

# Mental Health Practitioners’ Understanding and Experience of Spirituality and Religion: Implications for Practice

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Recent years have seen increased interest in the relationship between spirituality, religion and psychotherapy. Spirituality and religion may provide a lens through which to view one’s relationships and experiences and may be crucial during moments of crises and times of transition. A person’s use of religion and spirituality may be positively linked to her or his functioning and mental health. However, the opposite is also true since clients’ spiritual problems may underlie the issues or concerns that they bring to therapy. Consequently, dealing with spirituality and religion seems an unavoidable reality for the psychotherapist to the extent that some practitioners now regard providing spiritually sensitive therapy as an ethical obligation, particularly within a multicultural context. However, there is no consensus as to a definition of spirituality. Studies have shown that spirituality is a very individual phenomenon and that a person’s definition of spirituality is linked to his or her understanding and experience of life and religion and is further influenced by her or his cultural context. The implication is that this is true to each person in the therapeutic encounter: the psychotherapist and the client. This paper discusses the findings of a study in Malta where the spiritual dimension of psychotherapy was explored from the practitioner’s perspective. The focus is on the mental health practitioners’ understanding and experience of spirituality and religion and the resultant implications for practice.

**KEYWORDS** spirituality, spiritually-integrated psychotherapy, mental health practitioners, religion, spirituality and psychotherapy, Malta

## Introduction

The contested meaning of spirituality and its potentially troubled relationship with religion may have contributed to some resistance by mental health practitioners in

acknowledging the importance of assessing and addressing spirituality and/or religion in the therapeutic encounter (Aten and Leach 2009). However, a shift also seems to be happening such that providing spiritually-sensitive psychotherapy is now being considered by some as an ethical obligation, particularly within a multicultural context (Richards and Bergin 2005; Shafranske 2005). In this paper, I present the findings of a study I conducted with mental health practitioners that focused on the participants' understanding and experience of the spiritual dimension of counselling and psychotherapy. I discuss one of the main themes that emerged in the data, that is, the participants' differentiation of the concepts of spirituality and religion and the relationship of the latter to psychotherapy. I begin by describing the Maltese context in which the study took place.

### **A brief description of the Maltese context**

The Maltese Islands are a member of the European Union with Maltese being the national language. In the Islands' long and chequered history, religion has always played an important role in the social, political and cultural lives of the Maltese. Different religious influences, particularly Christianity and, later, Catholicism, have impacted upon Maltese life (Montebello 2009). This is still true today. The Maltese Constitution registers Roman Catholicism as the national religion with 91% of the population being Roman Catholic (United States Department of State 2012). However, Sunday Mass attendance<sup>1</sup> seems to be in decline (Discern 2006).

There are other developments that hint at changes in values and attitudes that reflect the diminishing influence of the Roman Catholic Church on the Maltese. Research carried out amongst Maltese university students notes that 25.4% of participants claimed to believe in God and embrace a Christian faith but did not 'believe in the Church' (Tabone and Zammit 2003: 14). Moreover, many participants did not adhere to the Church's institutional norms and key teachings on life issues. A recent study with Maltese youth who are active members of Catholic religious organizations (KDZ and Discern 2014) also highlights disenchantment with institutionalized aspects of religion (Psaila 2014). The study shows that 14% of the respondents who attend their religious group on a regular basis reported that they do not attend Sunday Mass (KDZ and Discern 2014). The potentially diminishing influence of the Roman Catholic Church and the rise of secularization seem to have been reflected in recent legislation that was passed in favour of divorce and gay civil unions. It is a context that is rapidly changing into a more secular society while simultaneously being strongly influenced by religion. It is within this milieu that mental health practitioners work and my study took place.

### **Methodology**

Since the focus of the study was on exploring, describing and explaining the phenomenon of spirituality and counselling and psychotherapy<sup>2</sup> from the

<sup>1</sup> Sunday Mass attendance is expected to be an obligatory practice for Roman Catholics.

<sup>2</sup> The term psychotherapy will be used throughout this paper to refer to both.

participants' perspective, a qualitative approach was used. A qualitative study 'attempts to make sense of, or interpret, phenomena in terms of the meanings people bring to them' (Denzin and Lincoln 2011: 3). This was considered important due to the often contested meaning of the concepts of spirituality and religion and the lack of agreement as to the spiritual dimension of psychotherapy. A qualitative approach was therefore appropriate since it captures the existence of multiple and complex realities.

Epistemologically, a broadly phenomenological approach was adopted since it allows for an in-depth understanding and experience of the participants' meaning and 'lived experience' (Creswell 2007: 57) of spirituality and its relationship to psychotherapy. Furthermore, the study aimed to understand the practitioners' perceptions of how spirituality is expressed and manifested in psychotherapy, identifying those factors that contribute to the spiritual dimension of psychotherapy. The phenomenological emphasis of the study was on 'obtaining detailed descriptions of experience as understood by those who have that experience in order to discern its essence' (Lyons and Coyle 2007: 15).

The research design needed to allow for a social constructivist process in data collection that parallels the lived experience of the participants of spirituality and religion (McSherry 2006). Therefore, while adopting a phenomenological approach reflecting the participant's lived experience, I also wanted to capture the process of 'social construction' in the way that the participants understood the phenomenon under study. Persons are both perceivers and constructors of reality: while making meaning of reality, they are also 'sense-makers' (Smith 2008: 15). Individual meanings are socially and historically negotiated and 'are formed through interaction with others (hence social constructivism) and through historical and cultural norms that operate in individuals' lives' (Creswell 2007: 21).

Consequently, the method that seemed most appropriate was that of focus groups since they allow for the interplay between what is personal and what is public and what is individually and socially constructed. Focus groups emphasize group interaction (social construction) that is facilitated by the researcher as a means of gathering data (Krueger 1998; Linhorst 2002; Morgan 1998). They allow for the clarification and discussion of concepts, particularly complex ones; are best suited to gathering in-depth information regarding beliefs, attitudes and values; and are appropriate for the discussion of sensitive topics (Barbour 2007). However, the use of focus groups is limited in terms of satisfactorily discussing an intricate, deep, sensitive and complex topic in a meaningful way, particularly when meaning and understanding are personal and/or contested. Furthermore, a focus group may not permit the creation of enough 'safety' and 'trust' in the group that allows for members to deviate from the norm in discussion. The process that was required in this study needed more time and a relatively more evolutionary quality than that which is normally achieved through the use of focus groups. I therefore designed a FOST group method that could potentially cater for and develop these processes (Psaila 2012).

The FOST group method is a blend of a focus group and a study group approach. The FOST group is established to take place over a span of time. The members meet

to discuss, reflect on and study a particular topic while also generating and gathering data on the subject. The researcher/moderator pays particular attention to group and process developments and dynamics occurring over the agreed time period. Individual reflection is encouraged both within the group session and between one session and another. Individual reflection is influenced by and influences group discussion as the members study the phenomenon being researched.

Consequently, a FOST group method of data collection was used that catered for, and encouraged the creation of, co-construction of meaning among the participants. It also facilitated the spiral process of intrapersonal reflection, interpersonal sharing, further reflection (including reflections from practice) and interaction. Through the use of purposive sampling, two FOST groups were formed, one with five participants and another with six. Participants all met the eligibility criteria which included having over two years' clinical practice with adults. The groups were made up of Maltese psychotherapists, and clinical and counselling psychologists.

The data were analysed thematically since thematic analysis was considered a flexible research tool that allowed for the organization and analysis of rich and complex data by the identification and analysis of patterns. I adopted a transcript-based analytic process where I attempted to capture the participants' experience by listening and watching the audio and visual recording of each session. During this process, I began to code the transcripts, noting and observing group dynamics and writing memos.<sup>3</sup> At this stage, each FOST group was coded separately so as to capture the impact of process on data collection and on the participants' meaning-making experience and perceptions. Cross-analysis of both groups followed. I used a mix of data-driven and concept-driven codes (Gibbs 2007). Following the coding process, themes were identified based on their prevalence 'in terms both of space within each data item and of prevalence across the entire set' (Braun and Clarke 2006: 82). A thematic framework or coding frame was then used to hierarchically organize the themes/codes.

Throughout the research process, ethical issues were considered. The research study did not require formal ethical approval since it did not fall under the criteria of the Open University (UK)<sup>4</sup> Ethics Triage Document which determines whether the researcher should submit the Proforma document. However, during the study, ethical principles such as confidentiality, the right to withdraw from the study, protection of the participants' vulnerability and informed consent were catered for and safeguarded.

## Results

### *Spirituality and religion*

Clarifying the concepts of 'spirituality' and 'religion' was important to the research participants as they developed their thoughts and differentiated the terms. It was also crucial as they explained, understood and described their experience and understanding of the spiritual dimension of psychotherapy. The participants'

<sup>3</sup> Memo writing was used as tool to enhance reflexivity and bracketing, thus remaining grounded in the data.

<sup>4</sup> The location of this PhD study.

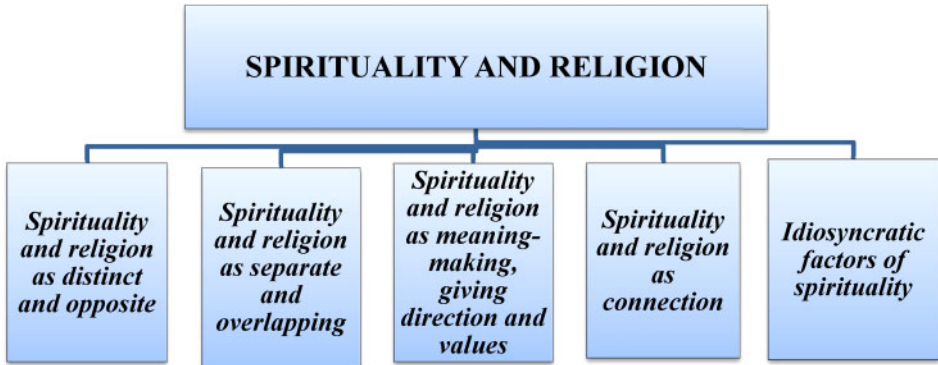


FIGURE 1 Understanding spirituality and religion (Psaila 2012: 132).

understanding of the concepts of spirituality and religion is categorized into the five themes illustrated in Figure 1.

For some participants, ‘spirituality’ and ‘religion’ were understood as clearly distinct and opposite while others viewed them this way, at least temporarily, at different parts of the process. When viewing a distinction between the two, they polarized the concepts at times, such that religion was described as involving practice rites, ceremonial, cultural, normative, devotional, ideological and an organizational framework for rituals, values and beliefs. Central to the concept of spirituality were the elements of ‘connection and relationship’, ‘meaning-making and purpose’ and ‘being’. In contrast to religion, spirituality was described as personal and not necessarily linked to religion. Religion was described using negative or unfavourable descriptors such as ‘rigid’, ‘confining’, ‘legalistic’, ‘imposing’ and ‘stunting growth’. Spirituality, was described more favourably as ‘motivational’, ‘directional’, ‘personal’, ‘unique’, ‘deep’, ‘transcendental’ and ‘comforting’. Furthermore, spirituality was perceived as encouraging growth and development, contrary to the perception of religion which was perceived to stifle a person’s psychological and spiritual growth.

Sometimes, the distinction between religion and spirituality did not remain so clear and participants recognized an overlap between the two. This was stronger for some than for others and was largely dependent upon personal experience. Some participants acknowledged a dialectic between the concepts, with both influencing one another. They explained how people’s spirituality could be influenced by their religion and how religion could inform spirituality. The overlap between spirituality and religion was also implied in the participants’ debate that oscillated from religion as having almost no relation to spirituality, and therefore being ‘hollow, shallow, constricting, rigid, habitual and legalistic’, to religion that could lead to spirituality. They claimed that one could have religion that was aspiritual and that one could be spiritual without being religious. At some point, though, the participants concluded that, in its true or pure form, religion cannot be aspiritual since at the basis of all religions is spirituality. One participant (Bridget) described religion without spirituality as ‘structure without the depth’.

The connection between religion and spirituality was also linked to the fact that all human beings are spiritual as they all seek meaning and connection. All humans have a spirit inside them and are a vessel for spirituality. Some participants explained that, since the need to connect and search for meaning is inherent in a person, religion is therefore a means of seeking universality in meaning and a common ground for beliefs and values while sharing in community and connecting: religion is thus a way of expressing one's spirituality in communion. However, others explained that attempting to satisfy individual spiritualities in communion seems impossible such that religion becomes constricting and cannot accommodate the uniqueness of individual spiritualities.

While meaning-making, values and connection were important in the participants' understanding of both spirituality and religion, the importance of these elements in relation to both differed. They seemed to be central elements of spirituality but less so for religion. Moreover, while religion and spirituality were important in providing *individual* meaning and purpose, for religion this was also true on a *community* level, with participants describing religion as *shared* meaning and purpose or direction. This was also true for the themes of 'connection' and 'relationship'. These were more central to the participants' understanding and experience of spirituality than of religion. According to the participants, with religion, the dimensions of 'connection' and 'relationship' are mainly to do with sharing of beliefs and practices, satisfying a sense of belonging and universality, and relating to God and others. On the other hand, they take on a more central role with regards to defining and expressing spirituality. In fact, the participants viewed 'spirituality as love, dedication, connection, being human — it is all about relationship' (Psaila 2012).

The themes described above have acknowledged the similarities, differences and interrelationship between 'spirituality' and 'religion'. However, other elements seemed to be important with regards to spirituality. The participants described spirituality as a concept that is difficult to capture and define for a number of reasons. It is very personal and unique and is a manifestation of one's being. Consequently, spirituality is pervasive as a person is spiritual just by 'being'. Moreover, while spirituality can be explicit and expressed religiously and through the creative arts, it can also be tacit and expressed through one's actions and decisions, the effort one makes to be present for the other, through loving others and having meaningful conversations and relationships.

Their definitions of the concepts of spirituality and religion influenced the participants as they described the spiritual dimension of psychotherapy.

### ***Spirituality, religion and psychotherapy***

Participants' understanding and experience of the relationship between spirituality, religion and psychotherapy is illustrated in Figure 2.

The inevitability of dealing with the spiritual dimension in psychotherapy was linked to the belief that all human beings are spiritual. Consequently, participants explained that therapists focus on the spiritual dimension of the client in the same way that they would focus on the client's cognitive or affective dimensions. Moreover, due to the fact that the participants consider spirituality to be mainly

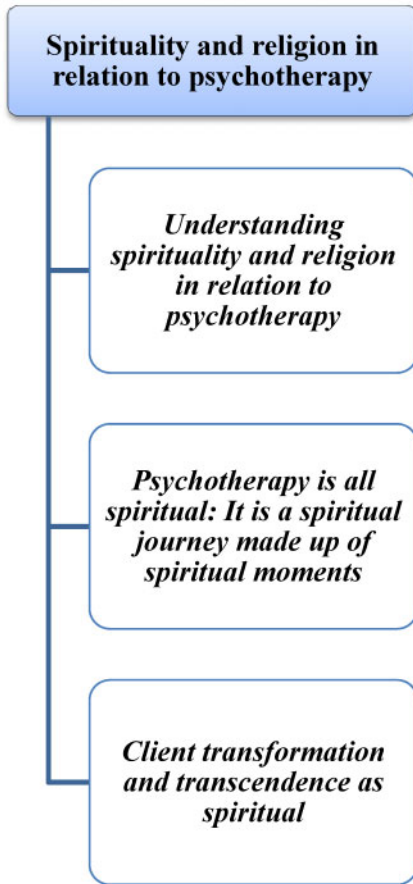


FIGURE 2 Understanding spirituality and religion in relation to psychotherapy.

about connection, meaning-making, being or experiencing, they considered spirituality to be explicit, tacit, and ever-present. This was also true for the way they viewed and experienced the spiritual dimension of psychotherapy. More specifically, the participants' perception and experience of the spiritual dimension of psychotherapy were mainly centred on the therapeutic relationship and the connection that is created between the therapist and the client. This involves the way the therapist *is* in therapy, focusing on her or his being; the meaning-making that occurs in therapy and the resultant change in the client; working on the client's religious and spiritual issues; and using both religion and spirituality as a resource. Consequently, within this framework, some of the participants viewed all psychotherapy to be spiritual. However, this was not true for religion.

There seemed to be a degree of caution experienced by some with regards to bringing religion into the therapy room. Participants explained that clients may present with issues that are religious in nature, such as dealing with guilt as a result of their religious beliefs and Satanism. Some issues may be of a transference nature — for example, a client asking 'Why does God not love me?' — such that there may be psychological issues with religious overtones or vice-versa. The

participants also discussed how they may help clients deal with religious introjections which would consequently help them to deepen their spirituality and become psychologically healthier.

***Psychotherapy is spiritual: It is a spiritual journey made up of spiritual moments***

Some of the participants began to equate spirituality and psychotherapy since both involve growth, a 'process of throwing light on the soul' (Jeremy), integrity and wholeness: 'it's all about becoming whole' (Maureen). Some claimed that psychotherapy is spiritual since therapy involves healing, meaning-making, relating and sharing. Others viewed spirituality as an overarching and inevitable theme in psychotherapy that is not shared by religion. They said that while they work spiritually with all clients, they do not necessarily work on religious issues with every client. Furthermore, Jeremy claimed that therapy is a spiritual experience for him whether the client considers it as such or not. Others agreed that providing therapy 'enlivens' and 'energizes' them and is healing for them too.

Most agreed that psychotherapy is primarily a spiritual journey made up of spiritual moments. The therapist accompanies the client on her or his life journey and then both separate to continue their individual journeys. Furthermore, the client needs to *experience* the therapist as sharing and accompanying him or her in the journey of discovery that might include exploration of struggles, with *both* searching for answers. By focusing on accompaniment and being a fellow explorer, it is the therapist's *way of being* that is important. Participants described spiritual moments as more intense ones. These were usually described in affective and relational terms and included mutual understanding, connection and meaning-making.

***Client transformation and transcendence as spiritual***

As discussed earlier, the participants understood that both spirituality and psychotherapy are transformative and can help or drive a person towards change and growth. They explained that in psychotherapy not all change is spiritual. However, Rachel clarified that in-depth psychotherapeutic work is spiritual since it involves change in the self that requires restructuring of the personality and finding new meaning. Participants also viewed increased self-awareness and self-knowledge leading to self-love as being spiritual. A degree of transcendence<sup>5</sup> and transformation was also present in other examples given by the participants of the spiritual dimension of psychotherapy. One example is the therapist helping a client to become free from the conditioning of religion so that they could go deeper into themselves to get in touch with, and develop, their authentic selves. As a consequence of this process, the client could deepen their spirituality after freeing themselves from the introjections imposed by their religion.

The view of psychotherapy and spirituality being centred on connection, meaning-making and 'being' led the participants to focus on the centrality of the

<sup>5</sup> The term may have different meanings. In transpersonal psychotherapy, transcendence involves the transcendence of ego boundaries and a resulting expansion of consciousness to the 'mystical' or 'actualized' self (Rowan 2005: 45).



therapeutic relationship as one that provides containment, love and intimacy. Moreover, it influenced the participants' view of the role of the therapist as being one of a person who is sharing and involved in the spiritual journey of life and of psychotherapy. The importance of 'being' in therapy was essential in this role. These findings have implications for practice.

## Discussion

Understanding the participants' conceptualization and experience of spirituality, religion and psychotherapy raises implications for psychotherapeutic practice including: a) the realization of the importance of the spiritual dimension of psychotherapy; b) the importance (or not) of spirituality and religion for both the therapist and the client and their understanding and experience of both; and c) further implications as a result of the latter two.

### *Spirituality and psychotherapy as inevitably linked?*

The participants understood that spirituality and psychotherapy are inevitably linked mainly because both share the following dimensions: meaning-making, connection and relationship, being, enlightenment, growth and transcendence. Pargament (2007) claims that spirituality cannot be separated from psychotherapy in the same way that spirituality cannot be differentiated from life since it is interwoven in everyday life. People make meaning out of their existence and perhaps more so in times of crisis and when facing difficulty. This is often when people seek professional help, including psychotherapy. Spirituality is what informs their world-view, which is shaped by and changes as the person interacts with her or his environment. It is often a question of making sense of what is happening to them on a number of levels: identity, relationships, spirituality and/or religion. Their meaning-making could be done through religiously inspired or spiritually inspired values and beliefs. Both spirituality and religion may be a source of internal strength and social support. At times, the therapists explained that this might mean helping the client to note the link between their psychological issues and their religious beliefs. Working through the client's religious beliefs such that they could then use their religion to support and strengthen them was seen as one of the therapeutic tasks with their clients. Attending to such spiritual matters may be essential to therapeutic progress (Richards and Bergin 2005).

The participants claimed that spirituality is one of the facets making up a human being such that one assesses this dimension and utilizes it as one would other facets of a client's personality. However, some mental health professionals are resistant to the idea of linking spirituality and religion to psychotherapy for a number of reasons including: historical tensions between psychology, psychotherapy and religion and/or spirituality; therapist's difficulty and lack of training in dealing with such issues; past training that minimizes or pathologizes spirituality in clients' lives; negative attitudes or bias towards religion; fear of imposing one's values and beliefs; and the idea that spirituality should be left to the clergy and other religious persons (Aten and Leach 2009; Lines 2006). The participants also seemed to

struggle with some of these issues even though they believe spirituality and psychotherapy to be essentially connected.

The therapists identified certain client concerns that more readily lend themselves to addressing the client's spiritual issues, such as: existential stuckness or questioning; bereavement; depression; trauma; addictions; sexuality; abuse; and rigidity of personality. This reflects studies that show a positive correlation between spirituality-integrated psychotherapy and a number of these issues (Delaney et al. 2009; Murray-Swank and Pargament 2005). Others, however, noted a potential negative relationship between spirituality/religion and a person's mental health and well-being (Exline 2002; Exline, Yali and Sanderson 2000). The participants also discussed how spirituality and religion could be part of the problem or issue needing to be worked on in the sessions.

Some spoke about dealing with religious issues when dealing with transference issues such as the client claiming that God does not love him or her and when trying to 'free' the client of religious introjections, especially as these may affect the way that clients process what is happening to them and may underlie some of their psychological problems. Some client questions may include: 'Is God punishing me?' or 'How could God love me since I carried out an abortion?' Others mentioned feelings of guilt, anxiety, anger and self-hatred that had roots in the client's religion, underlying certain psychological concerns. Lines (2006) claims that some clients may be unaware of the impact of their spiritual dilemmas on their social, cognitive and emotional struggles. Moreover, as Exline (2002) notes, 'religious strain' and 'religious rifts' could lead to depression and thoughts of suicide. Therapists need to be aware of this, especially when working with clients coming from a religious context (familial, community or society). The latter may be particularly prone to these issues due to a push-pull dynamic discussed below.

The findings suggest that the participants were more resistant and hesitant in bringing up and dealing with religious dilemmas and issues than spiritual ones. This was partly due to the fact that they viewed spirituality as part and parcel of psychotherapy; however, this was not true for religion. One of the reasons for the participants' resistance to dealing with religious issues is that, at times, being respectful of the client's religious beliefs and values provided a challenge to the participants' own values and beliefs. They spoke about a dilemma being created between being respectful and not imposing their own beliefs while being congruent. Another reason that they gave, and is reflected in the literature, is the therapist's negative attitudes and bias towards religion. This becomes evident in the therapist's potential countertransference<sup>6</sup> (Wiggins 2009). For example, when faced with a client's issues the therapist's own issues may be unconsciously triggered such that the therapist is blocked from responding appropriately to the client and may over-identify, pathologize, or minimize client concerns.

### ***The perception and experience of spirituality and religion***

During their discussions, the participants seemed to fluctuate between clearly distinguishing between the concepts of spirituality and religion and becoming

<sup>6</sup> The transference-countertransference relationship 'is the experience of unconscious wishes and fears transferred into the therapeutic partnership' (Clarkson 2001b: 265).

confused about the two notions. Others have noted that spirituality is difficult to define such that there exists no universal definition, it is beyond our comprehension and, while it is important to human beings, it remains vague (West 2004; Zinnbauer et al. 1997). Moreover, in discussing spirituality the participants seemed to echo the literature that refers to spirituality as a multidimensional construct (Dyson, Cobb and Forman 1997; Elkins et al. 1988). Participants also emphasized that spirituality has an effect on one's life and relationships, guides one's actions and decisions and drives persons to do good and be caring. These reflect the different dimensions of idealism, meaning and purpose in life, fruits of spirituality, 'awareness of the tragic' and 'mission in life' presented by Elkins et al. (1988: 10).

Participants emphasized that there is a transcendent dimension to spirituality and that, without transcendence, a person could have a spiritual life 'but there's something missing' (Alex). This was another factor that seemed particularly to distinguish religion from spirituality. The transcendent dimension<sup>7</sup> seemed to be paramount in religion while being important in spirituality. Once again, this may be the result of the close relationship that some of the participants perceived between religion and spirituality and the fact that, for some, their spirituality is religiously inspired. Finally, in their understanding of spirituality, the participants placed great emphasis on the transformative aspect of transcendence with regards to spirituality and on the importance of presence and 'being'. The latter were evident in the participants' considerations of the link between spirituality and psychotherapy.

Another factor that may lead to ambiguity in defining religion and spirituality is the cultural context and the complex love-hate relationship or push-pull dynamic that may be experienced by some persons with regards to their experience of religion. This may be particularly pertinent in the Maltese context, with regards to Catholicism and the Church, and people's experience of spirituality and religion. However, it may also be true in other societies, communities or families in which religion plays, or has played, an important role. For many in such contexts, one's experience of spirituality occurs within a religious context such that religion remains the person's reference point, whether directly or indirectly and whether one accepts or rejects this position. Being part of Maltese society and exploring their spirituality may mean that persons have to move away from Catholicism and/or the Catholic Church, with the implication that, paradoxically, it is still their reference point. It seems that the Catholic Church and religion are so interwoven in Maltese culture, history, politics and lives, both personally and socially, that being influenced by it is inevitable. Additionally, perhaps the distinction between religion and spirituality is 'easier' to make conceptually than to achieve experientially, particularly when one is immersed in a strong religious culture.

The polarization of the concepts of religion and spirituality and the resultant positive and negative appraisals seem to parallel the ambiguity experienced by the participants and the resultant push-pull dynamic. When describing religion as the antithesis to spirituality, the participants seemed to strip the concept of anything

<sup>7</sup>The participants meant 'beyond self'; this usually involved a Higher Being or God.

existential and human such as meaning-making, values, transcendence and belonging and relate it to an institution, norms and ritual. This is also reflected in studies where religion and spirituality are polarized (Sperry and Shafranske 2005; Zinnbauer et al. 1997). The oppositional differentiation coincided with negative evaluations of religion and positive appraisals of spirituality. Additionally, the participants seemed to oscillate between feeling positive about spirituality and religion and experiencing feelings of frustration as they tried to grapple with the concept of spirituality. They also experienced irritation, disappointment and disapproval in their considerations about religion.

This differentiation and appraisal may be linked to the participants' disenchantment and frustration with the institutional aspects of religion. Consequently, one way of dealing with the possible ensuing intrapersonal conflict to which such emotions may give rise is to split psychologically the spiritual elements from the institutional features of religion such as religious practices and dogma. Through this process, a person may 'reject' the organizational elements of religion while maintaining the elements that provide meaning-making and values that influence their world-view, decisions and lifestyle. This may be why people describe themselves as spiritual while not religious and maintain religious beliefs such as believing in God while rejecting religion. However, due to the perceived overlap between spirituality and religion and also because religion is often part of a person's culture, this distinction is not clear-cut. Consequently, ambiguity may arise both at conceptual and affective levels.

For some people, the relationship between religion and spirituality may cause confusion, anxiety and conflict whether they take one polarized position or the other. The process of taking a position may itself create anxiety and confusion that may lead individuals to present themselves in the therapy room. Others may experience the relationship in a calm, integrative manner such that they perceive an overlap and interrelationship between religion and spirituality. It may lead to them experiencing 'religious spirituality' (Swinton 2001). Some may experience a firm and tranquil distinction between religion and spirituality and may consider themselves spiritual but not religious or having a 'nonreligious spirituality' (Swinton 2001). Furthermore, these different reactions may be true for both the therapist and the client. This has other implications for practice.

First, a match between the therapist's and client's definition and experience of spirituality and religion may lead to shared reactions, emotions and understanding. This could strengthen the therapeutic relationship and provide a 'common language' (both literally and metaphorically) with which to communicate. On the other hand, it may create psychological collusion. Moreover, a mismatch can prove to be challenging for both. Whether mismatched or not, such situations may give rise to certain countertransference reactions in the therapist that he or she would need to deal with in supervision and/or her or his own therapy. This would ensure that the therapist would be in a position to provide a therapeutic encounter that is respectful of the client and her or his values, beliefs and spiritual and/or religious needs. At times, the therapist may need to deal with the 'push-pull of religion' either in themselves, their clients, or both.

That the experience of both religion and spirituality may elicit strong emotions was also evident during the FOST process and reflects the unique and personal nature of the topic of spirituality and religion. Due to the difference in perception and experience of spirituality and religion and the relationship of the latter to one's culture and identity, understanding the meaning of both for oneself as a therapist and for the client becomes essential. These issues will inevitably be present in the therapy room because they are part of one's cultural identity. Furthermore, the fact that spirituality may be central in people's lives, and possibly religion too, may indicate that leaving these out of the therapy room would omit a very important dimension in a person's life. It would seem that, in certain cases, it may be a question of making the invisible, visible. Moreover, as indicated in the literature (Knox et al. 2005; Sperry 2001; Post and Wade 2009; West 2002) and also in this study, clients may want to speak about such matters but may be awaiting a 'signal' from the therapist to do so. It therefore becomes critical that therapists switch on their 'spiritual radar' (Pargament 2007: 25) and demonstrate acceptance, respect and a nonjudgmental attitude. In order to do so, it is important that the therapist is self-aware so as to avoid countertransference and offer a respectful and therapeutic encounter to the client.

In a context that is very religious and where one's community and family are important, moving away from one's religion so as to experience or be open to other religions or forms of spirituality may be challenging. Consequently, it may lead to certain psychological difficulties such as increased anxiety, low self-esteem, confused identity, rebellion, anger, loneliness and so on, which may become manifest in the therapy room. Furthermore, this matter may be present either directly as part of the presenting problem or indirectly and subtly, as underlying other issues or concerns.

## Conclusions

The findings of this study suggest that therapists may need to be aware that spirituality in psychotherapy is a double-edged sword. Both spirituality and religion can be very useful resources but they may also underlie the client's psychological problems. This can be more evident for a client or therapist with a religious background because of the potential interrelationship between it and spirituality. Due to the 'push-pull' element that could be experienced by clients (and therapists), particular attention needs to be given to 'religious strain' as explained by Exline, Yali and Sanderson (2000). This may be evident in the clients either subtly, for example, when existential questions or a crisis in faith underlie certain depressive symptoms, or more overtly. An example is the anxiety experienced by clients in taking a decision that may go against their religion. Furthermore, apart from experiencing this strain intrapersonally, such tension could be experienced in the client's relationships.

Religious strain may also be experienced by therapists. This can give rise to the therapist experiencing countertransference reactions. Furthermore, when working with their client's spirituality and/or religion, some clinicians may experience strain. This may be experienced either personally — for example, a crisis of faith as

a result of questioning religious dogma — or professionally. The professional tension may be experienced intrapersonally; for example, the clinician experiencing guilt or anxiety. She or he could also experience the strain interpersonally with the client, such as having difficulty in accepting the client.

In conclusion, the spiritual dimension of psychotherapy is one that cannot be ignored as it may be important to the client, to the therapist, or both. It may be argued that it is a therapist's ethical obligation, particularly within a multicultural context. However, attention needs to be paid to the mental health professional being aware of her or his understanding and experience of spirituality and religion and how this may affect practice. Supervision and training may be crucial in this process and in helping psychotherapists develop definitions of spirituality and religion that are not categorical and/or dichotomous. Polarizing the concepts may hinder therapeutic effectiveness and, in certain instances, may lead to clients being viewed negatively.

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