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An Exploration of Therapists' Experiences of Spirituality Within Therapeutic Practice

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Structure of Presentation

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- Why This Research Subject?
- Literature Review
- Aims Of The Study
- Method
- Findings
- Discussion
- Conclusion
- References

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Definitions of religion and spirituality (R/S)

Religion: "an organised system of beliefs, practices, rituals and .. symbols" with specific functions in facilitating closeness to the transcendent… a God or… higher power" (Koenig, 2012, p.2).

Spirituality: is concerned with connection to "the Self, the Sacred and the Senses" (Ross, 2016, p. 322). "It is rooted in unique embodied human experiences, connection to other people, nature and the universe outside of ordinary consciousness. It is concerned with purpose, meaning and altruism in addition to engaging with the sufferings of life (West, 2011, p.16).

Why This Research Subject?

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- A personal and professional experience of R/S within therapeutic practice.
- Curiousity around other therapists' experiences of R/S issues in practice and how they engage with R/S in practice.
- Whilst there is a growing body of research in this area globally, there is a gap in the Irish literature.

Literature Review

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- Research suggests that clients with R/S beliefs and practices enjoy better mental health and reduced levels of psychological distress, preferring therapists to raise R/S (Dimmick, 2022; Koenig, 2007; Rosmarin et al, 2013; Sulmasy, 2002; Williams & Sternthal, 2007).
- From Freud's position of 'mass neurosis' to wider acceptance and a general proliferation within the therapeutic community (Bryant-Davis & Wong, 2013; Novak, 2016; Richards & Bergin, 2005).
- Reluctance to raise this issue, waiting for the client to bring it up (Post & Wade, 2014; Oxhandler & Giardina, 2017).
- Therapists own beliefs, values, theoretical orientations, comfort levels and familiarity with R/S issues, determine whether and the extent to which they may integrate R/S into therapy (Crossley & Slater, 2005; Rosmarin et al., 2013).
- Reasons for reluctance and avoiding R/S include therapist discomfort, fear of offending, unfamiliarity with topic, lack of training, incompetence (including under or over pathologising of R/S issues), and ethical issues (Plumb, 2011; Koenig et al., 1996; Zenkert et al., 2013).
- Ethical and practice concerns such as bias, countertransference and proselytization exist, particularly where therapist training and proficiency in R/S is lacking (Oxhandler & Parrish, 2018; Plumb, 2011; Zenkert et al., 2013).

Aims of the study

1. To gain an understanding of therapists' experiences of R/S within therapy.

2. To explore therapists' experiences of engaging with R/S discussions, disclosures and/or interventions in the therapy room.

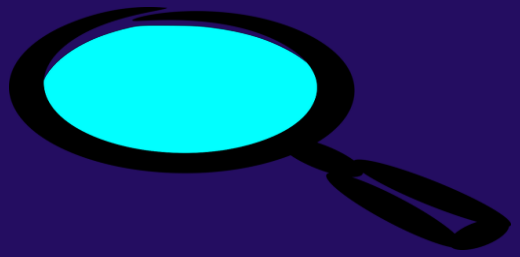
3. To give a voice to therapists' experience of engaging with R/S in therapeutic practice.

4. To add to the existing body of knowledge around the prevalence of R/S in therapeutic practice.

Methodology

- Qualitative Research.
- Participant recruitment- purposive sampling via advertisement and a subsequent snowballing effect were utilised.
- Semi-structured Interviews with four female qualified Psychotherapists in current practice (McLeod, 2013).
- Interpretative Phenomenological Analysis (IPA) approach (Smith, Flowers, & Larkin, 2009).
- Ethical considerations- Informed consent, confidentiality and anonymity.

Findings



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Five Main Themes Identified:

1. Understandings of R/S
2. In-session discussions and practices of R/S
3. Challenges of integrating R/S into therapy
4. Benefits of integrating R/S into therapy
5. The importance of supervision

Findings 1: Understandings of R/S

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Variances in R/S definitions and understandings.

"I am deeply spiritual…and Christian…that would be what for me is Christianity." BL

"I would consider myself more spiritual.. but most definitely not an organized religion…I don't necessarily believe in it.." EN

"it's.. something God and not maybe not of that name.", DM

Lack of a Shared Language on R/S

"I don't even know what IT is, to be honest.. I don't even know the proper words." AK

Lack of Training and CPD In R/S

Training varied from "nothing", AK, "some", DM, "touched off", EN to "I found ..training ..I wanted to know more." BL

"I was annoyed when I realized there's nothing spiritual in it at all. And there's no spiritual developmental theory, well maybe there is ..I was just thinking to myself, why doesn't that come into my training anywhere?." AK

"I don't know much about X…so I might google what that means…" AK

Findings 2: In-session Discussions and Practices of R/S

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Bringing R/S into the Therapy Room

- **Prevalence:**
- *"rarely, doesn't come up that much."* DM
- *"I've had an odd client."* EN,
- "*Lots*" of experience of R/S in practice, AK & BL.

- **Reasons it comes up?**
- Bereavement, loss, grief, abuse, existential issues, life and cultural milestones, crisis of faith, anomalous/unexplained phenomena.

- **Who brings it up?**
- *"Always them…no, I would never bring IT up first.."* AK
- All participants wait for client to raise the issue.

Influence of own Beliefs and Experiences on Integration of R/S

- *"I don't see the value in organized religion….does that mean my room doesn't get religion?... it hasn't happened to me yet….that I have to explain.. that organized religion isn't A, B, or C, and, you know, it doesn't have a place here…" EN.*

- More comfortable working with R/S issues they can "*relate*" to, EN and "*understand*", DM.

- *"I think if she got another therapist, they might have her down as psychotic or a mental illness or something.. but I'm like, no, no….Let's work with this.." AK.*

Findings 3:
Challenges of Integrating R/S into Therapy

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Opposing Beliefs and Backgrounds

- *"It can be quite difficult…awkward….",* BL.
- *"Yeah, yeah, I think, I think I'm scared. That's a fear…",* AK.
- *"If I'm being really honest, I mean, I would be a little bit uncomfortable around it all…I would find that hard.." ,* EN.

Fear of Influencing the Client

- *"I'm not sure how you would bring it in, because that's kind of like bringing your own agenda..", DM.*
- *" I'd be very mindful that if I did bring it up, or if I mentioned what my leanings were, could it influence the client?…. I know I have particularly strong views..",*.EN.

Fear of Being Judged Negatively or Misunderstood

- "Honestly… I'd be fearful they might not come back if they don't think I'm religious", EN.
- "I think I have a fear……she's fucking mad you're not going to her anymore…she's crazy", AK.
- "It's difficult…I think Christianity can be quite judged...", BL.

Lack of Value Placed on R/S Discourse

- "..It's the value maybe we place on it? Maybe in our society, there isn't enough value placed on working spiritually..", AK.
- "..because I don't see the value in organized religion….. to me, spirituality would have a much bigger place in a counselling room..", EN.

Findings 4: Benefits of Integrating R/S into Therapy

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Therapeutic Alliance and Outcomes

- *"his life changed…. he became so confident, he became active…he came out of his shell, he started talking to people, to socialize again.. he just got better"*, BL.
- Clients who are *"not in touch with their spirituality or any beliefs" appeared to experience more "pain … suicide increase, self-harm increases..", AK.*
- *"it deepens that connection …someone ..understanding them ..meets them at that level.. they stayed a long time with me", BL.*

Integration of R/S Beliefs and Practices

- **Where R/S beliefs were aligned or familiar, respondents reported an openness and comfortableness to integrate R/S.**
- *"I love it when they mention spirituality, because then you can talk about the purpose or the lessons we're getting in life. .I feel that's missing..", AK.*
- **More caution and hesitancy was expressed when respondents were not familiar or aligned with the client's R/S.**
- *"well.. we'd have to talk about it…I'd have to know the purpose of it..I'd need to be comfortable with it…", DM.*

Findings 5: The Importance of Supervision

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"I had one supervisor, and she, she was a practicing X, and was very helpful… And then I had another supervisor who had nothing spiritual at all. And I felt that was hard…. I needed somebody else who would be spiritually also because I needed my all sides to be looked after and nurtured….I couldn't wait to change". BL

"She just gives me one or two techniques, I'm like, bringing them into each session, like confident to do them then. I believe, I believe in her, in what she shares, I believe in it….this is how I learn." AK

"I would have brought it to supervision….. how that could impact a client or.. what could I do…and then want did I need as well, equally, so my own self-care, around it, you know. And then, looking at why my views are so strong…", DN

"My supervisor is amazing, and she will help me … I can just bring this stuff to her and she gets it so it's okay", AK

Discussion

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- Therapists do not raise R/S, they wait for clients to bring it up.
- Therapists' personal beliefs, backgrounds, values, training and fears influence whether and the degree to which R/S features in therapy.
- Therapists are more comfortable and likely to engage with similar and familiar R/S discourse and practices.
- Training and CPD are adhoc and insufficient and may increase the risk of unethical practices.
- Supervision spaces to discuss R/S issues is very important to therapists.

Conclusion

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- **Adequate training and CPD in R/S is required to support therapists working in this area.**
- **Incorporating R/S into practice yields positive outcomes for clients and the therapeutic alliance when done so appropriately and ethically.**
- **Supervision is essential in supporting therapists to explore the complex issues and ethical considerations that surround R/S in practice, including the potential for therapist bias, countertransference and under or over pathologising of R/S issues.**
- **Strengths: nuanced snapshot of Irish based practicing therapists' experiences of R/S, for which where there is a gap in literature.**
- **Limitations: generalizability difficult, small sample size, all female.**
- **Implications for further research: future research could explore the effects of increased training and CPD on therapist's competency and confidence in this area.**
- **Implications for Practice: routine exploration of R/S preferences at initial assessment stage and regularly exploration of biases and blind spots in supervision.**

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