx?direct=true&db=edsgea&AN=edsgcl.475278342&site=eds-live&scope=site

Tong, E. M. W. (2017). Spirituality and the temporal dynamics of transcendental positive emotions. *Psychology of Religion and Spirituality*, *9*, 70–81. https://doi.org/10.1037/rel0000061

Tony, E. A. (2008). A review of narrative ethics. *Qualitative Inquiry*, *14*, 175–194. Retrieved from http://ejournals.ebsco.com/direct.asp?ArticleID=44EA9489E502CF5579E6

Trevino, K. M., Pargament, K. I., Krause, N., Ironson, G., & Hill, P. (2019). Stressful events and religious/spiritual struggle: Moderating effects of the general orienting system. *Psychology of Religion and Spirituality*, *11*, 214–224. https://doi.org/10.1037/rel0000149

Turner, J. C., & Reynolds, K. J. (2012). Self-categorization theory. In P. A. M. Van Lange, A. W. Kruglanski, & E. T. Higgins (Eds.), *Handbook of theories of social psychology* (pp. 399–417). Thousand Oaks, CA: SAGE Publications, Inc.

Van Cappellen, P. (2017). Rethinking self-transcendent positive emotions and religion: Insights from psychological and biblical research. *Psychology of Religion and Spirituality*, *9*, 254–263. https://doi.org/10.1037/rel0000101

Van Lange, P. A. M., Kruglanski, A. W., & Higgins, E. T. (2012). Theories of social psychology: An introduction. In P. A. M. Van Lange, A. W. Kruglanski, & E. T. Higgins (Eds.), *Handbook of theories of social psychology*. Thousand Oaks, CA:

SAGE Publications Ltd.

Van Rijnsoever, F. J. (2017). (I can't get no) saturation: A simulation and guidelines for sample sizes in qualitative research. *PLoS ONE*, *12*(7), 1–18. https://doi.org/10.1371/journal.pone.0181689

Van Tongeren, D. R., Sanders, M., Edwards, M., Davis, E. B., Aten, J. D., Ranterm, J. M., … Davis, D. E. (2019). Religious and spiritual struggles alter God representations. *Psychology of Religion and Spirituality*, *11*, 225–232. https://doi.org/10.1037/rel0000173

Van Tongeren, D. R., Worthington, E. L., Davis, D. E., Hook, J. N., Reid, C. A., & Garthe, R. C. (2018). Positive religious coping in relationships predicts spiritual growth through communication with the sacred. *Psychology of Religion and Spirituality*, *10*, 55–62. https://doi.org/10.1037/rel0000120

Vieten, C., Scammell, S., Pierce, A., Pilato, R., Ammondson, I., Pargament, K. I., & Lukoff, D. (2016). Competencies for psychologists in the domains of religion and spirituality. *Spirituality in Clinical Practice*, *3*, 92–114. https://doi.org/http://dx.doi.org/10.1037/scp0000078

Viftrup, D. T., Hvidt, N. C., & Buus, N. (2013). Spiritually and religiously integrated group psychotherapy: A systematic literature review. *Evidence-Based Complementary and Alternative Medicine*, *2013*, 1–12. https://doi.org/10.1155/2013/274625

Vogel, M. J., McMinn, M. R., Peterson, M. A., & Gathercoal, K. A. (2013). Examining religion and spirituality as diversity training: A multidimensional look at training

in the American Psychological Association. *Professional Psychology: Research and Practice*, *44*, 158–167. https://doi.org/10.1037/a0032472

Walker, D. F., Gorsuch, R. L., & Tan, S. Y. (2004). Therapists' integration of religion and spirituality in counseling: A meta-analysis. *Counseling and Values*, *49*, 69–80. https://doi.org/10.1002/j.2161-007X.2004.tb00254.x

Walsh, F. (2010). Spiritual diversity: Multifaith perspectives in family therapy. *Family Process*, *49*, 330–348. https://doi.org/10.1111/j.1545-5300.2010.01326.x

Watson-Jones, R. E., & Legare, C. H. (2016). The social functions of group rituals. *Current Directions in Psychological Science*, *25*, 42–46. https://doi.org/10.1177/0963721415618486

Wertz, F. J. (2014). Qualitative inquiry in the history of psychology. *Qualitative Psychology*, *1*, 4–16. https://doi.org/10.1037/qup0000007

Wesselmann, E. D., VanderDrift, L. E., & Agnew, C. R. (2016). Religious commitment: An interdependence approach. *Psychology of Religion and Spirituality*, *8*, 35–45. https://doi.org/10.1037/rel0000024

Wiklund-Gustin, L. (2010). Narrative hermeneutics: In search of narrative data. *Scandinavian Journal of Caring Sciences*, *24*, 32–37. https://doi.org/10.1111/j.1471-6712.2010.00846.x

Wilt, J. A., Exline, J. J., Grubbs, J. B., Park, C. L., & Pargament, K. I. (2016). God's role in suffering: Theodicies, divine struggle, and mental health. *Psychology of Religion and Spirituality*, *8*, 352–362. https://doi-org.ezp.waldenulibrary.org/10.1037/rel0000058

Wilt, J. A., Grubbs, J. B., Exline, J. J., & Pargament, K. I. (2016). Personality, religious and spiritual struggles, and well-being. *Psychology of Religion and Spirituality, 8*, 341–351. https://doi.org/10.1037/rel0000054

Wilt, J. A., Pargament, K. I., & Exline, J. J. (2019). The transformative power of the sacred: Social, personality, and religious/spiritual antecedents and consequents of sacred moments during a religious/spiritual struggle. *Psychology of Religion and Spirituality, 11,* 233–246. https://doi.org/10.1037/rel0000176

Wilt, J. A., Stauner, N., Harriott, V. A., & Pargament, K. I. (2019). Partnering with God: Religious coping and perceptions of divine intervention predict spiritual transformation in response to religious-spiritual struggle. *Psychology of Religion and Spirituality, 11,* 278–290. https://doi.org/10.1037/rel0000221

Wright, J., & Nichols, R. (2014). The social cost of atheism: How perceived religiosity influences moral appraisal. *Journal of Cognition and Culture, 14*, 93–115. https://doi.org/10.1163/15685373-12342112

Yang, X. Y., & Yang, F. (2017). Estimating religious populations with the network scale-up method: A practical alternative to self-report. *Journal for the Scientific Study of Religion, 56,* 703–719. https://doi.org/10/1111/jssr.1249

Yilmaz, O., & Bahçekapili, H. G. (2015). Without God, everything is permitted? The reciprocal influence of religious and meta-ethical beliefs. *Journal of Experimental Social Psychology, 58,* 95–100. https://doi.org/10.1016/j.jesp.2015.01.003

Zhang, H., Hook, J. N., Farrell, J. E., Mosher, D. K., Van Tongeren, D. R., & Davis, D. E. (2018). The effect of religious diversity on religious belonging and meaning:

The role of intellectual humility. *Psychology of Religion and Spirituality*, *10*, 72–78. https://doi.org/10.1037/rel0000108

Ziv-Beiman, S. (2013). Therapist self-disclosure as an integrative intervention. *Journal of Psychotherapy Integration*, *23*, 59–74. https://doi.org/10.1037/a0031783

Appendix A: Demographic Questionnaire

Please complete this brief questionnaire, but do not include your name on this form. This questionnaire will be stored separately from the data gathered for this study, ensuring that your personal information will not be associated with your interview. This information is being gathered to provide a broader understanding of participants' demographics.

Please Select the Response That You Most Identify with:

____ White/Caucasian

____ African-American (non-Hispanic)

____ Latino/Hispanic

____ Puerto Rican

____ Asian or Pacific Islander

____ Asian Indian

____ Native American

____ Other (specify): _____

Gender Identification:

____ Female

____ Male

____ Prefer Not to Respond

____ Transgendered

____ Other (specify): _____

Age Ranges:

____ under 30

____ 30 – 40

____ 40 – 50

____ 50 – 60

____ 60 – 70

____ over 70

____ Prefer Not to Respond

How many years have you been a licensed psychologist?

What are your primary areas of specialization?

____Adolescents

____ Adults

____ Anger/Emotional Regulation

____ Children

____ Couples/Marriage

____ Eating Disorders

____ Fertility

____ LGBTQ

____ Loss/Grief

____ Men's Issues

____ Personality Disorders

____ PTSD

____ Relationships

____ Trauma

____ Women's Issues

____ Other (specify): _____

What is your primary theoretical orientation?

____ CBT

____ Psychoanalytic

____ Person Centered

____ Behavioral

____ Family Systems

____ Gestalt

____ Multicultural

____ RET

____ Existential

____ Feminist

____ Other (specify): _____

Please select a setting which most represents your working environment:

____ Private Practice ____ Healthcare System

____ Educational System ____ Business Setting

____ Other (specify): _____

Please select any of the following designations which best represent your beliefs:

____ Agnostic ____ Amish/Quaker

____ Anglican ____ Atheist

____ Buddhist ____ Catholic

____ Christian Scientist ____Christian

____ Confucianism ____ Eastern Orthodox

____ Episcopal ____ Evangelical

____ Fundamentalist ____ Hindu

____Jehovah's Witness ____ Jewish

____ Latter-day Saint ____Mennonite

____Methodist ____ Muslim

____ Native American ____ Nones

____ Pagan ____ Presbyterian

____ Protestant ____ Seventh-day Adventist

____ Spiritual ____ Spiritual/Not Religious

____ Taoism ____Unitarian

____ Wicca ____ Zoroastrianism

____ Other (specify): _____

____ Prefer Not to Respond

The state in which you are currently licensed to practice clinical psychology:

_____

Appendix B: Interview Guide

The following questions represent guidelines for the interview process. As a qualitative study, these questions may evolve throughout the interviewing process for each participant; however, they represent the starting point of inquiry for each participant's experiences in this study's exploration.

I will begin each interview with a brief introduction of myself and the goals of this study, followed by an opportunity for participants to ask any questions before the actual interview begins. As we move through the interview process, probes, follow-up questions, or clarifying questions may be added to facilitate participants' ability to provide a vivid and complete description of their experiences.

Interview Question 1:

I want to get a general idea about the focus of your practice, so can you tell me a little bit about it?

Any specializations?

Interview Question 2:

What about your education and clinical training?

Any specific training in religious, spiritual, or nonreligious integration?

Interview Question 3:

Can you describe a time when you or your clients have brought up religious, spiritual, or nonreligious beliefs during psychotherapeutic interactions?

How did that feel for you when it happened?

Was it unexpected, or did it evolve organically?

Do you normally integrate religion and spirituality in your practice?

Can you share any experiences that might have influenced that choice?

Interview Question 4:

Was the integration experience meaningful or significant to you?

Did it affect you on a personal level? On a professional level?

How do you think it affected your clients?

Interview Question 5:

How do you approach religious, spiritual, or nonreligious self-disclosures with your clients?

Can you tell me about what influenced your approach?

Interview Question 6:

Have you ever felt triggered by clients with similar or different religious, spiritual, or nonreligious beliefs to your own?

How did you deal with it?

Do you feel like your training or professional experience prepared you to recognize any biases or feelings that were triggered by the experience?

Interview Question 7:

Can you tell me a little bit about how your training and professional experience have influenced the way that you approach working with clients with similar or different religious, spiritual, and nonreligious beliefs to your own?

Do you think that these similarities or differences in beliefs matter in psychotherapeutic interactions?

Interview Question 8:

Do you feel like your education and training prepared you to meet the challenges of integrating these beliefs into clinical interactions with clients?

Interview Question 9:

What about any specific challenges or obstacles that you've experienced when working with religious, spiritual, and nonreligious beliefs in psychotherapeutic interactions with clients?

What's been your greatest challenge when working with these phenomena?

What have you found most rewarding, either personally or professionally, when working with these complex and diverse beliefs in psychotherapeutic interactions?

Interview Question 10:

Is there anything else that you'd like to share about working with clients psychotherapeutically whose religious, spiritual, or nonreligious beliefs may be similar or different to your own?