Soul Secrets in Plain Sight: Attuning to the Task Within the Task, in Psychology's Dance with the Sacred

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Introduction to the Portfolio:

Soul Secrets in Plain Sight, Attuning to the Task Within the Task, in Psychology's Dance with the Sacred

This portfolio commences with an empirical research study that aims to understand the process of how psychological counsellors perceive and manage the impact that clients' religious beliefs have on them. A case study is presented next, working with a client who was referred by a secondary care service for traumatic stress therapy. Moving towards, a wider circulation of the research findings, connected to the thesis is a publishable paper that will, hopefully, be submitted to the *Psychotherapy Research* journal.

When I started my training as a counselling psychologist, I was aware of a passionate interest lying close to my heart that entailed learning more about how to integrate religion and spirituality into therapeutic practice. Throughout this very rigorous, but rewarding training journey I have had the opportunity to immerse myself in numerous areas of interest, yet I have always sensed a magnetic pull back towards the research and therapeutic practice of working with religious issues. However, within my training placements I became very conscious of two parts of myself that were not connecting: the believer and follower of Christ and my emerging professional identity as a counselling psychologist. The religious believer part of myself, seemed to be barred from mixing with my new professional role. As a novice psychologist-in-training I preferred not to venture away from the secular norms and expectations embedded in my work place, out of a fear of possible repercussions of engaging with clients' religious material and this action being misconstrued. So, the believer part that has much to contribute to my clinical work has always been dumbed down and silenced, due to my underlying insecurities of how to combine the two. I began to ponder and reflect on the reason for this and, also, the meaning of this deep divide, which, at times has been a source of great frustration as I get caught up in a vortex of tangled and competing ideas about how to personally respond in this area of clinical practice.

We all search for meaning outside of ourselves in order to survive emotionally and psychologically; we all share the experience of wrestling with inexplicable and painful suffering in our lives and disturbing uncertainties that bring us to gnawing realizations at the edge of our awareness that we are not completely in control. We are all inseparably linked through every aspect of our humanity, the physical, psychological,

social and also the spiritual; it helps us cope with our individual limitations and that we are not at the centre of the universe and, also, to work through life's inevitable unanswerable questions. Practising a faith or spirituality is part of most cultures and helps people feel like they belong. Having lived in two different countries, my religion and spirituality was the one unifying thread of continuity that helped me connect with others and feel more settled. Being raised in the Christian religious tradition was an important part of our family culture and has always been at the centre of who I am.

In my view, the practise of religion and spirituality can either be used adaptively, leading to positive consequences for self and others and in this case, could be an indicator of psychological well-being. However, it can, also, be an indicator of stress and psychological instability and can, equally, have a profound negative impact on these aspects of self as well. Therefore, selecting a research topic was not too difficult. Following my psychology graduate diploma research looking at forgiveness and perfectionism in a Christian population, it occurred to me how integrally connected psychology and religion and spirituality are and that attaining emotional and spiritual wellness essentially involves exploring both these aspects of oneself. In selecting a research topic, I was conscious of the importance of identifying something that would hold my attention over an extended period of time, as recommended by Corbin and Strauss (2015).

My interest, in this subject area, has, also, further been fuelled by my own personal experience of coming up against human frailties within a church context that left an indelible imprint on my soul. This was worsened by not being able to access suitably trained counsellors. In recent times, the cry for trained practitioners within a clerical setting has reached my ears on numerous occasions via friends and family members. It is very heartening that these religious folk are beginning to see the relationship between the practise of religion and spirituality and their emotional health.

Since starting out on this research path, there has been a budding interest in certain Christian churches and non-government organisations regarding mental health issues. An openness towards the intersection of religion, theology and psychology is being encouraged by leaders and church members are feeling more comfortable about coming forward and identifying themselves as struggling with low mood and worry, admitting that they find it difficult to cope with only relying on spiritual resources. It is probable that every person experiences a type of psychological and spiritual crisis at some stage in their lives. For this reason, it is important that the

stigma around mental health difficulties is tackled within religious settings. However, the reverse of this is also applicable, in that, secular mental health services must also attempt to monitor help-seeking accessibility for religious clients, as well.

During my training as a Counselling Psychologist, I have not specifically looked for clinical placements in religious settings that would allow me to work with members of those establishments. This is firstly, because of the inherent difficulty in finding a suitable placement that would meet the course requirements. Secondly, I have carried a firm conviction that it would be better for me to get the foundational basics of mainstream therapeutic modalities solidly in place, before attempting to integrate my theological and psychological perspectives on human behaviour and distress. Notwithstanding this, my interest in combining psychology and religion in my client work has led me to a professional body of religious psychologists that focuses on this area of clinical practice. I have been able to attend thought-provoking seminars and discussions on a wide range of topics, which have been influential in my professional development and understanding of how to integrate psychology and religion.

My research experience has held many moments of intensity mixed with satisfaction and relief as I passed by another research milestone. It has been a very foggy path filled with much uncertainty, at times, and I must admit to feeling quite overwhelmed when I started out. Although a long and difficult road, eventually the process got easier and, at more regular intervals, I began to see a little further, on the path ahead, as I became more acquainted with looking through my methodological lenses. It was only after months of feeling my way blindly along this path, that I began to see the "method in the madness", of slow, but consistent and methodical coding and memo-ing that had kept me "on track" while trying to capture the essence of diverse realities. I realized that there is no other way to perceive reality through the veil of ambiguity but by treading slowly and carefully. This thesis tries to hold the creative tensions in its strands, of both/and, as opposed to either/or thinking that is easily resorted to when engaging with transcendent elements in religious and spiritual topics which have the potential to reach into the unknowable spaces within ourselves and the world at large. The thesis mirrors my keen interest and exploration of psychological counsellors' awareness of the impact of a client's religious issues on them; and also my own progression as a Counselling Psychologist. Being trained to work reflexively in the use of evidence-based models as a scientist-practitioner, the thesis with its emphasis on practitioner reflexivity, has given me an ongoing opportunity to hone this crucial

aspect of competent and ethical practice. I hope that it, also, reflects my observance of methodological accuracy.

Overarching Rationale for Portfolio

In trying to make meaning of suffering and chaos in their lives, some people develop the ability to notice and experience the numinous, the felt presence of deity and divinity. The God image within themselves is greater than the personal self and describing this experience often approaches the unspeakable because of its inherent paradoxical nature – it is simultaneously both at the centre and on the edge of their awareness.

Such experiences can leave a lasting effect on how people understand themselves, their beliefs, behaviours and goals for life. It is, therefore, imperative that their effects are not ignored in psychology's quest to fathom the human mind because at a theoretical level it is not possible to completely understand something and what lies beyond it, unless psychologists have a grasp on what that something is (Wellings & McCormick, 2000). Practically, the relationship between the personal self (ego) and the transpersonal must also be understood, if psychologists are to work with both these aspects of human experience. I agree with Wellings and McCormick that the "celebration of difference and even discord" about how to work with the transpersonal in psychological therapy, including religion and spirituality, creates an honest starting point from which, although inclusive of paradox, something heartfelt and interesting can emerge.

Misattunement, Reflexivity and Watchfulness

A psychological therapist has been approved by their training institution as competent to share deeply in another person's psychic experience. This craft is an interesting blend of art and science, which relies more upon the nature of the therapist/person than other professions. It is crucial for therapists to appropriately handle the authority and power vested in them, otherwise the therapist can easily be swayed by their clients. Abuse of this power could manifest in an over-alignment to a particular model or technique projecting the idea that therapists know it all. If practitioners are not mindfully self-aware, engaging in self-questioning (reflexive) conversation with themselves and others, they run the risk of easily succumbing to clients' projections.

By drawing clients into the powerful web of their own needs, practitioners can compound clients' difficulties. It is the antithesis of therapeutic relating, where the function of the therapeutic relationship is to help clients to embrace their own individuality.

Jung reminds us that the ego defends feelings of insecurity by repressing them into the shadow (Hyde & McGuiness, 1992). This would apply equally to therapist and client. To avoid a regressive defence of returning to the familiar when feeling fearful, counsellors could usefully use the practice of mindfulness, meditation and contemplation to catch sight of an inflated persona and respond to clients in a more appropriate way (Post & Wade, 2007). Allowing the client to glimpse a transpersonal state beneath their self-representations and encourage their unique approach to religion and spirituality to unfold would be a more therapeutic stance. Wellings and McCormick (2000:6) observe: "Power can also be used positively, but it is usually the kind of power that emerges from true compassion and is related to the power of mindfulness, clarity and love. Such love is not to do with attachment but to the process of separation in order for there to be a coming together."

I feel honoured to have interacted with some experienced and skilful clinicians, on this path and very much appreciate their willingness to honestly share some of their experiences and challenges, in this area of their practice. Transcendental unknowability and human vulnerability go hand in hand and is one of the uniquely coloured wrappers around this thesis. I am very grateful for what I have learnt through hearing about these practitioners' experiences.

My opinion is that watchfulness attaches, via transpersonal attunement and practitioner reflexivity, through the dynamics of psychotherapeutic process, to the formation of the therapeutic relationship. I chose these concepts as the collective overarching theme to reflect how the therapeutic relationship is the therapist and client's collaborative search for essence, and the emergence of their mutual symbolic expression. Martin (2011) movingly argues that disguised behind professional coverings, are our practitioner wounds and human frailties and that we could forfeit access to the farthest places of compassion within ourselves, if we are uncoupled from the touchstones of our own experiences. Reflecting on my choice of topic for this research and the resulting need to hold what Breen (2007) labels an insider/outsider presence in relation to the research subject, I suppose I set out from

my own recognisable touchstone of experiences heading in the direction of others unknown realities.

Compiling this portfolio has significantly strengthened my desire to work within the field of religion, spirituality and psychology. I look forward to developing my practice and being more "hands-on" in integrating religion and spirituality into my clinical practice and to continue being mindful of how this impacts me and transfers back to my clients. I hope to get involved with mental health discussions and initiatives in my local church and offer my assistance as a psychologist. I will also try to continue with research in this fast expanding field, as I think its importance in clinical settings is frequently overlooked. The portfolio, also, signifies the end of this part of my professional training, which has required some big "leaps of faith" for me. I recall wondering at the start if I would ever find my way to the end of this windy road. As I approach the final bend, looking back, I catch a glimpse of two sets of dusty foot tracks on the path, sensing that perhaps I was never on my own after all and I realize that sometimes soul secrets are in plain sight, if we stop to look for them. Perceiving this encourages me to eagerly take the next steps of faith in my future career as a psychologist.

Section A: Doctoral Research

This section consists of the Doctoral Research entitled, "Developing Discerning Awareness when Working with Clients' Religious Beliefs: A Grounded Theory Study on Psychological Counsellors' Accounts".

The research attempted to develop a theory of psychological counsellors' reflexivity, focusing on the way practitioners manage their responses when working with religious material, using grounded theory. Thirteen semi-structured interviews were conducted from a collected sample of counselling and clinical psychologists, a counsellor and a psychotherapist who had some experience of working with clients' religious issues, in order to further understanding of the process of practitioner reflexivity. The data was analysed using a critical-realist constructivist grounded theory and following analysis, an emergent theory of practitioner reflexivity was formed and is presented. The findings of the research are discussed in the light of extant theories and literature. Finally, implications and recommendations for Counselling Psychology practice and research are given.

Section B: Client Case Study

In this section a clinical case study is presented of work with a client who was referred by an NHS secondary care service to therapy because of severe distress caused by the psychological effects from a traumatic incident. The case study summarises the course of intensive treatment therapy between the client, myself and my supervisor over the course of 1 week and of our work using Trauma-focussed Cognitive Behavioural Therapy (TF-CBT). This piece of work took place in an NHS psychology service for complex post-traumatic stress and aims to illustrate the usefulness in using TF-CBT when working with the multi-layered presenting problems in psychological trauma. A formulation of the presenting problem is given together with a comprehensive account of our work and, also, my reflexive practice.

This case was selected because it was a new therapeutic modality to learn, alongside the additional challenge of conducting a joint piece of work with my supervisor, at the start of my placement, over an intensive period of one week. Being regularly asked to reflect on my interactions with the client, after each therapy session it also provided many opportunities for reflexive practice and to face some of my own vulnerabilities embedded within performance anxiety. This allowed me to combine my research interest with my therapeutic practice, such as allowing myself not to know and letting the client's response draw me into a deeper level of communication. Learning to develop the capacity to leave oneself on one side, but also bring oneself into the room when appropriate, is a generic ability to cultivate as a therapist whether working with transpersonal phenomena or not. It is, also, one of the key themes in my research study. It shows the value I attach to collaborative client engagement and in the context of reflexivity highlights the dynamics of parallel process within the supervisory relationship. This piece of client work demonstrates the adaptive influence on the client emanating from a strongly attuned therapeutic relationship and presents key features of my development as a psychologist. Notwithstanding this, a glaring gap in therapeutic practice exists. Several research papers report evidence of the importance traumatized individuals attach to religion/spirituality as a means for healing and overcoming their distress (Zenkert, Brabender, Slater, 2014; Vis & Boynton, 2008). This aspect was overlooked when working with the client and it has furthered my understanding of practitioner reflexivity and it being a vehicle for fine-tuning therapist-client interactions. Although, historically, less attention has been given, to the interpersonal processes that exist between client and therapist and practitioner reflexivity, within CBT, more recent research is beginning to address this

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gap in CBT practice (see Bennett-Levy, Lee, Travers & Hamernik, 2003). This is discussed further in the client case study section.

Section C: Publishable Paper

In this section an article on the thesis is presented with a view to being published in a peer-reviewed journal *Psychotherapy* and has been formatted accordingly in line with the journal's guidelines. The categories within the thesis are presented: Category 1: Attunement: *Seeing What Is Heard*; Category 2: Boundaried Distancing: *Seeing But Not Perceiving*; Category 3: Impasse Distancing: *Hearing But Not Seeing*; Category 4: *Closing the Gap in Understanding and Working Through Dilemmas to Attunement*; alongside the core category of *'Spanning the Gulf in 'Doing' and 'Being', Self-reflection as Integral to Therapists' Responses.'*

The journal has been chosen because of its relevance and audience reach in the field of psychotherapy research, religion, spirituality and mental health issues.

The journal places emphasis on publishing original research on all aspects of psychotherapy, including its outcomes, its processes, education of practitioners, and delivery of services. It is committed to promoting international communication by addressing an international, interdisciplinary audience and the dissemination of this paper in this particular journal would mean that the findings could be viewed by practitioners from multi-disciplinary fields such as Clinical and Counselling Psychologists, Psychotherapists, Psychiatrists and Social Workers, who all share a common interest in factors that influence psychotherapeutic processes such as, religion, spirituality and psychology. The purpose of the article is to present the emergent theory of practitioner reflexivity and attunement, in the context of working with religious material, to encourage further discussion and reflection on this aspect of clinical practice. Ultimately, I hope that published findings would offer a deeper insight into how psychological counsellors perceive and manage their own reactions when engaging with clients religious beliefs; and can provide practitioners with a few clearly-marked signposts for further consideration.

Summary

This portfolio presents an empirical and clinical case of practitioner reflexivity, when encountering clients' religious issues, with the aim of highlighting the submerged processes flowing deep beneath this area of clinical practice. It sets out to take

the reader through contemporary literature on multicultural competence incorporating religion and spirituality and practitioner self-awareness, a grounded

theory study of psychological counsellors awareness and reactions to a client's religious beliefs and finally, a clinical case study of reflections on possible missed interventions stemming from practitioner lack of awareness, leading to gaps in clinical practice, regarding religion and spirituality. I hope the reader will gain a fresh awareness of the significance of practitioner reflexivity in this context, its antecedents and consequences, followed by suggestions for training institutions to consider. Throughout the portfolio runs a theme of polemic tension surrounding religion and spirituality and how this impacts the process of practitioner reflexivity. I hope this brings the reader a renewed understanding of how intrapersonal beliefs and interpersonal dynamics can either facilitate or hamper practitioners' complete and whole-hearted engagement with clients' religious material.

SECTION A: DOCTORAL RESEARCH

Developing Discerning Awareness When Working with Clients' Religious Beliefs: A Grounded Theory Study of Psychological Counsellors' Accounts

Lynelle Roberts

Supervised by Dr Don Rawson and Dr Fran Smith

Abstract

The incorporation of religion and spirituality in psychotherapy has been a long-standing debate. Using in-depth qualitative interviews, this study aimed to explore psychological counsellors' experiences of how they respond to clients' religious and spiritual issues and the process by which they manage these responses. Researchers have mostly focussed on what psychological practitioners *do* to work with their client's religious beliefs, but not on how psychological practitioners interpret their own therapeutic responses and how the meaning they attribute to these interpretations affects the process of managing their own responses. Grounded theory was used to analyse data from thirteen practicing psychological counsellors, in the UK, with varying religious and spiritual affiliations and an average of 15 practice years. Four main categories emerged from the data: Attunement, Seeing What Is Heard; Boundaried Distancing, Seeing But Not Perceiving; Impasse Distancing, Hearing But Not Seeing; Closing the Gap in Understanding and Working Through Dilemmas To Attunement. One core category surrounded all of the categories: Spanning the Gulf Between 'Doing' and 'Being', Self-reflection as Integral to Therapists' Responses. The complex categories related to one another in a way that demonstrated how working with clients who have a similar outlook on religion to themselves, or not, existential questions can emerge which can disrupt beliefs previously accepted by the practitioner. When reflective and attuned, practitioners are motivated to 'be' with their clients and sometimes have to acknowledge their own inabilities and limitations. Some practitioners working with clients religious beliefs readily grappled with their own existential uncertainty, using their own experiences as a means to deepen their therapeutic contact with their client and cultivating an openness to the ineffable. Distancing strategies, such as "bracketing" were also, implicitly used, often unrecognized because practitioners had explicit preferred professional identities they wanted to maintain, with an emphasis on doing evidence-based therapy regardless of how well this fitted the client's presenting issue. A theoretical account was developed to explain this process. Findings are discussed further in relation to the importance of practitioner competence, self-awareness, training, supervision as it relates to religion and spirituality. Recommendations for the practice of counselling psychology focus on how practitioners can manage religious therapeutic misattunement, by acknowledging their own doubts and fears and opening themselves to the quest for deep attunement between therapist and client.

Review of the Literature

Note on background literature, insertion of theoretical material, and research methodology.

Glaser and Strauss (1967) established grounded theory as a method of research that is exploratory and constantly unfolding and developing. To reduce the effect of the researcher's preconceived assumptions of what could emerge, it is, therefore, advised that existing literature is only accessed in response to the findings. Notwithstanding this, Glaser (1978), and Birks and Mills (2011) recognise, that to carry out a preliminary high-level literature review of the topic to be studied, is sensible, so that an area is selected where induced knowledge could potentially add significant, relevant and unique value to the field.

In response to the developing analysis, a number of other theoretical sources were consulted. The broad reference areas, reviewed at the start and still deemed appropriate after the analysis, are presented in this section. Some theoretical connections were unexpected, so to present them in this review, could diminish the experience of encounter and insight generated through the analysis. To construct an orderly account of the findings, some theoretical bridges have been built into the discussion instead, as considered appropriate. Each of the areas for review are so broad, that it is only possible to provide short surveys of each domain, focussing on the particular relevance of certain literature.

In reviewing the literature, a PsychINFO search was conducted which includes the terms "psychologist" or "counsellor" paired with spiritual or religious perceptions, reflection or reflexivity, spiritual or religious identity and psychotherapy technique and skill integration, psychotherapy or therapist process, therapist self-awareness or self-knowledge. From the studies and articles which were sourced, further relevant references were also consulted. In addition, leading books which address therapist awareness and development in the area of religion and spirituality, within psychology, were used. Across the literature the use of the terms counsellor, therapist or psychotherapist are used interchangeably and this practice is continued here, as well as the use of the words 'practitioner' and 'psychological therapist/counsellor'. With regards to reflexivity, or reflection, the inclusion criteria for this review is that: a) Reflexivity be defined as careful consideration, or thought referring back to the self, as set out in the New Collins concise English dictionary (1986); b) which is located in the therapist process of the provision of psychological therapy. Studies and articles

were mostly chosen for specific contributions presented in their findings, since there are not many studies that focus on the aims of this review directly.

I have mentioned the religious tradition of the therapist when I have deemed it necessary. Names used are pseudonyms and identities of all participants and clients have been disguised.

CHAPTER 1

This chapter offers an introduction to this research, which examines some important therapeutic actions that psychological counsellors take to engage a client with religious beliefs and, also, how they manage their own personal reactions to religious material. When encountering clients' spiritual and religious material, psychological counsellors are often roused by issues that could be situated within their own discordant relationships with spiritual and religious shaping, in their own lives. These inter-related effects of psychological counsellors' own experiences with spirituality and religion can be a knotty ball of entangled dynamics, which is frequently unsupported by professional training programs.

The chapter begins by drawing attention to the submerged polarised thinking about religion, in the wider culture that leads to a split of either/or logic and how this impedes both client help-seeking and the therapy provision process. It, also, considers the understanding and language of the transpersonal aspects of human experience which is usually conveyed by those who embrace an artistic and contemplative life and who value a creative and religious life, such as poets and artists. This is followed by a brief exploration of the hidden wisdom and practices that can be found, by the psychological counsellor, in the connecting points between psychotherapy and spiritual/religious practice that could be used to fine-tune their therapeutic skills when working with clients religious issues. The soulful quality that transpersonal, spiritual moments can bring to psychotherapeutic practice, is explored, where the union of soul and spirit, joined by image and contemplative silence and reflection, kept within the therapist's awareness, breathes new life and presence into the work. The presence of the transcendent, in a meaningful therapeutic engagement, which can be an indescribable, yet palpable experience. Finally, since transpersonal aspects are part of the human psyche, it is also appropriate for the more scientific approach of psychology to objectively consider and subjectively enter into the transpersonal aspects of human existence, bringing science and art together. The chapter ends with an explanation of the rationale and aim of the study, which is positioned at this polemic intersection.

1.1. Background and Reason for Study

Where am I? Who am I? How did I come to be here?
What is this thing called the world? How did I come into the world?
Why was I not consulted? And if I am compelled to take part in it,
Where is the director? I want to see him.
-Soren Kierkegaard (2009:60)

There is a fascination with God, around the world however people define him. Every year millions of Muslims visit Mecca, Hindus trek to the Ganges River and Roman Catholics visit the Vatican City, on religious pilgrimages. This does not include the millions of other people who adhere to other religions or spiritual traditions (Robinson, 2016). The UK culture has a strong tradition of religious affiliation over many centuries, which persists today. In the most recent census (March 2011), 68% of the UK population indicated affiliation to a traditional religion.[1] Therefore, within the general population, many British people regard religion or spirituality as an important part of their cultural mind-set. Yet some statistics indicate that 72 million Internet users access pornography web sites every year; and that 47% of Christians admit to this being a major problem for them (Internet Review, 2016). Hiding such a secret would make it hard to go to church and hear about a trustworthy and loving God, as he might seem disinterested and inaccessible. In this case, a counsellor's work would usually be to see through the statistic to the pain and disappointment of a person who is searching, but still hoping. This identification with spirituality and religion, combined with the existence of disparate religious groups and cultural pluralism, in Britain, sets the scene for appropriate discussion of religious issues as it pertains to psychological therapy.

Religious development is a fundamental feature of identity development in Erikson's psychosocial theory of development, which names eight specific stages that extend over a person's life, right through from early infancy to late adulthood (Erikson, 1980). The theory, which is also upheld by other researchers (eg. Bartoli & Gillem, 2008) suggests, therefore, that a person's spiritual/religious identity continually develops and changes throughout their life and is an essential part of their overall identity, interpersonal experience and cultural context. Notwithstanding this, a limitation of many psychological approaches with regards to addressing religious material, in

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[1] What is referred to here is religious affiliation. There are three different levels of religious commitment : nominal/affiliation, religious cognitions and religious behaviour (Shafranske, 1996). In the UK census, 2011 , 59% of the population indicated Christian affiliation; 5%, Muslim; 4% other traditional religions,; 25% no religion; 7% did not state religion.

therapy, is that they follow secular patterns of human lifespan experiences and interactions, and do not endeavour to respond to the issues of those that fall outside of ordinarily perceived categories. Research into psychologists' awareness and experiences of working with religious issues, may offer insight into what happens when psychologists engage intuitively with clients' religious material and, also, when this type of deep attunement is disrupted.

Cultural diversity literature also emphasizes the nature of identity and its influences. Research broadly indicates that the culturally perceptive counsellor attains better therapeutic gains, (Beutlar & Bergan, 1991), pointing towards the value of psychologists' awareness of their own and clients' cultural deference. An assumption can be made that this should not exclude spiritual/religious identity rootedness, although research has not specifically addressed this. Rather, this cultural sensitivity has mostly been examined with regards to ethnic and racial elements, without investigating the importance of spiritual and religious variables for psychologists and the possible influence that psychologists' spiritual or religious orientation has on their therapeutic work. Bergin and Payne (1993) advocate that both clients' and counsellors' values should be taken account of during the therapeutic process, in order for therapy to be productive. Thus, despite the lack of research, studies do suggest that psychologists' values, and by implication, their spiritual/religious orientations, do play a very important role in the usefulness of therapy.

Few existing theories account for the many-sided parts of spiritual and religious identity constructs in psychological therapy, as it pertains to both client and therapist (Hill, 2000). Seldom given much attention in research and training, spirituality and religion is, therefore, often a nebulous and fuzzy area for the psychologist (Schafer, Handal, Brawer & Ubinger, 2011). With limited opportunities for self-reflection on the subject, as well as, few supervisory experiences (Polanski, 2003), a vacuum of clear guidelines exists. As a result, psychologists often overlook religious issues in their therapeutic work (D'Souza & George, 2006). This introduces a possible tension or even confrontation within the therapeutic couple, especially when spiritual or religious clients may prefer a therapist who assimilates these values and beliefs into counselling (Carlson & Erikson, 1999). Further, research suggests that clients could feel misunderstood or be hesitant to disclose their religious/spiritual backgrounds and experiences (Worthington, 1989), indicating the need for psychologists to be capable of helping clients' share more openly about their spirituality and religion. If this is missed, it could erect an obstacle in establishing rapport, formation of the therapeutic

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relationship, and in the overall effectiveness of the therapy. As the literature suggests, without a theoretical framework, it is possible that psychologists might exclude or circumvent working with clients' religious or spiritual issues, partly, because of their own uneasiness arising from their personal difficulties in this area (Ersahin, 2013).

If both clients' and psychologists' religious and spiritual orientation remain unexplored and unsupported, as these studies set out, the usefulness of therapy and the effectiveness of the therapeutic relationship is curtailed in its reach and capacity. In this case, an important conflict is present that has significant implications for the provision of ethical, unbiased and effective psychological services for clients from varied spiritual and religious backgrounds. Additionally, if the necessary theoretical and supervisory support is unavailable, it puts the discussion of these conflicts and possible solutions, further out of reach.

1.2.   Perspectives on Religion: Does God Matter – Attuned Discernment

Every person, sooner or later, discovers that life does not deliver all that they may be hoping for, which shakes their foundational belief system, evoking questions about whether God exists and cares for them. This question has been at the heart of humanity, since the beginning of time, creating an inner tension that delves deep into the human psyche across every culture and socioeconomic level. It can be so easily observed in the psychological therapy setting.

Some people take their religious beliefs to the extreme, trusting only for miracles from God to solve their problems and ignoring the collective wisdom of mankind, while others find God objectionable. So the big question is, does any of this matter? Daily one hears about embattled religious groups, such as the Israelites and Palestinians calling on God to help them triumph against the other, to protect their religious beliefs and religion seems worse than ever. For the purpose of this research, it is important to bear this wider context in mind and recognise how such events can influence people's perceptions of who God is, of Allah and Jesus, of morality, of life and death; and their responses to these perceptions.

1.2.1.   Restoring Emotional Disharmony Through Stillness: Stopping to Notice

By contrast, when we gaze at the world around us, we, can also, see that silence and stillness is grafted into the fabric of this existence. For instance, humans are located

in the womb, a place of solitude, at the start of their lives. The attentiveness inherent in the arts, like painting or poetry, is a reminder of the value of being still. Yet many people struggle to access this place, instead they find themselves stuck in a process of 'doing'.

It is in this arena that, perhaps, psychology can learn from religion. The Desert Fathers, who practised silence, say that it teaches people all they need to know about inner thoughts, emotions and bodily sensations, they may be avoiding. It helps us wrestle with inward self-illusions (Cantalamessa, 2009). An active contemplation and self-reflection in this way is not an avoidance of living, quite the opposite, it allows the person to awaken and become aware of their connection to everything around them. Ironically, it is the noise of the world that can be deafening, disturbing this connection and putting people to sleep.

Accessing a quiet place alone, seems like it should be an essential daily rhythm, for psychologists. A sort of tuning up of their instrument-themself- *before* they "play" and make music with their clients, not afterwards. The perspective presented by this study is the psychologist's experience of themself *in relation to* their clients' religious beliefs and as the pronouncements within it suggest, this type of therapeutic relationship can be perceived as one where there are submerged pressures that can be challenging and are not always within the therapist's awareness. In a recent qualitative study looking at how therapists cope, when faced with personal battles in family life, mental and physical health and their perceptions of how this affects their client work, Adams (2014), reports a similar finding. As Lambert (2014) suggests, perhaps, then, one of the biggest challenges facing psychologists today is to find ways of entering this terrain of innermost seclusion, to quietly reflect, be repaired and find healing. If they are able to do this, there may be less of a concern about the technicalities of how to play their instrument. Returning to more ancient traditions than psychology, to help us see and understand more clearly could facilitate this process.

1.2.2. The Symbolic/Parabolic – What Can't Be Expressed

Strange riddles and metaphorical stories can be helpful for excavating understanding of the world. They are often the connecting line between the spiritual and the material. The parabolic introduces an elevated awareness and discernment of new things and ways of thinking. In order to cross the schism of potential misperception, a watchful eye with open and discerning awareness is needed. New insights can be obscure

and clouded in mystery and sometimes the symbolic is as much about disguising revelation, as uncovering it. Treasure is often buried and only found by purposefully looking for it, with attentive awareness. Lambert (2014) points out, pondering the paradoxical in life should not be done by dissection, as if understanding about a plant is attained by removing all its leaves. Rather, it is more like a process of walking a tightrope between two types of reality - scary, uncertain and a bit bizarre, at first, but enlivening and invigorating, when looking back across the divide.

Psychologists are now using parabolic metaphors to help their clients reach new understanding about psychological processes at work in their lives (Meichanbaum, 1994). However, sometimes deeper understanding is hampered by the ambiguity of this form of story-telling. One explanation may be that the soul's secrets only emerge to those who want to see them. Rohr (2012: 66) maintains that, one of the biggest secrets, which is actually not so hidden from view, is that "the way down is (actually) the way up". By this he means that people are generally reluctant to travel down a path if they think it will take them down, especially if they have invested so much effort into going up. Therefore, one implicit value required, by psychologists, at this juncture in the therapy process, is humility, an ability to admit we could be lacking understanding, more often than we do.

1.2.3. Looking Back to Move Forward

Adams (2014) reminds us that the job of a psychotherapist is challenging, but states further, that a psychotherapist facing themselves in their work with their clients is the most difficult of all. Sussman (2007) states how difficult it can be for therapists to sometimes acknowledge that their true motivation for caring deeply for others, can be negatively tainted with conscious and unconscious attempts to meet their own needs - to fix their past wounds through their present work with their clients. This kind of reflexivity can shake their professional foundations and personal worldviews and be the reason they are reluctant to look inward at themselves. Sussman notes how little there is in the literature about this subject and argues that only through truly knowing themselves and understanding their complexity, can therapists be properly useful to their clients.   As Adams (2014) says, the "reason" for doing any kind of psychotherapeutic training can differ from the "catalyst" which sits behind this decision. Nevertheless, therapists histories can, also, be a helpful touchpoint that they can draw on, to lead them to fruitful therapeutic engagements with their clients.

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Both therapist and client need each other, although this wish may be more covert for therapists. The risk, when therapists' old emotional wounds are not addressed, is that therapists can possibly avoid, or look for aspects of their own reality with their client (Adams, 2014). The question then is how many psychological therapists have really approached therapy with the aim of truthfully reflecting on and processing distressing personal problems? Adams (2014) suggests, on the basis of her research, that there are only a few, which, in turn, generates the question, how therapists can expect this kind of reflexivity from their clients. A lack of personal reflexivity can also be a loss to their clients, since the process of acquiring true self-knowledge can significantly enhance practitioners' levels of empathy (Plante, 2007). However, it is a risky venture, since deeper lying difficulties may need to be worked through repeatedly, once they surface in therapy (Adams, 2014).

Interestingly, Adam's call for therapists to practice introspection, also reverberates across the psycho-spiritual divide, in Henri Nouwen's book, *The Wounded Healer* (1972). Nouwen, a Catholic priest who taught at several theological institutions and universities, argues that the beginning point of service, for ministers in the church, is to recognise and use their own internal suffering to facilitate others healing, otherwise any effort to assist, will not be seen as authentic.

If psychotherapists' personal histories play such a big role in how they relate to their clients, especially when problematic issues stay unresolved, then this would, by implication, also be the case with their religious and spiritual experiences.

1.2.4. Tuning into the Transcendent: Looking through Artists' Eyes

Jesus, in the gospels of the Bible, was heavily criticised for being unreligious, particularly on the Sabbath. Today Western society is still prone to distinguish between the sacred and the ordinary, when according to the gospel writers, in the Bible, the divine/sanctified is frequently found in the familiar (Lambert, 2014). For example, visiting an art exhibition is a reminder of a merging between the sacred and secular. This sublime awakening can open a window into the spiritual. Monet refrained from explaining his Water Lilies artworks, encouraging people to see what they wanted.   In doing these paintings, his attitude of quiet attention helped him surpass old ways of observing, shifting him from ordinary psychological understanding to a deeper spiritual perceiving. This is also a pattern that could bring psychologists into a new realm of knowing or watchfulness with their clients, helping

them develop their inner capability to be mindful. As Rohr (2012) explains, this kind of luminous perceiving of the transcendent is difficult to experience in containment gained by overly restricted and boundaried discernment. It can, also, be so easily obscured when faced with an internal psychological threat.

1.3. Definition of Terms

1.3.1. Religion and Spirituality

Spirituality and religion are terms with some potential overlap, but are often, also, distinguished by multiple factors, which makes it difficult to distinguish between them (Hage, Hopson, Siegal, Payton & De Fanti, 2006). Furthermore, researchers have not found a mutually agreeable definition of these constructs (Richards & Bergin, 2000). Religion is often defined by a more formal, institutionalized structure (Worthington & Sandage, 2001) and, also, belonging to an organized church or religious institution (Shafranske & Malony, 1990). It refers to a shared set of beliefs and practices about engaging in a search for the sacred that is regarded as valid (Hill, 2000). The term, spirituality, can often refer to an unsurpassed relationship with a transcendent being, which can extend past a religious engagement (Dein, 2004; Sperry & Shafranske, 2005). Accordingly, someone could be religious and spiritual, religious but not spiritual, spiritual but not religious, or neither religious nor spiritual (Worthington, Kurusu, McCullough, & Sandage, 1996). For the purpose of this research, the term religious/spiritual is used when referring to both concepts. Hill (2000) advises that practitioners guard against polarizing these terms, favouring one over the other.

1.3.2. Spiritual/Religious/Nonreligious Identity

Spiritual and religious identity is now regarded as one of several crucial measures of a person's cultural identity and described as being valuable to counsellor and client identity development (Hage, 2006). In this study, the term religious/spiritual identity refers to the part of a person's cultural identity that is meaningful to them, in terms of their religious or spiritual self. For those who identify as agnostic or atheist, the term nonreligious/spiritual identity is utilized to be inclusive of the wide range that exists within this facet of identity.

1.3.3. Culture

Culture can be understood as a particular group of people, sharing a joint worldview of norms, beliefs and values, which can be rooted in many characteristics including race, ethnicity and spirituality (Hodge & Bushfield, 2006). A common theme that exists within the conceptual variance of spirituality, especially for clients, is that spirituality is usually understood at a personal, experiential level. Diverse spiritual frameworks inform individual spirituality because people live in social contexts (Hodge, 2004). Spiritual traditions, which can include traditional faith practices or more recent movements, such as the "New Age" movement, generally epitomize a characteristic way of living, grounded in shared spiritual experiences. As with other pronouncements of culture, this joint worldview can foster certain norms, beliefs and values that frequently have particular repercussions for psychotherapeutic practice (Richards & Bergin, 2000).

1.4. Rationale for the Present Study

There is research[2] suggesting that strong religious commitment is connected with good mental health (Bergin, 1991). For example, a high level of religious involvement is associated with increased adaptation to bereavement, self-esteem and purpose and meaning (Koenig, McCullough & Larson, 2001) and predicts lower depression (Gartner, Larson & Allen, 1991). Further, clients with mental health difficulties may look to religion for support, for example looking to God for assistance (Pargament, 1997); for others their religiosity provides their core identity (Fallot 1998b in Hodge,2004); and some may be using their religious beliefs to avoid emotional and psychological pain, which may be a compensation for low self-esteem, anxiety, dependency issues (Cashwell & Scott Young, 2005)

However, religious-and-spiritual mental health service-users are often trapped in an inner conflict, where their need to access secular support can signify a lack of faith in God and therefore induce guilt and anxiety, but they also find it difficult accessing support in their religious communities where there is an over-emphasis on spiritual explanations which can be unhelpful (Mayers, Leavey, Vallianatou & Barker, 2007). Without clinicians accessing these unexpressed ideas, this can delay the process of

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[2] The empirical evidence derives mainly from the USA, and the influence of that social context must be borne in mind.

the client dealing with these issues, which is especially important when service-users' faith communities are not supportive in this regard and so they need another place where they can talk freely.

1.4.1. The Approach of Psychologists to Religion-and-Spirituality and Clients' Experience of This

Although counselling and religion may compete as approaches for managing life challenges, there is some overlap in their values and goals, in that both offer ways of dealing with these challenges and transforming the mind and emotions (Watts, Nye & Savage, 2002). For example, there is some evidence of mental health practitioners incorporating religion-and-spirituality into their work, observed in the existence of religious affiliations such as the British Association of Christians in Psychology.

Nevertheless, Smiley (2001), in a study of 246 clinical psychologists in the UK, found that although a similar proportion (80%) of practitioners indicated affiliation to traditional religions in childhood, only 38% had retained that affiliation as adults – a 42% disaffiliation rate. Similarly, Shafranske & Malony (1990) also found high disaffiliation within a national sample of clinical psychologists in the US, with 25% saying they felt negative about their past religious involvement.

Crossley et al (2005), using the qualitative method of Grounded Theory (GT), looked at clinical psychologists' experience of addressing spiritual beliefs in therapy and found that the extent to which psychologists practise a faith could influence how they manage this.   Therefore, given that some clients with religious issues may choose a secular psychological treatment over religious counselling (Quakenbos, Privette & Klentz,1985) and others may fear that secular practitioners will ignore their religious values (Richards & Bergin, 2000), counsellors should sensitively tune-in to religious-and-spiritual clients.

It is also important to be aware of the client's religious background, because religious experiences can tell the practitioner about significant psychological problems and how the client deals with this, which may impact which treatment strategies are utilized (Hodge, 2004). For example, divorce, may trigger underlying religious-and-spiritual conflicts that cause emotional upset (Genia, 2000).

Nevertheless, those who choose to incorporate clients' religious concerns in their work may find that it interferes with their effectiveness, or harms the client (Genia, 2000). For example, in a qualitative study, in the UK, exploring how Christian service-users experience their National Health Service (NHS) mental health team, Baker (2010) reports that despite input from mental health professionals, Christian service-users either kept quiet about their faith, or resorted to constructing their own understanding of their difficulties which has been shown to influence the therapeutic relationship by preventing shared meanings and weakening trust (Bhui & Bhugra, 2002) and is, therefore, an incongruous therapeutic aim. Further, service-users' described their experience as being "imprisoned" in the medicalised worldview of the mental health professionals, and that their faith was not seen as a beneficial way of coping, but was instead exacerbating their problem. This reflects Swinton's (2001) argument of the pervasiveness of 'psychological modernism' which discounts events that can't be measured (such as relating to an omnipotent God).

In another qualitative study (Mayers et al 2007), also exploring religious service-users experience of psychological therapy in the NHS, participants were concerned that their faith might be compromised, if they have secular therapy, but some reported the opposite, that it helped them grow spiritually; and that there was a positive interaction of religious and psychological concepts when understanding their difficulties, which gave them new insights. However, other service-users preferred to know their therapist's religious orientation as they felt better understood and it fostered trust. Although the researchers found that the "religiosity gap" between clinician and client was not as problematic as previously thought, the sample only consisted of those service-users who access the NHS and those who avoid it were not interviewed. Therefore, the authors recommend that more studies are conducted looking at the effects of "matching" therapist and client religious beliefs.

1.4.2. The Impact of the Client's Religious Issues on the Psychologist

The academic discipline of psychology has traditionally disregarded religious beliefs and practices (Lovinger, 1984), creating the assumption, with some mental health providers that clients with strong religious beliefs are psychologically unhealthy. Therefore, ambivalence, confusion and opposition concerning client spiritual beliefs has been found to be common amongst counsellors (Bergin, 1991; Grimm,1994), affecting their willingness to integrate religion into counselling (disidentifying with the client).

This is a form of countertransference[3], where the impact on the counsellor may be particularly intensive, because religious issues have an existential quality about them, as most religions believe in some form of reward/justification (eg. life after death) for having lived a committed religious life. Identifications of this kind, that counsellors could make with clients who are religious, may therefore be different to those evoked when, for example, working with a client who has a different sexual preference to their own, which is limited to this life-time.

Professionals can be particularly susceptible to this if they have turned away from a religious upbringing. For example, a counsellor raised in a devout Christian home may have encountered an element of forced participation in religion in childhood where parents may have used the eternal loss of this reward as a threat when the child considered disaffiliating from the traditional family religion; and the counsellor may try to work through unresolved issues when encountering clients from Christian traditions instead of attending to the client's needs (Sims, 1999 in Hodge, 2004).

However, counsellors, who fail to work with their client's perspectives risk imposing their view on the client (Cashwell et al, 2005). For example, humanists emphasize the 'natural' tendency of people to become self-actualized if surrounded by a supportive environment and accentuate the human being as pre-eminent, with some rejecting the notion of a Supreme Being (Goud, 1990). The danger in this is that clients may raise issues similar to the counselor's unresolved personal religious issues (Cashwell et al, 2005). This could make the counsellor vulnerable to losing

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[3] Countertransference (CT) is a psychodynamic construct that has two meanings:

"Freud originally used the term to refer to the analyst's transference onto the patient (the tendency on the therapist's part to re-enact with the client, the therapist's own pathological or unresolved object relationships). This has an adverse impact on the client" (Spurling, 2004, pg. 112) and can result in various impeding and interfering reactions to the client (eg. withdrawal, Peabody & Gelso, 1982). It can erode any sense of trust or rapport that may have developed between counsellor and client which may be one reason for premature therapeutic terminations. Therefore, this type of countertransference is seen as inappropriate and is a phenomenon that the counsellor must strive to manage. To alleviate this, the most essential characteristic/method that the counsellor needs to develop is self-awareness/self-analysis.

However, "CT is now used much more often to refer to the impact upon the therapist of the patient's transference. (This is a powerful way of apprehending the transference)" (Spurling, 2004, pg. 112). If the counsellor is aware of this happening, (for example the client arousing a desire within the counsellor to rescue them), it can be used to increase understanding of the client and, therefore, CT can also be constructive and a helpful skill.

In this research, the term religious countertransference (RCT) will be used as a descriptive term that refers to the effect (ie.both meanings of CT) a client's religious issues has on the psychologist. It is outside the scope of this research to explore the fullness of the psychodynamic concept as defined above.

their perspective and becoming enmeshed in their client's frame of reference (overidentify with the client).

1.4.3. Spiritual-and-Religious Competency

Hodge (2004) defines spiritual competency in terms of being sensitive to the client's cultural context, with practitioners ranging from spiritually destructive to spiritually competent. Developing competency in this area is an ongoing process. Vaughn & Wittine (1994, in Hagedorn, 2005) stated that whereas most competent counsellors can offer emotional support for the searching client, it is those who have personal experience with spiritual values who can most successfully encourage their clients in this discovery process.

From a counselling perspective, spiritual-and-religious competency is composed of the following components (Young, Cashwell, Wiggins-Frame & Belaire, 2002) : a) a broad understanding of spiritual and religious phenomena; b) counsellor's awareness of their own view and related prejudices; c) respect for clients' autonomy (Hodge, 2004) and understanding the client's worldview to facilitate therapeutic change; d) the importance of using spiritual/religious interventions and/or modified psychological treatment eg. cognitive behavioural therapy when required (Propst, Ostrom, Watkins, Dean, & Mashburn,1992); and e) recognising when the client may require assistance of relevant religious-and-spiritual leaders.

Religious-and-spiritual competencies could be effective in managing the effect of the client's religious issues on the psychologist, as set out in the following example. Clients who are morally superior or intolerant, thereby challenging counsellor allegiance to humanistic principles, may trigger an antagonistic reaction within the counsellor (Genia, 2000). Therapists who are pulled into religious arguments with clients risk conspiring with client resistance to broader self-exploration (Kochems, 1993, in Genia, 2000). Instead, humanist counsellors, working within their client's worldview, could consider the client's religious beliefs to be human constructions of reality (Wiggins-Frame, 2005), irrespective of whether they refer to God (Zinnbauer & Pargament, 2000) or if they are congruent with the counsellor's constructions (Neimeyer, 1995 in Wiggins-Frame, 2005). Astute therapists may explore whether the client's stance reflects a lack of willingness to tolerate doubt and a need for certainty stemming from strict parenting. In this case, the therapist could use his/her own feeling of antagonism to sensitively appreciate the client's early background.

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However, many practitioners do not feel confident about how to handle religious-and-spiritual material in therapy, because they have received little training (Shafranske et al, 1990; Hage et al 2006) and have neglected to integrate religion in their practice. Therefore, it is important for counsellors to foster self-awareness of how they view religion-and-spirituality, to learn how biases connected to their own frame of reference influences their perceptions of religious-and spiritual clients and to learn to manage these so they can enter into the client's worldview (Hodge, 2004).

1.4.4. Current Gap in the Literature

The religiosity gap, expanded on in Chapter 2, suggests that psychologists and clients are separated on the part that religion plays in the therapeutic process (Mayers, Leavey, Vallianatou, & Barker, 2007). This is highlighted by the fact that many clients report that they rely on their religious or spiritual beliefs for support during a trying time in their life. Given that clients often want counselling at these difficult points in their lives, effective counselling with religious clients could necessitate an incorporation of clients' religious beliefs into the therapeutic process. This might introduce a possible religious and spiritual competency question for the psychologist who may not feel ready or able to do this (Pargament, 1997). The building of therapeutic rapport can, in this respect, be determined by psychologists' own religious and spiritual competence, suggesting that the bond with a client is influenced by psychologists' own reactions to, and interpretations, of spiritual/religious issues in psychological therapy. This rapport is known to have a significant bearing on the therapeutic process and relationship. Mayers et al. (2007) explore how this development of therapeutic rapport is of heightened importance when working with religious clients, who may feel torn between disclosing or not disclosing their religious orientation to their therapist.

Current understanding of competence in multicultural counselling now comprises an array of variables, like, counsellors' mindfulness and understanding of their own and the client's variables, as well as carrying awareness of their own and their client's race, culture, gender, social class, sexual orientation, and spirituality or religion (Sue, Arredondo & McDavis, 1992). As with other multicultural variables, psychologists' self-awareness about their own spiritual and religious stance and competence may influence how they form and maintain a strong therapeutic alliance with religious/spiritual clients.

Although cultural competencies have been broadly discussed in the UK, a specific focus on the consequences of integrating religious-and-spiritual issues into therapy has not been as widely addressed (Sue, Arredondo & McDavis, 1992); and Vieten et al (2013) make a strong call for further research focussing on practitioner biases with regard to religion-and-spirituality and how to address these issues in clinical work.

While the above studies referred to, comment on practitioner reflexivity, they do not name religious-and-spiritual counter-transference as such and there is a paucity of research in the academic literature on practitioner reflexivity in respect of the impact of the client's religious stance on the psychologist. This could happen, for example, through over-identification in the case of a practitioner who is of the same faith as the client, or possibly dis-identification with practitioners of no faith or different faiths to their clients.

This research aims to fill this gap and provide a preliminary account for Young et al's (2002) second competency on practitioner self-awareness.

1.4.5. Aim of this Research and Its Practical Implications

The purpose of this research is to explore empirically, in secularly based psychological treatment, psychologists experiences of the ways in which a difference/similarity in religious stance between themselves and their client, has an impact on the psychologist. The research also explores practical ways in which participants attempt to deal with this.

This has relevance for counselling psychologists (CP) because it draws attention to the counsellor's thoughts, feelings and behaviours in relation to the client and the impact this has on the therapeutic relationship (Watkins, 1985).

While some research has explored clients' spiritual/religious backgrounds and how this affects the therapeutic process, this study, therefore, locates its justification, in the paucity of research focusing on the influence of clients' religious material on psychologists' and their awareness of their own internal responses to this, as this relates to their own spiritual/religious orientation and how this impacts the therapeutic process. In a related field of research, Boswell, Nelson, Nordberg, Mcaleavey and Castonguay (2010) observe that a trend gaining momentum, in psychotherapy

training and practice, is in the area of integrative ways of working. Therefore, the purpose of this study may be considered timely, from this perspective too, for Leitner (2007: 36) argues, in an article on technical integration in Experiential Constructive Therapy, that "Although theory, technique and person are by definition distinct, in good psychotherapy they become so integrated that separating them feels arbitrary". A process of transition and growth is alluded to in Leitner's word, "integrated", suggesting that in trying to understand this process of integration, comprehending how the separate elements of theory, technique and person are linked together may not be unreasonable at all, in order for therapists to have optimum support in achieving this.

Finally, this study acquires the reason for using grounded-theory methodology from the research on competencies in multicultural counselling that often states the need for qualitative research to show the individual cultural reflections of both psychologists and their clients (Fuertes et al., 2001). With limited knowledge in this area, this proposed grounded theory study will contribute to the wider existing literature by positioning the focus on spiritual/religious beliefs as part of acknowledging difference in psychological therapy. In so doing, the study may also bring a very necessary exploration of a part of multicultural counselling that is under-researched. Since there are no descriptions of pre-existing theories on this topic, grounded-theory methodology gives unusual scope for collecting information about the lived experiences of participants with the eventual aim of generating theory.

1.5. Relevance of Study to Counselling Psychology

Counselling psychology has germinated from the work of thinkers such as George Herbert Meade, a symbolic interactionist who illustrated that the human self is not just constructed in a social milieu but also has the ability to self-reflect. This interest in understanding the subjective world of self and other and the necessity of viewing people in a holistic way, as opposed to a conglomerate of psychological parts, has been raised to a central position within psychology.

Within counselling psychology, key growth factors, cited by Woolfe (1990) are: a) an increased focus on the quality of the therapeutic relationship as a prime facilitator of therapeutic work, as helping requires more than the use of standardized clinical treatment programs; b) a questioning of the medical model paradigm of professional-client relationships and embracing a more humanistic value base; c) focussing on

client well-being rather than responding to sickness and pathology. Indeed, there is now general agreement across a range of psychotherapeutic professions that whatever therapeutic framework practitioners work in, this is best applied within the empathic, accepting and congruent scaffolding of a well-established therapeutic relationship, as defined by Rogers (1951). In practice, what this means, is that counselling psychologists must continually face the tension between 'being-in-relation', actively involved in a dynamic interpersonal process with their clients and their professional technical know-how, by regularly reaffirming counselling psychology's valued emphasis on 'being (with), not doing (to)' a client (Woolfe, 2001). This is, also, vitally important when working at a transpersonal level in therapy.

John Rowan's (2003) transpersonal perspective on counselling psychology practice asserts that the transpersonal is a human dimension available to all, which many people have experienced in some way. It is not something odd or unreal, but something Maslow (1973) refers to as a "peak experience", that can be triggered by intense, inspiring events like seeing a beautiful sunset. Rowan, therefore, argues that the transpersonal is a dimension of all counselling, which can either be worked with, or bypassed and is not a separate school of counselling. All therapies that have a humanistic value base essentially believe in a real self and also in the kind of powerful revelations that form part of a peak experience. Although these therapies might sit on the outer edge of deeper transpersonal experiences, they, nevertheless, can comfortably occupy a place on the transpersonal counselling spectrum. In a similar vein, psychodrama holds forth the 'cathartic breakthrough', person-centred therapy encapsulates 'becoming real' and humanistic-existential therapy speaks about 'being authentic'. A more in-depth review of how religion and spirituality are situated within the frameworks of four mainstream therapeutic modalities is presented in Chapter 2.

Nonetheless, because this is unfamiliar therapeutic territory for many psychological practitioners, including counselling psychologists, the possibility exists for much confusion and error when working with transpersonal content in a psychotherapeutic context. Rowan (2003) strongly points out that psychological practitioners who do not work through their Shadow material, in this area of clinical practice, run the risk of projecting this material into deeper stages of transpersonal consciousness, which can be disturbing to the practitioner, as they access this therapeutic space without preparation. Further, these dangerous pitfalls are best avoided since working at the level of soul (Hillman, 1997), requires taking down therapist defensiveness and genuinely removing their personal boundaries. As Rowan says, in this space, the

therapist, therefore, moves from their 'use of self' into 'the therapist's use of soul' (Rowan, 2003: 235). Therapists who are able to permit therapy to go deeper, in this way, into a new kind of being and to be in contact with the soul may find a rich field of creative possibilities to utilize in their therapy work.

One area where the transpersonal approach can be very valuable, in this way, is in cross-cultural work where a client's culture may differ from the host culture of the psychotherapeutic setting, making the client suspicious of non-religious or non-spiritual therapeutic interventions (Rowan, 2003). Transpersonal therapists' increased respect for all religious experiences, linked to transpersonal developmental experiences may be a helpful bridge for these clients to use in order to access adequate psychotherapy.

Psychopathology can diminish human suffering and response patterns into dry terminology, thereby constraining counselling psychologists in the way they understand and relate to human suffering. While a solid grasp of developmental processes is required together with a detailed understanding of these varied responses to troubling environmental hardships, it is important and necessary for counselling psychologists to view clients as they are embedded within their own individual context, with their own unique way of adjusting to life's difficulties.

In examining psychological practitioners' misattunement experiences when working with clients' religious beliefs and their own individual responses to this, this study, sometimes painfully, brings psychological counsellors near to their own early experiences and responses that have, perhaps, been shaped into an emotional and spiritual wound, which beckons practitioners afresh into working in total equality with their clients.

Incorporated into the text is also the understanding that an inner wound carries an inherent promise for healing as well. Therefore, counselling psychologists' understanding and embracing of these potential paths of meeting and healing lies at the heart of engaging with religious beliefs and transpersonal elements in their psychotherapeutic practice. Notwithstanding this, there needs to be an awareness of the doubtful hesitation that this subject evokes among counselling psychologists and other psychological counsellors. While counselling psychologists try not to obscure their clients, behind descriptive labels aimed at psycho-pathologizing, this can happen more easily when practitioners deeply fear mental, emotional and spiritual

pain and instinctively seek to protect themselves by making themselves different from the client who has the 'problem'. In this kind of situation, it becomes harder for a practitioner to allow the other person in the therapeutic dialogue to reach them, personally and to embrace the similarity between therapist and client, namely, that both people in this relationship are similarly caught up in the difficult and strange occurrence of living.

Wellings (2000:75) reminds practitioners that through "distancing defences" against their own pain or ambivalence reflected in their client, the psychological counsellor can lose sight of the fact that both individuals in the therapeutic dyad "remain individual mysteries which are more than the sum of their wounds." With the therapist insights that this study provides, in this respect, Wellings further underscores the necessity for all psychological therapists to weave into their work equal strands of a contemplative attitude of compassionate acceptance that permits the strangeness of the other, moderating clarity of thought with the sensitivity of the heart and soul.

By understanding the ways in which a client's religious issues may impact on the psychologist, this may encourage self-exploration with regard to religious beliefs and the competencies necessary to counsel a client whose religion forms an important part of their cultural context. A sound understanding of these factors influencing the treatment of religious clients could place counselling psychologists in a stronger position to assist religious clients and enhance the mental health community's accessibility to religious populations (Genia, 2000; British Psychological Society, 2001).

Given that it is an ethical requirement to be competent, multi-culturally, with diverse client groups, this study will assist psychologists in the provision of ethical psychological therapy services, to spiritual/religious clients. As psychologists are a crucial part of the therapeutic relationship and, also, a kind of therapeutic tool themselves, their heightened attentiveness to their own religious/spiritual orientations, can benefit their own wellbeing and support an increased awareness of the psycho-dynamics (overt or covert gestures) that may influence their work.

In the next chapter, an in-depth literature review is presented expounding on the central themes introduced in this chapter. Particular emphasis is given to an understanding of the therapeutic relationship, which is viewed as the container in which powerful experiences of change in therapy can take place when working with

clients' religious beliefs and issues, irrespective of the main therapeutic modality practitioners choose to work in.

CHAPTER 2: LITERATURE REVIEW

Many people who have been in psychotherapy say that it is the relationship with their therapist that has had the biggest impact on them. Within this complex, rich and often difficult relationship lies the essence of the therapeutic work which mirrors a sometimes mysterious process of knowledge, transformation and healing. This chapter explores psychological therapists' competency, as a curious mix of art and science, which leans more upon the person of the therapist, compared to other professions. It looks at the need for therapists to distinguish, both within themselves and their clients, transpersonal or spiritual experiences which have emerged from a mature consciousness. The consequences of practitioners not being self-aware, or mindful, or in questioning dialogue between themselves and others, in this area of their clinical work, is also considered, for example, easily identifying with projections from another. Finally, attention is given to the role of supervision and professional training needs, in the context of practitioner engagement with clients religious and spiritual beliefs in psychological practice.

2.1.   Religion and Psychology in Historical Context

Historically, many of psychology's foremost scholars have written extensively about religion, shaping subsequent thinking on the topic (Blazer, 1998). Some have viewed it positively, as a source of morality, an agent of potent psychological transformation and integration, a master motive, and an expression of that which is best and most creative in humanity (Hyde & McGuinness, 1992, Rogers, 1980). However, others have veered toward more negative views of religion/spirituality. For instance, Freud (1973) portrayed religion as an entire mental instability and Ellis (2003) depicted religion as illogical and senseless. It is uncertain why there is such a minuscule body of research focussing on psychologists' reflexivity concerning their religious and spiritual identity/orientation, in light of the long history in psychology looking at religion, but it is possible that negative representations hindered deeper probing of spiritual/religious variables as the domain of psychology was expanding. D'Souza and George (2006) mention the Western conceptualization of separating the mind, body, and spirit/soul as another possible reason. This is in contrast to Eastern ideologies, where they are adjoined to one another and there are other ways of understanding events that are based upon the concept of relationship. Further, these researchers

observed that psychologists' search for impartiality (neutrality) may motivate them to distance their beliefs and practices from the therapy setting.

Currently, there resides within the therapeutic relationship what has been called *the religiosity gap* between psychologists and their clients (Mayers et al., 2007). This outlines a disparity and possible divide, between secular psychologists and clients who value holding religious or spiritual beliefs. Since psychologists usually are not as strongly affiliated to religious practices as their clients are, there is the likelihood that they could communicate or transfer their unconscious or conscious predisposition towards religion to their client; and that they are not in favour of exploring this part of selfhood. (Worthington, 1989). When there is a significant cultural dissimilarity between psychologist and client, spiritual and religious receptivity and proficiency is even more important (Watkins, 1985), and yet religious/spiritual distinctness most often goes unnoticed by psychologists.

Mayers et al. (2007) reported that the views of clients holding religious/ spiritual beliefs were that secular psychologists may underrate the value of their beliefs, or that psychologists may verbalise antireligious ideas that would clash with their own religious ideology/principles during the therapy process. Psychologists who overlook religion, or regard it as unimportant, may, therefore, be setting up their own barriers to rapport building and the fostering of a therapeutic alliance, as clients may feel wary about sharing openly regarding their own religious beliefs, in case they are misunderstood by their psychologist (Worthington, 1989).

2.2. Religion/God and Attachment: A Collective Yearning

Many experts (for example, Main, (1986) & Holmes (1996)) agree that the childhood fears most people have of, being alone in a world with nobody to love and protect them, is intrinsic to our psychological make-up. Attachment theory, as developed by Bowlby (1969) suggests that from a person's early relationships, especially with regards to family, internal working models of self and others are created, acting as precursors of paradigms for future relationships. These scholars' work has resulted in the development of four attachment categories, three considered insecure and one secure, which are generally well-supported.

Recent empirical studies are now also showing that, from birth, people may have an inherent longing for a relationship with a "Transcendent Other", already visible in

children from three years of age (Barrett, 2007). Clinton and Straub (2010), mental health professionals in the US, who research personal attachments to God, suggest that this longing is often activated when people face a crisis. It seems, therefore, that the desire to know someone more powerful than ourselves exists, an unusual occurrence which cannot be ignored, especially by psychologists. Struggling with this question is very personal and nobody can escape it, but the important thing to bear in mind would be how a person's response to it shapes their inner and outer existence, as they relate to others.

Clinton and Straub (2010), also, note that the way adults relate to God, could reflect attachment patterns in their family of origin and influences the way people engage with others. Therefore, when providing therapeutic support to adults with religious difficulties this can be problematic, since clients and practitioners alike may be prone to increased risk of religious alienation or estrangement. This suggests that issues of prejudice, fear and intolerance, which tend to lead to tension between members of the general population, can also be flashpoints of confrontation leading to misattunement or even complete disengagement, within psycho-therapeutic dyads. In the case of clients who suffer social prejudice, as well as, prejudice within their faith communities, the emotional and psychological wounds of religious alienation may be enormously intensified. D'Souza and George (2006) state that, at present, psychological theory offers little in the way of guidance for therapists, who are assisting people experiencing religious problems, which could mostly be due to psychology's neglect of the subjective experience of religious orientation, preferring intrapersonal process explanations above real existential anxiety.

Clinton and Straub (2010) propose that counsellors try to help clients believing in God to attach to God emotionally; and not live in denial and maintain a false intimacy with God, but that counsellors will struggle to do this, if their own lives are unexamined in this respect. They say, further, that counsellors require some understanding of what doubting God means to a religious person, and that refusing to doubt God in a disappointment, will paradoxically continue to lead the believer into a superficial relationship with God, what Clinton and Straub (2010:38) call a "pseudo-faith". It seems then that it could be healthy and beneficial to allow clients' religious doubts to surface, explore them, letting these doubts guide the person to a better understanding about the religious beliefs they hold onto.

2.3. The Suitability of Four Psychotherapy Approaches for Working with Religious/Spiritual Clients

Counselling in the West has developed a range of therapeutic modalities. A comprehensive review of this broad collection is beyond the scope of this thesis, and also an extensive review of spiritually competent practice in every different religious tradition. Rather, comments focus on widely used modalities that could be partially congruent when working, broadly, with religious values. Where references are made to Western religious traditions, or examples used, it is for illustration purposes only, but also crucially reflects the significant gap in research that exists for spiritually-oriented interventions in non-Western faith groups (Hodge & Nadir, 2008).

One active ingredient all counselling methods have, is that they provide a system of helping clients understand their problems and guide the pathway of their counselling. Clients are often confused about what underlies their troubled emotions. From this perspective, all therapies, whether Freudian, Skinnerian or Humanistic aim to alter thought processes (Frank, 1971). Psychodynamic (Freudian and neo-Freudian) therapists assist clients' in understanding early-life events and to think differently about themselves. Humanistic therapists surround the client with a warm and empathic setting to help them improve their view of themselves and work on their self-esteem. Behaviour therapists work with rewards and stimuli to change behaviours, which can also include internal thought processes. Religious counsellors, such as Christian biblical counsellors focus on clients' Scripture applications, changing thought patterns about God or the Bible, where they are misleading or unhelpful. Therefore, all types of therapy models focus on enhancing clients' thought processes (McMinn, 2007).

2.3.1. Cognitive Behaviour Therapy

Cognitive therapy is one of the most researched modalities in respect of evidence-based practice and has several benefits for working with a range of religious and spiritual teaching (Hodge, 2011). Many relaxation techniques used in behavioural interventions such as desensitization have been drawn from Hindu or Yogic practices (Sollod, 2005). Cognitive therapists try to conceptualise clients' conscious thoughts and do not look for a disguised unconscious meaning, as do psychodynamic therapists (Beck, 1995). This means that client and counsellor can work together in detecting which patterns of thought need to change, whereas in psychodynamic therapy clients' disagreement with their therapist can be viewed as "therapeutic

resistance", which can make the therapy less collaborative. For example, cognitive therapy adapted to Taoistic doctrine has been used with clients who struggle with neurosis (Xiao, Young, & Zhang, 1998). An adapted cognitive program incorporating ideas from the Mormon tradition has been used to treat perfectionism (Richards, Owen, & Stein, 1993). A universal spirituality has assisted clients cope better with depression (D'Souza, Rodrigo, Keks, Tonso, & Tabone, 2003), and bipolar disorder (D'Souza et al, 2003). These good outcomes support the precepts of culturally competent practice, that using culturally congruent interventions increases clients' motivation to put the intervention into practice (Hodge, 2011).

Counsellors trying to create a truth-seeking environment in therapy can use examples in relevant holy texts when religious people forfeit happiness to stay committed to adaptive thinking and godliness, in the midst of trials and emotional stress. It can be productive to help these clients think about what thoughts might have been going through the minds of the respective independent, critical thinkers in their religious/sacred text (Hodge, 2011). Cognitive therapists who weave examples in holy texts into discussions of clients' thoughts can help facilitate reflections where finding truth is more highly prized than just being happy. Through this therapeutic process, clients can gain new insights, skills of inductive reasoning, experimentation and repetition (Tan, 1989). For instance, cognitive therapy is especially useful for clients who adhere to the Christian faith because it requires them to compare their thoughts with truth to check out their view of reality. Since Christians believe truth is found in Scripture, this provides a helpful method for examining their thinking. Like cognitive therapy, Christian healing usually nurtures the skill of metacognition, or the ability to think about thinking and replace inflexible thoughts with more adaptive ones (McMinn, 2007). The apostle Paul, in the Bible, clearly emphasizes a perspective on thoughts and feelings that reflect two foundational assumptions of cognitive therapy – that healthy thoughts help people overcome upsetting emotions when people encounter troubling events. In fact, Paul instructed Roman Christians to be "transformed by the renewing of your mind" (Rom. 12:2). This transformation refers to viewing the world through different lenses and seeking God's ways above personal gain or comfort. Similarly, cognitive therapists aim to help clients identify and modify core beliefs, to acquire a new set of lenses through which to view the world more precisely. It can, therefore, be useful to direct those Christian clients looking for spiritual help, to these passages of Scripture that require metacognition, as this is a common methodology that they will be familiar with and will put them at ease, providing a sense of safety. For clients who get stuck on a specific biblical statement, it could be helpful to

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consider how cultural norms and values which are assumed as understood in contemporary writing, often disappear when a viewpoint moves from one time and culture to another (Lovinger, 1979). In this sense, cognitive therapy and Christianity are easily combined as counsellors help their clients to move beyond superficial symptom relief to find truth (McMinn & Lebold, 1989).

Cognitive therapy can, also, be effective when working with Islamic values (Hodge & Nadir, 2008; Azhar & Varma, 1995a). Reason, logical discussion, education, and consultation are accepted actions in Islamic discourse. As already mentioned, these traits form the basis for cognitive approaches, as well, which suggests that the underlying principles of cognitive therapy overlap with some Islamic tenets. However, the way in which Western cognitive therapists use this approach can implicitly over-emphasise an autonomous self. This may be too individualistic for some Muslims, who value the importance of community and locating one's identity in the sovereignty of God. Consequently, to be more collaborative, Hodge and Nadir (2008) strongly advise that practitioners utilise a spiritually-oriented cognitive therapy replacing self-statements used in Western cognitive therapy with statements reflecting Islamic beliefs. This means that practitioners should work with clients to co-construct interventions that resonate with Islamic values. By developing their understanding of Islam, practitioners are better positioned to use potentially relevant interventions (Hodge & Bushfield, 2006).

Another reason cognitive therapy can be used fruitfully with some religious people is because they believe in God's unconditional love. Deep insecurities and fears of rejection or abandonment are more easily revised by people who embrace God's love, because God's love will never reject anyone. On the other-hand, this could be challenging for agnostics, whether client or therapist, who have difficulty locating benchmarks for truth (McMinn, 2007). Cognitive therapy, therefore, promotes an individualized approach to therapy, which encourages a healing therapeutic environment. Nevertheless, practitioners must keep in mind that due to the diversity and wide range of views that exist within any religious community, interventions that help one client, may be inappropriate for another (Hodge & Nadir, 2008).

2.3.2. Person-Centred Therapy: The Significance of Therapeutic Presence

The bond between two people features significantly in the process of healing or transformation. Many research studies (see Horvath & Symonds, 1991) have

demonstrated that it is the therapeutic relationship between psychotherapist and client that best predicts the effectiveness of therapy and is more influential than theoretical modality (Norcross and Goldfried, 1992). The mutuality that resides within the therapeutic relationship, has also been widely acknowledged by therapists. It is recognised that not only does the client need the therapist, but the therapist also needs the client, in order to chisel their own thoughts about intricate human difficulties, while holding the realization that each changes the other (Clarkson, 1995). For Guntrip (1961), the therapist is not a neutral tool for technical intervention, but effective psychotherapy only occurs when the therapist and client meet the real person behind the other's defences. Mearns and Cooper (2005) point out that deep insight only transpires in 'the moment of real meeting'. Therapist authenticity and spontaneity can be beneficial to the client, in this way, providing a model of being that the client can relate to, alleviating their distrust (Clarkson, 1995). According to Casement (2014), it may also result in transformation and growth for the psychotherapist as well. In this kind of therapeutic relationship, the therapist and client share the uncertainty lodged within their human existence.

Although the concept of 'therapeutic presence' is highly recognized in most psychotherapies it is only in the humanistic and existential approaches where it is emphasized that the relationship is therapy and not merely a vehicle for creating a safe space to do the work of therapy (Van Kalmhout, 2013). Working at "relational depth" (Mearns & Cooper, 2005) where therapists and client are "fully real" with each other and deeply value the other's experiences, which helps the client change how they view themselves, is the cornerstone of these modalities.

Person-centred therapy, which is part of the humanistic therapeutic tradition, focuses on how to help people grow and heal and assumes that each person has an innate wisdom of how to do this themselves (Mearns & Thorne, 2007). Despite its influence, historically, on other psychological therapies, in the current UK healthcare setting it has been side-lined by approaches like cognitive-behavioural therapy, which is offered within a medical institutional framework, exerting economic pressures on clinicians to produce positive outcomes within time-limited therapy. This may reflect a larger experiential crisis in broader society, where capitalism feeds a thirst for instant self-gratification, by manipulating the environment, thereby interrupting interdependence amongst people for the provision of their needs. The tragedy of this is that people have become disconnected from each other and their own submerged innovative human energy which can lead them to greater wholeness. While non-

humanistic therapies may contribute to understanding about the development and reduction of emotional distress, they sometimes struggle to conceptualise distress that is a consequence of self-estrangement (Cooper et al, 2013). Therefore, the quality of clients' experiencing becomes a critical element in determining the outcome of their therapy.

Rogers (1958) advocates three necessary qualities for this to happen, namely, that the therapist is authentic; honours the client, holding them in high regard and can non-judgmentally, empathise with what's upsetting them. However, towards the end of his life he began to talk about his presence in therapeutic encounters as being something distinct from the core conditions, but related to them, in that it is the fundamental base from which they arise (Geller, 2013). In order to empathise fully in this way means that the therapist must set aside their assumptions and prejudices, as it means being in-tune (or attuned) with the momentary felt changes in their client within a session, on a number of different levels, cognitively, emotionally, physically, spiritually and relationally (Geller, 2013). Further, the therapist also has to be in-tune with what's happening inside them both on an intellectual level, but also importantly, on an emotional, "gut" or bodily level so that they can access embodied wisdom within themselves and co-ordinate this with what they express vocally to the client; and track the impact their interventions are having on the client's process (Geller, 2013). An added benefit is that a sense of safety can be generated at a neurophysiological level within the client, which can expedite their healing (Rogers, 2013).

There is a lack of research into the concept of therapeutic presence, but Geller and Greenberg (2012) report a useful qualitative and quantitative study they have conducted investigating the interplay between therapeutic presence and the processes in the therapeutic relationship, where therapists from existential, person-centred and cognitive-behavioural therapeutic modalities and their clients rated the quality of presence in certain therapy sessions, using measures which were developed as part of the research. They found that clients reported a positive change after a session when they felt their therapist was present. Interestingly, cognitive-behavioural therapists rated themselves lower on presence as did their clients, which, though not currently integrated into practice may be an important influencing factor. Another intriguing finding was that therapists self-perceptions were negatively correlated with clients ratings of the sessions. Perhaps this was due to the fact that the therapists taking part in the study were inexperienced graduate trainees and had not yet developed a sense of how therapeutic presence manifests within themselves

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and with their clients. Also, self-report measures were used in the quantitative study which may not have captured the complexity of the construct and would need to be followed up with a deeper qualitative inquiry. Although the sample size was small (n= 8 therapists and 114 clients) and the results cannot be generalised, they remain promising and despite the paucity of research, the importance of the therapist offering a receptive therapeutic presence cannot be overstated, at least, from a conceptual perspective.

2.3.3. Towards Integration: Spirituality and the Person-Centred Tradition

While some person-centred therapists reject the idea of integrating spirituality into their work because of a fear that the client may be brainwashed by religious and spiritual ideas, others take the view that religious traditions can enrich person-centred therapy (Van Kalmthout, 2013). In particular, within the experiential and focusing approaches in the humanistic tradition, some practitioners are calling specifically for the rejuvenation of the notion of the soul and that there is a 'truth beyond concepts', saying that what we are searching for cannot only be found in vocal expression and there is a consciousness of not knowing everything (Leijssen,2009). Rogers said something similar, defining spiritual as being in touch with something reaching beyond ourselves. Further, he emphasised that this could only be grasped in the context of a "presence" in the therapeutic relationship:

 "When I am at my best as a group facilitator, or as a therapist, I discover another characteristic. I find that when I am closest to my inner, intuitive self, when perhaps I am in a slightly altered state of consciousness, then whatever I do seems to be full of healing. Then, simply my presence is releasing and helpful to the other." (Rogers, 1980, p.129)

According to Sollod (2005) secularized segments of Protestantism can be seen in Rogers' approach, in particular the emphasis on every person finding their own path and the therapist, like the Protestant minister, enabling this process. Rogers' concept of a person falling into incongruence and being restored to congruence through the vehicle of a "saving" therapeutic relationship, is also reminiscent of his unconscious assimilation of Protestant beliefs he had previously rejected.

The importance of integrating spirituality into therapeutic practice is seen when clients are wrestling with the question of the meaning of life, which is also at the centre of many spiritual and religious traditions (Van Kalmthout, 2013). If the therapist is closed to doing this, the quality of their presence with the client will be affected as they will

lack attunement to the client's pursuit of deeper meaning in their lives and when the client is aware of this it may impact their movement towards change. For example, in a qualitative study of clients' experiences of psychotherapy, Rennie (1992) found that clients are self-aware and actively thinking, and have an inkling of what might be the right course of action for them to take. However, they do not always convey their thoughts to their therapist, but instead may try to convey their experiences in such a way that their therapist will agree with them. This was especially pronounced when there had been a disturbance in the therapeutic relationship.

Thorne (2002) maintains that the spiritual aspect of a therapist's presence and depth in the relationship with their client means embodying hope, especially when the client faces unbearable suffering, and acceptance that there is nothing that can be done to alleviate this. To achieve this level of being with the client and to be able to work at relational depth, he says that therapists should develop an inner practice of this way of being and also be disciplined at cherishing themselves. Interestingly, this is something that spirituality and religion foster, but gets less emphasis in therapeutic practice (Van Kalmthout, 2013) and given its significance in therapeutic work, this is surprising.

In the existential tradition, one way that has evolved to help clients and therapists attend to their immediate experience, is by focussing on the body. If there is a strong rapport between client and therapist there could be a bodily transference from the client onto the therapist, which can shed light on the therapeutic relationship (Shaw, 2004). However, this is often ignored in psychotherapy (Orbach, 2004). Similarly, Strawn (2007) warns Christian practitioners working in a relational psychology approach, to be aware of Christianity's discordant relationship with the body where it is often downgraded in favour of cultivating a pure spirit, as this may lead them to dismiss the intrapsychic forces that could contribute to a client's problem (for example, aggression).

It is important for therapists to develop the ability to tolerate what is in their own mind, which is one of the key distinguishing features between therapies that rely on technical know-how to foster client engagement, like CBT and relational therapies (psychodynamic and existential-humanistic), whereby immediate thoughts and feelings between the client and the therapist, is the central focus (Hazler & Barwick, 2001). Working in this way, therapist trust-in-self is, also, akin to being congruent, one of the core conditions necessary for facilitating therapy in any modality. It is also an

important connection between psychology and the Christian religion in that holiness is equated to being whole which encompasses acting with integrity and being congruent. Therefore, practitioners would need to enhance this aspect of the therapeutic relationship, to guard against disengagement when immediacy produces tension.

One of the core beliefs of followers of the Christian faith is that knowing Christ entails recognising one's helplessness and then finding a way through this with Him and eventually arriving at a place of new hope within oneself, because of a deep sense of being cared for. It also postulates that in order for someone to be able to love others, they have to love themselves (Mark 12:30, NIV Bible). It appears these ideas could fit closely with a person-centred therapy, as they seem to share similar ideals and could therefore be a useful point of integration between these two disciplines, in particular. Thorne (2002), came to a similar conclusion about his own personal and professional experience, believing that person-centred therapy was the way in which people outside the church could come into contact with Christian values.

2.3.4. Another Step Towards Integration: Psychoanalysis and Religion

Although early psychoanalytic thinking suggested that religiosity is an illusion and a defense against the unknown, a way to repress unbearable instincts, certain psychoanalytic schools of thought, such as object psychology and self-psychology, currently advocate that it is within the context of a loving relationship that people grow (Rizzuto, 1996; Kahn, 1997). This paves the way for religious people's needs to be viewed similarly, but which extends personal relationship to include the universe and a loving God who brought creation into being because he seeks its companionship (Strawn, 2007). Ironically, psychoanalysis's initial dismissal of the benefit of engaging with healthy theistic accounts may have inadvertently fuelled this debate rather than eradicated it, possibly igniting a basic psychoanalytic process of the reappearance of the repressed (Hoffman, 2010).

A central active component of dynamic psychotherapy is exploring the patient–therapist relationship (transference work). Notwithstanding this, there are conflicting findings about who benefits from these interventions and under what circumstances (Hoglend, 2014). Several studies have reported that the source of therapists' reactions can be a mix of client traits and therapist tendencies (Holmqvist, 2000; Betan, Heim, Conklin & Westen, 2005). This can influence how attuned therapists are

to clients' needs and how skilful they are at delivering their interventions, which may be more hostile and controlling, if they are disengaged (Henry, Schacht & Strupp, 1990) and can predict alliance and outcome (Hayes, Gelso & Hummel, 2011). This therapy transference effect can also be seen in non-dynamic therapies and, therefore, appears to have implications for therapy regardless of orientation (Høglend, 2014; Gelso & Bhatia, 2012).

In a recent quantitative study, investigating therapists' self-reported disengaged feelings, while working specifically with the transference, Dahl, Hoglend, Ulberg, Amlo, Gabbard, Høglend, Perry & Christoph (2016) found that therapists' disengaged feelings can negatively impact on the therapeutic process, over the long-term, even in small amounts. This was dependent on the quality of patients' object relations, where a negative relationship increased significantly with patients who had reduced quality of object relations. The researchers randomly allocated one hundred psychotherapy patients for depression, anxiety and personality disorders, into two groups, one with transference work and one without. Patients quality of object relations was assessed before the therapy and pre-, mid- and post-treatment (at one and three years) interview and self-reports were used to measure outcomes. Key conclusions drawn by the researchers were that therapists' internal thoughts and emotional responses to their patients (countertransference) appears to significantly affect both the psychotherapeutic treatment process and outcome. To address this, in supervision, the researchers advise that therapists need to acknowledge and understand their attitudes and emotions so that they can constructively make use of their countertransference, to learn more about the interpersonal process between themselves and their client.

Dahl et al's analysis was based on therapists' conscious feelings from seven therapists, which is not a representative sample and studying unconscious emotions was, also not possible. However, the researchers report strong overlapping associations between self-report, observer and clinical measures which suggests an inherent robustness to the study. Further, therapists' disengaged feelings and the effects of this in the long-term, have not yet been examined empirically. The study's findings that disengaged therapists who feel bored, tired or distant can point to a weak emotional connection between therapist and client and lead to a negative therapeutic process, is, therefore, important. The results convincingly reiterate therapists' obligation to develop reflexivity in the context of their psychotherapeutic work.

Some religions, such as Islam, may not accept psychoanalytic approaches (Banawi & Stockton, 1993), as they tend to point inward and explore intrapsychic conflicts, whereas Muslims prefer to look outward and ground their identity in religious teachings and community actualization (Hodge & Nadir, 2008). For clients from other faiths, changes to the concept of illusion, constructivism and narrative theory, may open the dialogue between the psychodynamic modality and their religious beliefs (Sorenson, 1990). For example, Winnicott saw illusion as a necessary developmental process moving the person toward reality, which could include religious experience. Many of his ideas arose out of early Christian teaching which emphasised God's love; and have been used by psychoanalytic inter-subjectivist theorists like Benjamin (Strawn, 2007). In particular his idea that the early relationship between infant and Mother/caretaker where the Mother must withstand attacks from the infant in order for the infant to accept her agency as different to the infant's, mirrors the therapeutic relationship and therapists' (Christlike) forbearance of transferential attacks from their clients, and echoes Winnicott's Christian background (Hoffman,2010). Perhaps the "attacks" on religion by many psychological practitioners could also be understood in this light, that in order for an object (in this case religion) to be valid it must first be eradicated?

Secondly, the emphasis modern psychodynamic approaches place on listening to the meaning and structure of the client's narrative and not only the content is the same method theologians have used to understand biblical texts for many years (Watts, 2012). Further, because psychodynamic thinking has moved towards an inter-relational approach where the client's problem is not solely located within themselves but that it is in the interaction with the therapist that their story is re-constructed, a social constructionist epistemology would say that the therapist cannot look for an objective truth with regards to the client's problem, but can only hold their subjective perspective, which is one of many possible perspectives. This would undermine therapists' reasons for being sceptical of people with religious beliefs. It is, therefore, important for therapists to keep in mind that just as constructivism proposes that there is no end to knowing something, there is also more to religion than can ever be known and to be careful of being reductionist with respect to religion (Watts, 2012).

Hegel, a philosopher, who also was a source of inspiration for Benjamin's thinking, spoke about immanence and how God is divinely human and can be seen in the face of one's neighbour, as did Martin Buber who extended this idea to the divine "Thou" only being accessible in dialogue with another person (Hoffman, 2010). Strawn

(2007) concurs that God's grace is constantly at work in and through His creation, and, therefore, Christianity, in particular, could be viewed as a type of "embodied spirituality" where humans are not made up of a physical body which is separate from an immortal soul but that their sense of who they are springs up from an understanding of how God views them which leads to being wholly embedded people in the world. Psychodynamic mechanisms like transference, internalization and grief are placed within humans by God and, as such, can be seen as spiritual things, as opposed to human ones, which can be usefully worked with psycho-dynamically or spiritually to bring about psychological and spiritual change.

Lovinger (1979) provides some informative insights for working with maladaptive religious resistances which can be difficult to unlock. For religious clients troubled about doubting their beliefs, for example, it is possible to point out that doubt is necessary in order to have faith and make the interpretation, "that it is more important to doubt what is false than believe what is true" (pg. 420). Study and thought are inferred rather than undiscerning belief. Thus, the therapist aims to separate the problem of belief from doubt, and reconceptualise it as reality checking, since doubt can be a necessary survival function for avoiding certain dangers in life. In this way, therapists' interventions can be fruitfully channelled towards understanding what the religious issue means to the client and trying to provide a corrective religious perspective. The therapeutic focus is to assist the client in looking beyond their religious beliefs to the hurts, needs, angers, impulses, thoughts and feelings that have emerged from the client's relationships with important people in their life. However, Lovinger (1979) advises that authentic religious attitudes that are not defensive in nature, should not be an issue in therapy.

The question therefore arises, can belief in God be simultaneously a social construction, as well as, an experience of God? From a Christian standpoint, Watts (2012) suggests that there is no reason why these two positions cannot be complementary because from a theological perspective there is no reason why God cannot work through psychosocial processes and, also, no reason why the human sciences should lay claim to holding the only way of interpreting religious beliefs and practices. The question remains, is it possible for psychology to embrace a theistic narrative which has survived destruction and been transformed by it?

2.3.5. Mystery: The Transpersonal Therapeutic Relationship

The transpersonal relationship in psychotherapy refers to spiritual and sacred dimensions, or qualities influencing the therapeutic process, that are hard to explain and surpass the limits of human understanding (Rowan, 1993).   In Jungian thought, the transpersonal is defined by a sense of infinity and the influence of an invisible presence. It is seen as a relationship established upon the communication between the unconscious minds of the therapist and the client (Guggenbuhl-Craig, 1971), during which the psychotherapist can, also, encounter an unsettled part of themselves. This has been described by Clarkson (1995) as the 'emptying of the ego' of the psychotherapist's personal unconscious, in order to make room for the unworldly or supernatural between therapist and client. Buber (cited in Clarkson, 1995) says this has to do with the concept of 'grace', in therapeutic work, as the eventual factor that could activate healing or well-being in a client.

This transpersonal space, within psychotherapy, cannot be easily described, or proved because it is an uncommon occurrence, but may be better understood by therapists who have experienced the incomprehensible and unpredictable mysteries, both in therapy and within their own lives (Clarkson, 1995). Focusing on the transpersonal implies that therapists take a step of faith, letting go of their skills, knowledge and preconceptions, to validate a shared, silent being-ness in the therapeutic relationship. It is about intuitive revelations concerning clients, in the absence of prior evidence, which allows serendipitous acts of wisdom and transformation to emerge. Although it is impossible to verbalise, its presence is hard to dismiss. Clarkson emphasises that courage is needed to embrace the whole spectrum of the self, theory and the unworldly or metaphysical, with every client, regardless of directives inherent in therapists' theoretical beliefs. Grof (1988:238) describes the consequence of therapists not dealing with transpersonal experiences because of their philosophical bias as, "giving up a tool of remarkable power". To ignore the existence of the transpersonal, as a deeply held conviction running throughout the history of mankind, therapists also run the risk of being unprepared for responding to issues, questions and problems related to human engagement with spiritual issues.

2.3.5.1.   Discriminating Awareness

Traditionally transpersonal aspects of human experience have been the domain of poets, artists and mystics who embrace an artistic and contemplative life, but since it is a part of the human psyche, it is appropriate that the scientific discipline of psychology also attends to this. The big test, currently, for the training of therapists is to bring science and art together by first exploring the value of contemplation for themselves, to be able to speak authentically about it and then be objective about their experience. The well recorded breakdown of C. G. Jung where he observed the pattern of his experience and which served as impetus for his later work is a good example here (McCormick, 2000). It is also vital for therapists to be able to distinguish between pseudo spirituality and real spiritual experiences; and that religious and spiritual practice is not psychologised, thereby reducing what is a common and profound experience for many people.   Spiritual discipline requires rigour and attentive self-awareness and psychological therapists need to be able to identify, both in themselves and their clients, spiritual experiences that are spawned from a mature, stable ego system. Experiences that are connected to the longing of a weak ego preventing the voice of the mature self from being heard must also be recognised (Wellings, 2000).

Practitioners conceptualising the transpersonal dimensions of some presenting problems see that this may have to do with the repression of transpersonal experiences as threatening, or intensely spiritual experiences which clients have difficulty making sense of in their minds, or understanding their significance. At the core of their understanding is that human beings are capable of finding meaning in suffering, a process called soul-making by James Hillman. They are also able to move beyond ordinary awareness of personality into states of 'spiritual' awareness. This, however, does not mean that by incorporating the transpersonal into psychotherapy that practitioners will collude with ego defences masquerading as spirituality (McCormick, 2000).

2.3.5.2.   The Receptacle of the Transpersonal Therapeutic Relationship as Guardian of Boundaries

Therapists use their professional training, experience of personal therapy and own life experiences in order to create the type of environment where the client feels safe and the therapeutic relationship can grow (Hazler & Barwick, 2001). Helping the client return to the heart of who they are can be transformational, which may include the

possibility of attuning to something beyond ordinary, everyday experiences. Working transpersonally, therefore, requires that the therapist can move beyond ego restrictions into internal spaces where there can be soulful reflection on the experience and infinity of the numinous, especially within the context of suffering.

Aside from abiding by a code of ethics to guard the therapeutic relationship externally and protect clients from the misuse of therapeutic power by therapists, another guard is therapists' use of theory to hide an insecurity of not knowing. When therapists are not open to following their client, this can be linked to a lack of knowledge about their own shadow and ability to know themselves and, as such, is linked to a defensive stance (McCormick, 2000). This is also dependent on how therapists view the process of therapy, if they perceive it as development or an unveiling of an undiscovered self. The guarding of the therapeutic relationship internally is therefore governed by the therapist's continual meditative and contemplative practice of listening to themselves and drawing on relationships outside themselves for wisdom and guidance such as colleagues and supervisors. This quality of awareness and presence that is brought to the work are the building blocks of good practice and comes down to each therapist's self-honesty (Thorne, 2012).

Not all things can be understood within the therapeutic relationship and therapists, therefore, have to be able to work with the unknown and the mystery involved in synchronous events between therapist and client. Therapists must constantly remind themselves that people use therapy in idiosyncratic ways and not to place a value judgement on this. While training is important, it seems equally necessary for therapists to be able to engage with the mysterious aspects of the therapeutic relationship and be open and committed to, also, learning from this body of knowledge, which can spark new avenues for exploration and healing. This can differ from ideas of well-being connected to the ego (Spinelli, 2003). Working with transpersonal elements in therapy the therapist becomes a representative for the soul, where the therapist's own mindfulness and compassion are necessary for understanding, that staying mindfully with an experience as it is, is preferable to trying to avoid it (Rowan, 2003). In practice this would require therapists to use interventions that facilitate the presence of the client, where healing is composed of reflection on what is felt and thought, focusing and imaging, which leads to a deepening sense of a 'felt shift' within the client.

In summary, psychological practitioners working within one of the major therapeutic modalities could benefit by examining the origins and philosophy of their therapeutic system (Sollod, 2005). Although often stripped of religious and spiritual content, there may still be implicit traces, in some clinical concepts which may offer a deeper religious/spiritual perspective to their therapeutic endeavours. All counsellors aim to provide their clients with a place for healing and growth, a place to pursue truth and be themselves, but those counsellors who can blend high quality counselling with an attuned sensitivity to religious values and spiritual awareness can significantly enrich this therapeutic space.

2.4. Unoccupied Therapeutic Spaces: Psychological Counsellors Proficiency in Addressing Spiritual/Religious Issues

Literature about human difference, as it pertains to spiritual and religious beliefs is scarce in the area of psychological counsellors self-awareness regarding religion and spirituality, with some noteworthy exceptions considered in the next part of the literature review.

In the area of therapist skill acquisition, the role of technique in therapeutic outcome has generated immense research consideration. Notwithstanding this, aspects of the literature that can illuminate the internal dynamics and conflicts of therapists, as they integrate theory based skills and techniques into their therapeutic work, has not received much attention. In an academic paper, Hill (2005), calls for more research into therapists' awareness of self and how this relates to technical activity, noting that when the therapist is engaged in technical activity, little is known of internal therapist processing and process interaction. He adds that current methods and measures neglect the manner and quality with which techniques are applied. Much of the research reviewed here, including the most recent studies, collectively call for more active and direct investigation in this area.

Surprisingly not much is known about the experiences of practicing counsellors in terms of how they respond to clients' religious and spiritual material, given the clinical importance of religious and spiritual issues. In a recent study, Frazier and Hansen (2009) surveyed 96 psychologists regarding their employment of 29 recommended religious/spiritual psychotherapy in-session behaviours. Results indicated that most of these clinical acts were incorporated far less than their importance ratings might indicate. In a related study, Cashwell et al (2013) surveyed 78 American Counselling

Association members, to ascertain if counsellors incorporate clinical behaviours for addressing religious/spiritual material in counselling, in accordance with their importance ratings of such actions. The discrepancy in these ratings, is reflected in the large effect size reported in this study and participants belief that this is an important clinical activity, yet engaging with it less frequently than the importance ratings suggest. This brings relevant client conceptualization issues to the fore. As Cashwell et al (2013:54) state: "If participants believe that integrating spirituality and religiosity is important to case conceptualization but report that they less frequently listen for spiritual/religious themes in client communication and do not actively use informal and formal assessments of spirituality, how then are counsellors gaining the necessary information to adequately integrate client spirituality and religiosity into the case conceptualization process?"

In the study by Cashwell et al (2013), participants most reported obstacles shed some light on this importance–frequency anomaly. A striking observation made by the authors is that practicing counsellors would report that they were inclined to discuss spirituality and religion only when it was initiated by the client. This was one of the most commonly indicated challenges, which was closely linked to another barrier, counsellor discomfort with addressing spirituality/religion. Since it is often the counsellor's role to initiate discussion on sensitive clinical topics (e.g., a client's sexuality, addiction, abuse) and the wider literature proposes that spirituality is central to a person's culture, meaning making, and coping (Wiggins-Frame, 2005), then non-engagement with this aspect of the client's worldview is to potentially ignore a core part of their identity.

Out of these studies a question has surfaced about why behaviours perceived as relevant would be seldom used. The consistency of this finding, in these studies, implies the existence of a potential gap between perceived importance and utilization rates of the surveyed behaviours. It seems that while participants wanted to respect clients' religious beliefs and were conscious of personal spiritual and religious biases, at the same time, they might have been so caught up with avoiding the imposition of counsellor values that they failed to assess the relevance of clients' spirituality/religiosity to presenting difficulties, therefore forestalling appropriate intervention. The researchers suggested, further, that perhaps in an attempt to abide by professional guidelines/code of ethics, some counsellors may opt to circumvent religious and spiritual issues within their therapeutic practice. Therefore, the emerging picture could be that some counsellors may battle to balance incorporating spiritual

and religious interventions, while acting in an ethical manner (i.e. valuing of client autonomy).

These studies point to this being an important focal area in training and research. Since they do not clearly describe reasons for the nature of the divergence between perceived relevance and frequency of use, the authors suggest that future researchers could explore the cognitive process that practicing counsellors engage in to assess the relevance of religious/spiritual issues, to address this domain in clients' lives. Some researchers have made some headway in doing this. In one such study, Motalova and Rihacek (2015) using thematic analysis, explored how counsellors' religiosity presents when working with clients in a predominantly non-religious environment. Semi-structured interviews with 11 Czech counsellors who self-identify as Roman Catholic were undertaken. The results showed that, on the one hand, practitioners' religiosity was a positive resource, helping them to be optimistic and confident, indicating that counsellors' religiosity can be beneficial for all clients, regardless of their own religiosity. On the other hand, the data suggests that the effect of counsellors' religiosity may eclipse counsellors' responses which was reflected in counsellors' inclination to classify clients by their religious and non-religious status and have a preference for working with religious clients.

In another qualitative study, in South Africa, Brown, Elkonin and Naicker (2011) explored enablers and barriers of psychologists' use of religion and spirituality in psychotherapy. A focus group strategy was used to collect data, and content analysis utilized in the analysis. Participants, in this study, highlighted specific barriers to incorporating religion and spirituality in psychotherapy, such as ethics, especially competence and scope of practice issues. Other identified challenges included conflicting beliefs, values and morals to the client, client resistance and being uncomfortable with religious and spiritual issues. Although the average number of years of practice among the participants was only 6.63 years, it did not seem to significantly influence the quality of psychologists' engagement with religious material as compared to research samples with more experienced practitioners. This suggests that years of experience may not be a significant factor influencing this process. Regarding sample composition, all participants reported a religious affiliation in this research, which may partly explain this phenomenon.

2.4.1. Keeping Watch: Therapist Self-awareness

Zeddies (1999) contends that therapeutic techniques hold professional and personal meaning and are not acquired through teaching, but are rather a communication of adherence or conformity. Although advocating the 'holding of theory lightly', Zeddies does not mean discarding technique, but that using technical strategies during a psychotherapeutic session is done in proportion to other actions, such as therapist reflection on self-process, and management of potential bias stemming from over-compliance to personal or professional ideologies.

In the field of multicultural competence, Miller (1999) also advocates competent counsellors reflect on their own religious or spiritual beliefs, as a way of increasing their sensitivity and understanding of their own ideas about this part of their lives. The implication is that improved attentiveness to their own belief system will, also, refine the quality of psychological therapy services. However, Maher and Hunt (1993) advise that counsellors will struggle to expedite spiritual/religious identity development in clients further than their own personal experiences and understanding of spirituality, suggesting that counsellors' own spiritual/religious stance could steer their responses and interventions with clients. In one qualitative study, it was reported that clients' experience of discussing religious issues in counselling was unproductive because of the discomfort clients experienced, feeling beset upon, or constrained by their therapists (Knox, Catlin, Casper & Schlosser, 2005). These clients perceived therapists to be prejudiced or sticking to their own beliefs, showing that perhaps therapists' were giving automatic responses out of their own impaired awareness regarding spiritual/religious issues. All of these clients experienced negative effects and were dissatisfied with their therapeutic experience.

On the contrary, clients who had a positive experience discussing their religion, in therapy, viewed their therapists as non-threatening, approachable, and non-judgmental. Mosher's grounded theory study (2007) reported clients awareness of cultural differences between themselves and their therapist and that they appreciated addressing this dynamic in therapy. These results upheld Knox et al.'s (2005) findings, in that clients valued counsellors' genuineness about cultural dissimilarity and uneasiness. One of the conclusions from Mosher (2007) is that psychologists' cultural attentiveness and ability to genuinely engage with diverse clients was essential to the therapeutic process.

It is remarkable that despite this evidence, self-reflective experiences concerning religion/spirituality, are not often encouraged by current training program models in psychology or by the supervisory process for psychologists (Miller & Thoresen, 2003; Polanski, 2003). This introduces a potential drawback in nurturing the self-awareness that multicultural research maintains is a non-negotiable for the provision of ethical and effective psychological therapy.

2.4.2. The Practitioner's Perspective and Related Biases

As in other areas of diversity, the psychology profession does not properly represent the religious and spiritual client base, it is mandated to serve (Vieten et al, 2013). While many people in the general public seem to embrace various theistic worldviews, studies repeatedly show that most psychologists (Shafranske, 1990), support spiritual worldviews that are not associated with theism (Sheridan & Amato-von Hemert,1999).

The binding feature of secularist spiritual frameworks, is an Enlightenment-based belief in human beings ability to steadily uncover and deduce spiritual truth. This belief may be seen in atheism, syncretistic or "New Age" movements, or more commonly, in liberal denominations which affirm prevailing precepts set out by current scientific discoveries and cultural aristocracy (McGrath, 2012). In this worldview, humanity acts as the central reference point for identifying transcendent values, instead of an established religious or spiritual tradition.

McAdams (1987) writes that these personally constructed worldviews, in Western society, tend to be pervasive in shaping cultural establishments, such as academia, newsmedia, television etc, what some refer to as the knowledge forums. For example, studies imply that secular individuals are more likely to be framed positively, in the media, than traditional Christians (Kerr, 2003). Psychological counsellors could therefore consider how media releases may influence how they view theistic groups, especially if there is limited diversity within their social circles. Unless practitioners have started to address conscious and unconscious biases that are embedded in the dominant ideological culture, they should be aware that there is a likelihood they could reflect these biases.

Numerous studies looking at helping professionals' decisions, which should be unprejudiced, among various samples of psychologists (Gartner, Harmatz, Hohmann, Larson, & Gartner, 1990; Neumann, Thompson, & Woolley, 1991), psychiatrists

(Neumann, Harvill, & Callahan, 1995), physicians (Neumann & Leppien, 1997), and social workers (Neumann, Thompson & Woolley, 1992), mirror this reality. All these studies show how professionals' were positively swayed by media portrayals containing humanistic or progressive values and negatively affected by hearing accounts containing traditional Christian values.

Yet, such biases could be expected within the field of psychology. While mental health professionals have made a lot of progress in attending to biases in race and gender, the process of dismantling stereotypes and prejudices in the area of religion and spirituality has only just begun (Bergin, 1991; Harris, 1998). The dominant influence of European and male worldviews has been the focus of extended academic examination. To the contrary, the influences of the prevailing secular paradigms have not attracted much attention. As a result, at this point in the profession's evolution, biases are likely to be prevalent in many ways, since there is often an underlying assumption that unexamined secular frameworks are universal or normal (Gotterer, 2001).

While these beliefs may be understandable, it is essential that both individual and collective efforts are made as a profession, to reveal existing biases (Denton, 1990). Just as psychological counsellors have accepted feminist critiques of bias against women in moral development theory (Kagan & Tindall, 2003), they might also affirm theistic critiques of moral development theory, showing bias against theists (Richards & Davison, 1992). As psychological practitioners grow in understanding of how the values of the prevailing discourse influences their perceptions of various populations, they become more able to understand other worldviews on their own terms (Eleftheriadou, 2003).

Spiritual competence can be conceptualized in the form of a continuum, which ranges from spiritually destructive practice at one end to spiritually competent practice at the other end of the continuum (Manoleas, 1994). When learning about different worldviews, practitioners should be cognisant of personal material that may limit an empathic, strengths-based understanding of their client's belief system (Sue & Sue, 1993). This self-reflection is additional to the exploration of personal biases fostered by systemic power discrepancies emphasized in the preceding paragraphs. Biases embedded in the prevailing secular culture may reinforce personal issues, by encouraging a tendency to negatively perceive certain worldviews. It will be difficult for practitioners to affirm various religious and spiritual beliefs as valid alternatives to

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dominant cultural paradigms, unless they identify and resolve these personal issues. Between 20 and 36% of practitioners report negative to ambivalent feelings about their childhood religious experiences, experiences which have occurred largely in theistic families of origin (Sheridan, Bullis, Adcock, Berlin, & Miller, 1992). Psychological counsellors may, therefore, be susceptible to experiencing religious countertransference biases when working with religious clients.

To reach over prejudices and stereotypes, it is essential to recognise that they exist. Consequently, it is important that practitioners explore how they relate to the prevailing cultural group and how this has shaped their understanding of the nature of reality. They should bear in mind, however, that an examination of distinctions between personal and social power can spark strong resistance, especially with members of the predominant cultural group. Although this examination of cultural background is often uncomfortable, practitioners developing awareness of their own values is important, so that they avoid imposing their values in therapeutic practice (Watson, Morris & Hood, 1987).

Research on clients and religion/spirituality suggests that both religious and non-religious clients think it is appropriate to discuss religious issues in therapy (Rose, Westefeld, & Ansley, 2001). As practitioners start increasing their understanding of religious and spiritual traditions and become more self-aware of their own personal biases, the challenge is to move toward understanding reality as their religious and spiritual clients view the world. To see reality through the eyes of those who practice a faith. Psychotherapeutic interventions are best considered, at this ideal intersection of empathic appreciation (Bergin, 1991).

2.4.3. Technique and Relationship All in One

Goldfried and Devila (2005) argue that it is preferable to investigate technique-focussed interventions as a type of response that is situated within the overall process of the therapeutic relationship. Leitner (2007) was hesitant about separating out self and theory from technique. This position could be seen as each technique being an adaptation of the therapist's theoretical model, expressed in their own personal language. It also bears Carl Rogers (1961) intent and meaning behind his Person-Centred ideas of, 'being with' instead of 'doing to', which, interestingly, resembles the aforementioned cultural dynamic, situated within the collective Western psyche. Nonetheless, one thing that emerges clearly from Leitner's positioning of technique

is that it is at the heart of an integrative process. This emphasis of Leitner's, of technique being at the centre of integration, offers a useful approach with which to review the other areas in the literature pertaining to therapist skill acquisition and intervention. That this process involves incorporation of self-theory, does not necessarily mean that it is an uneventful, or straight-forward process which is a given. It could be that particular self-theories dovetail well with certain theoretical approaches but less so with others, which could lead to therapists finding that acquiring therapy techniques conforms to their preceding core structures of self. The implications not only for training, but, also, qualified practitioners is that emphasis be placed on creating opportunities for structured reflection on the self.

The range of this review is not broad enough to explore the idea of therapeutic relationship as technique in any depth, but Goldfried and Devila's (2005) representation prompts a curious question - might there in fact be more than one relationship to keep in mind; one between client and therapist and another between therapist and self?

2.5.   Facing the Void in Professional Development: Learning New Skills to Work Competently

Miller and Thoresen (2003) claim that there is an omission in psychology training in the area of spiritual and religious issues, which could result in the expression of personal bias and stereotypes shaping psychologists' clinical judgment. A startling number of psychologists report that discussion of spirituality or religion is extremely uncommon during their training (Brawer et al., 2011; Jafari, 2016). It could be that graduate programs may not include this in the training because faculty staff feel de-skilled or ill-equipped in this area themselves (Hage et al, 2006). However, despite the lack of clarity surrounding this training anomaly, the noticeable oversight in attention given to spiritual/religious issues serves as a hindrance to cultural competence (Knox et al, 2005). Gingrich and Worthington (2007) declare further that any training offered is usually unconsidered and disorganized and that the start of learning usually comes from clients raising spiritual/religious issues in therapy, spurring counsellors to request supervision. Relying exclusively on supervision to develop competence in religious issues in counselling, could be another possible pitfall, given that some supervisors do not always feel that comfortable discussing spiritual and religious issues, in supervision (Polanski, 2003).

Polanski (2003) identifies a significant gap in research that exists in the area of spirituality and supervision, as in the training domain. In 2003, Polanski modified Bernard's 1979 model of discrimination to try and integrate spirituality and supervision, because no other models concentrated on this subject in the supervisory experience. She discusses the importance of exploring supervisees' self-awareness of spiritual and religious issues because of its effect on the therapeutic process. She asserts, further, that even the claim that a supervisee does not hold any religious values or beliefs, still necessitates reflection, because it has bearing on the psychologist's therapeutic presence.

Aten and Hernandez (2004) also endorse the value and usefulness of psychologists' increased self-awareness of their own spiritual/religious stance. They recommend, further, that supervisors assist supervisees to engage with clients' religious concerns with increased receptiveness and responsiveness. In this post-modern age, it is essential for supervisors to aid supervisees in talking about the various ways of approaching or understanding different spiritualities, rather than assuming a "one-size-fits-all" approach to understanding religion and spirituality (Gingrich et al., 2007; Rohr, 2012). Gingrich et al. strongly propose further research, in this area, looking especially at supervisors' personal spiritual/religious beliefs and the function this has in the supervisory relationship.

One possible reason for the adoption of a single approach to religion and spirituality, amongst mental health professionals, could be an over-use or misuse of the psychotherapeutic concept 'bracketing', whereby therapists endeavour to keep elements of their own personal lives and experiences out of the therapy room. Adams (2014:2) argues that the term 'bracketing' does not reflect reality and says that as therapists "we cannot leave our experiences outside the (therapy) room" because "the rumbling envies and unresolved issues of archaic experience, are always with us". Yalom (2002) concurs, stating that nobody can escape the misfortunes and struggles of life that are bound to happen and are beyond our control. Adams (2014) suggests further, that human imperfections are more than likely to interfere with the therapeutic process, because there are times when therapists wish to be viewed in a better light than they see themselves. They, too, like their clients may find it difficult to face their true reflections, in the mirror. Yet, these reflections can only be managed constructively by the therapist, if they acknowledge it.

While there has been a definite move towards including spirituality and religion in the most recent competency research on human differences, as it pertains to spiritual and religious beliefs, noticeable lags and lapses in its application are still evident across academic, training, and supervisory domains. This suggests that perhaps the field of psychology does not fully acknowledge the idea that psychologists' spirituality and religious identity is a significant part of cultural identity. If this exploration is not promoted, the consequence could be a potentially unfavourable bearing on psychologists' professional growth and, also, the richness and heterogeneity and diversification in the field.

2.6.   Noticing Inattentive Therapeutic Practice: Psychological Counsellors' Snares in Engaging with Spiritual/Religious Issues

Morrow, Worthington and McCullough (1993) state that psychologists impact their clients' religious outlook by the way they approach clients' conversations about religious beliefs. They assert that psychologists can support, avoid, or challenge clients' beliefs. A meta-analysis of the relationship between mental health and religious involvement supported claims that religious clients experience better mental health and have beneficial tools for coping (Koenig, 2001). Further, many clients with serious psychological difficulties, also use religious beliefs to cope with their mental distress (Koenig, McCullough, & Larson, 2000). The inner fortitude of these clients often encompasses their ability to utilize spiritual or religious strategies that can help to integrate the body, mind, and spirit (D'Sousa et al., 2006). When clients' spiritual/religious means are neglected, psychologists potentially exclude their clients from useful methods of coping.

Psychologists who can engage clients thoughtfully in this way are collaborating with clients' religious values and needs, and are responding holistically (D'Sousa et al., 2006). However, psychologists who push aside their clients' values and beliefs may be imposing potential harm on clients, stepping outside of practitioner proficiency guidelines when working with difference. Adams (2014) mentions three "positions" or traps that therapists must be aware of falling into, namely, false omnipotence, moral superiority and boundary violations. A potential danger lies in psychologists' possible impressions of religious clients. Research shows that psychologists often think more cynically about religious clients than non-religious clients (Aten et al., 2009). This may indicate that psychologists hold value dispositions colliding with

spiritual/religious principles adhered to by their religious clients, as illustrated by the religiosity gap.

While research recognizes religion's adaptive relationship with coping and positive mental health, clients and psychologists might have understandable and legitimate negative experiences and reactions to spirituality/religion which may require further exploration. For clients, it could be part of their presenting difficulty, or it may just be curative for this exploration to happen. For psychologists, reflecting on any negative feelings to guard against their associations becoming a bias that unknowingly leads them to use harmful interventions with clients, is important. A negative relationship with religion could occur for different reasons. For example, religious establishments have been or remain heavy-handed and repressive towards particular people (e.g., women and gay and lesbian individuals), which can play a role in clients' presenting problems and psychologists' responses to those problems (Polanski, 2003).

Another unhelpful association of religious affinity, that is recognised, is the feeling of guilt. Faiver, O'Brien, and Ingersoll (2000) consider how counsellors and clients may accept guilt or suppress it, depending on their own personal experiences. How counsellors' construe guilt, and how this matches with their clients' guilt orientation, can impact the advancements made in therapy (Faiver et al., 2000). This means that psychologists' own personal responses associated with guilt in religion could affect their therapeutic work with clients.

An important potential risk-factor lies in psychologists misreading religious material in therapy. Research carried out by O'Connor and Van den berg (2005) reported mental health professionals' tendency to disregard authentic religious beliefs as unhealthy in certain circumstances. The researchers noted that beliefs associated with more mainstream Christian religions were seen as less problematic than for two other, less mainstream religions (Mormonism and Islam). This shows how counsellors' understanding of clients' religious beliefs are somehow coloured by their degree of comfort with the particular religion, acceptance of it, or their own personal prejudices.

2.6.1. Defining Evidence-Based Spiritual Practice

Research suggests that many psychological practitioners in Britain have received little training on spirituality during their counselling and psychology education and, consequently, are reluctant to incorporate religious and spiritual interventions into their clinical work. There has been growing interest in evidence-based practice not only within professional arenas such as psychology, but also at government level. The psychotherapeutic task force, on evidence-based practice for psychological therapies, commissioned by the UK Department of Health (2001:3) defines evidence-based practice as, "to aid decisions about which forms of psychological therapy are most appropriate for which patients". This definition also applies to the topic of religion and spirituality. Hodge (2011:327) defines this as: "the integration of the best available research on spirituality, with clinical expertise using spiritual interventions, in a context that respects clients' spiritual values, cultures, and preferences." This definition underlines the importance of practitioner knowledge and client preference when intersecting with religious and spiritual interventions. Client self-determination, is particularly important within an evidence-based model due to the very personal and sensitive nature of religion and spirituality in many clients' lives. Being spiritually competent with a client's religious tradition or culture should, therefore, also be considered (Hodge & Bushfield, 2006), along with an evaluation of the available research.

The central feature of evidence-based practice is the emphasis on using research to select and assess the effectiveness of a given spiritual intervention in resolving problems. What is defined as "evidence" has been fervently debated in the helping professions (Plath, 2006), because different views on what constitutes reality, influences practitioners understanding of what this is (Lincoln & Guba, 2003). It is widely acknowledged by proponents of evidence-based practice, in the mental health literature, that a range of evidence includes randomized controlled trials, meta-analyses, epidemiological research, case studies and qualitative research (Hodge, 2011).

Over the last twenty-five years a growing number of research reviews on religion and spirituality have emerged (for example, Hook, Worthington, Davis, Jennings, Gartner, & Hook, 2010; Hackney & Sanders, 2003; Koenig, McCullough & Larson, 2001). Overall, these reviews indicate a positive association between different measures of spirituality and beneficial clinical outcomes. This body of research is helpful for

informing decisions about which spiritual interventions may be useful for clients struggling with a particular difficulty. Given this expanding body of research on religion and spirituality, mental health practitioners can, therefore, start assessing the research regarding relevant outcomes of interest. In some cases, this may be cross-sectional research on how spirituality and a given outcome correlate best (Koenig et al., 2001). On other occasions, the best research available may be meta-analyses or systematic reviews evaluating the effectiveness of certain spiritual interventions (Hook et al, 2010; Post & Wade, 2007).

Since a distinct knowledge base dealing with religion and spirituality has arisen fairly recently, evaluating the best research properly, means reviewing peer-reviewed journals, although extensive summaries of the research can also be found in books (eg., Koenig, et al., 2001). It is, therefore, critically important that practitioners are able to access peer-reviewed research, as effective evidence-based practice relies on this. Hodge (2011) suggests that another suitable option, for practitioners who do not have access to fee-paying academic databases, is to use Google scholar, a web-based academic search engine that is easily accessed via an internet connection. Google scholar appears to provide relatively broad coverage of the social science literature, giving short summaries and links to full text articles, abstracts, and other academic content (Walters, 2009).

Smith, Bartz and Richards (2007) reviewed empirical psychotherapy research on outcomes of religious/spiritual interventions. Across the 31 studies surveyed, religious/spiritual approaches to psychotherapy were constructive. Studies involving client prayer and reading sacred texts were as useful as studies that did not integrate either of these techniques. Furthermore, when religious/spiritual interventions were compared to a non-religious intervention, in 16 studies, the religious/spiritual interventions were more effective. The authors argue that these results should provide enough reason for therapists to consider incorporating similar interventions into their work with religious/spiritual clients.

Becoming acquainted with the literature on religion and spirituality will guide practitioners in evaluating what spiritual interventions could be effective with their clients' particular mental health challenges. Indeed, the competent use of this type of intervention is arguably an ethical requirement. Hodge (2011) proposes a model of evidence-based spiritual practice that could assist practitioners in providing optimal clinical services which usefully address clients' problems. He suggests that

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practitioners: (a) reflect on the effectiveness of interventions with regards to ameliorating the client's presenting problem, (b) search the literature to find relevant research, that can help to (c) assess the intervention's clinical usefulness, in terms of (d) practitioners' clinical expertise and clients' values. If both client and practitioner collaboratively decide to use a spiritual intervention, then practitioners must assess its effectiveness and outcome and devise steps for future improvement.

Without current suitable training or supervisory experiences, little or suppressed personal reflection promoted in this area of clinical practice, alongside little research and theory, it seems that personal biases, conflicts, misunderstandings, or ethical cracks could mistakenly creep into therapy, unawares. This study will complement recent research cited in this review, by using grounded theory to facilitate a deeper exploration into the underlying process dimension between practitioner and client that qualitative methods, such as, thematic and content analysis, used in similar other studies, do not appear to capture. In so doing, it may assist in the development of a best practice model for engaging with spiritual/religious clients and draw attention to the possible requirement for changes needed in clinical training content. The study could help accentuate psychologists' personal concerns and conflicts in working with clients from certain religious backgrounds and steer clear of pitfalls, by advancing ethical and effective provision of psychological therapy services to diverse client groups.

CHAPTER 3: Methodology

3.1.   Introduction

It is vitally important that researchers know what their assumptions are about how knowledge is produced (ontology) and how it can be known in the world (epistemology) and how this informs their own worldview, the research paradigm and choice of methodology (Ponterotto, 2005; Corbin & Strauss, 2008).

I am a Christian and this chapter reflects on my ontological and epistemological assumptions and how this has influenced my choice of a critical realist-constructivist approach.

It begins with a brief overview of a theistic view of reality, as context, then goes on to set out the reason for using a qualitative paradigm and the particular methodology selected. Several versions of grounded theory exist and the specific one used in this research, is defined, as well as the epistemological stance used. The design and process of analysis is discussed thereafter.

3.2.   Background: Theistic Perspective on Reality - Where Science Meets Faith

From the canyons of the mind,
we wander on and stumble blind.
Looking for some kind of clue – a path to lead
us to the truth. But who will answer ?
Is our hope in walnut shell worn
round the neck with temple bell,
or deep within some cloistered walls,
where hooded figures pray in shawls ?
Or high upon some dusty shelves,
or in the stars or in ourselves ?
But who will answer ?
(Lyrics from the song 'Who will answer?" By Ed Ames, 1967, cited in Ramsden, 2014, p.5)

The question that stands out in the lines of this song is not about what the truth is, or what the answer is, but who might have an answer or know the truth. In the last two decades of philosophy there has been a major shift about the question of truth. At one point all truth was seen as relative: 'What's true for me may not be true for you, but that's okay because we can all have our own truths' (Ramsden, 2014). However, what is commonly observed is that often people would like others to believe their view, whether religious, agnostic, atheist or even those who believe that all truth is relative. The potential problem with this is that a relative statement then becomes an absolute statement. If the person's view is being implicitly imposed on another then it contradicts the original proposition. As Hansen (2004:134) points out, "if what is termed reality is always a social interpretation and there is no conception of true reality against which to judge these interpretations there are no criteria to evaluate various constructions…and no solid foundation about which to base decisions about ethics", or the effects of psychological therapy. Another claim that is sometimes made is that there is no such thing as truth, and Ramsden (2014) argues that if this statement is true, then what is being said cannot be true.

Finally, those who believe in truth, recognise that there are some absolutes which exist which can be known through, for example, scientific discovery. However, by contrast, people who believe in God are seen by many people, as believing in something which is not true, or cannot be known and because this belief is not anchored in reality they are therefore sometimes seen as crazy (Swinton, 2001). Interestingly, progress in the fields of chaos theory and quantum physics are beginning to shed new light on some of these claims, by highlighting how what seems to be randomly disordered often unexpectedly can become an ordered, recognisable pattern (Wheatley, 1999).

It seems then, that perhaps another pertinent question to ask is, are science and religion really at odds? It appears there is divided opinion about this, some scientists propose that science and faith have sway over different domains and they, therefore, draw a line between them. Meyer (cited in Strobel, 2004), a physicist, challenges this view and says there are some occasions when science and religion overlap and when this happens big worldview issues, like the question of the origin of life are stirred up, because the discoveries of science will automatically have a bearing on religious worldviews. He says the only way to separate them would be to deconstruct the views of either one.

There is evidence of this happening not only in the pure scientific field but also within the human sciences, as mentioned above, where some say religion is a psychological crutch, bringing comfort, or is about ethical teaching. The difficulty with this is, that a religion like biblical Christianity makes very specific claims about facts, not just morality and faith. It says things about how the universe came into being and the role God plays in this; and also says things about historical events which have taken place, for example Christ suffering under Pontius Pilate in Palestine in the first century (Josephus cited in Orr-Ewing, 2005, p56; Matthew 27, The Holy Bible, 1978). Therefore, an absolute negation of religious beliefs stands in opposition to a couple of thousand years of religious thought, with certain religions. This, together with the fact that many scientists now believe that explanations for the origins of the universe lie beyond the natural laws of time, space and nature, and that human being's capacity for self-reflection and for creativity cannot be fully accounted for by naturalistic explanations strongly supports the inclusion of a theistic explanation in the ongoing debate (McGrath, 2010); and also underscores the need for psychologists to learn how to work with clients' religious beliefs in the psychotherapeutic process.

3.3.   Epistemological and Ontological Framework

One way of categorising research models or paradigms is to differentiate between Positivism, Post-positivism, Critical Theory and Constructivism (Lincoln & Guba, 2000). The first two worldviews are traditionally associated with quantitative research and the latter two with qualitative methods.

The empiricist or positivist worldview assumes that there is an objective reality (truth) which exists and which can be known through repeated observations that do not contradict a universal law ascertained from previous observations. It assumes that the researcher's scientific observation is value-free and unbiased (Roberts, 2014). Post-positivists or critical realists also believe in real truths, but are less certain of being able to fully uncover these and are more circumspect about their findings. A critical theorist assumes that values linked to society, economics, politics, culture, gender and ethnicity structure reality, which can also be defined as historical realism. Finally, those who hold a relativist ontological position and who believe that there is no one truth, but that multiple realities are constructed in different contexts, are constructivists. Their research outcomes are regarded as being mutually created with research participants.

This research, situated in a qualitative framework, was shaped by a critical realist ontology and epistemology because this was the best fit with the research question and the researcher's personal stance. A critical realist is mindful of causal influences being interrupted from acting on certain entities, particularly with human agency where individuals exercise free will with regards to deciding whether to do something or not (Bhaskar & Lawson, 1998). Therefore, actions are seen as a separate domain to language and critical realism strives to provide a better knowledge of how human beings engage with tasks and make choices. It acknowledges the important ways science has changed our view of our physical and social environments (Lane & Corrie, 2006). For Manicas, attaining this type of objectivity is possible for critical realist researchers, as long as they are reflexive about what they are investigating, constantly questioning their views and whether these truly reflect the unique social processes in a specific setting. He refers to this as a "responsible form of rationality" (2009: 35).

The approach has been used before to understand clients' experiences in psychotherapy (Baillie & Corrie, 1996). It also matched the therapeutic process being studied in this research, because the participants' narratives showed that their understanding of how to manage the impact of a client's religious beliefs on themselves was either based in their own religious beliefs/practices or in an external professional code of clinical practise which they referred to. In a similar vein, Lane & Corrie (2006) suggest that one question raised by critical realism which psychologists can use to critique their practice, concerns "the ways in which different types of professional intervention enable or constrain the self-interventions of clients" (2006:85). By focussing on how change takes place (the process), not what needs changing (eg. psychopathology), or whether change has happened (outcomes), this study will help to bridge the research-practice divide which exists in counselling psychology (Bury and Strauss, 2006).

However, while a critical realist position was taken in data collection, analysis was located in both realist and constructivist standpoints. This is because holding a purely objective worldview does not always capture the nuances of clinical practice, the unusual ideas which inform a knowledge base. It minimizes the importance of subjectivity, a cherished value of the psychology and counselling professions (Hansen, 2004). Therefore, being a psychologist and scientist-practitioner, it was deemed necessary that this research embraced both the pursuit of truth and practical knowledge, remembering that there are various factors which can influence these

processes (Lane & Corrie, 2006). As Lane and Corrie (2006) advocate, it is important for psychologists to re-examine their working paradigms and the costs and benefits associated with these and to even consider how rival paradigms could complement one another in advancing knowledge. Failure to do this, could lead to splintering within the counselling psychology discipline.

It is a particular strength of critical realism that it is able to hold together two competing perspectives – while it recognizes the social constructionist view of knowledge being a product of social and historical developments and the role that communication plays in this, it also suggests there is an independent reality which exists that is not constructed by social discourse and must be investigated (Manicas and Secord, 1983). What makes this valuable is that the researcher can pursue this independent reality, but exercises great caution with regards to generalizing their findings (Trierweler & Stricker (1998). Mackay (2003) notes that an essential part of counselling psychology practice is the ability to make objective observations of clients' meanings and adapt these as the meanings change.

Constructivism assumes that people construct their own meanings of an event which represents their perception of reality and has an underlying relativist ontology which does not seek for universal truths in participants' accounts, but favours uncovering their subjective explanations which are contextually-based (Willig, 2012). Paradoxically, constructivism's emphasis on multiple realities being equally true, offers a pathway for religious issues to be voiced and respected in clinical practice. Nevertheless, taking this position, the scientist-practitioner is faced with the challenge of how to usefully understand and respond to people's difficulties, which suggests an equal necessity for acknowledging the existence of an independent world that is not constructed through social interactions only (Lane & Corrie, 2006).

This research aimed to conceptualise how participants' reflect on a particular therapeutic event (constructivist) (Willig, 2001) as well as attain a precise appearance of their construction of meanings (Willig, 2013). These two different ontological positions generated some uneasiness when analysing the data. A constructivist position, in data analysis portrays only the researcher's impressions of the information (McLeod, 1994), which a critical realist position does not, as it seeks to show the participant's experience truthfully (Willig, 2013). In line with the positivist ontological stance of critical realism, the researcher acknowledges that she placed less emphasis on how her own interpretations might impact the analysis, to keep the precision of the

participants' views. Nevertheless, the initial descriptive coding in grounded theory can potentially be flawed, since researchers may choose only those aspects of the data which are of interest and could lead to a diminished representative account of the data (Strauss and Corbin, 1998). This has implications for conceptualising and theorising at later stages, which are supposed to represent everything that is in the data. Thus, when doing the analysis, the researcher kept in mind how her own perceptions of the data may change participants' meanings. To do this, the researcher carefully considered her own assumptions and after analysis asked for participants' feedback about the results.

Willig (2001) states the challenge facing researchers with regards to holding only one epistemological point of view and that this might not be possible. She also says it is necessary to separate the data and analysis with regards to holding a constructivist or realist position, implying that realist/positivist data can be analysed from a constructivist standpoint. To summarise, it can be said that this research used a less positivist form of critical realist epistemology, or, alternatively, a more positivist, critical form of constructivist epistemology.

3.4. Rationale for Using a Qualitative Approach

Qualitative research in psychology is used as a way of explaining social reality (Strauss & Corbin, 1998). The method's aim is to study subjective experiences and to attempt to understand the experiences of participants from their point of view and its principles are therefore naturalistic and interpretive. This is perhaps the most significant aspect of qualitative methodologies that sets it apart from those of quantitative techniques (Henwood & Pidgeon, 1995). Using qualitative methodologies, a basis is formed for theory generation rather than theory testing as in quantitative methods where data is forced into a pre-existing theoretical framework and research variables are controlled in order to determine if there is a causal relationship between them (Ponterotto, 2005). Qualitative methodology, therefore, allows for an in-depth approach to the data, with rich exploration, which seems very applicable for a study exploring an interpersonal variable in psychological therapy with little pre-existing theory.

One of the criticisms of quantitative inquiry is that there is a big gap between theory and empirical research and this calls for a shift in paradigm, aimed at generating more local, contextual theory 'grounded' in the data from which it has emerged, rather than

relying on analytical constructs from pre-existing theories (Willig, 2001). Indeed, according to Strauss & Corbin (1998) the quality of a theory in qualitative research is the process by which theory is constructed, as opposed to theories by quantitative methods, whereby its quality is its ability to explain new data.

The non-numeric nature of any qualitative research allows researchers to be more sensitive to what the participant is trying to portray in their response, which requires researchers to be more collaborative with their participants and reflexive during the research process (Hendon & Pidgeon, 1995). Therefore with sensitivity enhanced, creative conceptualising may occur, yet still be grounded in the data. By requiring the researcher to stay faithful to the data, this reduces the infiltration of biased judgements in the analytic process. In this way qualitative research also closely resembles the philosophy of Counselling Psychology and as Rennie (1992) suggests provides a pathway to reducing the gap between research and practice.

3.5.   Introduction to Grounded Theory

Grounded Theory as a process of theory generation which is 'grounded' in the data from which it is generated, is one such technique of qualitative research and was developed in the 1960's by sociologists, Barney Glaser and Anselm Strauss. The researcher stays close and faithful to what the data is saying, which forces them to question their own interpretations at every stage of the research process, as the aim is to develop a theory (knowledge of processes) that does not move beyond the data (Pidgeon, 1996). Thus, this version of grounded theory has a realist orientation. It is what is, not what should, could or ought to be. The processes identified by the researcher are assumed to take place, whether or not the researcher makes a note of them or not. In this sense, grounded theory, can have a strong positivist leaning towards how knowledge is produced.

Eventually Glaser and Strauss began working on separate ideas, revising and developing the method in different ways accompanied by epistemological changes (Walker & Myrick, 2006). The alternative versions which now exist allow the researcher to choose one which best matches their epistemological view (Charmaz, 2000; Henwood & Pidgeon, 1994). Fassinger (2005), suggests it is best to view these as being on a continuum, anchored on either end by Objectivist and Constructivist paradigms. Charmaz (2000) views Grounded Theory as developed by Glaser and Strauss, as a method with too much of an objectivist stance and she favours a more

constructivist view, arguing for strategies that are not rigid or prescriptive, and supports a focus on meaning in order to enhance interpretive understanding and researcher reflexivity. Thus, Grounded Theory methodology, in this view, encourages theory development that is shaped by participants lived experiences and perspectives (Creswell, Hanson, Piano Clark, & Morales, 2007).

3.5.1. Rationale for Using Grounded Theory

When starting this research, the researcher had to familiarise herself with these debates within grounded theory, in order to try and grasp the version of grounded theory selected. This was done after considering another qualitative method Interpretative Phenomenological Analysis, which focusses on obtaining a person's impressions of their experiences. Going through this process was worthwhile because the advantages of using grounded theory crystallized – its goal of generating theory and ability to steer the researcher through each component of the research process, as well as its usefulness for studying the meanings and intentions that individuals attribute to interactions (social and psychological events) that occur in the environment that surrounds them (Pidgeon, 1996). Therefore, grounded theory methodology seemed an ideal fit for the present study. It let the researcher study the reciprocal effects between participants and larger social processes in order to provide an understanding of participants' meanings of working with a client's religious beliefs, and to be able to identify how this connected to their management of their overidentification or disidentification with the client, in this regard. Since grounded theory addresses these 'processes', it helped the researcher grasp the essence of participants' reflexivity. Quantitative research on this topic may miss this movement in therapy, while trying to ascertain outcome variables. As such, grounded theory research allows for the open-ended investigation of both the obvious and the covert, nuanced feelings, ideologies and assumptions of psychologists and their therapeutic work, which was especially relevant to this study (Charmaz, 2005).

Furthermore, if a quantitative methodology had been used or an alternative qualitative method, it may have been more difficult to respond instantly to the findings that were surfacing in the research. This is a particular characteristic of grounded theory which rests on a constant and repetitive type of data collection and process of analysis. As Walker & Myrick (2006: 548) put it, grounded theory "combines the depth and richness of qualitative interpretive traditions with the logic, rigor and systematic analysis inherent in quantitative survey research". Grounded theory's emphasis on flexibility in the research process is one of the advantages of the methodology for this

study (Haverkamp & Young, 2007), as exploring psychological counsellors' personal and clinical experiences, do not always fit defined categories and may be changing. Since there are no prior theories to shape this study's design, flexibility is key for altering interview questions as material arises, and for responding to participants' comments in the moment, so theory can slowly unfold. The discovery-oriented nature of the data collection and coding process is, therefore, a good fit for research that is not aimed at upholding or dismissing prior suppositions.

3.5.2. Rationale for Selected Version of Grounded Theory

For qualitative research to be internally dependable, it is important to identify the underlying philosophical foundation as this is one of the markers of meaningful research (Lincoln & Guba, 2000). The proposed study straddles both objectivist and constructivist versions of Grounded Theory and is situated at the midpoint on this continuum, to mirror the ontological and epistemological framework already set out. To best represent this framework, the grounded theory approach used in this research is the updated version of Corbin and Strauss (2015). This draws on John Dewey and George Herbert Mead's (Strauss, 1991) innovative philosophy of knowledge known as pragmatism. The philosophy of pragmatism assumes that knowledge is created through people's self-reflective actions and interactions, when the person is faced with resolving a problem, where typical responses do not address the issue. According to Mead cited in Corbin and Strauss (2015:19), "Reflective thinking arises in testing the means which are presented for carrying some hypothetical way of continuing an action which has been checked". In this framework, the act of thinking and envisioning an action can affect the action that is taken, because thinking can be influenced by past thoughts and recollections and actions changed momentarily, as a person reassesses their effectiveness. Knowledge emerges through the self-reflective interaction of human beings, implanted in a fluid world of ongoing change and therefore pragmatism is also concerned with processes. A grounded theory that accounts for the complexity and ambiguity inherent in events and behaviour and, also, reveals both the impermanence and permanence in situations is, therefore, necessary to capture the nature of this worldview.

Pragmatists believe in the relationship between the creation of new understanding, by an individual and how this is influenced by cultural views where they live. Therefore, what is discovered about "reality" is not separated from the knower's point of view, which sits quietly embedded in the ultimate conclusion they draw about some event. Nevertheless, pragmatists are not relativists who reason that nothing is certain

because no "reality" or truth can be proven. What is assumed is that truth corresponds to what is known, but that it can be determined as inaccurate. For instance the world is not flat, which forms part of accumulated social knowledge and provides a platform for the progression of thought and society. Finally, the interplay between knowledge and action is ongoing, in an ever-changing world. Knowledge ignites worthwhile action, which, in turn, addresses problems to be reflected on, resolved and then re-shaped into fresh knowledge. This also includes abstract matters such as language and meaning.

Corbin and Strauss's version of grounded theory methodology has embraced contemporary philosophical thought, as well. Corbin (2015) mentions how these trends have influenced her thinking and she has felt it necessary to update the approach to align it with the writings of postmodernists, such as Charmaz (2014). In doing this, she endorses postmodernists and constructivists' emphasis on the meaning people give to events in light of their own experiences and backgrounds; and agrees that researchers interpret data through their own lenses and construct theories based on their interpretations. Corbin, therefore, encourages grounded theory researchers to be self-reflective about how they influence the research process and how this influences them, in turn, in order to carry out a reflexive analysis. Yet, knowledge-based practice, along with experience, is also advocated, as it guides actions, such as discussion, rivalry and consultation and helps people understand the world (Corbin & Strauss, 2015).

Linlay (2002) offers a useful exploration of five dimensions or variants of reflexivity, as it pertains to qualitative research which could, also, gainfully, be employed when referring to practitioners' reflexive practice in a psychotherapeutic setting. These are: introspection, intersubjective reflection, mutual collaboration, social critique and ironic deconstruction. For the purpose of this research, the use of the term 'reflexivity' will refer only to practitioners' inner subjectivity and use of personal revelation as a way of yielding useful insights into their experience of themselves-in-relation to their clients. A combination of introspection and intersubjective reflection, this type of reflexive practice commonly uses a 'critical gaze' to examine unconscious reactions and the impact of the position and perspective of the practitioner within the therapeutic relationship (please see Linlay 2002, for a full account of all the typologies).

In a well-developed critical review of Strauss and Corbin and Charmaz's different versions of grounded theory, Damalis (2007) points out that Charmaz's criticism of

Strauss and Corbin being objectivist in their epistemological stance is invalid. This is because Strauss and Corbin's pragmatist underpinnings means that their understanding of reality is based on seeing unlimited diverse realities as being associated; and objectivity as flexible. Their emphasis on constant comparison, in data analysis, which seeks associations between different realities, rests on this perspective of objectivity. In this view, attaining some distance from the data and portraying the accounts of the researched separately means seeking the social or shared reality.

Damalis (2007) argues that Charmaz's assumption about Strauss holding an objectivist position is based on Charmaz's perception that Strauss considered theories as fixed concepts. However, as Damalis points out, this is not the case, since verification in Strauss and Corbin's grounded theory is only meant to develop a theory, not test it, which is based on their view, that every theory is tentative in nature. Charmaz's critique is challenged, further, by examining Strauss and Corbin's explicit requirement that theories must be useful, providing an underlying comprehension and explanation of problems. To build such a theory, requires more than interpreting the meaning of a subject, to a research respondent, as Charmaz proposes in her constructivist grounded theory, but also clarifying the problem behind the meaning.

Charmaz (2014) has subsequently acknowledged Corbin's substantial modification of her epistemological position and procedural approach to grounded theory. Charmaz, states, how constructivist grounded theory uses the inductive, comparative, emergent and open-ended approach of Glaser and Strauss's (1967) original version, as well as, emphasising action and meaning characteristic of the pragmatist tradition. This brings Corbin's latest revision of grounded theory and Charmaz's constructivist version more in line and less divided, than they were before (Damalis, 2007).

Charmaz (2014:14) summarizes her view on the inter-disciplinary grounded theory debate, as follows: "Grounded theory methodologists who present one version of the method share much in common with grounded theory proponents who propose another version, although we differ on foundational assumptions shaping our studies. We may have different standpoints and conceptual agendas yet we all begin with inductive logic, subject our data to rigorous comparative analysis, aim to develop theoretical analyses, and value grounded theory studies for informing policy and practice." Charmaz (2006:148), therefore, also, promotes a flexible grounded theory and recognizes that the difference between an objectivist and constructionist perspective rests upon the researcher engaging with 'grounded theory in whatever

way they understand it'. According to Charmaz, it seems that diverse researchers can use basic grounded theory strategies, because they reach across epistemological and ontological divides.

Corbin and Strauss's latest version of grounded theory aims to grasp the complexity and uncertainty in events and behaviour; shows transition and revision, as well as, permanence in situations and explains that while action and interaction may be habitual one day, they could be problematic the next. They mention, further, that axial coding and Charmaz's open/focused coding processes are very similar, because they both necessitate graded or ordered amalgamation of data at progressive degrees/steps of condensation (Corbin & Strauss, 2008). Since self-reflection and process are, also, central to Corbin and Strauss's approach and form the core of this research endeavour, the researcher deemed this version of grounded theory to be an appropriate fit to the research topic.

3.6. Authenticity and Reflexivity

3.6.1. Epistemological Reflexivity

Ponterotto and Grieger (2007) highlight the importance of researchers being accountable for their perspective, when carrying out psychological qualitative research. At the centre of my training as a counselling psychologist is the principle of connecting dynamically with others experiences to try and grasp and acknowledge what this means to them. It is a process leaning strongly on shared views of meaning that may be symbolic in nature, as proposed by Blumer (1969) and Mead (1934). From this reference point, human beings are seen as constantly interacting with their environment, intentionally defining what they encounter, not just reacting, always in an evolving state of adjustment. Qualitative research is also about engaging meaningfully with another in an effort to use that emerging knowledge in a constructive way in their life (Corbin & Strauss, 2015). Therefore, my twin identities as counselling psychologist and researcher seem logically connected. While my critical realist ontological position called for a more distant view of the data at times, there was, also, an acknowledgement of my interaction with participants during interviews, which was mirrored in my epistemological stance.

As a scientist-practitioner I do not consider my view of people's experiences to be precise, but trust that there is some semblance of usefulness in another's reflective

perspective. In trying to get a near enough view, I tend towards adopting as uncontrived a position as I can, but am, nonetheless, aware that every interaction is infused with my own personal history and theoretical assumptions. Recognising this during the interview process, I aimed to ask questions impartially and tried to be non-judgemental and embracing of different experiences. Thoughtful reflection about this and supervision were used to address any presuppositions. I also clarified the meaning of certain words to sharpen my understanding of participants' experiences and get as accurate a picture as possible, which is, also, a way of testing theory in grounded theory. However, when analysing the data, I attempted to reconcile interpreting it with describing what participants reported. As Willig (2012) says, in doing this, the challenge was to let the surprises in the data emerge, an important characteristic of qualitative research. Holding this tension between a post-positivist and constructivist worldview, was comparable to an artist developing a sense of when to zoom in or out from their subject matter.

Although I will not view language as being the sole determinant of how knowledge is created, I have, nevertheless, maintained a critical awareness of its function and limitations when analysing the data.

3.6.2. Personal Reflexivity

I reflected on how my own interests and beliefs may have added to the research process and influenced it (Charmaz, 2014; Willig, 2013). I have been a practising Christian since childhood and my worldview of how knowledge is created is significantly influenced by Christianity's view of 'truth' as set out in the opening paragraphs of this chapter. This has been informed by my reading of the Bible, and many books written by various Christian authors and theologians, attending church meetings, as well as, ironically, a period of emotional pain due to an unforeseen event in my life, which has not been removed through prayer.

While doing my counselling psychology doctoral training I found a Christian psychologist, who could be my personal therapist, as I was looking for someone who would give me an experience of how to integrate psychology and my religious beliefs in clinical practice. I had not yet experienced this with other secular clinicians which had caused me some frustration. This reflected my interest in this area of applied psychology and led to the current research as I wanted to understand psychologist's general reluctance to work with clients' religious beliefs. It seemed to have a significant effect on my epistemological stance.

When conducting the interviews, I tried to stay open-minded, while trying to build rapport, yet staying mindful of the influence of my reactions. Kvale and Brinkmann (2009) explore the interviewer-interviewee relationship and how the participant's view of the interviewer can dictate what they talk about. To address this they suggest that the interviewer places an emphasis on listening to participants narratives to facilitate engagement in the process. I tried to do this by interacting with the participants in a warm, informal way to minimise any hindrances between us and to emphasise the participants' expert role and mine as being the listener. Nevertheless, as a Christian I am aware that, at times, I may have overidentified with some participants who share my faith and perhaps disidentified with those who do not. Therefore, my experience of practising a faith has been an essential part of my personal development and it is important for me to recognise my subjectivity in this regard.

In trying to embrace a qualitative research method, I was unsure about letting myself become so absorbed (and sometimes submerged!) in the research. I felt pulled to stay outside of the research and be completely objective. I eventually realized that getting lost in this process is an important feature of grounded theory. I learnt that the research process progresses side to side and step by step, working towards a more intricate, but fluid dance partnership between the researcher and the research, as Bott (2010) puts it, a 'mutual exchange' of give and take. Giving myself entry to the real experiences of the participants, my conviction is that the grounded theory was developed from their outlook and beliefs, so that the theory generated, was objectively subjective. However, being discernible as the researcher acknowledges this reciprocal process (Corbin, 2009) and, therefore, I have tried to be perceivable in order to help the reader see who I am in relation to the researched.

This research has meant a constant shifting of perspectives, on my part, as I have tried to view the data through various theoretical lenses. I have tried to embrace the uncertainty of reality that this presents and, also, obscurity of the transcendent, in this study, through writing memos and a reflexive journal (see excerpt in Appendix G), reminding myself to "stay open to the unexpected". Being constantly nudged into an intrapersonal space of "not knowing", has felt rather anxiety-provoking, like stepping off the edge of a mountain hoping that the parachute will open. Nevertheless, I am increasingly learning that holding some creative doubt about the how, if, when, where and who of it all, goes along with my religious belief in a free and loving God who works mysteriously and humbly and who wants to involve us in the process and outcome. For example, in one interview, I experienced a momentary loss for words, when the participant relayed a story about the mysterious appearance of butterflies,

outside the therapy room. The image of a developing butterfly has had a very significant meaning in my life, over many years and I felt deeply affirmed by a transcendent other in that moment. I reflected afterwards how the symbolic can disrupt any notion of people being separate and boundaried, since I felt unusually connected to that participant and his client through this collectively personal experience. There is a creative tension that is frequently captured in the symbolic and I caught a glimpse of how more than one view of reality can sit alongside the fundamental meaning of something and I agree with Corbin and Strauss's (2008:270) observation that there are "multiple realities". I also became aware of the chance of perhaps bringing something very new and interesting theoretically that would give expression to many unvoiced or unheard thoughts and feelings.

The Christian worldview of truth would comfortably embrace a constructivist approach to studying people, as Christ always paid great attention to hearing people's unique life story. His interactions with people also reflected a deep awareness of how his contribution to this process could impact them and how others affected him personally, an important consideration when doing qualitative research (Willig, 2013). For example, there seemed to be a reciprocal apprehension between myself and participants during the interview process, at times. I felt a bit anxious and awkward, when I first started interviewing, if I am completely honest. I was meeting with psychologists all over Britain, with years of experience, training and research. I felt very much like the fledgling psychology trainee, with my notepad and audio recorder.

However, from the start to the end of this data collection phase, with few exceptions, I sensed that my apprehension was, also, shared by the other. It was difficult to ask some questions, but it was, also difficult to answer them too. And so a parallel process became apparent, as psychologists sitting with me often felt like their clients who sat with them - unsure of what to share or disclose, how much to say, what was okay to share, and what may not be relevant to me. I often switched on the audio recorder again, after an interview was over, as sometimes participants would continue sharing, pondering further on the process. At times, it seemed like their reserve had dissipated by the time the interview was over, which was then followed by another level of reflection. At other times, their enthusiasm about the subject matter just bubbled over. This was an interesting parallel process that slowly emerged, leading to deeper reflection, guiding my responses; participants' also shared some novel ideas which could inform my own clinical practice.

Not only was I touched by participants' experiences, but, I was also challenged by their views. On a few occasions, I felt a bit taken aback when some participants strongly opposed the idea of further training being necessary on religion and spirituality, on counselling and clinical psychology courses. I was, initially, also surprised by participants' very distant inclusion of religion and spirituality within their therapeutic practice. Nevertheless, turning the practice mirror towards myself, feeling a sense of discomfort, I could identify, as I had to acknowledge my own omission, in this area. It continually spurred a deeper exploration of the blending of my own spiritual and professional identities that, in turn, encouraged a renewed acceptance and better understanding of psychological practitioners who felt perplexed and confused at times.

While I initially felt quite daunted, there was something incredibly profound about watching the unfolding of participants own personal discoveries. Sometimes caught off-guard, participants were left with a sense that the experience had been valuable to them, and that some small change, had taken place. It was not unusual for someone to say, "You know, I never thought of it before, but..." and to go on and say later that the interview itself had evoked contemplation, exploration, or consideration of something new. I felt honoured and privileged that they were willing to share these deeper moments with me.

3.7. Ethics

This study was reviewed and approved by City University prior to data collection, in order to fulfil the highest ethical standards in research on human beings. The researcher further followed Willig's (2001) pointers on important ethical considerations, to maintain trustworthiness:

i) Before interviews, participants were briefed about what to expect and informed of their right to withdraw from taking part in the study. Assurance was given that confidentiality and anonymity would be maintained throughout the research process. To ensure this, transcripts and audio recordings stored on the researcher's computer, were password-protected and hard copies of the research data kept securely at the researcher's house. After the dissertation has been examined, these will be destroyed.

ii)   Participants were not misled about the reason for the research and the general aim was discussed, but excluded theoretical directions depicted in the literature review, to minimise distortion of participants' views.

iii)   Seeking participants' feedback and providing a verbal and written debrief.

iv)   Providing information for participants on how to raise concerns or express dissatisfaction.

v)   Details of supportive counselling services were not deemed necessary, since all participants had access to further support.

3.8. Participants

3.8.1. Recruitment and Sampling

Participants were recruited from psychology conferences and by word-of-mouth referrals from some participants (snowballing sampling); and they participated voluntarily in the study. It is noteworthy that an advert was distributed, twice, via email to the UK Black and Ethnic minority group of the division of counselling psychology, with no replies. Two members who were directly approached by the researcher also declined participation in the study on the basis that they felt that they did not have adequate enough experience to participate. Two other email distributions of the study advert within psychology services in Britain also yielded no responses. The other trend noted during sampling was that practitioners who did not practise a faith seemed more reluctant to take part in the study. It is possible that the study was perceived as threatening to certain groups who perhaps feared being misconstrued.

Thirteen psychological counsellors were interviewed and the sample comprised a mix of eleven counselling and clinical psychologists, one counsellor and one psychotherapist.

Initially, criteria permitting participation in the study, was limited to qualified counselling or clinical psychologists with current or previous experience of working with clients' religious beliefs in a clinical context. Due to a difficulty in finding suitable participants, this was revised after the first seven interviews, in consultation with the researcher's supervisor and extended to include professional psychological practitioners, from other disciplines, who were not psychologists. The inclusion criteria were selected to ensure participants recruited had substantial experiences of working with clients who raise religious issues, to provide a structure for investigating the research elements, which might not have applied to trainees. Based on the

revised inclusionary criteria all interested participants were included in the study. During a telephone screening, a time and place for interviews was arranged, either in-person, or via Skype, depending on the geographic location of the selected participant.

Beyond these basic inclusionary criteria, there was enough time left between interviews, to allow sampling to proceed concurrently with data analysis. As suggested by Charmaz (2014), a more uniform sample was assembled initially, using purposive sampling, followed by theoretical sampling to develop a more diverse sample, spanning religious identification, gender, and ethnicity. Criterion-based sampling was only employed after categories emerged, in order to clarify existing categories and properties, and discern the inclusion of new ones. For example, half-way through the study theoretical sampling led to the recruitment of a more recently qualified practitioner to explore a dimension related to training that required further development. Later in the study, a practitioner who had received training on how to integrate religion and spirituality into their clinical work, was sought, to help develop the explicit dimension of this kind of integration. It is a useful facility and another key strength of the grounded theory approach, by which emergent theories may be extended, thereby offering the researcher an ability to be more inclusive of a broader range of human experiences of the phenomenon under investigation; to evaluate the developing pattern in the data and to establish theoretical saturation of conceptual units (Hallberg, 2006).

3.8.2. Participant Demographics

This study aspired to collect the assorted experiences of a divergent group of psychological counsellors. As reported in Table 1 below, 13 psychological counsellors participated in this research. Of these participants, 8 were female and 5 were male, with a mean age of 50 (range 37 to 75 years). Their counselling experience varied from 3 to 30+ years (M = 14). The majority of the participants were Christian (5 or 38%) followed by agnostic (3 or 23%), atheist (2 or 15% %), eastern philosophy (1 or 7%), Jewish orthodox (1 or 7%) and spiritual (1 or 7%).

Of the 5 Christian participants, 1 considered herself evangelical, 2 considered themselves evangelical with a charismatic slant, 1 considered herself Anglican and 1 considered herself Methodist. Of the 3 agnostic participants, 1 considered herself secular humanist, 1 considered herself influenced by Buddhist principles and 1 considered himself generally agnostic. Psychological counsellors' identified with their spiritual/religious/nonreligious experiences in different ways. Ten participants strongly

identified with their spiritual/religious/nonreligious traditions, 2 moderately identified with their spiritual/religious/nonreligious background, and 1 loosely identified with their spiritual/religious/nonreligious background.

Table 1. Relevant Participant Self-reported Information						
Participant	Gender	Age	Ethnicity	Years of Experience	Current Religious/Spiritual affiliation	Theoretical Orientation
P1	F	68	White British	25	Christian	Integrative
P2	F	39	White British	10	Christian	Systemic/CBT
P3	F	75	White British	22	Christian	Integrative
P4	M	40	White British	12	Christian	Existential
P5	M	55	White British	25	Atheist	Behaviourist
P6	M	58	White British	30	Atheist	Behaviourist
P7	F	39	Eastern European	5	Non-practicing Christian	Integrative
P8	F	50	White British	11	Eastern/New Age	Transpersonal
P9	M	44	Black British	3	Agnostic	CBT
P10	F	49	White British	8	Christian	Integrative
P11	F	37	Indian	5	Sikh	CBT
P12	F	47	White British	12	Christian	Integrative
P13	M	55	White British	16	Jewish	Integrative

3.9.   Procedure

3.9.1. Interviews

Potential participants who were interested in the study were given an information leaflet about the research, outlining the research aim and data collection procedure (see Appendix A). The main research question, which explored 'psychologists' experiences of the ways in which a difference/similarity in religious stance between themselves and their client, has an effect on the psychologist', had sub-themes which were identified for further exploration as the analysis unfolded.

Initial interview questions were piloted with three trainee counselling psychologists to get their input and ascertain if they felt there were any gaps in the schedule; and for the researcher to detect any other unforeseen difficulties. The feedback was that the questions were thought-provoking and there were no suggestions for changes, however, the researcher felt that some of the trainee responses were intellectualised, perhaps not reflecting their actual views. As a result, the pilot interviews were not analysed for the main study. At this stage a decision was made to drop a vignette which was encouraging hypothetical/theoretical answers and to replace this with

more socratic-type questions that might elicit answers from participants' actual experiences (see Appendix B). This generated richer data in successive interviews (see Appendix F for an example of a transcript). From a critical realist perspective, Maxwell (2012) says that the purpose of a research interview is to raise participants' level of awareness of how they "reason" about certain situations and what they feel inhibits or allows them to act in particular ways within these settings. This mapped on well to the study's research question.

Post-positivists aim for precision in data collection by using structured interview guides and detailed coding sequences (Fassinger, 2005). If the interview is more structured it facilitates the later conceptual understanding of the data (Kvale & Brinkmann, 2009). Similarly, the first interview schedule of this study was semi-structured, exploring participants' experiences of working with clients religious beliefs, how this affects them on a personal level and what role they think religion plays in the client's life and how their own religious practice influences their clinical work. The interview guide comprised a set of open questions to encourage participants' to talk freely about their experiences, without imposing pre-decided variables on the data (Charmaz, 2014). An example of an opening question was, "Could you tell me about an experience you've had working with clients' religious material in therapy and what your thoughts and feelings were about this?"

Probes and prompts were used when necessary. Using Strauss and Corbin's (2008) funnelling technique, the questions became more specific towards the end of the interview and reflective paraphrasing was utilized as a way of checking the researcher's understanding of what was being said and to verify theoretical points of interest (Rennie, 1995). This process felt familiar, as a counselling psychologist. It is especially important when the participants' answers are coded according to categories and may also convey to the participant that the researcher is listening to them. Fine (cited in Fassinger, 2005: 159) sums up the dilemma that must be settled by the researcher, "as the ethics of involvement and the ethics of detachment". The interview guide was shaped by analysis and modified in the later stages of recruitment to reflect this.

Topics initiated by participants were, also, explored which allowed for stories to develop, new categories to surface, and for the specific experiences of participants to be expressed (Silverman, 2010). This included psychological counsellors' own personal experience with religion, their opportunities for self-reflection in this area,

their supervisory experience and self-disclosure with clients. Using constant comparison, data analysis took place while interviews were still ongoing, facilitating integration of findings and the generation of new questions in successive interviews (Strauss & Corbin, 1990).

In line with Ponterotto's (2005) advice, an effort was made to conduct interviews in person, as this creates strong researcher and participant synergy, but geographic location made this difficult, at times. Seven interviews were done in person and six were conducted via an internet communication programme called Skype with the camera function turned on so the researcher and participant could see one another. Skype interviews were held in a private room for confidentiality and no interruptions. Interviews lasted about an hour and when meeting participants in person, a colleague of the researcher, was informed of the location, to maintain personal safety.

All participants were asked to read and sign the consent form (see Appendix C) before their interview started and any questions about their participation in the research were discussed. Participants were reminded that they could withdraw from the study, but none objected to continuing with the interview. They were also asked to complete a short demographic questionnaire to establish whether the participant practised a particular faith/spirituality, the frequency with which they did so and the extent to which this influenced or motivated their life activities/choices. This was done using the Religious Commitment Inventory (Worthington, Wade, Hight, Ripley, McCullough, Berry, Schmitt, Berry, Bursley, O'Connor, 2003. See Appendix D).

Interviews were recorded using a digital audio recorder and transcribed with participants consent. Recording interviews captured all verbal data, allowing the researcher to concentrate on the interview process and to foster rapport without the distraction of writing notes (Kvale & Brinkmann, 2009). At the end, participants were asked if they had anything further to add and if they had any questions. Some participants were concerned that what they had said would detract from the aims of the study and the researcher reassured them that there were no wrong answers and what was important was that they shared their personal experiences. After the interviews, participants were debriefed verbally and also handed a Debriefing form (see Appendix E) and received a small gift for their involvement in the study. The researcher's reflections about the interviews were also written down to capture observations and consider her own personal beliefs about this process.

3.9.2. Circulation of Emerging Findings

After the analysis of the interviews, the prospective model and outcomes were sent to some participants for feedback and an adequacy check of the results.

3.10. Analysis

3.10.1. Data Preparation

Interviews were downloaded from the digital audio recorder to a secure computer with a password-protection. Every interview was transcribed using Express Scribe into a Microsoft Word file. The accuracy of the transcriptions were reviewed by listening again to the audio recordings while reading each interview, which also helped the researcher become more acquainted with the data. To anonymise the data, every participant was allocated a special number (eg. P3). Confidentiality was an important consideration with the inclusion of interview extracts because of the sensitive nature of clinical material. Therefore, full transcripts are not attached herein, because psychological counsellors were apprehensive about the confidentiality of cases shared.

3.10.2. The Use of Grounded Theory in this Research

In a grounded theory study, the researcher applies step-by-step pointers for data collection and analysis with the aim of constructing a theoretical model for understanding the research question, which best conceptualises the data gathered. Data collection and analysis are parallel processes which continually clarify these links in the data.

The latest version of Corbin and Strauss's (2015) grounded theory was used to analyse data and guide data collection because it offers more flexibility than Glaser and Strauss's (1967) initial version of grounded theory. This version was not considered because of its views about collecting data and using current literature separately from one another, which the researcher thought was not possible. According to Morse (2009a) despite its distinctions, grounded theory is usually uniquely tailored to meet researchers varied needs and is seldom applied in a uniform way. In this study, there are procedural and expository methodological components in the use of Corbin and Strauss's (2015) grounded theory account that may be regarded as drawing from a post-positivist orientation. Certain grounded theory

techniques suggested by Charmaz (2014) were also used, due to the similarity of these two versions of grounded theory, as stated in section 3.5.2 above.

3.10.3. Coding

Coding allows the researcher to produce a descriptive account of what is going on in the data and also establish its meaning (Corbin & Strauss, 2015) and is the pivotal link between connecting the data with the emerging theory that explains the data. In this study, coding started immediately as data was gathered, focussing on what actions the participant was engaged in and what process these were a part of (Corbin & Strauss, 2015). Three types of coding (open, theoretical and comparative) were utilized and all the data was coded using the latest version of a qualitative data analysis software package, called Maxqda, where outcomes of coding actions were ordered (eg. labels and concepts) together with the corresponding numbered line of data.

The sequence of analysis was (adapted from Corbin & Strauss, 2015):

a) Descriptive Coding: at first the data was analysed line by line, using compacted, descriptive codes (D-codes) to capture units of meaning in the text in order to organize and compare excerpts of interviews and explore latent processes. Line by line coding was chosen above segmenting the data into chunks of meaning for closer examination to minimize the chance of imposing pre-decided ideas on the data. Descriptive codes were noted on the left-hand margin of the transcript and the wording of the codes were kept close to those occurring in the data, to avoid any instances of data interpretation at this stage, permitting themes to steadily develop over time. Examples of open coding from an early interview transcript can be seen in Box 1 and Box 2 below:

Memo 4	
25 April, 2015	
Practitioner Reflexivity	

Interviewer: I wanted to just probe, can you think of a time when you maybe didn't follow the client and you did press ahead.	
Participant: Ummm (pause 8s), trying to think. I can probably be just as judgmental as people who point fingers at me as a Christian you sort of hear a very strict rule that a family has, and you think well that's quite oppressive on this teenager, I don't think that's really helpful, but actually that's really important to that family because of their beliefs and difficult 'cos it's quite jarring me being this country, but actually there's also a heck of a lot of other people who have the same belief in this, you know so it's also kind of appropriate so it's just, yeah, when you have an opposite, but a different belief, then you might choose to parent a child differently. It is difficult, 'cos it can be so easy to think, but this is wrong and you're just creating loads of problems. If you could only relax on that, ummm, but as I'm thinking this, I'm also thinking, it's also about your own personal stance, isn't it, because as a Christian, I'm, I think, I think my personal stance is often one of tolerance, so (sigh) in that situation where I'm judging a family for their religious beliefs and how that plays out in their parenting, I think part of that is actually coming from just how I would parent, that I would not necessarily expect my child to follow my belief system.	Acknowledging own potential for being judgmental of others (with different religious beliefs ?)

Disagreeing with strict family rules which are oppressive on teenager

"Jarring"/feeling uncomfortable because oppression in family occurring in Britain

Comparing/evaluating other belief-systems wrt parenting

Implying distress
Defining reason for biased perception of others' beliefs – creating problems

Reflecting on own personal stance as a Christian

Recognising influence of own experiences of being parented on clinical interactions |

A high level of reflexivity is demonstrated by the participant with regard to how a client's religious beliefs which are different to her own, can "jar" internally, with her own religious beliefs. The "jarring" feeling is also partly linked to the fact that the client's strict rules for parenting do not map on well to the wider cultural context in Britain, as far as this is concerned. Again, one can see the interface between the wider context/ national structure of the conditional consequential matrix, with the inner part of the matrix, which represents individual interactions (Srauss & Corbin, 2008). Context is important to understanding clinicians' experiences of working with clients' religious beliefs. The reason she gives for her biased perception is that she can see how the client's religious beliefs could be creating a problem in their lives. However, as the participant looks back, what seemed wrong at the time, takes on a different reality in the present. In talking about the experience she is trying to "reconcile these different realities" - she recognizes that this view is firmly based in how she might approach this dilemma (parenting a child), which is linked to her own religious beliefs. She seems disappointed with herself that she is not as tolerant as she thinks she is. Reconciling different realities is what all clinicians have to work through when they work with clients religious issues. This is an important concept to keep in mind as I go on.

Box 1. Example of Descriptive Coding and Memo

Box 2. Example of Descriptive Coding and Memo

b) Writing Memos: Memo writing is a crucial moving part of grounded theory analysis; and was, also, used as a triangulation aid for increasing research validity/trustworthiness. Memos are helpful for noticing how processes in the data may be related, which show the structure of the new theory; and for spotting gaps in the data (Corbin & Strauss, 2015). At the outset, memo writing was part of coding the first interview and became a continual record of observations, inferences, questions, and theoretical ideas. There are two

examples of memos above – 'Practitioner reflexivity 4' and 'Strategies for managing countertransference 8'. The memos are numbered '4' and '8', indicating that these memos were the fourth and eighth memos created within the categories 'Practitioner reflexivity' and 'Strategies for managing countertransference'. They formed part of a growing memo-bank cataloguing these themes. In the latter part of the analysis when significant ideas emerged, the information from complementary memos was amalgamated to develop dense dimensional representations on each category. In both memos a question surfaced about an observation that the participant was evaluating what is most helpful to the client set against trying to "squash" her own conflicting internal response – suppressing own reactions when feeling conflicted about clients' beliefs was found to be a common occurrence and a memo 'reconciling different realities' was later started from that stage onwards in the data.

c) Analytical Categories: these came out of the initial coding and memo-writing process so as to delineate thoughts and concepts which were materializing; and also pinpoint questions about the data to be followed up in subsequent interviews.

At this conceptual stage of analysis, the D-codes were compared to identify emerging analytical and meaningful concepts and combine large chunks of data. Those D-codes which presented similarities were grouped together to form focused codes (F-codes), which is the second and next major part of analysis, to succinctly categorise data. A type of mind-mapping was used to facilitate focused code identification for each interview. Any thoughts on emerging concepts were noted in a memo, for use in later analysis. (An example of the development of initial to focused codes can be seen in Appendix H). *In vivo* codes were assigned, when appropriate, to reflect expressive phrases participants used which best described their accounts, for example, "Being useful to client by having "*insider knowledge*" (of their faith)". Charmaz (2014:134) advises that in vivo codes "use research participants' terms as codes to uncover their meanings and understand their emergent actions". An example of category generation and integration from the original transcript through to focused coding follows below in Figure 1:
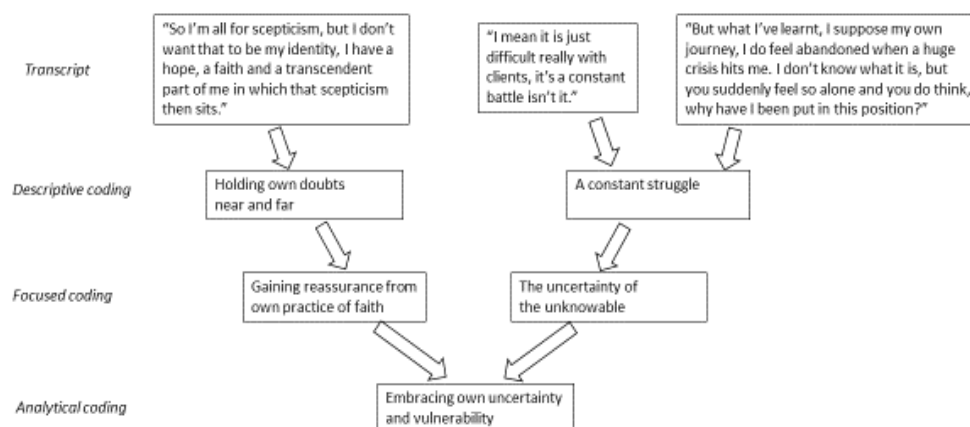
Figure 1. An Example of Category Generation and Integration from the Original Transcript through to Focused Coding.

In the example in figure 1, from three distinct data segments, the significant properties of the three initial codings, have been blended, working towards the assemblage of a conceptual category. Codes have been twice worked over creating progressive layers of abstraction until arriving at a theoretical category "Embracing own uncertainty and vulnerability". This level of category is tentative at first and remains so until a place is found for them in the structure of codes comprising the arising explanatory theory.

At times, it was difficult assigning descriptive codes and choosing focused categories when the researcher was aware of her own experiences intersecting with the data and how this could influence what was selected as significant. Therefore, at several points during this process, coding was re-checked to make sure it stayed close to the data and the meaning conveyed by the participants. In vivo codes that had been carefully checked for validity across interviews, were also used as a way of tracking personal bias.

Sensitizing concepts are guiding constructs linked to related research which Grounded Theory researchers use to begin their data analysis. For example, in this research the sensitizing concepts were overidentification, disidentification and practitioner reflexivity which were used initially to develop the interview guide as well as a starting point for the initial analysis, as

suggested by Charmaz (2006). They were useful for extending ideas about the processes in the data.

d) Theoretical Categories: as the analysis deepened and the analytical categories were fleshed out, theoretical categories began to emerge.

Participant's experiences were constantly examined for contrasts and alikeness while the researcher was coding. This eventually generated correlations between categories (Walker & Myrick, 2006; see Appendix I) which led to categories either being joined together if they were the same or divided if they were not. The memo note 'Strategies for managing countertransference –openness to learning from one's mistakes' shown in Box 3 has my reflection:

"The participant gives a picture of what it's like to manage countertransference regarding one's own religious issues – it's a constant "battle". Again this ties in with the image I had of a "war" earlier on in the interview, whether it's between herself and her colleagues or within herself."

Memo 10

25 April, 2015

Strategies for managing countertransference : openness to learning from one's mistakes

The participant talks about the need to find ways to leave her assumptions outside of the therapy room. It places a pressure on the clinician to achieve something which is actually not possible. Is there something I can compare this experience to ? All I can think of is heart surgery – if the heart of the person was taken out of their body, could they survive, no, they have to be kept alive artificially on machines. I am not sure if this makes sense, but if the clinician is trying to leave their assumptions at the door, they are leaving their "heart" behind, what makes them "tick" as a person.

She gives a picture of what it's like to manage countertransference with regard to one's own religious issues – it's a constant "battle". Again this ties in with the image I had of a "war" earlier on in the interview, whether it's between herself and her colleagues or within herself. She needs support in the form of supervision to face this "battle". The reality of being judged by others who are supposedly "open-minded" about religion, sowed the seeds of disillusionment. Change begins when she begins to realise her "blindspots" and continues into the present. "Change of self" and "change of meaning" are important themes running through this interview. I think part of the disillusionment has to do also with other members of her faith group who have been judgmental of others as well and anger at the lack of recognition from others who don't practice a faith, that not all Christians are the same. Perhaps there is also some frustration with the government, at a higher level, who advocate that Britain is a secular society, embracing and accepting of cultural diversity, but perhaps have inadvertently set up a cultural context which has mutually exclusive ideals to attain, they are incompatible ?

Although this participant seems to be struggling to find meaning in an experience that carries with it so much emotion and inconsistency, another way she copes with this, is by being thankful for the usefulness of her own life experiences – making mistakes in life changes a person's perspective. She recites a possible benefit of accepting and learning from this, that it is easier to hold different perspectives, including, one's own. This takes the pressure off of her voice needing to be heard in the clinical interaction.

Box 3. Comparison Memo.

This reflection is spawned by a specific data incident included in the category "Strategies for managing countertransference" that was compared with other matching examples of data given the same label. It is an example of constant comparison, described by Corbin and Strauss (2015) as an indispensable tool in distinguishing categories and there dimensions. What I have discovered is that managing internal conflicts about religious beliefs is not an easy process. The memo 'Strategies for managing countertransference – squashing responses" contains examples of what Corbin and Strauss (2008) call 'theoretical comparison' where the researcher links the data to their previous understanding as shown in the following transcript extract and memo note:

Participant: "*I think sometimes I do really have to squash those responses …we need to get all of our assumptions out the way before we meet the clients,… otherwise we're just going to bring them into the room.*"

Memo note*: "I know from doing psychodynamic work how the unconscious manifests itself in all sort of ways, it does not stay hidden! Therefore, it does seem very important that clinicians are able to articulate the unhelpful aspects of their own experience with religious belief and not just "squash" them.*"

3.11. Selective Coding, Saturation and Theory Generation

Although some researchers only focus on generating a full and dense description (Corbin, 2009), the aim of this study was to contribute a suitable theoretical explanation or model that may enhance psychological counsellors' understanding of working with clients' religious material. To this end, an intensive phase incorporating Strauss and Corbin's (2008) axial coding process led to the formulation of a core theoretical category to define the associations with a small sub-set of categories situated at the highest levels of the framework.

Strauss and Corbin (1998) say it is critical for the researcher to understand the characteristics of categories (properties) and also where the different data points are situated along a continuum (dimensions), at this stage in the analysis. When doing axial coding, in figure 2 below, the conceptual category "Embracing own uncertainty and vulnerability" was noted as a dimensional category forming part of a higher level,

more abridged category "Taking a collaborative/attempting disposition towards reattunement". "Taking a collaborative/attempting disposition towards reattunement" was identified in turn as a dimensional category of another higher level category "Grappling/contending with the discomfort of misattunement". "Feeling uncertain" was found across all four dimensional points reattunement, so its place on the axis mirrors this.
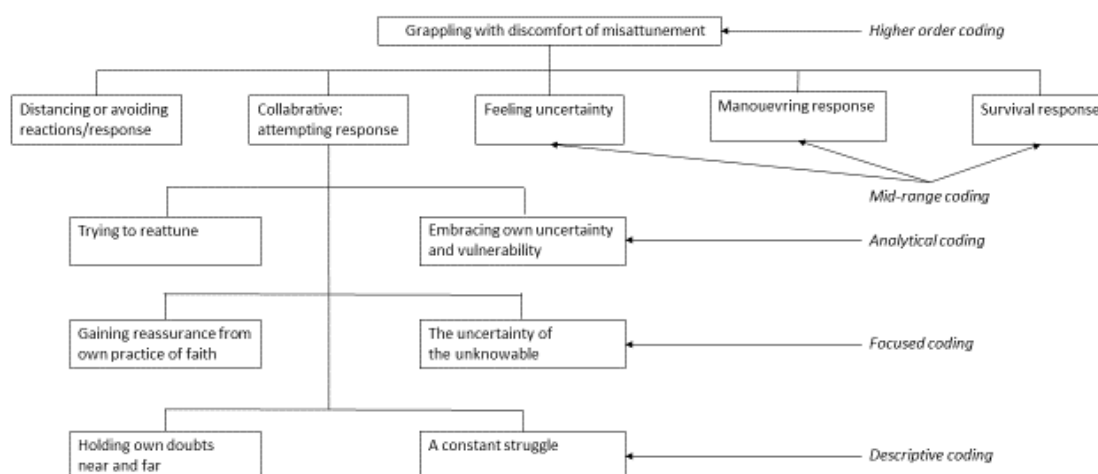
Figure 2. An Example of a Hierarchal Matrix Containing Axial Coding.

Although, Strauss and Corbin's involved model helps researchers engage more methodically with their data with regards to conditions, context, actions/interactions and consequences, it has been criticized for placing a pre-set configuration on the data, which conflicts with the idea that theory should arise from the data and instead leads to a preconceived end result (Glaser, 1992). In this study the researcher used the model more flexibly, as proposed by Rennie (2000), because having some structure can be an impetus for critical reflection (Fassinger, 2005).

Categories were formed from groups of focus codes that had a common theme, and memo-writing was used as a method to take into account questions raised whilst generating the conceptual categories. Overarching categories that were the best fit with the data and representation of the researcher's understanding of the data, were then finally selected. The construction of this framework resulted in a theoretical design that emerged, permitting the combining of all the parts of the theory into a bigger picture which is presented in the findings section.

Grounded theory procedural guidelines from Corbin and Strauss advocate continuing with sampling theoretically, until no new dimensions or properties are identified and all categories are 'saturated'. An appraisal of whether data collected approached this standard is in the discussion section.

Chapter 4: Analysis

Emerging from the analysis, were four primary categories, which were deemed to be important dimensions of practitioner reflexivity, as experienced by participants. A core category, 'Spanning the Gulf Between 'Doing and Being' – Self-Reflection as Integral to Therapists' Responses', which connects to the different dimensions of practitioner reflexivity, was also identified.

Categories and their respective sub-themes[4] will each be discussed and illustrated with anonymised quotes[5], from the text in interview transcripts, to show how they were developed. The use of *italics* reflects the codes used when the data was being analysed. Some examples of memos showing important questions that I reflected on during this process, as well as, any relevant diagrams that were used to sharpen my understanding of the data, are also included. A model showing suggested linkages between categories is presented at the end of this chapter in section 4.6.

4.1. The Core Category: Spanning the Gulf Between 'Doing and 'Being – Self-Reflection as Integral to Therapists' Responses

The findings suggest that practitioner reflexivity, in respect of their perceived impact, when working with a client's religious beliefs, is experienced as a difficult and uncertain process, at times, that requires the continual authentic merging and blending of the religious and professional self. Notwithstanding this, it can also be a complex tree of meaning, intricate patterns within the therapeutic relationship, working together to bring revelatory moments to both client and practitioner.

Most participants in this study described their therapeutic relationships with religious clients as being meaningful and that it connected practitioners to new parts of themselves which significantly deepened their attunement with the client. However, when practitioners were less reflexive about how their client may have impacted them, they became dislocated from the client and managed their internal responses, by keeping their distance. Some participants experienced a profound internal conflict about what they thought they should be doing versus how they would have liked to

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[4] An additional sub-category, extracted from the final draft of this chapter can be found in Appendix J.

[5] Direct excerpts from participant's interviews are shown in italics together with the participant code/pseudonym. Some quotations have been shortened where necessary which has been indicated by the use of three dots (…) and an omission in data or an inclusion of additional information for the purpose of clarification is denoted by square brackets [ ]. Each quote is referenced by the participant code and line number.

have responded to the client. The processes of distancing and reflexivity seemed to have a bi-directional relationship that affected all phases of reflexivity, which is discussed further at the end of this chapter.

Four types of reflexive "process channels" were identified in the data and can be seen in the figure 3 below:
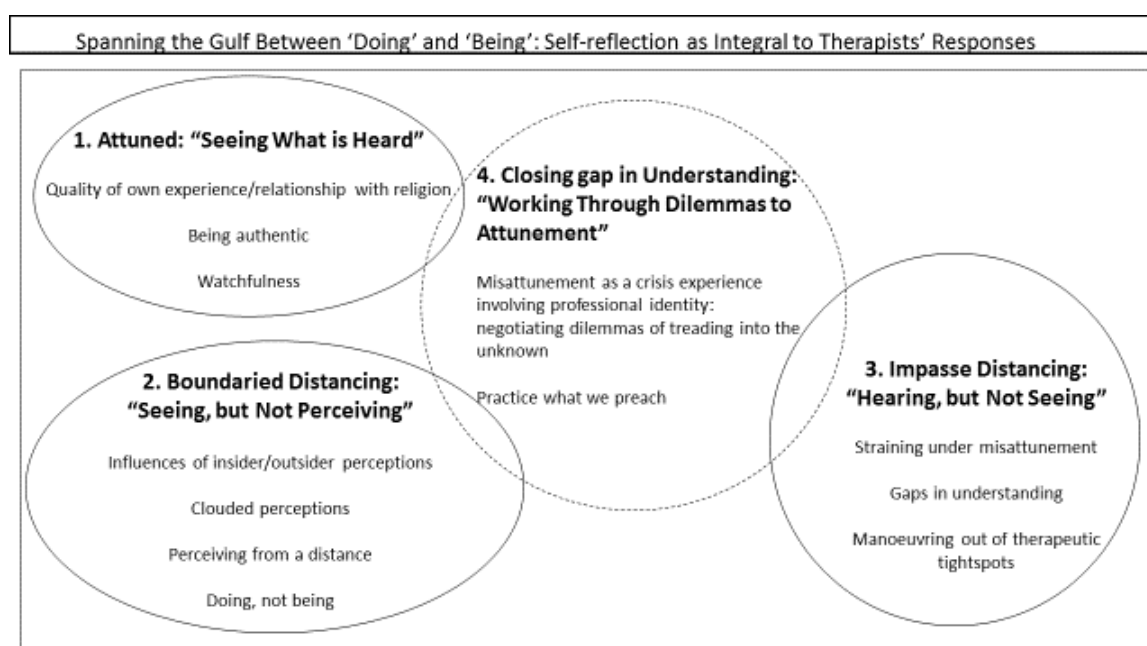
Figure 3. Reflexive Process Channels Identified.

Category 1: **Attunement: Seeing what is heard** focusses on the experience and process of consciously entering in to a full engagement with a client's religious orientation, working with the client's perspective, from the inside out (a close encounter). This includes factors like practitioners' subjective experience with religion in their own life, both historically, as well as, the quality of their current relationship to it; their authenticity and watchfulness. Some factors influencing misattunement with the client, in this phase, are also mentioned.

Category 2: **Boundaried Distancing: Seeing, but not perceiving** presents a section that is central to all participants experiences of the process of managing their internal responses when working with a client's religious beliefs – keeping a conscious distant engagement with the client and working with more distant perceptions of religious concepts. Each of the subcategories: influences of insider/outsider perceptions; clouded perceptions; perceiving from a distance; doing,

not being; (and being autonomous, see Appendix J), were created from conflicts that many practitioners experienced about wanting to engage more fully with their client's religious beliefs, but were grappling with the uncertainty of how to do this, whilst feeling constrained to work within certain professional boundaries.

In this phase, practitioners tended to engage in defensive strategies within a more distant therapeutic relationship. It is further shown that when practitioners are less engaged with their client, in the absence of being properly reflexive, their interventions could be mismatched to the client's needs, which carry implications for the therapeutic relationship.

Factors that illustrate how participants experienced the pressure of internal and external forces, in the wider context, are presented; and how practitioners' intrapersonal discomfort is maintained, when there is a complex interaction within the client's clinical and religious presentation that is confusing to work with.

Finally, findings concerning the role of attribution of professional responsibility are given, highlighting the power dynamic in the therapeutic relationship and the relationship this has with the process of misattunement in this phase and the possibility of re-attuning to the client. This also identifies how distant therapeutic relationships are interpersonally managed within the context of broader relationships with colleagues and in supervision.

Category 3: Impasse Distancing: Hearing, but not seeing presents findings that show how religious estrangement can lead to unconscious acts that may be unhelpful and require awareness, an ongoing therapeutic task that must be continually considered and monitored.

This section highlights the intrapersonal negotiations which may arise when therapists' strain under misattunement, experience gaps in understanding and manoeuvre out of therapeutic tightspots – the resulting dislocation triggers a crisis to self and professional identity.

When in this phase of client engagement, participants expressed the tendency to 'say things off pat'. This property, named**,** "auto-thinking" came from P5 who said that his responses were so ingrained from his clinical training and that he rarely thought about how a client's religious issues affect him personally.

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The difficulty of facing a darker undercurrent, a reality sometimes betrayed in a gesture, or an expression, like, *"the unstoppable force meets the immovable object",* hovered on the periphery of some interviews, like a ghost in the corner.

Category 4: Closing the gap in understanding and working through dilemmas to attunement

This category brings together the participants' experience of working with clients' religious beliefs and, also, the things they feel frustrated about in the wider therapeutic context. Most religious participants agreed that the stigma of religious stereotypes and having to adhere to the professional norm of being neutral meant that they were extremely careful about revealing their own religious identity to a client.

The findings presented highlight the challenge of closing the gap in understanding, while continually being mindful of the need to be reflexive. The analysis illustrates how successful handling of practitioner dislocation requires constant adjustment in the areas of professional self and religious orientation.

Snapping out of misattunement and moving towards attunement comprises two subcategories: 'misattunement as a crisis experience involving professional identity: negotiating dilemmas of treading into the unknown' and 'practise what we preach' which are presented below.

In this chapter, I will explore each of the above processes in more depth. I will begin by, firstly, looking inward, at the internal process of reflexivity within the practitioner concerning their perceived impact of the client's religious beliefs on them. I will then turn the focus outward, looking at how practitioners expressed this internal process within the therapeutic relationship (how it manifested) and the associated consequences of these actions/responses.

4.2. Category 1: Attunement - Seeing What Is Heard

In this section, the focal point of the study's findings is on participants' experience of being deeply attuned in the process of engaging with clients' religious material. The 3 key themes outlined, within this category, are presented in sequence, as shown below in Box 4:

<div style="border:1px solid">

Category 1 Sub-categories

Quality of own experience/relationship with religion

Being authentic

Watchfulness

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Box 4. Attunement: Seeing What Is Heard: Sub-themes.

4.2.1. The Quality of Own Experience/relationship with Religion

During interviews, participants were asked to describe influences on their engagement with clients' religious material. For some, these modifiers were less clearly definable, but for others *the quality of their own experience with religion* was often referred to as being important, either in increasing their ability to contain a client's distress, when they otherwise felt challenged to do this, or as affecting their perceptions about their professional identity. P3 refers to the *merging of her religious and professional self*, she cannot separate them out and they are both *present in* her *consciousness* in equal measure:

"I cannot separate that out, other than bracketing it off knowingly and therefore I suppose it's been in my consciousness to start with…so it is a bit chicken and egg, isn't it?...It probably helped me at times of having to hold things that were difficult, and as I say, I sat on the seesaw of whether that was my professional skills, my experience of years – both physically and working – or purely my faith. I couldn't tease the 2 out...they're interwoven now, integrated in some way." (P3: 832-843)

After this interview, I was interested to know if other participants felt likewise. P10 expressed a similar sentiment and I was intrigued by P4 personalising his religious orientation, describing his experience with religion as a real relationship with a supernatural being, something he comes back to if and when he needs to, in his clinical work. His religious beliefs are, also, infused implicitly, in his approach to his

work, mostly used "behind the scenes", "holding his clients, in prayer, between sessions. He locates God in the clinical experience, which extends the psychoanalytic concept of "not knowing" into the spiritual realm, to include a third party in the therapeutic space that is unseen, not visible, ushering in a sense of the mystical:

"I love that quote Jung (kept) on the [ ] above his house in Latin, um…"Summoned or unsummoned, God is present"… that sums up my entire experience in clinical practice, is that you never know when you're going to encounter the grace of God, a good thing, that comes your way." (P4: 257-260)

"My professional life and my spiritual life aren't separate. They are one and the same together, because I'm a whole person." (P10: 765-766)

P6, a non-religious practitioner, also, recognised a useful influence from his own early experiences with religion:

"I've had what I would call very kind of spiritual experiences… when I was growing up and I can certainly understand from a personal and psychological perspective – the pull of religious beliefs and… kind of religious frameworks…the needs that it can help to fulfil for some people and the meaning that it can give and the sense of community and um… the kind of awe… those things that people get from religious beliefs."(P6: 402-410)

On the other hand, P5 said that working with religious clients has had a negative impact on him. He went on to say how turning from religion in childhood has, also, continued with him, relying solely on a psychological conceptualisation of a religious client. He explained that the only way to see religious experiences is through a secular lens. It was clear that P5's current beliefs about religion provided him with a strong sense of scepticism about religion**.** When thoroughly refined, the emergent category of own experience with religion separated into three dimensions: *open (near/certainty), closed (far) and insecure (uncertainty/inbetween).* Grounded theory accentuates that categories be grounded in the data, therefore, in-vivo codes were used to name these dimensions, as illustrated in the following quotations:

"I was christened and I was sent to a Methodist Sunday school…my mother had Christian faith…my father is atheist. I suppose I probably hardened my views in terms

of – and I'm less open to spiritual stuff than I was previously. But work with the clients had made me… more closed minded, or less open to spiritual experiences, more inclined to endorse, or to value secular… or non-spiritual accounts of spiritual experiences. And to… view religious communities with… suspicion. They don't always do what they say on the tin. So I think I would have to say it had a negative impact." (P5: 513-531)

Underneath the cynicism of P5's tone, lies, perhaps, an unprocessed understanding about some of the behaviours and relationships with religion that have been transmitted from his family of origin. It is interesting to note the influence of personal history and the wider cultural context.

For P7 it is a challenge when clients present with fears about losing their faith as this hits on her own personal religious experience, with a lasting impact:

"The one that they were losing their faith and struggling with that, I guess it's not dissimilar to mine. I'm a non-practising Christian, and so that was quite difficult for me to grasp that bit of the case… struggling with this client because it is somewhat tapping into my insecurities about my religious belief…. because I realised that actually there's so much more to it …and also I'm worrying about it extensively." (P7: 260-268)

P2 explained how her own religious upbringing and her views of God she adopted as a child, could trigger a countertransference reaction in her. Growing up with polarized thinking about who God is and having to follow rules affected her view of God, making it difficult to let go of this kind of thinking as an adult:

"I think as children we obviously grow up with a black and white view of the world…and so for me, as a Christian, you go to Sunday school, you just learn these very black and white things about God …and grow up with this very polarized view of the world, very concrete view of who God is and what faith is, so then that's kind of legalistic, you can do this, you can't do that. God's going to be angry about this, he'll be happy about that and I think it's quite hard to let go of those beliefs, in adulthood and to shift them to become more sophisticated." (P2: 473-480)

I wondered what happens if a practitioner were to hold onto legalistic views about God – how might that affect their interactions with a religious client? P4 spoke about

a long and painful process of working through an upsetting experience with religion in his own life and the importance of "moving on":

"It was a period of time in which through prayer, through good friendships, through things changing, through me finding a different sense of purpose in my life, so it's a very long, painful process that gradually, piece by piece – I felt that God guided me at various points… as if to say, this is not a good place to be and you need to move on… and in a sense you could say it was a process of forgiveness and acceptance or reorientation… but it took a long time." (P4: 451-456)

Both P4 and P2's *openness* and willingness to be *vulnerable* when talking about their own personal journey of faith caught my attention:

"I come across somebody like this teenager whose a Christian and has a very strict view of like, I must've, I shouldn't have done that, I've ruined everything and God's really angry and now I'm dirty. That pushes a button, 'cos I think well I've been there, I felt like the mistakes I made, the choices I made were sort of scandalous and pushed me away from God and I didn't understand grace, so it's sort of painful for me to see that in her." (P2: 485-489)

In P9's life, there was a distancing from religion that started early on. Below he describes going to a Catholic school when he was growing up and finding the behaviour of the nuns very confusing and hurtful, making him feel bad about himself, when trying to understand his volatile father and his own response to his father's actions:

"I remember having – when I was eight – having a teacher who was a Roman Catholic, who was very strict. I suppose thinking back to it, I was quite angry…And I just remember not wanting him [P9's father] around and wanting to run away. And I remember her saying actually, running away is really cowardly and… not finding that particularly helpful." (P9: 440-450)

When asked about the impact this has had on him as a psychologist, he said that the negative feelings he was left with and his subsequent distancing from religion, make it more difficult to *attune* to his client:

"I suppose I find it less easy to connect to straight away." (P9: 496)

There were several subsidiary factors related to the dimensions for the sub-category *the quality of own experience with religion*. These mid-range categories were propagated from the first phase of initial codings. They were *personal relationship with a supernatural being/deity*, *time spent in personal meditations/devotions*, *respect for other religions*, *sharing of values/self*, *understanding of role of religion in client's life*, *quality of client/therapist interaction*.

In the following passage, P2 provides an insight into how she uses her own experience of practicing a faith/religion, or *insider knowledge* to help her gain insight into the client's experience. She contemplates a possible *blind spot* of her perspective-assuming a client's experience is similar to her own, when it's not:

"I suppose there can be positives and negatives, so in the same way as if a clinician's experienced depression and is working with someone with depression then it could sort of blind the person to think that it's probably like this because that's what it was like for me, or it could make you compassionate and open-minded and maybe give you extra questions because you might ask about stuff that you experienced that other people wouldn't think to ask about and for the client then it's like, they really get me, they really understand, so it could go either way and I suppose with faith as well." (P2: 243-249)

4.2.2. Being Authentic

In a very animated tone, P4 described the inner mechanism that helps him connect with clients' religious beliefs, punctuated with dimensions such as, *honesty with self*, *knowing one's limits* and *holding the tension of the opposite parts of the believing and unbelieving self*:

"… the believer must be aware of the unbeliever that resides within himself. And what I mean by that is, yes I have a faith, yes, I'm a follower of Christ…but I also have moments of extreme doubts and despair and meaninglessness…and therefore I know what it's like to be sceptical and to feel a bit lost. ..and that's a part of myself I celebrate and it's the bit of me that wants things to be real, that says I don't want to swallow any old bullshit…it's my reality test. So what I find, particularly working with atheists is that I have quite a deep appreciation of their scepticism, their doubt, um…

the cost that it takes to follow that to the extreme… I identified very deeply with that doubtful part of them… because that's in me too." (P4: 224-237)

As a religious practitioner, being able to identify with his clients' doubts, on a personal level, is fundamental for helping P4 facilitate a deeper exploration of the meaning of their religious questions and ideas. To acknowledge these inner conflicts and contradictions, doubts and fears, in one's quest to be real, requires a certain level of inner security. In this respect, P4 is able to use his own experience with religion, as a "touchstone" to deepen his empathy for his clients fears (Mearns & Cooper, 2005). However, in order to get to this point, he has had to wrestle with his own religious beliefs that has helped him weave together his religious and professional self, as well as improve his ability to be *authentic* and take a "non-expert" stance with the client.

P3, also, explained that she has learnt the value of being "congruent", which she describes as the therapist bringing in their "human side". While there is a sense of *urgency* to learn this as soon as possible as a therapist, this process can't be rushed and is acquired over time:

"I learnt very quickly as the years went by that as a therapist we are who we are and step in the room with our people and congruence is the most important thing, and transparency to a certain extent … there was a human side of you that needed to be present." (P3: 83-88)

Working with religious beliefs was associated with the paradoxical. Most participants realized through trial and error that careful discernment is required when working with religious beliefs and may temporarily require the *letting go of conventional psychological techniques* and *trusting their instinct*, which had a positive effect on the client, as experienced by P7:

"We sat down and she was holding my hand and she was praying and I stayed with her and basically did that….It was a very empowering experience…and she felt completely calmed by it." (P7: 132-140)

P3, feeling unsure about how to respond to a suicidal client described the following intervention that took her by surprise and, also, appeared to move her client deeply:

"And so I trusted my instinct, whatever that was… I don't know why it came out of my mouth – and I said to him, I feel you have every right to be angry with your god. And he just looked at me, and just burst into tears. Because I think he was somebody who obviously had some faith of some kind, but he was angry with God… Now I say, well,

they were God-given or spiritually thrown at me, or out of instinct, whatever, I wouldn't like to put a name on it." (P3: 138-145)

During interviews, participants were asked about personal growth experiences they had experienced as a result of working with religious beliefs in therapy. For some, it was less clear and more difficult to define, but for others a distinct event during a client session was recalled and connected to something greater than themselves, having a profound effect on the practitioner. P4 and P10 describe two such astonishing and *ineffable experiences*, accompanied by a sense of time slowing down in that moment:

"She [the client] told a story about her daughter seeing a butterfly fly into her kitchen, and she said, isn't that strange, these butterflies keep flying into my house. And her little daughter was six or seven – said to her, "mummy, I think they're angels come to tell you that it's all okay", and she told me that story to say isn't that really cute, I was like, yeah it's sweet – and then literally at that moment we turned and looked out the window and the ivy outside my office was covered in a hundred butterflies – all just sat there. It never happened before, never happened since, wasn't a phenomena that had been occurring anywhere else in the county. She lived twenty miles away from my consulting room so it wasn't as if… I was there… and it was just like this moment, that sort of reassurance in hope and goodness – and in a sense you could say it was spiritual but it wasn't religious because she was pretty adamant there wasn't a God and she had I don't know what the word is – co-incidence – I always viewed it as an answer to prayer." (P4: 186-197)

"He actually got down on his knees on the floor and bowed to me, which was really – I – I – I felt extremely uncomfortable with that, so I got off my chair and knelt beside him. Because that made us equal – I don't feel I am worthy of anybody bowing down to me, so that sat really uncomfortably with me and so I sat beside him, well, knelt beside him, and I just put a hand on his shoulder and I said something along the lines of, Robert, it seems as though there's something very powerful happening…and he stayed there for a little while and he sobbed, he was really crying and really sobbing." (P10: 182-191)

The findings suggested that P10's insight and intervention for *addressing the power dynamic* in this way, was nonconforming and divergent from typical practitioner responses when working with a client's religious issues.

Participants who had these experiences, tended to emphasise the quality of the therapeutic relationship between practitioner and client, as well as, their own relationship with/to religion, as illustrated by P3 and P10:

"I learnt from them and I'm sure I've imbibed over the years the ability to be flexible in order to stay with the unknown and I've actually said, what does that mean? Educate me. And they've looked at me in amazement." (P3: 964-967)

"And what was also important to him [the client] was that it was a genuine felt sense and an experience for him, it wasn't just platitudes and cognitive crap. It wasn't just this was the right thing to say, this is what therapists do. It was that profound and fundamental depth of relationship and experience that had changed him." (P10: 239-243)

P3 and P4, spoke of having to *sit with their not-knowing.* In those moments they had a sudden clear perception of their limited awareness and knowledge and a desire to follow this process into a deeper awareness and reality that transcends previous ways of 'doing' in their therapeutic work:

"I have to work with the not knowing, and the un-knowing and the…unable, I suppose – feeling disabled at times, because you would in the work. And what you do with that… I suppose, I don't know." (P3: 460-462)

"In Jungian terms, I viewed it as a synchronicity, just one of those weird moments where something wonderful happens. And I often find those kind of things happen in those moments when I give up in therapy, where I go, I really just don't know how to help you, I don't know what to – and express that in some way – and then we kind of sit in a moment where I feel like there's some grace that life has for those moments – that helps us." (P4: 207-213)

This was a poignant point in the interview with P4 where I felt profoundly challenged to reflect on the role of humility in my own therapeutic practice and my ability to respond to the "unknowable" moments in my own life, as well as that of my clients. There is the unknowability of synchronous moments outside of the therapeutic couple that must be fathomed in some way.

P10 provided a good rationale for linking the concepts practitioner authenticity and not-knowing:

"Just sitting with a not knowing, sitting with the dichotomy was really good for us… because I think in a lot of ways we needed to sit with the humanness." (P10: 87-88)

Sitting in silence was a typical response for participants who had reached the limits of their own understanding. As Nouwen (1972) says, this is what people generally are so desperately seeking, a "point of silence" within themselves. Practising a faith/spirituality can develop a keenly attuned "felt sense" for the unseen within ourselves and the world as portrayed by P8 in the next segment:

"My way of relating is that...I'm aware that there's more than this physical body in front of me…even though I might not say it, the way I relate to that person…it helps me see beyond somebody's behaviour even if it's been very, very kind of outrageous." (P8: 123-130)

4.2.3. Watchfulness

Being constantly watchful and mindful of their inner responses, as well as, the client's reactions to their interventions, was a hallmark characteristic of the process of attunement, reflected in the following comments from P4 and P10. Drawing on theory for inspiration, P10's striking quotation beautifully captures this notion of *contemplative awareness*, adding an additional dimension to it being a two-way process and extending the concept:

"I noticed that her way of relating to her spirituality in the context of therapy was really different than what I would be looking for, even though we shared very similar beliefs, but she didn't want that in the therapy session. And I had to really find that out from her." (P4: 99-102)

"She [Petruska Clarkson] talks about when you hold hands with someone, how both hands have to move and change to hold each other. So it's not as though one is affected and one isn't affected, both hands are moving." (P10: 244-247)

Participants implied that this type of connection with a client is possibly different to the kind of therapeutic rapport which is ordinarily established. It is often difficult to put words to one's thoughts and feelings when one has a religious or spiritual experience that touches part of one's inner being you never knew was there. There appeared to be a connection between having "insider knowledge" and striking this non-verbal

connection with the client. This resulted in the creation of a new concept 'insider knowledge', in an early memo, in box 5 below. Participants described how this connection might come about at an intuitive level, not thinking too hard about what to ask or say, perhaps allowing the appropriate question to bubble up to the surface by itself, out of the practitioner's store of own experiences. There was a sense of therapist/client interaction being lifted to another level, easing some hidden tensions in the relationship. Practitioners typically had a clear awareness of how this might impact the client:

"Occasionally synergy is the thing that works. Somewhere in the middle, I don't know what it is, but it's something that comes from me and them that works." (P3: 455-458)

"I will sometimes have intuitive knowledge of people in a way that seems unusual …Christians would call it a word of knowledge. I've learnt now to be very cautious in the way I express this, I quite often ask them as a question, or will be quite strategic in the way I introduce them– so I will use that kind of knowledge and be really willing to be proved wrong in it as well so it's not oppressive." (P4: 521-526)

"I wouldn't deliberately say the right word… you say it without thinking and then think "oh" (raised tone), there's a connection…she would ask me to pray for her because she knew I was a Christian, so in that sense I felt well at least God's invited into the room. I'm allowed to kind of bring Him in and… He's here, He's working and she's asking for that, so perhaps that eased some of the frustration 'cos she was just open." (P2: 98-103)

Memo 1

Concept: Insider knowledge - facilitating a better connection with the client

I am interested in this "connection" that this participant talks about. She implies that this connection is possibly different to therapeutic rapport which is ordinarily established with a client whether they have religious beliefs or not. It is often difficult to put words to one's thoughts and feelings when one has a religious or spiritual experience which touches part of one's inner being you never knew was there. Perhaps this is what she means by "connection" in this context. There are now two different advantages to having an "insider knowledge" of a client's religious beliefs, being "useful" and "connecting". I am sure as I go on with this study I'll find more. There does seem to be a connection between having "insider knowledge" and striking this non-verbal connection with the client. The participant describes how this connection might come about at an intuitive level, not thinking too hard about what to ask or say, perhaps allowing the appropriate question to bubble up to the surface by itself, out of the practitioner's store of "insider knowledge".

Box 5. Memo Noting New Concept: Insider Knowledge.

Participants defined two ways of working with, or *tuning in* to a client's religious issues: implicitly and explicitly. Constantly listening to clinical material with a "spiritual ear", they spoke about it often being embedded when talking about death or the purpose of life. At other times religion would become more explicit, or central, if clients raise it directly by bringing issues like a fear that God is judging them, or in obsessive-compulsive disorder presentations where there is an anxiety that the devil might take the person's children.

When practitioners were able to carefully integrate their religious and professional self, the strategies used to work with religiosity were often similar to working with other aspects of a client's life:

"I view psychology as working with the human side of spiritual experience…what psychology is really good at, is actually thinking about what was going on here, how does it influence you, what kind of thoughts – I'm just interested in the experience of it. What's your experience of God, let's say. What's your experience of the devil, what thoughts, what feelings, stories… somatic senses of it, where it might be harmful, where it might be good…It's very similar to how do you feel about your work, or your family – it's just the same set of questions, the same skills in a sense" (P4: 47-56)

As already mentioned, most religious participants were easily able to *access their own ideas about a deity/God* and compare this with the client's belief system. In the following excerpt P2 states a keen awareness of wanting to convince her client of another religious perspective, but tries to respect the client's understanding of God. She sees another way of resolving the problem with this client, but feels constrained about talking to the client about this. The outcome is that the client perhaps continued to battle with a false kind of guilt in a religious sense, perpetuating the problem. The practitioner was perceptive enough to pick up on what was not being said, but was finding it difficult to follow up on it. There was a sense of longing to help this client in a different way and sadness that she could not. Something was holding her back:

"I just thought you don't have to be guilt-ridden, it's not the end of the world and anyway you're forgiven and it's fine, so that was having a faith I found quite difficult, thinking that we both know God but we know God in a different way… I was aware that I was really wanting to try and convince her that she was forgiven and that she didn't need to be guilty… but that wasn't her understanding of God. She understood that God would be really angry." (P2: 196-204)

Further analysis established that although participants varied in how they located themselves, personally, in relation to religion, other dimensions, related to personality, such as *openness, curiosity and vulnerability*, as well as, *life experience and personal therapy* were factors that were also viewed as important, when working with a client's religious beliefs, interacting strongly with the practitioners' personal experience with religion:

"I think that's the thing we forget as therapists, is that not everything is a technique or a thing I did [ ], sometimes it's just purely life experience that we learn from, you know, step by step, didn't plan it, didn't necessarily want it to happen this way, but that's where all our learning is as therapists.." (P4: 463-466)

"Thankfully I do think life experience helps you know (laughs). You know the older one gets, the more one's experienced life, the more one's made mistakes and changed one's perspectives, so it's sort of easier then to kind of hold, different people's perspectives and your own." (P2: 526-529)

"Experience has taught me to be cautionary, because that's about you and not your client. To be prepared to be educated, don't stand on your ivory tower, because your ivory tower isn't an ivory tower, it's a position – it's not substantial." (P3: 958-961)

Avoiding moral imperatives/injunctions was also an important property of the process of attunement:

"The only thing I would say is that I'm less willing to throw in a moral imperative in issues of spirituality than I would, say, in issues with your family." (P4: 60-61)

In the next section P4 explains why:

"One of the problems I've encountered is that sometimes you come across things that you feel are very bad but you feel like you are dealing right with the core of the person if you try and challenge them or address them…. And I feel that particularly strongly with people's spiritual stuff…there's difficulty challenging it I find, that's my kind of personal limit. I also find that my own experience, of therapy doesn't help." (P4: 75-81)

The practitioner recognises a personal sensitivity that he feels "strongly" about, that seems to be linked to his own experience with personal therapy. His experience in

personal therapy, during his clinical training, left an enduring mark and I wondered what the impact has been on him long-term, in this regard:

"My therapist was really unsympathetic to my Christianity… and I look back and I think if I was in that therapeutic relationship now I would have challenged him on it and said I actually think you're too biased against this to help me with it." (P4: 84-88)

At the time there was a *power dynamic* in the therapeutic relationship that silenced this participant and it was not a *"safe place"* to explore aspects of his faith.

It should be noted that, although the dimensions of own experience with religion and, also, family of origin relationships with religion appeared related to each other, the emergent category of own experience with religion, also encompassed factors that extend past this. It was an interesting finding that having personal knowledge and experience of practising a faith or spirituality deepened participants' engagement with their clients, whether they currently identify themselves as religious or not. However, regardless of their type of experience with religion, when working with a client's religious beliefs, they often described a displacement or repositioning of their religious and professional self, on an intrapersonal level, an internal switching over, type of *yo-yo* effect, between these aspects of self and dimensions of own experience with religion. Examples of these fluctuations, from the dimensions of *near to antagonistic* and *far to antagonistic* and the *diverging of the religious and professional self* are seen here:

"I went through a period of time when I felt very, very disillusioned and hurt by church, deeply, deeply rejected by various things and that contaminated a lot of my therapy. When I was dealing with people who were in churches and I felt quite strongly colluding with those that would say that church was crap and bullshit and they hated it." (P4: 397-401)

It was important to see how deeply held personal viewpoints are not easily dug out and replaced, or changed without honest evaluation. Psychological defences, if left unprocessed can lead to inflexible thinking and led to the memo, in Box 6 exploring the concept 'countertransference':

"So my overall experience with dealing with people previously and subsequently have put me off further tackling faith issues or trying to recruit them so a mild degree of avoidance which was [ ] present has probably been entrenched." (P5: 269-272)

Box 6. Generation of Memo for the Theme: Managing Countertransference.

For other participants, the religious "unknown" sometimes sparked uncertainty with a sense of an underlying fear about working with these beliefs. P8 attributes part of the difficulty of working with religious beliefs to lacking knowledge about a client's particular religion:

"I was thinking, gosh, is it going to be that much more difficult to go anywhere near it or touch it, is it deep-seated. I guess the complexity came from the fact that I didn't readily know about this religion." (P8: 260-262)

Further reflection upon the relationship between the quality of own religious experience and contemplative awareness, reflexivity and deep attunement is developed in the discussion.

4.3. Category 2: Boundaried Distancing - Seeing But Not Perceiving

This section concentrates on the experience and process of the early stages of a misattuned therapeutic relationship, in the study's findings. The 4 major themes within this category are presented in turn, as shown below in Box 7:

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│           Category 2 Sub-categories           │
│                                               │
│    Influences of insider/outsider perceptions │
│                                               │
│             Clouded perceptions               │
│                                               │
│          Perceiving from a distance           │
│                                               │
│              Doing, not being                 │
│                                               │
│              Being autonomus                  │
└─────────────────────────────────────────────┘
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Box 7. Boundaried Distancing: Seeing But Not Perceiving: Sub-themes.

4.3.1. Influences of Insider/Outsider Perceptions

The quality and stability of their own experience with religion varied between participants, though all reported that some actions they initiated in the therapeutic relationship were spurred by *the impact of external professional narratives and codes of conduct, or outsider perspectives.* P1, P2, P3 and P4 told me they were always aware of how colleagues might perceive them. P2 used the term '*proselytizing'* to describe a fear of colleagues thinking she might be trying to persuade clients to accept her religious beliefs:

"I always felt a bit sad for her (raised voice, laugh), that her faith didn't seem to be helping her very much and then there was that frustration of, if I could tell you of my understanding of God…but it wasn't appropriate to reach out and do anything that could be seen as proselytizing" (P2: 28-34)

"I think because I'm a Christian and because that puts me at a minority, really, in the kind of psychological community, I'm very, very aware, right down to what I might leak of my beliefs, right down to being aware of what I may or may not give away, when I should put that (religion) in, when I shouldn't." (P4: 278-281)

"And because I wear my cross and chain, although one is not supposed to wear them, you know, emblems of affiliation, I used to tuck it away occasionally". (P3: 101-103)

The effect of the outsider was felt amongst those outside the therapeutic community as well. P2 comments on the *power imbalance* in the therapeutic relationship that can exist with regards to religious beliefs:

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"I've had Christian friends who have gone for counselling and have felt like God just wasn't talked about even if they were quite overt about it, they felt that, that clinician didn't really see how central their faith was to their life and their identity." (P2: 263-267)

The 'outsider' was more of an intuitive than a conclusive, exact term and therefore, placed within inverted commas. For all participants, *'the outsider'* was more, a set of religious beliefs that was different to their own, than a specific person. For P5, it was about Christian (theists) ideology of behaving inconsistently with their beliefs. For P2, it was about Atheists lack of acknowledgment that their philosophical orientation is a belief system that could, also, impact their responses to clients and colleagues, illustrated respectively:

"I struggle with hypocrisy, and so I think people who have religious conversions and who purport to have religious beliefs and don't behave consistently with it or are very willing to condemn or judge other people has a level of irritation for me, so I think that can add a degree of interpersonal difficulty." (P5: 403-408)

"I've experienced being with a lot of NHS staff who have a faith in the fact that there's no God which they also can't prove… and there's a kind of pride of like I'm so open-minded because I haven't nailed my colours to any mast… I'm open to anybody and everybody, but actually a lot of people aren't open to Christians, or Muslims or Hindus, because then it's like, ooh you've got a particular belief system. That, I don't like because then you've blocked everybody out…there's a sense that you can't be tolerant if you have a particular belief, but I don't experience a lot of tolerance to me as a Christian." (P2: 328-338)

In turn, P5 and P9, both non-religious participants, expressed the following views about their own beliefs:

"I suppose if I did have a certain faith I might not understand or find it more difficult to understand a different type of faith." (P9: 503-505)

"It's much more about liberal beliefs, I think, rather than religious beliefs specifically." (P5: 107-110)

I noticed the emergence of an unspoken "religious battle" between those who have a

religious belief system and those who don't that still seems to exist, in a Western culture with pluralistic ideas. There was a sense that P2 has to find a way to survive in this work setting – somehow she needs to reconcile inconsistencies between secular values and her religious beliefs in order to function properly as a psychologist. These *psychological survival strategies* help "block out" what conflicts with personal beliefs. Further analysis suggested that this notion of *"blocking out"* was key for managing the experience of working with a client's religious issues as well.

P4 also perceived a difference in approach between himself and atheist colleagues, with regards to practitioner self-disclosure:

"But then it seems to be that other colleagues of mine who might be the more agnostic or atheist persuasion don't have any problems placing what they believe front and centre, right in the middle of what they do." (P4: 281-283)

P9, an Atheist practitioner, voiced the following concern about religious psychologists:

"It does worry me if you did have a certain specific faith, how you then might work with somebody that has a different faith…how do you reconcile that with administering CBT which would… see that in a completely different way." (P9: 542-551)

On the other hand, P4, a religious practitioner, presented a different view saying that he tries hard to dilute powerful hidden perceptions in the therapy room, by giving all aspects of a client's life expression, "moulding together" his faith and therapeutic practice:

"So I just don't like the idea of calling myself a Christian psychologist, although I'm quite happy to call what the form of psychology I'm using an integrative form of psychology, it's got scripture and it's got psychological science and it's got therapeutic practice, all kind of moulded together and stitched together in a very kind of unified way… homophobia and attitudes about abortion … those kind of phenomena as a therapist are all the things I want to get to the core of, with someone who is vulnerable with me, about it, and be accepting of, and try to come to a standing of where they might be with those kinds of things." (P4: 328-360)

In the next excerpt he demonstrates an ability to separate out distortions in general assumptions about life from religious beliefs that are intact, requiring a certain level

of *reflexivity*. The practitioner must be aware of both their own and the client's "blind spots":

"I now view a lot of the assumptions people hold as Christians – not about God as and about their theology, but about life in general – I'm going to have to deconstruct, and so I now have this sense of… if someone comes and they share my faith I'm just as aware of the complexities of that now than if they don't." (P4: 502-506)

Outsider perceptions and norms in the wider cultural context were reported as increasingly offensive and injurious by some religious practitioners and something that ignited irritation within non-religious participants. If left uncurbed, escalating misunderstanding could introduce deep fissures in peer relations. This strain and tension was voiced by a number of participants. P2 described how she felt there was a prejudice against her religion and how her level of discomfort with this, quickly turns to becoming 'defensive':

"I definitely found it uncomfortable at ward rounds…because people wouldn't just comment on something that was maybe unhelpful like, unfortunately a belief in healing for her means, she doesn't want him to take medication… that comment gets extended, "well of course she's a born again Christian, so she believes in healing"… those three things are true, but they're not all logically connected. So I use to feel quite defensive and a bit embarrassed". (P2: 599-609)

Despite her best effort to remain tolerant of her non-religious colleagues, it becomes too much to bear and she decides to arrange a workshop, to facilitate a discussion of this issue because she feels stigmatized as a religious practitioner. She reported a sense of "stand-off" when attempting to do this:

"So people just kind of came away going (neeaaa), you convinced us of nothing." (P2: 621-622)

It was observed during analysis, that this was often accompanied by a perception that the outsider was rigid in their religious and philosophical stance. *Perceiving the other as inflexible or disrespectful* could play a key part in maintaining incongruous and contentious peer relationships and perpetuating misperceptions, in this regard, as seen here:

"I think partly my reason for being centre about my faith, it's like a defense, it's like, it's here so now I'm in the room you've gotta respect it…Alot of people in management positions, historically, maybe not so much now, are white and British so there's a kind of sensitivity like we can't look like we're racist, so we've got to be really open-minded towards Seikhs and Hindus and Muslims, but you know we've all come from Christian backgrounds and we don't like it anymore…so it's fair game, we can poke fingers and no-one is going to accuse us of racism, so I do think everybody should be respected, I just think I should be in that (laughs) group as well." (P2: 613-619)

The context or backdrop underlying the experiences of working with clients' religious issues in therapy, is a major theme running through this study. P2 laughs as she talks about this, but there was a hint of submerged anger, beneath the surface. The use of the word "defensive" is, again, an allusion to some covert "battle" which is ongoing in the wider context where she works. P8 mentioned she has had similar experiences:

"I feel that although… we're not meant to be prejudiced. I believe there is a very strong bias in the opposite direction sometimes." (P8: 321-323)

It was interesting to see that avoiding real connection, through distancing seems easier than having genuine peer discussions. This in itself can perpetuate the idea of it not being acceptable to communicate honestly with colleagues and, instead, staying neutral or blocking out is a safer option. P2 recounted another experience of feeling she needed to demonstrate that her religion is not all bad, by "waving the good flag", despite her own experience of not feeling respected:

"..and of course there are Christians who would have voiced very negative and hateful views …that's what people remember from the press and so I understand where that comes from, but, I do feel like I need to wave a good flag for Christians (laughs), we can be nice people, we can be tolerant, we can care about all people of all walks of life, we aren't… anymore judgmental than the next person." (P2: 160-165)

Participants' comments indicated that the *effect of 'outsider' perspectives* tended to be internally and privately experienced by the practitioner. For some participants *the 'outsider'* was the client themselves, which frequently had the effect of clouding practitioners' views, leading to distancing from the client, as well as, from their own internal responses. It seemed to spark a spontaneous reflex to step back from the

client, resulting in a complete disidentification (misattunement) with the client, at times. This was triggered by feelings of building frustration. It was described by both religious and non-religious participants, as illustrated in the following section.

4.3.2. Clouded Perceptions: Disidentifying and Overidentifying

There was a definite contrast in feelings towards religion throughout the interviews. Often participants started with details of working with religious ideas as being like working with any other aspect of a client's presentation, but ending with accounts of religion being complex and challenging to work with. When probed further, participants explained they would feel less anxious working with religious beliefs if there were more open and honest discussions with colleagues, about this. It occurred to me that practitioners' relationship with religion, in the context of their professional work was not always as harmonious, as it sometimes seems, but can be infected with troubled and conflicting feelings.

Marking one end of the spectrum, all participants spoke to some extent of experiencing *a gravitational pull towards clients who had a similar religious/philosophical orientation to themselves*. Factors identified as influencing this process had a positive valence and included *resonating with the value of religion*, having *an impulse to direct the client,* and *getting caught up in discussion about non-therapeutic issues*. There was a sense that, from this position, there was an immediate stronger bond between therapist and client, described by P8 as a "kindred spirit" and provided a sense of freedom for the practitioner, where a feeling of safety evoked a *dropping of the professional guard.*

"There's a kindred spirit thing, when you just feel very familiar with the things that somebody says." (P8: 225)

While most participants experienced *a pull towards overidentifying*, those who identified as actively practising a faith/following a religion tended to feel this pressure more intensely, expressed well by P4:

"So my experience of not being held very well in therapy sometimes means that I'm a bit overly interested in that side of things when other people actually don't have such a desire to talk about it." (P4: 93-98)

P6, a non-religious participant, describes his emotional response to a client with a similar belief system as follows:

"It gives you warm fuzzy feelings when people can do that and they can pick themselves up after such kind of terrible things without the aid of a particular belief system that they subscribe to." (P6: 462-465)

Overidentification was evident in attunement and misattunement phases of the therapeutic process. A sense of these processes lying on a continuum was reflected by P2:

"…so you know there's this sort of judgment about well all Christians will think x about this client and of course not all Christians will and even those Christians who perhaps wouldn't choose a particular lifestyle doesn't mean that they wouldn't have compassion and empathy for a client, so we're all on a spectrum." (P2: 156-159)

Marking participants' experiences at the other end of the spectrum, practitioners spoke of experiencing *an automatic reflex to distance themselves from the client*. The category, *pulling back* was an in-vivo code used from the interview with P3, where she voices her struggle when she felt challenged by a client:

"I remember thinking, phew, that's not my belief, that's not how I feel...I remember then, with her, pulling back." (P3: 701-717)

Figure 4 shows several factors identified as spurring the experience of overidentification and disidentification (misattunement). Some were tagged as *autonomous distancing factors,* and others as *recoiling distancing factors*.
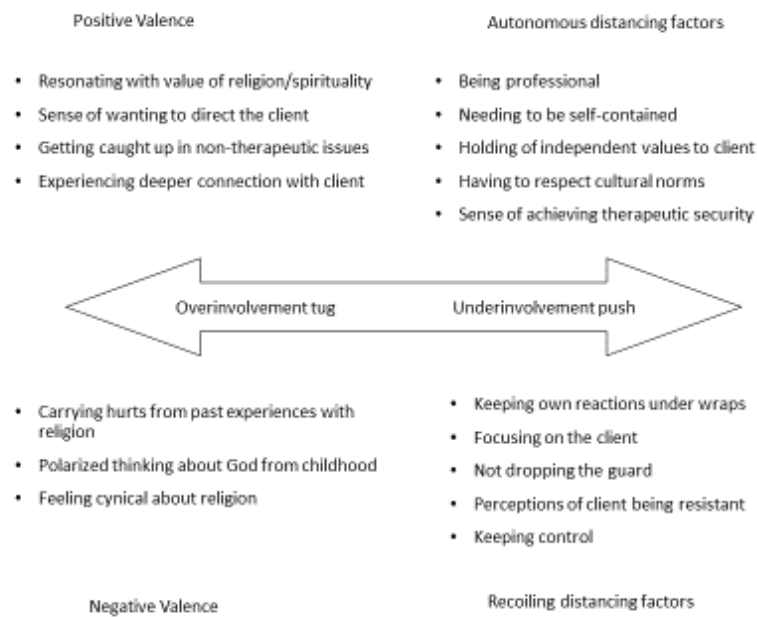
Figure 4. Factors Contributing to the Intrapersonal Experience of Misattunement.

Participants who described *autonomous distancing factors* spoke of undergoing *a swing towards being professional* motivated by a *sense of needing to be self-contained/reliant*, or by *the holding of independent value/beliefs separate to the client*. This pull towards reminding themselves of their independent professional identity sometimes ran along with *a sense of gaining a sense of security*.

Other factors had a more protective quality, in relation to the client and these *recoiling distancing factors* comprised, *keeping own reactions under-wraps*, *focusing on the client*, *not dropping the guard*. Some practitioners recounted perceiving *their client as rigid or resistant*, and reasoned that *taking a step back* was a way of *counteracting forms of client resistance*. Other participants viewed distancing as a means of *keeping control:*

"I suppose the specific thing (is) that I would still use any controlling stuff I could within my therapeutic [ ] model." (P5: 309-310)

Irrespective of the quality of their own experience with religion, all participants (religious and non-religious) spoke of experiencing a strong pull to step back, at times, but there were qualitative differences in the emotional consequences of employing this as a strategy to manage their own internal responses. Those with a closer

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relationship to religion tended to feel heightened sadness, guilt and anxiety. Those with a historically distant, ambivalent or antagonistic relationship with religion spoke more of disheartenment and irritation, with one person describing an underlying sense of disappointment in himself as a practitioner, at times.

4.3.3. Perceiving From a Distance

As described in the previous section, sometimes the practitioners felt that working with religious beliefs was something that they experienced as complex and challenging and had mixed emotions about. Reacting to feelings of discomfort and perceiving pressure to suppress their own religious views and instincts, due to societal and institutional stereotypes about religion, the practitioners sought to keep control of their reactions and stay within the parameters of secular professional guidelines. They did this by, 'staying neutral', 'keeping professional boundaries' and "fixing the client's distress". These themes are explained in further detail throughout this section.

4.3.3.1. Keeping Professional Boundaries – Saying Things 'off pat'

Participants had a common objective to work within 'professional boundaries'. They all described a certain professional practice code that they felt obliged to abide by, in order to fit the defined role of a psychologist/therapist. Client engagement factors, linked to this, that appeared to have a more negative or ambivalent bearing on the therapeutic relationship included, *seeing the client as 'hard work'*, feeling *a sense of duty* to the client, *being relied upon, meeting expectations, being expected to conform,* and *having to respect cultural/secular values.*

For P5, the unwavering loyalty to this professional mandate, originated from his clinical psychology training. He feels that he was adequately prepared to work with a client's religious beliefs and is less willing to shift gears out of the scientific psychological mode to grapple with phenomena in therapy that can't always be explained:

"The experience of spirituality I think can be accounted for through other phenomena. So I… think that if you take a firm secular view and regard all experience as experience and all behaviour as behaviour then clinical psychology has prepared me well for it. My role is not a religious role, it's a role of helping people in distress using scientifically derived principles of psychology." (P5: 615-620)

Alongside comments about the impact of personal experiences with religion, participants had a clear understanding of what psychologists should do and not do when working with religious practices. P11 explained that there is a particular role that psychologists must fulfil and in order to do this, they must work within their professional boundary. This was encased in a strong sense of caution:

"My instinct is probably to say no, because that is stepping out of my role as a psychologist… I need to keep my professional relationship with them [the client] secure, I need to protect that. It depends on what the prayer is or what the activity is – I need to work with – evidence-based approaches… I'm paid to do that. So anything outside of that I need to be very cautious of regardless of whether I think it's going to be beneficial or not, be careful of that." (P11: 612-624)

P7 also agreed with the professional code of having to stick to the prescribed role of being a psychologist to demonstrate ethical and professional practice, especially when encountering questions of an existential nature:

"I didn't feel that's the sort of conversation I can have… because that's more of a kind of, what am I? I have no authority on the matter. I can't say that God will never leave you, that's just not going to happen. Can I, you know, can I just kind of go up to the client and say that in the middle of therapy? I feel I haven't got the authority because I'm a psychologist, I'm not a religious minister or a priest." (P7: 465-470)

What is noticeable, is that P5 uses the term "scientifically-derived", P11 uses the word "evidence-based" and P7 says it as though she might be shot down if she crosses the professional line. It struck me how participants expressed their opinions with a strong conviction. This demonstrates the well-established expectations about the remit of a psychologist and how powerfully these ideas are linked to professionals' practice. Working within a professional remit provided participants with a sense of containment and safety, reflecting their professionalism and identity.

There was a clear sense of needing to "tow the line", ensuring approval and acceptance in 'psychologist circles'. As mentioned previously, some participants struggled with internal conflicts about what they should and should not do, feeling torn between different belief systems; P12 for example states that she felt she must be

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respectful of the client's beliefs but not *too* outspoken about religion. These messages from the media, society, other colleagues had a big influence on all participants. Having made their choice, some participants described an awareness of this internal *see-sawing* and needing to re-position their thoughts, which was not an easy dynamic to manage, as explained by P3:

"And I felt a bit like a seesaw balance of life, you had a foot on the professional training skills and experience, and you had a foot on what you were as a person. And that to me felt at times challenged, both ways. I felt sometimes that I'd done something which my spiritual being said, it felt right, and my professional side went, I wonder if it is. I had to try and justify it, like in supervision or to myself." (P3: 356-361)

Experiences of going against this norm, reflected the high degree of caution that practitioners were holding onto. For example, P3 below described her challenge with going against the 'professional norm' by being open about her own beliefs:

"But they often criticise it…they would say, what reduced you to say that?" (P3: 897-898)

Despite resisting the professional 'norm' she acknowledged she found this difficult as she was constantly questioned as to why she was choosing to depart from the professional and secular norm of non-disclosure and wanting instead to integrate religion with her professional role. There was a sense of needing to explain herself to others. This constant pressure to conform and choose interventions based on what the media or institutional messages may depict as being 'professional' significantly affected the way in which participants interacted with their clients. It seems, for religious participants, this continual uneasiness about fitting a particular "mould" contributed to uncertainty in their opinions and a feeling of having to hide their beliefs to prove their willingness to incorporate non-religious, temporal views:

"I use to wear crucifixes, so she [client] decided I was Christian, but I never fully answered that question, but she would sometimes ask, "I think you really are a Christian, are you a Christian?" (P2: 186-188)

When asked why she felt she had to do this, P2 explained that, in doing so, she was demonstrating her ability to work ethically, thus keeping within her professional identity.

For P5, a non-religious practitioner, it was more important to be "upfront and centre" with the client:

"And I am now very direct… I don't want to mislead people into believing that I have a faith when I don't, I kind of cut that discussion short now." (P5: 310-312)

It was evident that trying to blend their professional and religious self in a post-modern environment, was somewhat troubling and difficult for participants. It became clear through interviews that keeping a professional boundary provided practitioners with the protection and assurance needed in negotiating the various ideals of professional practice. The practitioners expressed a sense of wanting to practice ethically, reinforcing their professional identity from their choices of interventions available for religious clients.

However, although there was a belief that this was the acceptable way of working with clients' religious beliefs, there was a veiled sense of defeat in their work leading to a restriction in the availability of their own vulnerability to the client. In P5's interview, there were strong hints about having to be in complete control, in order to think of alternative ways to manage the client's distress. To the contrary, on the inside, I caught a glimpse near the end of the interview, that there was a deeper, underlying disappointment with himself, at times. When asked about this, he was reluctant to reflect on this further:

"I didn't think it was very effective, despite all those efforts, I'm not sure I could say that I grew at all to be honest. I think it was a… sense of failure and frustration…um…which I was left with." (P5: 222-224)

P1 expressed a similar sentiment while reflecting on a client where she felt unable to reach into the client's religious/spiritual worldview:

"Being shut out and feeling a failure because of it…I lost confidence." (P1: 250)

It began to gel through the participants' interviews that when partially attuned from a distance, instead of completely disengaging from their clients, participants utilized a process whereby they transferred their religious or ideological connections to their professional and organizational directives, to manage their internal responses. During

moments of dis-identification participants typically spoke of not only stepping back from the client, but also stepping towards a firmer embracing of their professional ideals. Indeed, most participants appeared to have inserted themselves to some extent in their professional psychological attachment before becoming aware of the subtle manifestations of the growing distance between themselves and their clients. On other occasions, there seemed to be little awareness of the impact of their actions on the therapeutic relationship. The potential significance *of practitioners managing their countertransference by relocating their intellectual and religious* bonds/allegiances, to support a distancing process, was highlighted by P12, who described how her colleagues allocate all religious clients to her case-load:

"They knew that I had an understanding of the Islamic faith and I used to have a lot of Muslims put onto my case load… I thought what did that mean? That said something to me about other people's uncertainty of working with not just religious but cultural diversity." (P12: 180-187)

It was not always obvious that participants were speaking of the process of disidentification as a time when they re-positioned their own beliefs, since, as noted previously, participants tended to cast their reactions as a move towards their professional code of practice. Closer scrutiny of the data however suggested that, alongside moves towards *professional autonomy* in the therapeutic relationship, there was typically a process of relocating involved. This relocating of self was frequently achieved by *bracketing or being neutral* and influenced the formation of the next subcategory, "Doing, not being" developed further in the following section.

4.3.4. Doing, not Being

This subcategory unfolded listening to all participants striving to be controlled and autonomous/self-contained, but also pulling away from intentional contemplative awareness, towards an automatic type of functionality. There was a clear conflict in striking the balance between doing and being with their clients.

Most participants evoked a sense of needing to be composed, calm and not phased by any questions. My impression was that practitioners were very adept at 'blocking out' their own emotions; this was demonstrated in their skilful side-stepping of more personal, probing questions. There was a clear sentiment of keeping a distance, when

having to focus on existential uncertainty and not quite knowing what the 'right' answer was, which was construed as being 'professional' in a therapeutic context.

In the 6th interview we discussed how this was probably because practitioners could be scared of offending, showing their ignorance, and also worried about being judged by the client in terms of their own beliefs or somehow having to justify who they are as a person. P10 and P8 enthusiastically agreed with this, saying that this was indeed what many practitioners could be feeling.

As described already, there was a definite theme of wanting to keep professional boundaries and a belief that staying neutral is the countertransference management strategy of choice to do this. These controlled actions were fuelled by focussing on the client at the expense of looking inward at themselves first. This was shared by most participants, which was perhaps a result of the stereotypical idea that religion is 'untouchable' and the corporate mandate of 'being professional, controlled and entirely self-contained in the therapeutic relationship.

4.3.4.1   Bracketing & Neutrality – Keeping It In

The research process crystallized most participants' difficulty with reflecting on their own feelings when working with religious clients, as reported by P6, below. Some participants acknowledged they had not reflected on the meaning of some responses, until thinking about it, in their interview. Once this realization took root, they started to recognise possible gaps in their thought processes. Below, P3 describes a moment like this, pondering this fresh realization:

"I can see the beliefs as either something we need to work with because it's functionally related to the problem …or it's …a kind of protective factor… but in terms of how it impacts on me…um… it's a difficult question to answer." (P6: 49-52)

"I've not thought about it in terms of whether it (religion) has influenced me, it must have, I can't say it hasn't." (P3: 927-928)

Practitioners appeared reluctant to reflect on deeper feelings, unless probed with follow-up questions. This seemed matched with the belief that *holding things in*, is an important ability for a psychological practitioner to acquire:

"So keep bracketing any assumptions you may have and stick with the phenomenology." (P4: 481-482)

"It leaves one feeling frustrated… it is just difficult really with clients, it's a constant battle isn't it… we need to get all of our assumptions out the way before we meet the clients, otherwise we're just going to bring them into the room." (P2: 520-523)

Above, P2 gives a picture of what it's like to manage countertransference with regard to one's own religious issues – it's a constant "battle". Again this ties in with the image of a "war", whether it's between herself and her colleagues, or on an intrapersonal level. P2 described this sense of needing to keep control with a slightly raised tone of voice, returning to her training days of being taught to work with cultural and diversity in a robotic fashion. Similarly, P12 described it as "ticking the box".

"I think because of that power dynamic… we get trained this, it's almost like I can say all this stuff off pat." (P2: 54-55)

"It's box tick. Do you have any spiritual or religious connections, yes/no? Yes, what would you identify yourself as? Methodist. Right, okay, move on." (P12: 338-339)

P3, who has just been challenged about her religious beliefs, by a client, had the following response:

"I got practical in my head, which I think happens to us, we get very hung up, you know, ethically. Am I going to be responsible here? How do I deal with this?" (P3: 132-134)

This resulted in the participants feeling the need to *suppress their own instincts or intuition*, by manipulating their professional identity. Similarly to P4 above, P9 described the only stance to take when working with a client's religious beliefs was by using the technique of 'bracketing' to provide a consistent way of 'neutralizing' his own responses:

"One should have a neutrality and… if one's doing evidence-based practice one should stick to that." (P9: 596-597)

When exploring why staying neutral was so important culturally and professionally, P9 elaborated that this idea of staying neutral and keeping one's own religious views hidden from the client, is also reproduced by the media and wider society:

"I think you have to be very careful because there have been stories in the press where GPs have suggested to people that they go to church or talked about their faith and people have been making complaints." (P9: 592-594)

P9 explained his aim was to keep this part of himself hidden from the client. He seemed to use bracketing as a way of side-stepping the need to be reflexive as a psychologist; it not only provided him with a way of dampening his own reaction, but also allowed him to be in control of the therapist-client interaction:

"So, occasionally thoughts like that might have come up, outside, not in the session. And I might have kind of like joked about it." (P9: 466-468)

Similarly, when asked about how it affects him when he works with clients religious beliefs, P6 described a belief around avoiding self-disclosure of his own religious orientation indicating a powerful influence rooted in his professional code of practice:

"It's something that can be quite difficult to negotiate… but I don't disclose a great deal anyway, in terms of therapy." (P6: 56-57)

It occurred to me that in all of these cases, distancing was not only the means for keeping to the therapist code of conduct, but it was also used to express submerged emotions and feelings and was a way to connect on the surface. Distancing as a strategy to manage internal responses, seemed to have a dual function of either "keeping things in", or "keeping things out", to maintain control. Further analysis and interviews clarified that the participants' desire to bracket out assumptions, could be a reluctance to process their own thoughts or feelings, a lack of reflexivity. P13 told me how he usually refers clients of a different faith to himself, to a colleague:

"I spoke to my Christian colleague and recommended that he be in touch with him [a Christian client]." (P13: 518-520)

When asked to reflect on the process of working with a client's religious beliefs, participants all reported that bracketing helped them manage their own reactions. P2

and P6 summarised this well, stating simply that the strategy of bracketing helped them re-orient their thinking and maintain a sense of autonomy, when overidentifying or disidentifying strongly with a client. Stepping back in this instance, is a constructive intervention when practitioners were aware of their own internal response:

"Sometimes I have to squash responses because you can find yourself asking questions to try and open that up, like there's a desire to convince…and you have to step back and think, what is the most helpful thing in this situation...is that actually impacting on the issue at hand. It struck a chord with me because I have a very different belief system." (P2: 504-509)

"What does press my buttons… very right wing beliefs, those kind of things I find more difficult to leave alone – and there is a danger – there's a strong pull and that becomes less about the client and more about me. But I am aware of that and that's when I have to step back a moment and say okay, which direction is that going?" (P6: 352-360)

Similarly, P3 described her use of bracketing to minimise the impact of her own responses on the therapeutic process:

"I think it's about being open but mindful of the bracketing off. What is your stuff is your stuff and it should – it comes in the room, you can't put it out." (P3: 971-973)

She was also aware of the non-verbal expressions of herself, in the therapy room, highlighting the difficulty of staying "neutral". It is an important point because the therapy setting conveys something to the client about the therapist:

"And you know, I'm in a room which has got a lot of me in it as well as my patients and clients." (P3: 973-974)

It was interesting to see that this was a common experience for all participants, both religious and non-religious. It occurred to me whilst trying to reach sufficient saturation, that P10 succinctly summarised the process all of the participants were describing and struggling with, in one phrase:

"You don't wear masks, you wear hats." (P10: 768-769)

Participants spoke about the intensity and complexity of working with religious beliefs as a psychological counsellor and sometimes feeling overwhelmed with this task, not knowing what to do or how to respond to the client. In these moments they, also, portrayed a difficulty sitting with the unknown or unknowable in their therapy session. It seems that the force of the client's beliefs, created an automatic 'knee-jerk' reflex, to step back from the client and from their own discomfort, reinforcing their need to be autonomous, keeping their religious and professional selves apart and restricting their vulnerability with clients.

It appeared their underlying attempts to be in control and portray a professional image combined with their need to conform and fit in led to feelings of having to abide by 'rules' rather than listening to themselves. Participants were quicker and more likely to follow advice from colleagues, media reports and other sources than they were to reflect on their own thoughts. Consequently, the therapeutic relationship often became strained, evoking misattunements with their clients. The theme of failing at attunement is elaborated in the next main category.

4.4.   Category 3: Impasse Distancing: Hearing But Not Seeing

Category 3 Sub-categories
Straining under misattunement
Gaps in understanding
Manoeuvring out of therapeutic tightspots
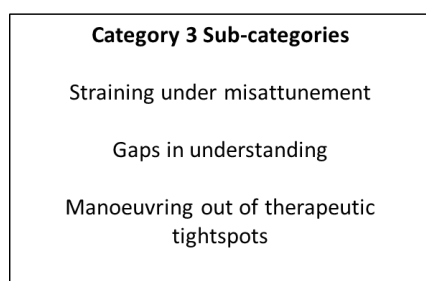
Box 8. Impasse Distancing: Hearing But Not Seeing: Sub-themes.

The term bracketing suggests that the participants know that they are reacting to an internal response, however, during the interviews it became clear that at times, their thoughts and feelings were stashed away far out of awareness that participants were often unable to recognise when this occurred below the level of consciousness.

A number of participants began their interviews saying that religion does not come up that frequently in their work. This was also the main reason why several people declined taking part in the study. P7 suggested a possible reason for this:

"He didn't really bring into the therapy room…so your religious teachings are saying this and this, and that's making you miserable. But I didn't go to that bit directly." (P7: 282-284)

Practitioners starting point for working with religious material, was to be *client led*, waiting for clients to bring religious material, before they engaged with it, as reflected in P7 and P2's comments above and below. P2 & P5 recognised that their reactions were not always in their awareness. Working with religious issues can be full of *practitioner inconsistencies*, that even if the practitioner is aware, they return to their default mode of clinical practise:

"If a client brings it up, it's like anything you've gotta go there, but we can be blinkered. I'm sitting here now thinking, gosh… I'm just wondering if I've got a blind spot there!" (P2: 371-373)

P2 identifies how this blindspot could develop in clinical practice, linking this again to the wider political context, showing the interface between the wider context or national structure of Strauss and Corbin's (2008) conditional consequential matrix and the inner part of the matrix, representing individual interactions:

"Well any faith…it's not on our standard developmental history. You go through medical, presenting problem and it's not there because the people who developed that don't have the faith probably… or if it's that separation of state and church kind of thing, so in your job you gotta separate that out, you can't bring it in, and so we don't bring it in for our clients." (P2: 378-386)

Co-facilitating a joint clinical session with another mental healthcare professional and commenting on his self-disclosure about his religious stance, P5 says the following:

"Possibly on reflection now talking to you, maybe I should have been less direct there, it [ ] upset her and put her in a difficult way." (P5: 356-358)

These participants experiences suitably encapsulates the next sub-category in that it is often the time when practitioners retreated into responding automatically, below the radar of their awareness, keeping them caught up in a cycle of misattunement, discussed further, in the following section.

4.4.1. Straining Under Misattunement

The findings suggested that during early stages of practitioner misattunement, overt confrontation with the client was usually avoided. When in the position of *stepping back*, some participants reported *blocking out the depth of impact the client was having on them*. During this phase of masking, outer engagement with the client could remain stable, but the practitioner stepping back was likely to experience a weaker connection to the religious aspects of their client's life, as they aligned themselves with their professional mandate. Some participants identifying as *stepping back* said they found themselves *disliking the client* or even *finding the client offensive and insufferable*. This often led to managing their emotional proximity to the client. P2, a religious practitioner struggling to work with a client of a similar faith to herself, comments on this:

"I kind of felt like, aah, why did you have to be a Christian? Because it pushed all the wrong buttons of Christians, it was like the worst presentation of Christianity and she was adamant that she didn't want him to take medication and that with prayer he would be healed …. so I found that a difficult situation because I suppose I disidentified with her because I just thought I don't want any part of your belief system and I don't want to be associated with it. I do believe in healing, but I didn't believe in it in the way that she believed in it… So I use to feel cross with her." (P2: 557-572)

A practitioner disidentification with a client of a similar faith to themself, was a surprising finding in this study. P3 had a similar experience, resulting in a "physical withdrawal" from her client. It shows how contemplating a religious belief can often be a very visceral, bodily experience for both client and clinician:

"She'd gone to church to pray because they were hoping to get a new 3 piece suite. And I remember thinking, "What?" And I was quite physically withdrawn from her, I remember thinking… oh, that doesn't feel right because that didn't feel like it was a wholeness, it felt like it was irresponsible, you were saying "God will provide"…Where does that come from?" (P3: 709-715)

A few participants used colourful *metaphors* or language to describe the therapeutic relationship at the height of misattunement. In the following example there is a sense of feeling terribly lost:

"I would say it's very difficult, I did feel very much like I was off the map when I was working with that side of things." (P4: 135-136)

The use of metaphors seemed to condense participants' experience of the therapeutic relationship in the midst of challenging religious presentations. This allowed substantial insight into the intensity of strained moments experienced between practitioners and their clients. Accounts suggested that the beginning of disidentification was usually discernible by *attacking communication shifts* or practitioner *withdrawal*. There was a sense of going into battle, with the client sometimes *challenging the practitioners' neutral stance*, perhaps as a way of communicating the possession of concealed opposing religious values, the proverbial, *elephant in the room.* There is also a blunt reminder in P5's comment about the covert, unspoken tension that may exist between religious and non-religious colleagues in a team and led to the linking of concepts developed in the memo in Box 9*:*

"I was challenged 3 weeks ago by somebody [the client], I was interviewing another patient with drug and psychosis problems with a psychiatrist who has faith, and he [the client] directly challenged us with regard to a particular point, as to whether I had faith, and I said no I didn't, and the psychiatrist said that she did, which created an interesting split in that group, in our little triad, as to who could and could not understand this person's perspective." (P5: 273-278)

Memo 9

Concept: Clinician self-disclosure creating split

This piece links a few different concepts - the client "challenging" the clinician implies that the person was unsure if the therapy context was a place of safety or unsafety for them wrt talking about religious issues or beliefs. Tied to this is the overarching concept of the "power dynamic" that exists in any therapeutic relationship, which in this case would have been intensified because there were two clinicians present. Perhaps the client felt intimiated by this ? The question or dilemma that the client's confrontation posed for this practitioner was which one of the two clinicians would more easily relate to the client's religiosity, the one who is religious, or the one who isn't. He talks about their self-disclosure creating a "split" in the group, certainly in his perception.

"Splitting" in psychoanalytic theory normally means an inability to hold together opposite points of view or extremes, eg good and bad. I wonder what it meant for this practitioner when this situation arose ? Does he feel threatened ? There is perhaps an underlying competitiveness between the practitioners that seems to become visible, that is mirrored in the wider context.

He mentions the point about the ongoing debate within the psychological profession about clinician self-disclosures that I will have to follow up in the literature.

Box 9. Memo Development for the Concept: Self-Disclosure

"He attacked me and said, it's all very well for you, you believe in an afterlife… and I felt quite hurt. And I thought, wow, do I believe? This is a leap of faith and my faith's being shaken on the (tree 9:20)… I wanted to turn on my heel and go – …my first gut reaction." (P3: 106-125)

The client's challenge, to P3 above, could trigger a personal religious angst for the practitioner. Reaching a peak, the process of pulling back, was further amplified by P3 as she made a powerful distancing statement, *placing a value judgment on a client*. The disidentification led to a circumventing of the client's religious beliefs and an attempt to 'do' something with the client:

"That was a lady who was Chinese and she had quite a rigid belief, which I respected but could never get to understand…they talked in terms of the dragons, spirits…and I thought, that feels like mumbo jumbo…that came into my way of being, I thought, well, am I really believing this? It was so different to how I felt. Very practical work I did with her when I think about it." (P3: 768-802)

Following this encounter, P3 was, once again, deeply affected, but despite experiencing this, she was able to suppress her own responses and divert her attention away from them. This illustrates how the process of misattunement can be perpetuated and the difficulty of repairing a dislocation from one's client:

"And what did I do with it? That's a good point actually. Well, it probably resounded around me, for the next session. And maybe I withheld myself from her a bit, spiritually. I didn't engage with her, not on that level." (P3: 731-736)

A central difficulty in handling misattunement involved managing therapeutic impasses that activated an intrapersonal and interpersonal crisis experience for practitioners. Accounts suggested that splits *in religious values* were a source of friction for misattuned practitioners and that the therapeutic dyad could be seen as located at the intersection of a psycho-spiritual-cultural matrix. Participants varied in the extent that dyadic misattunements were experienced as interlinked with wider professional relationships.

4.4.2. Gaps In Understanding

Increasing practitioner discomfort was also characterised by *keeping/maintaining control*. It was noted that when participants were in a *hearing, but not seeing* phase, they were usually slower at reflecting on the impact the client was having on them and how this might be influencing their responses. While engaged in distancing, participants varied in the degree to which they realised the effect this might be having on their client. Accounts of distancing typically involved client-focused narratives and participants gave a sense of *positioning the client as resistant,* while *positioning themselves as the mind changer, or fixer*, when the therapeutic relationship became strained. This link was highlighted in the following quotations from P6 and P9:

"So it's just much more about, how do you work with people who are resistant to change, I guess." (P6: 248-249)

"You get a clash… because what goes through your mind is, come on man, can't you see reason!...When someone has such a fixed way of thinking it can be incredibly frustrating because you know where you want the person to get to but just trying to get them there is – it's really difficult." (P9: 313-315)

For P6, the client's self-imposed beliefs meant that he had to work harder to change them, which was accompanied by a growing sense of despair within himself:

"I think particularly in the sexual domain… this very clear prescribed behaviour…if I do this I'm a sinner and I'm a bad person because it says in this text… that is quite difficult to work with, and you do get a kind of internal groan when you first come across it… and when you see somebody's self-imposed belief system impacting on their health in such a way, it can be really disheartening, it's the acknowledgement….,that you're going to have to do a lot more work than you thought you were going to do to shift somebody's perspective… so we can try and… bring each other into a middle ground somewhere." (P6: 197-230)

I noted that although this practitioner also aims to find the middle ground with his client, it differed to P3's description of this during moments of deep attunement and synchronicity in the therapeutic process. It is more of a striving by the practitioner to change his client's perspective versus the mystical process of 'being' with the client.

Engaging with the client's religious beliefs, at this point, tended to devolve into attempting to fit the client's religious framework into traditional psychological

formulations that became increasingly superficial, leading to *a growing communication gap*. The study found that in some cases this was often experienced as highly distressing by the client. *An expanding communication gap* occurred when the practitioner seemed unaware that the quality of their communication with the client was tainted *with jumping to conclusions, inconsistent reasoning and incomplete understanding of own and others religious orientation.* Mismatched interventions such as *normalising sinful behaviour*, characterised some practitioner responses in this phase of engagement. This effectively cut the therapist off from gaining a deeper understanding of their client and prevented them from being authentic. Examples from each type of communication gap are presented below:

"Now she wasn't religious – at least I don't think she was, we never touched the subject." (P3: 988-989) – making assumptions

"But I did try to put some leverage on the – when you expose yourself to these women, you not only behave outside of your own values, but you're also exposing yourself to your omnipresent God. And how does it feel, exposing yourself, or carrying on, if you believe that God is actually watching you the whole time? And I think that increased his tension, but it didn't really materially control his behaviour. And in the end he actually committed a more serious offense – so it didn't have a terribly controlling effect." (P5: 102-109) – incomplete understanding of client's religion

"The problem is they're not doing anything illegal, anything I would consider pathological but they are experiencing distress… and it's then…how do you… normalise the behaviour against those values that they consider this behaviour abnormal or problematic or even sinful...the way I generally do that is to try to kind of increase flexibility." (P6: 77-82) – normalising sinful behaviour

For P6, working from his own psychotherapeutic frame of reference and his own personal perspective about the client's problem, there appears to be no deeper attunement to the client's inner struggle, rather it must be rationalized using CBT.

Disidentification could involve a number of critical consequences for the therapeutic relationship such as *putting up walls*. It appeared that perhaps practitioners were unconsciously manipulating the client's religious beliefs to manage their own responses and in the process *missing the mark* as portrayed in P5 & P9's accounts below:

"So he says something, you think okay, I've got something that can be an exception to that that I can come up with and then there'll be something – there can be another wall that goes up, and it's trying to negotiate that. That can be quite challenging, quite frustrating. So you can go into these sessions kind of like thinking, just had supervision, got a really good plan, there's no way he can refute some of this and then you go in….sigh, oh dear." (P9: 297-303)

"I felt a little bit bad about using this stuff about him exposing himself to God, the omnipresent God, when he was masturbating. I felt I was being a bit manipulative and it wasn't a technique which worked very well, to be honest." (P5: 192-196)

The hindrance of their ability to be authentic and relate to their client in a meaningful way contributed further to the process of *distancing*, and therefore an increasing sense of the need to engage with religious beliefs at a superficial level. This study found that as practitioner authenticity receded, participants increasingly faced the challenge of needing to cross the void between themselves and their client. Comments from many participants indicated that navigation out of this tricky territory and sizeable chasm largely involves *practising what you preach* and *finding common ground*, elaborated further in the next section.

Accounts suggested that participants used several strategies to manage the experience of *feeling under attack*. These included, *challenging the client* and *retreating defensively*:

"I was pulled back …because it was so – it wasn't my…wasn't my (pause) belief, even though I was a Christian. It wasn't my belief within it." (P3: 750-753)

Each of these actions, in their own way, could intensify the process of *stepping back*.

At this time, participants' inner thought processes were typically running counter to the client's religious beliefs. Trying to maintain a strong engagement with the client could lead to a powerful sense of *feeling trapped* as explained by P4 who, also, experiences a strong physical reaction when encountering a client with different religious practices to himself:

"I've had people who would say that they are occultists or when they've come in the room I've felt a kind of …oppressive feel about them, that their spirituality is very, very powerful and kind of intimidating in terms of – I'd look into their eyes and their pupils would be hugely dilated… and whenever they talked about this kind of stuff they'd hold me in their grip, kind of staring at me... It felt like suddenly there was a crowd of people in the room that I couldn't (get at) – a really unusual experience…and I found it difficult to know what to do with that, clinically." (P4: 104-119)

P6, a non-religious practitioner, uses a descriptive metaphor giving insight into how he experiences this, as does P1:

"It's like…you're kind of in a traffic jam." (P6: 242-244)

"It was as if my hands were tied, or I was gagged, it was something quite powerful the feeling." (P1: 243-244)

4.4.3. Manoeuvring Out of Therapeutic Tight Spots

This study found that when the practitioner stepped back internally, this had the potential for *distancing* to occur from both persons in the therapeutic relationship. Issues of difference between client and therapist at this point, were usually not discussed, with a lively debate emerging in the findings around concerns about therapist self-disclosure. This could lead to a spoiling of the client's trust in the therapist and a perceived rejection of their mutual collaboration, driving the therapeutic couple further apart. Like two objects on a collision course, unable to change tracks, P9 colourfully describes this dynamic, in an amused tone of voice:

"But when you've got such a fixed way of thinking and somebody who is very – in a sense resistant to change, and your job is to evoke change, you've got kind of like the unstoppable force meets the immovable object, haven't you?" (P9: 308-311)

As noted above, practitioner self-disclosure was a key theme in the data and, also, another important strategy used for managing emotional closeness to a client. Participants held varying views about this. For P9 it was important to deflect personal questions back to the client:

"It's not something I've consciously done…I don't think I would. I would say actually it might not be useful talking about where I'm coming from, it's more about where you're coming from." (P9: 525-531)

On the other hand, P11, a Sikh practitioner, always self-disclosed, to check the client's thoughts about her religious orientation before starting therapy:

"People recognise that I'm a religious person so I like to make that open in therapy… we hold religious perspectives, how do you feel about that?" (P11: 45-50)

While issues of difference remained unspoken, and *distancing* stayed on the inside, it could typically place a strain on the therapeutic relationship. As this type of *distancing* increased some clients tended to make provocative comments, while practitioners often spoke of feeling offended and becoming increasingly judgmental of the client's beliefs. The end result was that the client sometimes disengaged from therapy, as P7 painfully experienced:

"He was shouting about people who are doing horrendous things in the world. So I did challenge him, I didn't just sit and listen to it…in terms of CBT – what's your evidence…it wasn't going anywhere…he was getting increasingly worse because he took himself off anti-psychotic medication…and then he discontinued coming." (P7: 520-528)

The study found that *a constrained/laboured therapeutic relationship,* eventually proved unworkable, for some participants and the build-up of pressure manifested in an overt statement, from the practitioner, about the effect the client was having on them:

"He ended this long account saying, "this has really excited you, hasn't it?" At that point I had to say actually, no, there's something about your spirituality that I find very intimidating. So I just fed back the process of how I felt about it. And it really did stop him in his tracks… he just went "Oh."… it never occurred to him that it could have that impact on somebody." (P4: 126-130)

Reflecting back their feelings to the client, in this way was described by a number of participants as being a constructive intervention evoking a positive response from the client that often led to a fruitful exploration of the client's concerns. For others it was

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about keeping a neutral stance that had a less favourable outcome with the client and a long-lasting effect on the clinician:

"You nod politely and say, I understand and then it stays with you afterwards, 'cos you think, what could I have done? ...That's someone I just couldn't quite get to." (P7: 187-192)

The findings suggest that when client and therapist were misaligned due to *distancing* and the load-bearing capacity became too much, a dynamic of hiding and seeking was usually set up. When feeling provoked by clients' religious comments, participants who worked in relational therapeutic modalities, were particularly inclined to use their 'felt sense' when feeling misattuned to the client. This appeared to signify a turning point in the therapeutic relationship that enabled defensive walls to be broken down and head-on collisions averted, in order to close the gaps in understanding (misunderstanding).

4.5. Category 4: Closing the Gap in Understanding and Working Through Dilemmas to Attunement

The final section presents findings that constitute the professional challenge of re-attuning to clients while managing the experience of misattunement. The findings in part one illustrate how successful navigation out of a misattunement required continual awareness and adjusting in the developmental domain of religious/spiritual orientation and professional identity which presents an ongoing dilemma that practitioners struggle with. The findings in part two present participants' signposts for the way forward.

The two key themes highlighted within this category will be presented in turn and are seen below in Box 10:

Category 4 Sub-categories

Misattunement as a crisis experience involving professional identity: negotiating dilemmas of treading into the unknown

Practice what we preach

Box 10. Closing the Gap and Working Through Dilemmas to Attunement: Sub-themes.

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4.5.1. Misattunement as a Crisis Experience Involving Professional Identity: Negotiating Dilemmas of Treading into the Unknown

When completely assembled, the category of *activating/actioning reattunement* separated into four dimensions, representing four broad attunement strategies that misaligned practitioners appropriated. The four dimensions were*: building bridges, finding common ground, guarding against religious legalism, sharing own humanity/vulnerability*. Despite being conscious of the need to work in a collaborative, client-centred manner, the *feeling of being trapped*, and the competing pull towards *self-containment*, was very strong. Participants' reported that one way they moved back towards attunement was by looking for commonalities between themselves and the client, a connection point to *build a bridge* between therapist and client. Practitioners' accounts implied that this was an important element for re-aligning themselves with their clients and moving back towards attunement:

"In a sense we were both speaking different languages but we were finding common ground. So words like love and compassion were common ground… things like that we could join together on." (P10: 64-66)

"My attunement I think helped in my work because I was able to respect there were times when she was able to challenge her belief, and I didn't feel the need to repair that." (P3: 344-346)

This process of attunement is crucial with regards to if or when a practitioner discloses their religious affiliation or talks about their religious beliefs, because when a clinician gets it wrong, it can negatively impact the client, by making the client feel inept, as P3 describes below. Awareness of the practitioner "getting it wrong" is essential for re-alignment:

"Well often I'd share with him…and he wouldn't like that. But then I realised…it's not about you helping somebody else by saying, look how good I do this because that to them makes them feel inadequate, it doesn't help them." (P3: 432-440)

A fifth category, of *being contemplatively aware* connected all these dimensions; reflecting the finding that *closing the gap in understanding* required intentional and purposeful *watchfulness* of emerging themes in the therapy, involving a

thoughtful/creative blending of the religious and professional self. This 'watchfulness' and 'creative blending' quality was first captured and coded as *'watch the cues'* and *'combine the two'* using in vivo codes in the next excerpt by P1, who described her out-of-the-ordinary response when encountering a patient's reluctance to engage with her because his parent had requested counselling:

"I wasn't going to be put off by that. I don't know why. Normally, I would have said, okay, I'm not going to take up your time, but I explored a bit more about his Mother sounds quite anxious... so finally we had a discussion about his anxiety and what he could do about that. And I thought, okay, that's a spiritual intervention…that's not religious, I'm not saying a prayer over him. So that's where I learnt you can combine the two, you just have to be very alert and watch the cues." (P1: 205-212)

The effect of this practitioner's watchfulness had an unexpected effect on the client, turning an out-of-reach moment into an attuned memorable experience for the client:

"He was so glad by the time I left… lunch came so we had to stop and he said, "oh damn", you know." (P1: 214-215)

As participants experienced shifts at the junction of personal/professional positioning, they also tended to experience shifts in moving towards attunement. The four dimensional categories of *client re-alignment*, and the connecting category of *being consciously and contemplatively aware (reflexive)* can be seen in figure 5:

Finding common ground

Curiosity about religion and spirituality

Quality of understanding the client:
listening with a spiritual ear

Building bridges

Letting go of conventional psychological techniques

Quality of communication with the client:
authentic, mutual, open

Trusting instinct

Contemplative awareness

Sharing own humanity/vulnerability

Acknowledging own limits

Congruent

Guarding against religious legalism

Wrestling with religious material

Holding tension of believing and unbelieving self

Figure 5. The Dimensional Categories and Supporting Factors of Re-attunement and the connecting category of *Contemplative Awareness*.

The study found that there were strong links between the themes of *activating attunement* and *intuitive seeing*. For participants who were *consciously aware*, reattunement was possible. The early moments of trying to reattune were described as careful steps of faith. Participants spoke of *considering the consequences* of reducing interpersonal distance within the therapeutic dyad, requiring *courage to step into the unknown* while *renegotiating attunement*.

An important task in re-attuning was seen as *embracing vulnerability*. *Embracing vulnerability* could involve *holding religious doubts near and far, being brave, acknowledging limits of own understanding, reflecting on own suffering and unique learning*. Embracing vulnerability also crucially meant *improved rapport/communication*. *Improved rapport* tended to include any type of communication that halted the distancing backlash of *a widening and deepening communication gap,* where *the non-verbal* played a significant role. The findings showed that the substructure of improved rapport was based on the proficient execution of foundational therapeutic footwork incorporating *person-centred communication shifts* such as *being authentic*. This however, could require *dropping the professional guard*:

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"In that respect allowing yourself to be vulnerable when the client talks to you about things that are outside your frame of reference… I wonder if I'm a braver therapist sometimes, with things that might seem out of my comfort zone." (P12: 269-279, 572-575)

The study found that the consequences of engaging fully with clients' religious material could be deeply felt and far-reaching for clients. P4 spoke of being approached by clients at conferences and the personal joy and surprise concerning the powerful legacy of some client interactions that were out of his awareness – responses that, with full immersion, could have a lasting effect on the client over time:

"They always seem to remember me fondly and are very appreciative of the time that I spent with them, so it's a bit mysterious to me, that side of things. I wonder if you pray for people, maybe God just gets in their lives… and that sometimes I don't have to speak in order for that to happen." (P4: 269-274)

There was considerable variation in the degree to which participants felt they were continually blending their religious and professional selves. In the following excerpt, P11 gave a revealing sense of how *blending* was experienced as an ongoing process, requiring constant attention:

"I've incorporated it…that's been really important– it's who I am and I think this is the most important thing in psychology, it's not just a profession, it's personal development as well. You have to tag the two along and bring them together… it's a constant kind of reflection that I have." (P11: 303-312)

The findings suggested that closing the gap in understanding could require *continual balancing/modification* in the domain *religious self and professional identity*. Within this domain, *balancing* was experienced along a continuum, moving from *avoidance, uncertainty and unresolved impasses* at one end, to *spiritual growth, integration and security* at the other. The *balancing* domain of religious and professional self*,* with influencing factors, can be seen below in Figure 6:
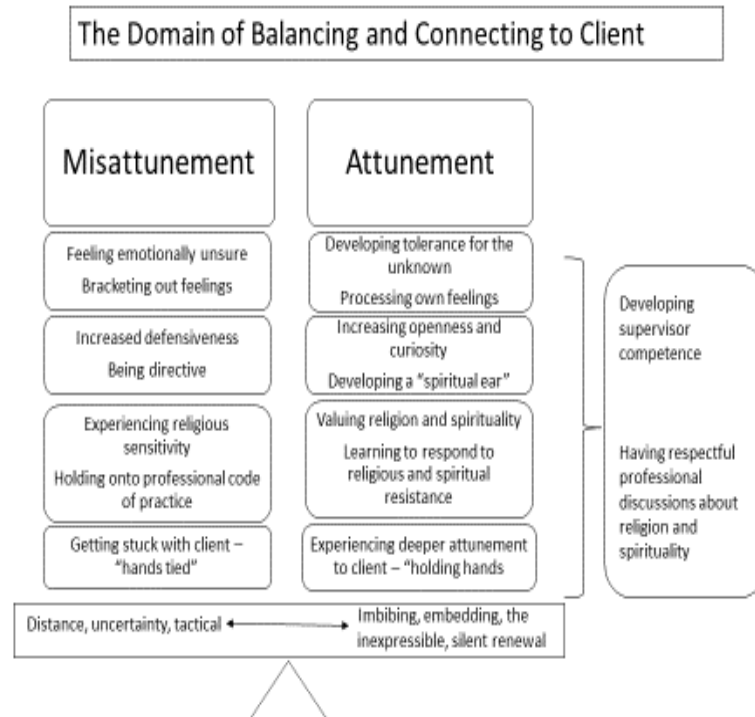
Figure 6. The Balancing Domain of Religious and Professional Self and Influencing Factors.

As seen from the mid-range component descriptions in the table a number of intrapersonal and interpersonal factors influenced participants' own experience with religion and, consequently, their experience of working with a client's religious beliefs. Some of these factors could be considered qualities of a transpersonal therapeutic relationship and soulful awareness as defined by Rowan (1993).

Factors supporting the experience of *spiritual growth, integration and security* were identified. In addition to those in the table, these included: *gaining new insights, sharing clients' vulnerability, finding connection in clients' experience* and *being moved by the inexplicable.* Several of these factors were illustrated in the next extract, where P10 described how she conceptualised a therapeutic experience, through vulnerable connecting and sharing with a client from a different faith tradition to herself:

"I said there is a sense there, of whilst you have been changed, I too have been changed by your valuing of me and your regard of me as someone who is able to contain your feelings… this man was grounded in his own faith, I'm grounded in a very different faith… and yet he said that he had learnt so much about the reality of

grace and compassion and love that for him previously had been quite a cognitive, theoretical or a theological exercise. And so the fact that I in a sense personified that, I've been quite life changing for him." (P10: 249-260)

4.5.2. Practice What We Preach

In the introduction it was suggested that when people think of religion, they are interacting with symbolic pictures of religious ideas and orientations that are transferred through everyday discourses being voiced in society. The findings indicated that a particular challenge for religious practitioners was negotiating therapeutic relationships that lay outside prevailing social and professional discourses of *what working with religious issues* means. All participants reported that *grappling with the meaning of religious dilemmas in re-attunement* was a central preoccupation when navigating their way out of misattunement, as portrayed in the following examples.

Participants spoke of needing to be aware of perceptions of *the meaning of being religious*. The category *the meaning of being religious* encapsulated both personal and social meanings. *The meaning of being religious* could impact significantly upon the experience of being attuned and misattuned, either emotionally, or in terms of professional identity perceptions. P8, a transpersonal therapist, suggested that *the personal meaning of religion* could impact greatly upon one's way of working with religious topics:

"It's very difficult not to bring yourself into the room in that way… being somebody who is spiritual… I might see the person and their personality but my belief system is that each of us have a soul and so actually I'm communicating with many layers of that person." (P8: 411-415)

For example, drawing from their own faith practices, P2 and P4 make interesting observations that how a client relates to God, is how they relate to the world and can also influence their symptoms:

"I suppose there's just that stance with your clients that you are not the expert… so how she views God is all information about how she views the world and how that plays into her symptoms and her experiences and talking and asking questions will encourage her to think about that and maybe to find another perspective." (P2: 222-

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"I've actually done a bit of research on people's image of God is very similar to parental images…so increasingly I've viewed the spiritual area as one of the areas where you can really get into the sense of what motivates somebody, what they're about." (P4: 25-29)

Instead of viewing religious issues as a stand-alone area in people's lives, these participants suggest that as a psychological counsellor it is more helpful to view clients' spirituality and psychological problems as bi-directional, one influencing the other. This seems like a relevant comment for this research, as it could, also, be an underlying reason why psychological practitioners, more broadly, are reluctant to engage with religious issues in their clinical work (Clinton & Straub, 2014).

P13, a Jewish practitioner, monitors the "secondary issues" that could arise when someone's faith is tested through suffering:

"Even if they're coming to complain about God and about Judaism– I try and fully understand what it is that they're contending with…If the person does believe in God, and therefore is not looking at this that it's just chance that it happened, that there's some greater good, or something greater coming out of this, it means that they can love God or they can be angry at God, but they can't be indifferent. So it actually raises the secondary issue." (P13: 176-181)

The findings indicate that the practitioner's therapeutic modality plays a role in the type of interventions used to work with religious material. From his own experience, P4, for example, points to useful psychotherapeutic concepts, such as the "felt sense" (Mearns & Cooper, 2005) that can be especially effective when working with religious beliefs:

"I find in humanistic psychotherapy, the felt sense, to be a very useful idea, because it's that sense of… all the time we're feeling things inside that we haven't put into words. And quite often therapy moves on at the point where I say to the guy who is doing odd tantric, occultic, spiritual practices – I find it quite oppressive, that's the moment where contact is made and things happen." (P4: 483-487)

In light of this observation, throughout the interviews when participants were asked about their views on past and present incorporation of spirituality and religion in

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training curricula, there were opposing standpoints. For example, P5 and P6 felt strongly that this was not necessary:

"I think I swim against your tide there – what else would prepare you for that which isn't covered in clinical or counselling training?" (P5: 621-650)

"The problem is, as soon as you start treating this as a training issue I think actually it propagates the problem. Because what you're saying is people with religious faith are different to anybody else you see in the clinic, which I entirely disagree with…they have the skills and something else is stopping them, maybe ideas of difference or offending, but I certainly don't think a two day workshop on diversity would be helping them." (P6: 587-629)

All the other participants voiced emphatically that there is a glaring gap on training programmes, summed up in the following quotation from P8:

"There is huge room for improvement…I've had clients say I haven't been able to talk to somebody about it, or it's pathologized…if we don't have that discussion about how to at least create a space or allow a space for our clients to talk openly about these things, we're doing a huge injustice to them. It's arrogance if we think that we can deal with that without – what other issues in our training do we think we can deal with with clients without doing any training on it?" (P8: 116-125)

Picking up on the theme of the meaning of religion, P2, in an animated tone, reflects on the usefulness of mental health professionals discussing how language is used in the context of showing respect to others who have a different view of the world, with regard to religious issues:

"In that discussion I said actually I feel like we all operate under a belief system and if somebody doesn't believe in God that's a belief system… and one of the social workers there was really offended by that, "I don't have a faith, it's not a faith, and I thought actually that's a useful discussion for us to think about how we use language, how we do respect or disrespect people who have a different way of looking at the world from us. Do we have a sense as a broad profession of mental health professionals that this is a normative way of looking at the world and then if you add faith into that then you become somebody, you've kind of moved off the norm, so there's this like baseline." (P2: 623-633)

P11 adds her voice to this dialogue, issuing this firm reminder to untroubled practitioners:

"It's important to apply things to yourself as well, not just teach other people to do it, as we do, as psychologists." (P11: 453-454)

The thought-provoking, often deeply stirring experiences shared by participants in this study, suggested that *closing the gap in understanding* was a task of *staying in steadfast hold* with the client. Engaging with religious issues could involve the experience of clanging therapeutic impasses, stepping out of hold and onto toes, the discomfort of which could vibrate in one's inner being. It could also, however, lead to unchained reflexivity and emancipation from rigid professional and theoretical frameworks, permitting new ways of seeing the spiritual self and being with the client. The inseparable nature of mind, body and soul, in the experience of deep religious attunement in psychological therapy, was highlighted in this captivating, final quotation by P10:

"And he [the client] said I can't describe what just happened, I can't put words to it…And I said, no I'm not so sure I can either. It's either before words or beyond words…and I said maybe we don't need to understand it, maybe we just need to accept it and allow that it was and it was beautiful and that was okay. Powerful and beautiful." (P10:198-210)

4.6.   Summary

In summary, the findings suggested that *managing misattunement within the psycho-spiritual-cultural cross-currents of the therapeutic relationship,* involved navigating the rough waters of personal, interpersonal, social and symbolic expectations of what *working with religious material means*. Misattuned moments were usually experienced as keeping in step with these expectations, depending on psychological counsellors' openness to the unknowable, their level of reflexivity and the authenticity with which they blend their professional self and religious/spiritual worldview.

The human link between participants led to a discovery of more similarities than differences between the thirteen psychological therapists who were interviewed, despite the differences between the various models in which they practice. The extent of discomfort that many voiced about working with clients' religious beliefs and

the deep doubts lodged within their own personal histories with religion; and, also, the lengths to which some of the practitioners had gone to make some sense out of disillusioning and hurtful religious experiences.

Almost all the therapists in this study agreed that personal experiences with following a religion influenced their work with clients. However, one practitioner had difficulty identifying where their own point of view about religion might impact their engagement with religious clients and four others relied on "bracketing" their beliefs so this would not have an effect on their clients.

Humanistic and integrative practitioners who work primarily in the humanistic tradition and in the 'here and now', focussing on present relating between client and therapist, were more keenly aware of how this dimension in their lives, both current and historical, could impact their engagement with religious clients. One clinical psychologist, working in the CBT modality, was less concerned about personal historical influences on his work and was more concerned with how current events were affecting the therapeutic process. Notwithstanding this, what was most striking, on a human level, was every practitioner's vulnerability, particularly those who did not appear to have a coherent narrative of the religious and spiritual aspect of their lives, or suffered guilt or shame as a result of a prior religious experience. Yet there were also those practitioners who had difficult experiences with religion who were more embracing of their own human frailty, because they were more likely to face these difficulties and grapple with their own doubts, in this aspect of their lives. For these counsellors, seeking out external support at these times is a normal practice in their lives. For the few practitioners who seemed reluctant to reflect on their religious personal process in relation to their work, this is an overlooked aspect of ongoing professional development that should be addressed. Perhaps Counselling psychologists, in particular, could, also, reflect on how they find a positive meaning in their religious angst and pain, an inevitable part of being human, as Frankl (1959) says, rather than repeat their human inclination for minimisation, sublimation and destruction (Freud, 1915)?

4.7. A Proposed Schematic Model of Psychological Counsellors' Experiences of Engaging with Religious and Spiritual Issues

The model in Figure 7 is a diagrammatic conceptualisation of how psychological counsellors relate to clients religious beliefs. It shows a grid with two axes. The vertical axis represents the extent to which psychological counsellors perceive what the client presents. The horizontal axis represents the degree of control they exercise in managing their internal response.
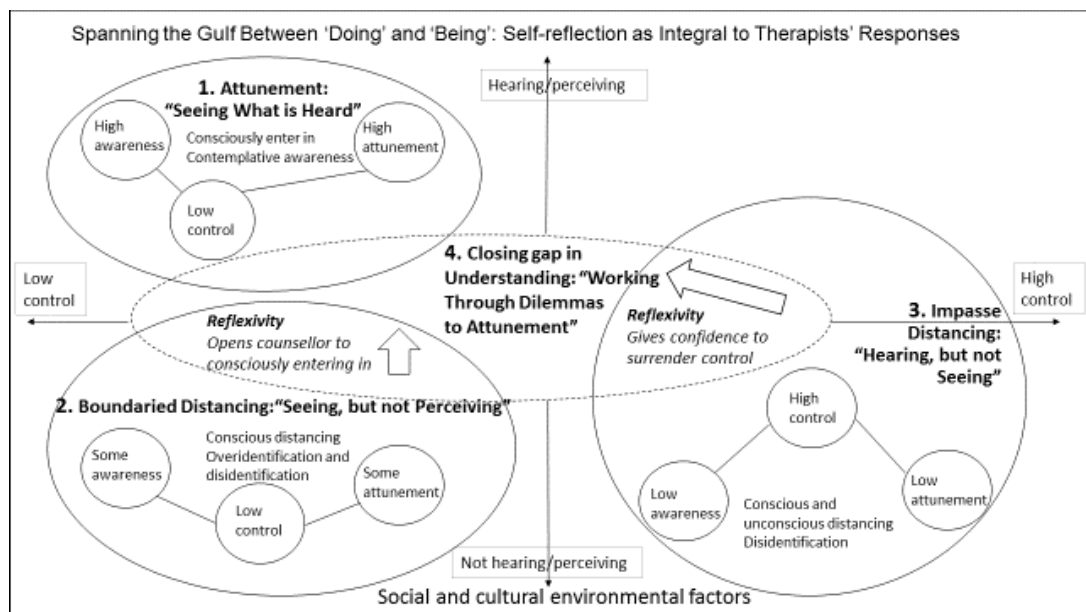
Figure 7. Conceptualised Model of Psychological Counsellors' Accounts of Working with Religious Issues.

The model indicates four facets incorporated in psychological counsellors experiences of working with religious material. In the first aspect, in <u>Circle one</u> there is a high degree of attunement and low control. The practitioner is able to minimise their attempts to control the therapeutic process, consciously enter in and fully engage with what the client presents.

Practitioners who engaged clients at this level felt comfortable with their own religious doubts, using this as a touchstone within themselves to help them relate to the client's questions. They were willing to share their own vulnerability with their client, in this regard and, in doing so, acknowledge the limits of their own understanding. Facing their own inner questions and fears seemed closely connected to their willingness

and ability to work with uncontrollable and unknowable therapeutic processes that arose in the therapeutic process.

In <u>Circle two</u> there is some attunement and reasonably low control. Although having established an authentic relationship with the client, some practitioners became overly identified with the client's religious beliefs.

In these initial stages of misattunement, the process follows an undeviating (linear) path as distancing between practitioner and client grows, and as practitioners transfer connectedness to the client, to an outsider influence. This process is identified within the category *boundaried distancing: seeing but not perceiving.*

In <u>Circle three</u> there is a low degree of attunement and higher control. Psychological counsellors were able to attune, but directed control over the sharing of their own inner vulnerability with the client. When, not attuned, practitioners were more likely to disidentify with their client.

At the point where distancing between practitioner and client activates a consciously defiant practitioner response and a full-blown therapeutic rupture occurs, another phase of therapeutic engagement with religious material begins. Engagement in this phase varies and is focussed around a constant sense of internal fluctuation and a struggle with religious dilemmas and re-attunement to the client. Blending the religious and professional self to negotiate challenges and dilemmas inherent in working with religious material in order to re-connect to the client are central factors involved in *closing the gap in understanding.* Influencing this process are factors from the categories of impasse distancing, *hearing but not seeing* and attunement, *seeing what is heard.*

The <u>four circles</u> represented in the model show the different ways practitioners actually managed their internal responses to a client's religious beliefs or concerns.
-through consciously entering in
-through conscious distancing – aware, but not fully engaged
-through unconscious distancing – unaware, not "closing the gap" in their understanding.

How practitioners' positioning of self, affected the form of distancing that their actions revealed, was through *reflexivity.* The extent of practitioners' reflexivity moved them

from one circle to the other, towards Circle one, where *contemplative awareness* was at its highest. The deeper the reflexivity, the more confidence the practitioner had to surrender their attempts to control the process between themselves and their client.

In this proposed schematic model of psychological counsellors' experiences of engaging with religious material, the category *closing the gap in understanding* is located at the core of this engagement process, bearing the sense given by participants that responding to religious issues was a task of unceasing intrapersonal monitoring, balancing and modification.

The model suggests that to understand how psychological counsellors engage with religious material, consideration should be given to intrapersonal, interpersonal, social, cultural and religious/spiritual and symbolic factors. This is reinforced by the finding of the core connecting category that working with religious material involves *spanning the gulf between 'doing' and 'being',* requiring *'self-reflection as integral to therapists' responses',* when stepping into therapeutic hold with a client.

CHAPTER 5: Discussion

This study aimed to explore how psychologists perceive the impact that religious clients have on them and how they manage their own responses to this. From the literature review and introductory statement, it was concluded that little is presently known about how psychologists experience or handle religious issues in therapy and therefore this study could potentially generate new knowledge, in this area. Grounded theory was selected as the best method to produce an account that might describe and explain how psychologists experience and engage with this process. Qualitative interviews were held with thirteen participants, and through detailed analysis of the interview transcripts, four main theoretical categories took shape and were identified as representing pivotal engagement dimensions as experienced by participants. A core connecting category of 'Spanning the gulf in understanding between 'doing' and 'being', self-reflection as integral to therapists', applying to all engagement dimensions, was identified and an illustrative model posing the relationship between categories was also presented.

In accordance with the principles of grounded-theory methodology, the findings presented in Chapter 4 were introduced without referring to information from previous studies. In this chapter, the findings from the previous chapter will be combined with current research in the field, to ascertain which findings from the study are in line with previous findings, contradict previous studies or present new theory. The findings of the core connecting category and the four main categories, will first be outlined, augmenting the categories further through connecting findings to existing theory. The final grounded theory is, also, discussed in relation to the existing literature in this area.

How do psychological counsellors become more aware of their unconscious processes at work about religion and spirituality, which may only be visible when looking back? What are the implications for clients of avoiding religious topics, by pulling the client in a different direction and trying to "fix" what is, at times, beyond the realm of logic or reason and what psychological counsellors have not been able to process in their own lives? What themes in therapy did they gravitate towards because it involved a more comfortable process for the practitioner? When is work satisfaction for the psychological counsellor gained at the cost of not doing their own inner emotional and spiritual work, which disadvantages their clients? When are

practitioners own religious journeys used in the service of their clients, to empathise, understand, help make sense of and sometimes walk alongside one another in their shared "not-knowing" of being human?

Some of these key questions, in previous chapters, are explored in more depth and raise areas for discussion, to encourage debate in the hope of furthering understanding about this neglected aspect of clinical practice. The idea that therapists are vulnerable in multiple ways, from everyday stresses, to the ever-present undercurrent of existential angst, is revisited and how this anxiety can disrupt meaningful client contact. Following Adams (2014), there is a reflection on the importance of therapists considering the effect that their personal experiences with religion have on their clinical work; and the need for psychological counsellors to accept and respect one another's religious and spiritual differences. In a field which strives to be inclusive of diversity and work holistically with others, it is essential that practitioners also promote these ideals amongst themselves. In the final analysis, nobody has all the answers and being human is coupled with being wounded (Rohr, 2012).

The chapter closes with strengths and limitations of the study and a description of how this study satisfies relevant standards of rigour and credibility. Consideration is also given to future implications of the present study for the practice of counselling psychology.

5.1. The Core Connecting Category – Spanning the Gulf Between 'Doing' and 'Being', Self-reflection as Integral to Therapists' Responses

The findings suggested that psychological counsellors experience working with religious material as a complex and continual process of client engagement that involves '*Spanning the gulf between 'doing' and 'being', self-reflection as Integral to Therapists' Responses*.' All participants in this study described how these clinical relationships were perceived as challenging, but also very profoundly moving, describing a deeper bond connecting psychologist and client both emotionally and symbolically, at these times. However, counsellors felt that they had to negotiate a certain therapeutic distance, not only, emotionally, to keep a check on their own biases influencing the therapeutic process, but also, in principle, to avoid being influenced by the client's understanding and relationship to religion and spirituality. When the therapeutic relationship became strained counsellors first reaction was to

further retreat, into this default position. Psychological counsellors also felt constrained by certain contextual factors, such as mixed ideas about whether they ought to be working with religious or spiritual issues, based on their belief that they should stay neutral, as well as, being unsure about how to work effectively with some religious concerns, due to a lack of training in this area.

This interactional process of personal and professional emotional and religious ideological distancing was viewed as being absolutely central to the experience of all phases of practitioner responses and how they perceived this, or reflected on the process. It ties in well with Blumer's (1969) symbolic interactionist perspective of people acting and reacting towards relationships, based on the meanings they give to them. The idiosyncratic experience of this kind of interplay between personal and professional emotional and ideological mediation is best seen in a quote from one of the participants in this study. In the following excerpt P1 described her difficulty of integrating her personal experience of religion with her professional role, when receiving a referral from a church:

"So that sort of put pressure on my ego…because as a professional I felt I had to be the best because she was specifically referred, so I was already starting to rely on my own professionalism, rather than the Holy Spirit at that point…but then the angst became about the Spirit, I mean was it my position to bring her back to God." (P1: 41-52)

Psychological counsellors sense of struggling to place in proximity their personal and professional identities and still hold firmly to their professional mandate reverberated throughout this study. Religious participants, in particular, described experiencing a sense of constant negotiation, there seemed to be an underlying sense of tension that participants carried within them, which was noticeable throughout, as though blending religion and psychology were always experienced as a sort of mental and emotional static pairing off.

Psychological counsellors' experience of blending these parts of themselves, as being complex, emerging and challenging bled into their client work. In terms of religious orientation negotiation, the grand developmental theory of Erikson (1980), advocates the importance of adults reaching a "generative" stage along the path of psycho-spiritual maturity, able to construct a quality container, that can contain more and more truth, a wider perspective, as well as, more and more of the outflow of the

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mysterious streaming from sacred origins, for the benefit of successive generations. As Rohr (2012:121), indicates, signposts previously guarded are left behind when people finally "arrive where the signs are pointing." There is an expanding sense of boundlessness and timelessness which is no longer located 'without', but is now also situated 'within' the person. Inner intuition can now be relied upon because insider and outsider occurrences exist within a unified field.

The nearest, most immediate, theoretical construct connected to emotional and ideological distancing in therapeutic relationships perhaps lies in the therapeutic concept of countertransference. The origins of the Greek and Latin words for transference have the meaning, 'to carry across' and in the realm of learning this refers to the anticipation of experiences similar to those that have happened in the past, permitting practice and readiness in the present. Fixed perceptions can cut off the bi-directional flow of information between people, stunting their ability to respond to change. Widening the lens through which transference is conceptualised it could be placed alongside reflex conditioning paradigms. Transference or countertransference can significantly disrupt the therapeutic relationship. Clarkson (1995) defines countertransference as usually referring to the psychotherapist's feelings concerning the client which can be divided between what the therapist brings into the room, or their accurate reaction to that which the client brings.

In every psychotherapeutic tradition, both religious and non-religious, there were practitioners who seemed to be able to self-reflect and appreciate the influence of their own responses on their work, whether positive or negative. There were also some practitioners who seemed to struggle to reflect on their own process as it related to their work. As Adams (2014) also found in her study, keeping a distant stance seemed to screen out the possibility that they might not always be in touch with what unconsciously motivates them for doing their work, or the intrusive effect this might have on their client work. Nevertheless, as Adams points out, the denial evident in these practitioners may be present in every therapist, desiring that human behaviour is uncomplicated, with no unconscious currents pulling therapists towards personal aims at the expense of their clients.

One participant in this study said that he had become disenchanted working with clients' religious beliefs and eight therapists working within mental health services expressed unhappiness with the system within which they worked about this aspect of clinical practice. To some extent there was some blaming happening between

practitioners of different faith perspectives. Yet denying certain aspects in the other can lead to avoidance of those same aspects within oneself: to ignore the obvious and build a defense against the truth staring one in the face, that some personal reflection and deep soul searching may be necessary to heal an inner historical wound. If this is ignored, might the more subtle whispers of insight be inaudible, if they are expressed in an uncomplicated way, through silent reflection?

Research suggests that psychologists may dismiss or shun engagement with clients' spiritual or religious issues depending on their level of discontent originating from their own personal difficulties in this area (Genia, 2000). This implies that spiritual/religious conversations in psychological therapy are sensitive, and may induce certain emotions within the psychologist, which is endorsed by this study's present findings. Researchers propose that this is an exceptionally vital area of study because of the possibility of it being a point of countertransference for psychologists (Hagendorn, 2005). The relevance of this finding is also underscored by practitioner proficiency protocols strongly recommending that psychologists focus on being more attentive and increasing their knowledge, skills, and awareness, when working with diverse client groups (Sue et al, 1992). This guidance is based on the assertion that psychologists' own personal conflicts and biases can have a bearing and be brought into therapy with their clients, if they do not cultivate a proper level of awareness. Several books discuss ethical questions related to integrating spirituality into psychological and therapeutic practice have contemplated and proposed the competencies required for this work (see Cashwell & Young, 2005).

A countertransference reaction may go some way to understand the experiences and reactions of some participants in this study, though not others, who seemed comfortable and able to remain strongly engaged in the therapeutic relationship, whatever the client's religious presentation. Notwithstanding this, the state of being disengaged or misattuned was typically seen to spawn a range of relationship-assigned emotions including sadness, hurt, frustration, annoyance and guilt. This seemed particularly true of those who felt a contextual, cultural or intrapersonal religious tension, which is a side of the misattunement experience not specifically addressed by secular psychological discussions on the therapeutic relationship.

Thus, religious misattunement is perhaps better understood as creating an ongoing personal and professional dilemma within the context of the therapeutic relationship, where one way of managing this can be through the protective thwarting of troubling

emotions, rather than as a state of complete disengagement or mis-engagement. If countertransference does not fully account for the experience of constant personal and professional inner debate reported, this may be because, as Clarkson (1995) notes, the theory transference/countertransference is built around the concept of the therapist being a 'blank screen', rather than possessing feelings, that are subjectively experienced and consciously labelled (Adams (2014). Using this differentiation, to some extent all participants in this study appeared to have mediated positions of personal and professional distance through the construction of a defence system, and yet they continued to vocalise how this experience affected them.

A central part of managing clients' religious presentations that transference and multicultural theories largely overlook, is what it means to psychologists to keep their distance, especially taking into account current, influential rhetorically charged discourses, such as the idea that 'religion poisons everything' as enthusiastically asserted in Christopher Hitchen's (2007) book, 'God Is Not Great: How Religion Poisons Everything'. At a personal level, this view holds that religious ideas are pathological and that those who have religious beliefs are deluded. McGrath (2010:123) describes the ideology of religious pluralism as holding that 'all religions represent equally valid responses to the same divine reality', but some individuals in this study appeared to feel antagonized and isolated by dominant cultural narratives, instead battling to manage the distance between their own experiences and that which they understood to be acceptable. This finding is suggestive of Genia's (2000) remarks about the discord and distress experienced by clients whose religious community and psychological therapist do not live up to expectations. In the case of client misattunement, in this area, an unresolved religious issue could be lying beneath the tip of the iceberg, out of view and having a significant impact on the presenting problem, so a lot is potentially at risk, for both client and therapist. As a consequence of feeling marginalized and being misattuned to their therapist, this could result in some powerful and troubling status-orientated emotions, including feelings of defectiveness and shame arising within a client. Indeed, it was found that, for the therapist as well, the meaning of being misattuned to a client or misaligned with colleagues, could be so important that it could lead to feelings of failure, or a sense of feeling stigmatized and activate a crisis experience.

The emerging core category, from the analysis, suggests that to best understand and support psychologists in working with religious material and minimize misattunement, an approach that integrates both religious and psychological conceptualizations of

what it is to engage effectively with religious material, should be used. This is because managing the idea of integrating the religious/non-religious and psychological parts of themselves seemed to be equally as challenging for participants in this study as handling the emotional and religious dynamics within the therapeutic relationship.

5.1.1. Attunement: Seeing What is Heard

An important part of this research was each participant's personal stance towards religion in their decisions about how to work with religious beliefs as a psychological counsellor. Rogers (1957) believed that congruence, empathy and unconditional positive regard were the all-important conditions required to facilitate therapeutic change, but this downplays how the therapist's possible unconscious motivations might interfere with their work. Rogers preferred not to work with clients' transference, which are projections of anger from the client's past brought into the therapy room, to process together with their therapist. In doing so, Rogers acknowledged his need for intimacy in his therapeutic interactions opting to bond with his clients through the use of empathy and unconditional positive regard. Arguably, this could also be viewed as an avoidance of submerged feelings of discomfort with his clients. This example illustrates how therapists can be impacted by their clients and reversely impact their clients by how they use themselves. Other 'gurus' of the psychotherapy profession such as R.D. Laing (Gordon, 2009), Scott Peck (Jones, 2007) or Eric Berne (Jorgensen and Jorgensen, 1984), although good therapists, were deeply disturbed by struggles in their family lives and with clients, which included overstepping boundaries. Most therapists are not in the public domain, but may have similar vulnerabilities and the question is how often do they acknowledge the deep internal longings that may give rise to this?

These unacknowledged discrepancies between the religious and professional self/identity can of course, also prove to be a positive entity for therapists as their most profound experiences in life, including those of a religious and spiritual nature, can also enable deeper empathy and understanding for their clients. However, within this capacity to engage with familiar elements in a client's presentation, there are also hidden hazards, such as the incapacity to engage with the unfamiliar.

While there is no current literature concerning this study's findings regarding psychological counsellors' reflections on their own spiritual/religious/nonreligious orientation and how this affects their clinical work, in general, this process is very

much in line with current understanding about identity development. Kegan (1994) notes that people proceed through stages where they create meaning out of significant life events, which tailors the way they see themselves and the world, during this process. As they have new experiences, their prior foundational structures are usually challenged and a new system for understanding the self and the world is erected. This process of revising outlooks based on new information, as well as, challenges and conflicts, mirrors the journey that some participants described moving through, in their own spiritual/religious/nonreligious orientation development. As they came across new information, they sometimes queried their own understanding of their spiritual/religious/nonreligious identity. This often brought forth new insights, which then remained in force when trying to integrate their religious and professional selves. Scazzero (2006) writing on the subject of emotionally healthy spirituality, describes the initial stages of this type of process as going "through the Wall". In the movement along a spectrum from personal woundedness to wholeness, although there is an increase in awareness where intuitive logic prevails, spiritual hardships, also await, such as 'dark nights of the soul'. Someone who has been through this psycho-spiritual process has come to terms with their "brokenness" as a human being and the arrogance of judging themselves and others. In Scazzero's view it chisels into the human soul a deeper ability to be patient with "holy unknowing" because going "through the Wall" breaks the inner drive to grasp and strive for things.

This study's findings that working with spiritual/religious content can have such weighty effects on the psychological counsellor and by, implication, the therapeutic relationship, is an updated extension to the research in this area (Hodge, 2004). At times, psychological counsellors needed to be able to discern when to put psychological formulating to one side and relocate their minds onto the things of the transpersonal, the extra-ordinary, in the therapy context. There was a need to wrestle with and develop their thinking about the supernatural dimension when working with religious concepts, in order to curb shallow romanticising and thoughtless prejudice. In particular, being attentive and mindful and creating a strong connection with the client was a type of emotion work, practitioners used to help them stay in the here-and-now and focus on a non-judgmental 'being' with the client.

The findings showed that alongside psychological processes in the area of client and practitioner transformation, a space for a 'healing crisis' to occur is important, where both parties in the therapeutic couple can find and use the discomposure or stirring required to stimulate new growth within themselves and in their work together.

Speechless moments of 'not knowing' experienced by practitioners in this study, can be an example of such an experience, where, paradoxically, this is not threatening, but deeply nurturing.

Lambert (2014) proposes, that one reason, why it might be important, in western culture, to allow an encounter with such momentary disorientation, is that many people are overworked and under-spiritual. When the turbulence or discomfort of a healing crisis hits, there is a part in all of us that sees our urgent need to slow down and embrace this moment with our full attention. The recent recognition in psychology that human beings have a plural self, that within us there are many different parts, is also an important factor, in this process (Cooper, 2008). The crisis of being under-spiritual could, perhaps, be explained, in part, by the phenomenon that only a part of us is engaged with religious and spiritual practices, while the many other parts are engaged with non-religious and spiritual pursuits in our lives. Therefore, it may be that only the profound and rocking commotion caused by such healing crises can draw together the bundle of different parts within us into a dialogue with ourselves and others, thereby, breaking through hardened defences and opening up a fresh awareness to new ideas – new ways of being.

Sperry (2001) proposes that therapists' develop an adjustable approach, which includes the therapeutic use of self, having a sense of how the spiritual aspect can be integrated and the timing and relevance of such interventions. The therapeutic use of self is given special emphasis because as Sperry (2001:138) says, "more important than any other single factor is the clinician's own spiritual journey and his/her awareness of and ability to articulate that process", so as not to oversimplify the mysterious and paradoxical elements in life. This includes finding meaning, experiencing loss and disappointment within it, but, also hope and renewal.

Similarly, Thorne (2012) comments on the influence that therapists' inner transparency has on the therapeutic process. This means remaining open to different modes of experiencing that moves beyond the usual focus on words into deeper experiencing and "relational depth" (Thorne: 210). The findings within the attunement section in this study, underscore this view, in that participants who actively practise a faith/spirituality seemed more likely to reach a deeper engagement with clients that typically involved being willing to be vulnerable and embrace a transcendental "not knowing". Surprisingly, this was regardless of whether they shared a similar religious orientation to the client, or not. It, therefore, appears that psychological counsellors'

particular attachment styles to religion/spirituality, or God might have a bearing on their clinical relationships, but this would need further verifying.

The description given by psychologists of a "kindred spirit" and a deepening bond that developed and altered the therapeutic relationship, strengthens current research in this area. This closer connection occurred across spiritual, religious, and nonreligious identity profiles, in that one psychologist self-identifying as Atheist in this study, described experiencing a higher presence that was beyond them when working with spiritual/religious material. The spin-off on the therapeutic relationship appeared enlightening and profound. Moreover, the idea that engaging with this type of discourse could put pressure on the therapeutic relationship, is also endorsed by current, emerging research (Barnett & Johnson, 2011).

Finally, important findings materialized that tie in with previous research, involving the challenges and difficulties of working with fanatical religious clients (Herriot, 2007). Both client and psychologist spiritual/religious biases have not been extensively studied, but some research on this subject infers that such biases create tension and impinge on the therapeutic process (Pesut, Fowler, Taylor, Reimer-Kirkham,& Sawatzky, 2008). Psychologists' biases stemmed mainly from personal clashes with religion, or personal opinions about a particular religious group. They were sometimes aggravated by in-session therapeutic tensions, for instance, when an Atheist psychologist worked with a conservative Christian client. This study's initial findings suggest that psychologist biases do occur, that they may be shaped by the lack of opportunity for spiritual/religious self-awareness training and that this topic area needs additional research.

5.1.2. Boundaried Distancing: Seeing But Not Perceiving

The findings in this category helped to show how psychologists experienced the early stages of misattunement, as they tried to engage in a therapeutic relationship that was moving and fluctuating under internal and external pressures. The findings indicated that working with clients with religious issues poses emotional, interactional, clinical and supervisory dilemmas for psychologists. It was found that psychologists could become misattuned irrespective of the historic quality of their own relationship to religion. The analysis facilitated the naming of three dimensions of this relationship, which was thought to tie in with Bowlby's (1969) well known aspects of 'attachment'. Although this accustomed quality of relationship to religion did not appear to indicate

that misattunement was more or less likely, it did seem to lead to different emotional reactions of participants during moments of misattunement. For instance, distancing from a previously close personal religious bond appeared to lead to a greater sense of guilt and confusion, than distancing from a contentious bond where frustration, disregard or relief was more common. It was not within the ambit of this study to explore this variation in greater detail, so this is a tentative finding that would deserve further consideration.

This study found that, for psychological counsellors experiencing intrapersonal and contextual religious tensions there were shifts in their client relationship 'attachment' patterns throughout the different stages of a religiously marked therapeutic encounter. These practitioner shifts were also noted as occurring within all categories of historic quality of relationship to religion. For example, some participants with historically close religious bonds spoke of developing a type of religious attachment insecurity to clients holding different belief systems, while others with historically more distant religious bonds appeared able to negotiate a certain level of religious attachment security in their therapeutic relationships.

The concept 'distancing' came to the fore, as a way to capture the essence of participants' words, through free-writing. Keane (2011b) researched academic and socio-cultural experiences of students at an Irish university, from low and high income backgrounds and defined distancing as moving away from something one judges to be different to oneself, or from which one wants to be distinct. Keane advises that this generic concept of distancing to self-protect provides theoretical signposts to other studies, in different disciplines, as it can aid understanding of situations in which individuals and groups have mismatched perceptions. In this study, Keane's concept of distancing was explored in a different context, yet, similarly, the findings illustrate how perceptions can influence behaviour.

The strategy of self-protective distancing applied to both religious and non-religious practitioners, in different ways. For example, religious practitioners hiding their religious beliefs and non-religious practitioners 'nailing their colours to the mast'. For non-religious practitioners, there, also, seemed less of a grappling with existential or religious dilemmas and the contradictions embedded in some religions like Christianity, requiring less polarised thinking, to grasp hidden meanings. Symbolic distancing occurred between mental health professionals through avoidance of mutual sharing on religious topics. Generally, there was, also, distancing through

compartmentalizing psychological practice and religious practice, 'psychologising religious concerns or concepts' and even distancing from the concept of distancing itself through some participants denying the need for additional training in this area, on clinical and counselling psychology courses.

For misattuned dyads, the negotiation of divergent religious/nonreligious value sets, by the psychological counsellor, seemed particularly problematic. Participants' perceptions of religious clients as being resistant, emerged in the findings of this study. There are various views on the concept of 'resistance' in the literature. On the one hand, clients' avoidance of engagement is seen as resisting the development of a therapeutically useful transference, by using defence mechanisms, and on the other, resistance is viewed as a communication about therapist oversights (Clarkson, 1995). However, McNamee and Gergen (1992: 48) suggest strongly that, "the idea of a therapist as an architect of change can be abandoned without trauma if we also abandon the correlated idea of a client resisting change."

Starting to get researchers attention, in the field, is psychologists' use of self-disclosure concerning their spiritual/religious/nonreligious orientation. Findings from this present study reinforce those findings which assert that self-disclosure can have an influential bearing on the therapeutic relationship (Gregory, Pomerantz, Pettibone, & Segrist, 2008). Some psychologists from religious and non-religious backgrounds in the present study preferred to withhold personal self-disclosure of their religious stance in order to shield the therapeutic relationship, from unnecessary influences. The importance of directing information was evident in the range of ways participants managed revelations about themselves which appeared linked to the presence or absence of reflexivity (as presented in section 4.3.4 in the findings).

Two central factors identified that could erode the possibility of successful realignment to a client are "third party", or external/outsider cultural complexities surrounding therapist-client bonding and a widening communication gap. Practitioners often stuck rigidly to definitions of concepts associated with their therapeutic modality, which can influence their span of creative freedom they are able to access. As Clarkson (1995) reminds us, laying aside the need to be 'error-free' is essential for engaging creatively with clients problems, since such objectives are imposing and most likely counterproductive. The power of eliciting personal expectations from another person is, therefore, a phenomenon common to both therapist and client. Once recognised, a central task for practitioners is how to manage it.

Young (2010: 99) explains triangular associations as 'the dynamics of inclusion and exclusion', and from participant narratives this appeared to play a significant role in intensifying problems during moments of disengagement and misattunement. In terms of outsider complications, much of the existing theoretical language used to describe countertransference and ways of managing it suggests a bi-directional view of this dynamic and interactional process. However, this study found that psychological counsellors tended to step back from the client into a more differentiated and autonomous self, pulling away/distancing themselves *from* the client, when they reminded themselves of their professional role. This implies that, at these times, they were holding a more uni-directional view of this therapeutic process. Further, having something else to re-assign their primary connection *to* could mean that typically, in attachment terms, the consequent dynamic at this time was therefore not dyadic, but triagonal, even if the 'outsider' was an ideological influence and not a person.

Bowen (1978) suggests that triangular dynamics are inherent in all emotional systems, though it is unusual to see this concept discussed outside of family literature. Notwithstanding this, Adams (2014) writes insightfully about the power that such unspoken dynamics can also set up in a psychotherapeutic process. Interestingly, when triangular dynamics are discussed within the context of the therapeutic relationship (eg. within psychodynamic theory) it mostly refers to this dynamic within the client's life, rather than that of the therapist's life. During interview, participants expressed explicit and conscious awareness of using certain strategies to manage their internal responses, which could be seen as defensive coping mechanisms, and yet they were also observed demonstrating defensiveness that was pictured as being unconscious and unintentional.

Casement (2014: 155) explains, from a psychodynamic point of view, that during therapeutic alliance discord " if a therapist fails to recognise when he is making mistakes, the patient comes to be cut off from his or her part in this process" and it is a "tragic loss" if patients "corrective cues" are "defensively ignored" by therapists. Therapeutic alliance impasses can therefore reveal blurred authentic relatedness leading to a displacement of the client's trust in their therapist, creating a sense of alienation, thereby pushing the therapeutic dyad further apart. This may be a very fitting view of religiously misattuned therapeutic relationships, in this study, for the therapist's lack of reflexivity seemed to serve a largely preventive purpose. It is

perhaps this growing sense of alienation that could be viewed as the identifying early feature of a therapeutic relationship bound for a full-blown misattunement.

The three psychological counsellors in this research who found it difficult reflecting on how a client's religious beliefs might affect them personally and how this might impact their work, underline the human tendency in all people to rationalize and cover up internal psychological discomfort, both to themselves and others.

5.1.3. Impasse Distancing: Hearing But Not Seeing

Trained psychological therapists have a finely-tuned, intrinsic/intuitive capacity to detect thoughts and feelings of another person. However, western rationalism dismisses the reality of spiritual forces and some other types of watching were visible in this study. There was a perceived judgemental watching as well as, an anxious watching stemming from the twenty-first century western culture. There was, also, a submerged hint of competitive watching of who might be more inclined to overidentify or disidentify with a client.

Emile Durkheim (1951) studied the moral force and meanings of the divine/godly and irreverence highlighting the submerged power of common values and social connections, which was identified in this study. The category *hearing, but not seeing* focused on the phase of misattunement which occurred when the pressured therapeutic relationship triggered a dynamic of internal defiance for psychological counsellors. Participants portrayed tensions experienced when faced with religious material that they had difficulty resolving. On the one hand they supported the benefits that religious practice gives to a client, but on the other if clients' religious beliefs were perceived to be unhelpful, the person was stereotyped in some way. At this perforated therapeutic or narrative disjuncture, the clinical encounter was marked by a covert interpersonal clash of religious views, followed by defensive coping and practitioner withdrawal/distancing.

One of the central comments often made by psychological counsellors, about feeling misattuned to a client, involved a sense of powerlessness to facilitate change. In the interviews, participants usually expressed a firmly resolved sense of who was being rigid in their religious outlook and the cause of the challenges encountered when working with religious beliefs, with the psychologist generally adopting the role of reactive therapist. Viewing the client as being responsible for knotty therapeutic

exchanges was possibly related to an anticipated loss of control. Momentary twisting control interactions, within the therapeutic dyad, could progressively lead the therapeutic relationship into a place of gridlock, making resolution less likely and increasing distancing. The reported complexities of transversing locations of offense, professional responsibility and power in misattuned therapeutic relationships implies that moving into anyone of these positions, comes with its own distinct emotional repercussions. It was also noted that participants were carrying tension around feelings of guilt or responsibility, suggesting that their responses vacillated and were a more intricate construct than it first seemed.

The complex interactions between faith and life experiences are outlined in Fowler's (1981) six-stage theory of faith development. Fowler's model represents people's cognitive and spiritual development in responding to transcendental reality and meaning. The fourth and fifth stages of faith in Fowler's model could perhaps illuminate some of these findings with regards to practitioners' fluctuating levels of reflexivity. Stage four involves a period of self-certainty where beliefs become individualised holding certain meanings to which the person is dedicated. Some self-reflection begins to happen, but there is still mostly unconscious material. In the fifth stage this unacknowledged material is incorporated into the self and brings a keen attunement to paradoxes and an ability to embrace that which is different and amalgamate opposites.

In this study, practitioners' deep attunement with clients mirrored hints of the fifth stage in Fowler's model, with phases of misattunement being more reflective of stage four. This shows a dynamic process of practitioner development with movement back and forth between different stages, along the dimensions of intentionality and vulnerability. It illustrates the 'ups and downs' inherent in human development which stage developmental models usually omit, portraying an invariant and all-inclusive view of human development, for which they are often criticised. Nevertheless, by defining the cognitive, emotional and behavioural aspects of religious development at different points in life, Fowler gives psychological counsellors a way of conceptualising usual and ambiguous spiritual evolvement in their own lives and, also, their clients. Working in this framework, Sperry (2001) advises that developmentally conscious counsellors assist clients in personalizing their faith by exploring and adapting concrete and figurative understandings of religious explanations. Sperry further advises that counsellors do not lose the essence of the religious meaning, undergirding these words and symbols.

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Psychological counsellors' avoidance of addressing religious issues in therapy is consistent with previous research. The literature shows that clients may hesitate to discuss any religious/spiritual concerns because they feel anxious about how this might be received, or perhaps, misconstrued by the psychologist (Worthington, 1989). Further, clients also, tend to watch their psychologist and make quiet, understated appraisals as to whether exploring spiritual/religious material would be accepted (Bartoli, 2007). Research findings, in this area, suggest that clients can actually "sense" or apprehend a psychologist's receptivity and acceptance of religion and spirituality, which may be indirectly/implicitly supported by the findings in this study. Coupled with the sometimes tough decisions that clients must make about whether to get psychological or religious counselling support and the risk of being stigmatized or alienated in their faith communities, this is a significant finding that is compatible with present conceptualizations of psychological service providers (Baker, 2010).

Clients storied experiences and silences both convey meaning about their disrupted lives. The question is do clients' narratives include all their experiences? How do we account for the lack of practitioner engagement with clients' religious beliefs and issues? Considerable scrutiny has been given to the effect of the therapeutic relationship on clinical outcomes. However, the notion of how to work with clients' religious beliefs has largely remained unquestioned in research and how psychological practitioners deal with this. From a client's perspective, experiences encompassed in practising a faith may be neither logical nor comprehensible. Some clients may only speak about a particular religious event or experience, long after it has happened. Further, when religious stories become clinical material, the client's and practitioner's meanings of the story may be different and whether or not practitioners grasp the essence of their clients' experienced realities raises other questions.

The therapeutic literature holds clear reminders that not all experiences can be easily recalled and that silences can speak volumes (Casement, 1985). In the context of the present study, silences can often reflect meanings about having religious beliefs and preconceived thoughts about disclosing these. In this sense, silence, can signify an absence of perceivable words and feelings. Charmaz (2014:295) asserts further that "absent sounds sometimes reflect active signals – of meanings, boundaries and rules." For the practitioner, sources of this absence include a lack of awareness, inability or unwillingness to express their thoughts and feelings, attempts to control information and, at times, tacit messages.

There is an extensive body of literature suggesting that clients' spiritual/religious backgrounds offer a compelling and powerful source of support and coping for them (Banziger, van Uden, & Janssen, 2008). Of notable interest was psychological counsellors' inclination to more readily affirm these beliefs rather than beliefs about God and religion that were more confining, grating and disturbing. It is not uncommon for the psychological literature to try to break down religious beliefs and practices to determine which could be treated as more beneficial for clients (Ciarrocchi, Dy-Liacco, & Deneke, 2008). The findings from this study, corroborate this research, as a substantial number of psychologists explicitly or unquestioningly tried to do this, in an attempt to support more mentally-adaptive beliefs, practices, and views of religion.

Perhaps this was connected to counsellors reported sense of disorientation and confusion at not having clearer theoretical guidelines to follow when dealing with religious issues. In the absence of such a model, all participants resorted to drawing information or resources from their own experiences with religion, thereby relying on these experiences to guide their therapeutic interventions. While, on the one hand, this was deemed to have definite benefits, there were some perilous pitfalls also described. With some development, it may be possible to update existing models of multicultural competence to detail and explain the sense of continual internal adjustment needed, by the psychological counsellor, to navigate therapeutic territory where the religious and psychological intersect, though it falls outside the scope of the present research to do so.

Finally, the interplay of spiritual/religious/nonreligious orientations, between counsellor and client was a pressing concern. Psychological counsellors were more comfortable working with clients with similar religious/spiritual underpinnings, feeling that they grasped and also connected with the religious conventions and language more easily. When working with religious material in clinical practice, countertransference can stretch from therapists' overtly disputing clients' religious doctrine, viewing it as damaging, to covertly bypassing dialogue on spiritual subjects, or conceptualising clients as 'resistant' (Lovinger, 1984). Spero (1981) outlines other types of countertransference issues that may emerge with religious material, focussing mainly on therapeutic relationships where client and therapist have similar religious orientations. It is noted that the practitioner's ability to recognize clients' immature use of religion as a defense mechanism obscuring submerged psychological tension, may be compromised. There may, also, be differing needs for

religion in the therapeutic dyad that can introduce conflict and could evoke reactions, within the therapist, ranging from a desire to rescue the client, to holding condescending feelings about the client, based on practitioners' own maladaptive projections. This may explain the more surprising finding, in this study, that practitioners sharing similar religious orientations to clients could also be under-involved when engaging with religious material. For this reason, Spero advises that practitioners examine themselves to identify and separate their own immature forms of belief from those that are more adaptive and then reflect on how these compare to their client's religious beliefs.

By understanding when, why and how psychological practitioners engage with clients religious beliefs, psychologists may gain a nuanced, processual analysis of how they, themselves, construct meanings about religion as it relates to themselves and their clients. Studying practitioners' reflexivity in this regard allows counsellors to see how crucial aspects of their clinical practice in this arena emerges. This study proposes that participants' fundamental, though often subliminal concerns underlie their inconsistent approach to this area of their clinical practice and sometimes intentional silences which results in tension between themselves and their clients. These concerns include how to be vulnerable when in the place of existential uncertainty and to simultaneously keep professional boundaries. It is this simultaneity that must be grasped analytically to understand when, why and how psychological practitioners respond to, or do not engage with clients' religious beliefs.

There is little research in this area, however, in one piece of research in the US, Magaldi-Dopman (2009) similarly investigated how psychologists' spiritual/religious or nonreligious identity influences the therapeutic process, relationship, and outcome. The findings of the current study lend specific support to Magaldi-Dopman's reported findings which suggested psychologists felt uneasy integrating their own spiritual identity as a psychologist, or reflecting on how their own personal spiritual/religious beliefs shaped their work. While the two studies share a similar focus, the scope of Magaldi-Dopman's study was broader, permitting more attention on client influences on the psychologist. The present study is smaller and therefore the main emphasis was on psychological counsellor influences, which, in turn, allowed for a more in-depth analysis of counsellors' experiences. Magaldi-Dopman reports mainly on the occurrence of practitioner overidentification and the findings from the present study give additional insights into this important aspect of counsellor practice, including that

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of disidentification, as already highlighted. They also bring into question, Magaldi-Dopman's claim of full saturation of themes, in that study's evaluation.

Research on religion and spirituality, from the client's perspective, in the context of trauma, is growing. In a recent study, Zenkert, Brabender and Slater (2014), using a modified grounded theory/phenomenological approach, investigated the lesser-researched practitioner's perspective. They explored fourteen mental health professionals' reactions to discussions of religion and spirituality in secular psychotherapy, with traumatized clients. Zenkert et al report that therapists described a range of emotions connected to the discussion of religious content in therapy sessions. These included discomfort, enjoyment and feeling cautious. Feelings of comfort were linked to having personal knowledge of a religion and practitioners feeling secure with their own faith. Zenkert et al report, further, that a number of participants vocalised how their personal views about religion influences their general therapeutic style with clients. Therapists' also mentioned how they struggle to work with differences between their own and their clients' beliefs and practices and acknowledged conflicting feelings of wanting to both challenge and respect clients' beliefs. Although potentially negative aspects of clients' religions were raised, advantages of clients' religious beliefs for the therapeutic process were also outlined.

Another interesting finding in Zenkert et al's research, was that they expressed surprise at their participants stated lack of consideration of this realm of psychotherapeutic practice, which supports a similar observation made in the present research study. These researchers, therefore, suggest that research is done on therapists' own religious background and spiritual/religious identities and whether/how this affects the inclusion of religion and spirituality in therapy, as this was not explicitly explored in their study. They conclude that therapists start attending to this overlooked area of practice; and that it is becoming clearer that trying to remain neutral is an elusive aim. The present research attempts to answer this call in the wider literature and extend this part of Zenkert et al's research findings. It also seeks to create a grounded theory model of how sub-categories relate to main categories. This was not a goal of Zenkert et al's research, which focussed on a phenomenological description of participants' experiences.

Theories developed to explain psychological counsellors' personal responses and processes of self-reflection, in relation to religion and spirituality, have contributed to an understanding of this complex and sometimes forgotten about dynamic in psychological therapy (see Gartner et al, 1990; Hodge & Bushfield, 2006; Sue & Sue,

1993). Yet these do not capture the full picture. Researchers in this domain tend to focus on what psychological practitioners do rather than how they interpret clients' religiosity and how those meaning-making interpretations affects their engagement with the client. By directing analytic attention to some negative effects of well-meaning attempts to work with clients' religious beliefs, this research extends the reports of previous researchers and highlights both attunement and misattunement processes and their unexpected consequences. It further draws attention to the ways that binary divisions of ether/or logic impede both the help-seeking and help-provision processes in psychology services.

In view of the formidably diverse spiritual/religious/nonreligious beliefs and practices among clients, working only with clients from concordant frameworks seems unfeasible and almost unworkable. With barely no chance for self-reflection and developing awareness, coupled with psychologists' apparent tensions around spiritual/religious/nonreligious identity orientation, this denotes a clearly observable inconsistency and weakness in training that is significant. As the literature about human difference points out, the ground becomes fertile, for prejudiced and culturally unaware and insensitive expressions.

5.1.4. Navigating Religious Tensions at the Cross-road of Self and Professional Context

Although this is not a designated main category in the findings, the theme of navigating religious tensions is an important step towards category 4, closing the gap in understanding and working through dilemmas to attunement. In order to understand how misattunement and re-attunement of the therapist-client dyad occurs, there must be an understanding of psychological practitioners' personal meanings of religion and spirituality both in their own lives and in the lives of colleagues and clients and the social context in which this occurs. Such meanings are connected to their biographies and are mediated by how they interpret ongoing experiences (Corbin & Strauss, 1987). Consistent with symbolic interactionist social psychology, present meanings of the practitioner and their religious self are located in past narratives about religion and present social identifications (Blumer, 1969; Goffman, 1963).

In this study, the significance of perceived religiosity among mental health practitioners and how this influences their expression of their religious beliefs amongst their peers was noticeable. There was something noteworthy about the

differential meanings of practising a religion and working as a psychological therapist, who practises or does not practice a faith. The participants revealed an underlying, covert lack of integration between these two practitioner groups, exposing a lack of inclusiveness and stereotyping. These distancing behaviours limit religious expression in the wider organisational structure reducing the opportunity for useful inter-faith discussions, in mental health teams. Keane (2011b), also, discussed an associated point in her research, pointing out that, paradoxically, acting on feelings elicited by the wider secular culture, can undermine the policies in place that encourage equality and respect for cultural diversity.

The theme *navigating religious tensions at the cross-road of self, colleagues and society* focused on how psychological counsellors responded to religious issues within the context of professional relationships outside of the therapy room. While most therapeutic relational difficulties were initially seen as dyadic, they were often seen as a knock-on from an ongoing environmental epicentre of spreading disrespect that could damage professional and clinical relationships. Giddens (1991) has examined how we inhabit uncertain times of accelerated cultural adaptation. Mental health professional patterns therefore cut across multi-cultural fault lines of fast changing values and assumptions, and division in cultural and religious values were a general source of tension for psychologists. In some cases, client misunderstandings arose out of insularity or prejudice, emphasising the vulnerability of particular client groups to becoming misaligned. Although this susceptibility is noted in existing literature, little is known about the particular challenges of working with religious material and specifically how psychological counsellors manage their own internal responses, worsened by religious prejudice and extended research into this issue would be welcome.

It might be surprising that practitioners of different religious beliefs, stood in judgement of each other and the danger of this is that in their judgment of one another they can conceal their own vulnerabilities, convincing themselves they do not act in the same way and do not let their personal beliefs intrude on their work. This leads to a 'blind spot', which permits practitioners to continue behaving as they always do, even when client attunement might be improved by more commitment to practitioner reflexivity. However, Geller, Norcross and Orlinsky (2005) claim in their study on therapists' struggle to express vulnerability in personal therapy that this is because therapists are intimidated by their admission of "needing help" (p.6), thereby positioning themselves above, which distances them from their human neighbour who

they try to help. This was also clearly seen happening between practitioners, in the present research, as well. When a practitioner from one faith tradition tried to initiate a round-table discussion with colleagues about the practice of her faith in the workplace, what is the response? One participant was dismayed at colleagues' behaviour when she realized they were allocating all religious clients to her and she felt that this was unacceptable clinical practice. Another participant struggled to engage peers in a discussion on religious issues in therapy at a conference. This was a dilemma expressed by two-thirds of the practitioners in this study, several of them resorting to hiding their own religiosity from their colleagues. As Adams (2014 points out, psychological counsellors might helpfully remember that it is their histories that steer them, in whatever way, towards becoming a therapist and that they are not born that way.

The pervasive effects of religious alienation in the wider cultural context and the ripple effect of this on the engagement of religious clients in psychology services, was of major concern to most participants, leaving many psychological counsellors to grapple with an additional emotional burden of guilt and responsibility. For some participants there was guilt about not being more tuned into clients' religious practices and how this may have influenced their clinical responsiveness. Some of the reasons given for not engaging fully with a client's religious beliefs, was a fear of being seen by colleagues, to proselytize, or failing to be empathic towards a client. Participants also said that it is the way they have been trained to work with clients, to say certain things "off pat", with regards to being multi-culturally competent. This might give the appearance of being inclusive of difference, but perhaps is not so, when one flicks beneath the surface. Some practitioners, however, seemed less likely to get caught in the consequences of a therapeutic dyadic misattunement than others, raising a call for an increased research focus into within-therapist differences in blending their religious and professional identities.

A range of emotions sit beneath the concept of distancing. In the therapy room, psychological counsellors frequently face unfamiliar client issues. When practitioners within mental health become cynical, or make jokes about clients, or begin to direct the therapeutic encounter away from their own experience that causes anger or pain, this indicates a move away from deep attunement, which is problematic. Crucially when psychological counsellors in this study were asked if they would manage how a religious client affects them, differently, after reflecting on their work in the interviews, the most common regret was not being able to attune more deeply with

religious clients.

Clinical supervision is a very important part of counsellors' therapeutic practice as it helps practitioners maintain their integrity as therapists. Although most participants in this study made use of supervision, not everyone attended individual supervision and four practitioners had peer supervision instead (see Appendix J for an account of these findings). The effectiveness of supervision is reliant on what therapists reveal about themselves and their client interactions. It also depends on the supervisor's capacity to attune to their supervisee.

While some participants in this study saw colleagues as a source of supervision support, others were reluctant to discuss cases with religious material with supervisors, for fear of being judged. Most psychological counsellors only sporadically took cases involving religious material to supervision, which perhaps, also included keeping up appearances that these relationships were functional. Having nobody to confer with, or worse still, being caught up in an unconscious parallel process, in supervision, often led to particular difficulties at times of therapeutic impasses. This finding also provides support to current research appearing in the field and highlights a crucial question, are practitioners trying to control their encounter with their supervisors by withholding things, as Durkheim's theory might suggest? Answering this definitively, (Adams, 2014) proposes that whenever a practitioner is inclined to hold something back from supervision, it could be an indicator of defensiveness which must be explored in supervision. P11, for instance, had not even realized that she was withholding this aspect of her clinical practice in her clinical supervision. P11 commented on this by saying that just as therapists expect clients to work through their difficulties in the safety of the therapy room, so do psychological counsellors need to "practise what they preach" and be open to exploring their own internal vulnerabilities, in supervision. This again underscores that counsellors are as human as their clients. It is a finding that calls for urgent further attention, especially since the main pathways for managing countertransference are through personal psychotherapy and supervision.

Clarkson (1995) comments on the significant part that parallel processes play in promoting increased therapist awareness, insight and response. This is described as the dynamic field that exists between therapist and client which transfers to the supervisory setting and is often unconscious. However, research in the supervisory domain has established that parallel process is bi-directional and that supervisors can stir up the therapist/supervisee as well, which can then be transferred back onto the

client. Bartoli contemplates the possible effect this might have: "It seems, then, that both during psychotherapists' training and later in professional settings psychotherapists receive a clear, albeit implicit, message about the questionable place of religion and spirituality in the field of psychology. Such messages might be particularly influential in the absence of curricular, faculty, or peer support for a different perspective" (Bartoli, 2007: 55). As Clarkson suggests, the complexity of this process calls for a certain amount of modesty in supervisors and therapists. Keeping in mind Jung's concept of synchronicity (Hyde & McGuinness, 1999), may be useful, a generative connecting principle that echoes Erikson's generative psycho-spiritual developmental phase and speaks against people trying to coerce their experiences into fitting their perceptual trajectory. For this reason, Clarkson proposes that transference/countertransference interactions be further investigated as being the outcome of an existential pattern of making meaning in clients *and* therapists lives and not just as a pathological process.

The impact of psychotherapists' personal therapy is noteworthy in respect of the management of countertransference. Recent meta-analytic reviews, report that the majority of clinicians surveyed in the US (Hayes, Gelso & Hummel, 2011) and Britain (Wigg, Cushway & Neal, 2011), experience considerable personal improvement, and believe that personal therapy makes an essential contribution to their professional development (Orlinsky, Norcross, Ronnestadt & Wiseman, 2005). The data, also, contained evidence of both obstructive and facilitative effects of countertransference on treatment outcome. Researchers hypothesised that therapists' unresolved intrapsychic conflicts, are likely to create barriers to successful therapeutic outcomes. Interestingly, Hofsess & Tracey, (2010) found that utilizing only an intellectual approach to managing countertransference is not very effective. However, when therapists are aware of countertransference reactions and use theory to understand their feelings, it is more helpful for managing their countertransference. In another study, MacDevitt (1987) surveyed 185 doctoral-level psychologists with an average of 16 years of experience, who were questioned about their history of personal therapy and gave their professional responses to 25 hypothetical psychotherapy incidents. The results indicated that being aware of countertransference problems is highly significantly and positively associated with how much personal therapy a therapist has received.

Wigg, Cushway and Neal (2011), in their review of the literature relating to the use of personal therapy by psychological therapists and trainees in terms of its impact upon

clinical practice, try to provide a model that explains how this happens. Four themes are suggested that can be viewed as a stage in a process which allows the practitioner to progress to greater levels of reflexivity, assisted through the experience of personal therapy. The first theme, or level, is *personal reflections,* which is a process encouraging personal growth and development and includes the impact of personal issues on practice, being a client, understanding boundaries and insight and self-acceptance. Secondly, *professional reflections* includes attending to the professional self/role, which can involve the development of empathy, greater self-awareness within sessions and recognising the advantages of therapy. *Extended reflection*, the third theme, is currently less well researched, but some studies report the benefits of ongoing personal therapy, since therapists' reasons for going into personal therapy, can change over the course of their career (Murphy, 2005). The fourth theme, *meta-reflections* includes developing authenticity within one's personal and professional self; acknowledging self-imperfection, self-awareness and developing an inner coherence (Rizq & Target, 2008b). This is described by Rizq and Target (2008a) as being, not only an individual process, but, also, a generative one, located within systems or culture. Macran Stiles and Smith. (1999) view this phase as improving therapists' competence to work on a more, subconscious level, allowing them to hold more of the client in mind. Wigg et al (2011) suggest that this can be understood as a 'spiral' process, when the reflective practitioner incrementally enhances their learning as they repeatedly cycle through this reflective practice process. Advancement to higher self-reflexive levels is achieved through the generalisation of earlier experiences, altering therapeutic practice in response to this, via meta-reflections. This helps practitioners apply abstract thinking to their clinical work and detect, more easily, how actions and consequences are related across a range of situations.

In this study, therapists' own religious journeys were timeless helping them attune empathically to their clients, via their shared experiences, but difficulties in doing this kept them apart. Interestingly, participants spoke only a few times of being overtly judged for being religious, and yet it seemed they had embodied a profound sense of stigma and dishonour. Mead's (1934) interactionist view of identity proposes that people predict how others might perceive them and then represent themselves accordingly. As psychological practitioners are exposed to working with religious clients, they learn that it chips away their preferred professional identities that are seen as a given. Further, some religious practitioners may find that revealing their religious identity within their professional work contexts can lead to a stigmatized

identity. Because of the inherent challenges in working with transpersonal and religious elements in psychological therapy, these practitioners are sometimes spurred to review who they are and how they want to be in this kind of therapeutic space. Subsequently, they try to reconstruct their religious identities. Frequently, religious practitioners need to make identity trade-offs at certain points and lower their expectations of how they can expect to work with religion and spirituality in a secular setting. Therefore, working with clients' religious beliefs might be off their "radar", at certain points because they feel inhibited. On other occasions they may tentatively engage clients' religiosity when these interventions are successful. It seems that both hidden and visible religious identities form an implicit professional and religious identity hierarchy that psychological practitioners create as they try to engage with clients' religious beliefs.

Therefore, for participants internalizing a sense of religious stigma, this appeared to be a strong deterrent to disclosing the difficulties experienced in their therapeutic relationships. One observable spinoff of this, of course, is that religious indifference may continue to stay mostly obscured from view and everyday discussion, something that participants in this study reported as problematic.

Through undisclosed views, there is a risk that individuals feeling offended may unwittingly collude with bolstering images of what Hitchens (2012) describes as a religious myth, the very images that they would like to amend. This could fortify the sense of fracturing from normative ideas of religious practices moving in society, due to a continued lack of '(religious) individual identity alternatives' as defined in Shotter and Gergen (1989). The clear inference from this, which nonetheless has to be mentioned, is that, if there could be more frequent dialogue about religious misattunement or alienation in the wider cultural context, it should assist in enabling easier negotiation of these matters in psychological counsellors' therapeutic work.

5.1.5. Closing the Gap in Understanding and Working Through Dilemmas to Attunement

The category *closing the gap in understanding and working through dilemmas to attunement* illuminated the challenge, for psychological counsellors, of working with religious material, without formal training in this area, while continually trying to blend their religious/non-religious and professional identities. The ongoing challenge of managing misattunement to religious clients, was seen to include the experience of

wrestling with the dilemma of restoring rapport, as well as, a continual adjusting in the areas of their own professional development in this area, and, also, their own relationship to religion and spirituality.

A telling aspect in the history of more than half the practitioners in this study was their commitment to following a faith tradition. This seemed to provide tools for survival in a secular clinical context where working with clients' religious issues was never discussed. As these practitioners indicated, their experience with practising a faith gives them a capacity to more fully understand their religious clients' distress and help them find their way through this. For example, P4, a Christian clinical psychologist working in an existential-phenomenological framework reflected on his own journey of faith that had some painful moments and his struggle to cope with this by distancing himself from it for a time. In P4's case, because of his own faith history, he is able to work with religiously-oriented clients who are deeply troubled, helping them to let go of their one-dimensional view of their faith.

Psychological counsellors are good at what they do because of their personal experiences in life, which includes religion and spirituality, as seen in this study. Most religious and spiritual participants pointed out how they felt more enabled and equipped to work with religious clients, as a result of working through troubling experiences in their own religious journeys. There was often a deep and profound attunement to their clients that led to a healing experience for both client and practitioner (Casement, 1985), that was, at times, astonishing and hard to describe (Rowan, 2003). This finding supports Sollod's (2005) contention that psychotherapists' own use of religious and spiritual approaches to facilitate an effective therapeutic process and reach treatment goals is one way of potentially integrating religion/spirituality and psychotherapy; and is also a promising path for empirical research. Therapists' ability to access transcendent states of consciousness, involving an enhanced sensitivity to the other and contact with inner resources of deep compassion can transform attitudes toward clients that may benefit the therapeutic process.

Those therapists in this study who did not practice a faith, or who had experienced only brief encounters with religion, tended to be less embracing of ambiguity in religious experience, by brushing it away, than those who had been following a faith for a long time. There were clear signs of trying to assert their views about religious beliefs which don't make logical sense, including speaking with a firmer tone of voice.

There was also a struggle, at times, to define who they were within their own religious history, to grapple with the "not-knowing" inherent in existential angst. How might this affect their work with religious clients who may be battling with their own doubts through debilitating self-defeating behaviours?   All participants, except two, expressed emphatically that there was a serious gap in training, as far as religious issues, is concerned.

Conversely, this does not mean that practitioners who practised a faith were always able to reflect on their internal process.   For instance, one therapist could not recognise where the similarity of her client's religious tradition to hers, was obscuring her understanding of the client's religious experience.   Nevertheless, whatever else religious practice might offer, it does, in most cases, appear to help therapists provide a more coherent narrative about their own religious story, as well as, their clients' religious experience.   Therapists who know their own religious history, in the deepest sense, and develop an awareness for when they may be working out-of-awareness, in this aspect of their clinical practice, engage their clients with authenticity and integrity in their role as psychological counsellors.   As Adams (2014:133) says, "therapists of every persuasion need to be 'ahead' of their clients in personal development, in making sense of their own narrative."   Therefore the collective psychological community would benefit from a deeper process of reflection and discussion about religion and spirituality so as to place their own experiences and prejudiced thinking within a wider historical context.   Or perhaps explore in therapy their need for religion, or resistance to it? But practitioners seem to be resistant to doing this and need to reflect on what the reason for this is, especially since understanding is often gained, by the very act of working through an uncomfortable dilemma (Safran & Muran, 2006).

Perhaps practitioners may be rationalizing their struggle to be reflexive about this aspect of themselves in-relation to their work, as a defense against facing their own limitation in a realm where they feel they should be an expert.   If psychological counsellors believe, as most participants did, in this study, that their own religious practice influences their work, then clients could, also, unconsciously, sense a counsellor's position on working with religious issues.   How attuned would a counsellor be in this situation to the transference and counter-transference?   What might a client avoid speaking about in order to align themselves with their therapist's stance? If counsellors feel anxious about working with religious material, focussing on other elements of a client's presenting problem may provide an escape from

anxiety which may not allow for a deep 'tuning in' to their religious clients. In this aspect of their practice they are unable to use their own internal responses as a guide for exploring the client's internal world because of their 'distance' from the client and as a consequence their inability to connect, even with themselves. What practitioners are unconsciously side-stepping, perhaps reminds them too much of what they are trying to suppress, their minds cluttered with internal messages about their need to 'bracket' their own unwanted thoughts and feelings and keep their professional boundaries as psychological counsellors. In this study, it was interesting that practitioners were initially positive about their engagement with clients' religious beliefs, but anxiety, frustration was only hinted at by a few, although in their description of clinical situations, this became clearer.

Grappling with the difficulty of re-attuning to their client was perceived as including substantial cognitive and emotional hesitation, or reserve, and this process was influenced by the degree to which realignment was perceived as possible or even desirable, as well as, the strength of practitioners' personal relationship to religion. In a perceptive phenomenological narration of the experience of uncertainty, Harrist (2006: 89) indicates that a significant degree of ambivalence can result in an impression of being powerless and "an inability to move on". Harrist (2006), states that the psychological benefit of ambivalence is that it cognitively keeps open the door to other options, yet for participants working with religious issues, trying to steer their way through therapeutic misattunement, this phenomenon possibly acted as a pipeline to their religious past through which deeds of lasting hurt and offense were remembered, or a passage to the future where envisaged hurtful experiences could be expected. Therefore, ambivalence about engaging more deeply with a religious client was described as a point of constant uneasiness, and the process of misattunement often being automatic and unconscious, involving mental mechanisms corresponding to worry.

Where Eastern and Western spiritual paradigms and, also, psychological writings converge is in the notion of the self. Winnicott (1960) used the term false self to describe the development of defensive armoury in early childhood when there is a deficit of "good enough" mothering, for the nurturing of the true self. Sharing a similar view, Thomas Keating, a Trappist monk and another respected voice on contemplative prayer, makes a similar observation, adding that the true self part takes in divine energy which can be observed in people's distinctiveness (in Sperry, 2001). For many spiritual authors the true self is reached through the process of self-

transcendence, which has been described as the most basic human drive that is the well-spring of all that is distinctively human (Conn, 1997). This has much to offer therapists wanting to integrate the spiritual dimension into their clinical practice and can serve as a theoretical link between apparently contradictory concepts in psychology, such as independence/autonomy and intimacy/closeness.

It is important to remember though that defensiveness was considered by many participants as a conscious, intentional and necessary means of professional self-protection, for, historically, past experiences with religion, on a personal, as well as, societal level, had been met with rejection or antipathy, and these differences appeared to be irreconcilable, for both religious and non-religious practitioners. Researchers have mostly focussed on what psychological practitioners *do* to work with their client's religious beliefs, but not on how psychological practitioners interpret their own actions, or therapeutic interventions and how the meaning they attribute to these interpretations affects the process of managing their own responses. The findings here indicate that when psychological counsellors reach a place of conflict, it is also a point of withdrawal into a period of difficult ongoing intrapersonal compromise.

The professional legacy of disassociation from religion was recounted as an enduring challenge. Psychologists' emphatic claims that there had been limited or no occasions for spiritual/religious self-awareness, during their training, was another important matter to heed. In this study, six participants, in the current study, expressed amusement when answering this question, as if to suggest that their academic institutions considered it a total improbability. Responses suggested a possible aversion to addressing spiritual/religious/nonreligious orientation exploration during training, which somewhat impaired psychologists' opportunities for personal and professional enrichment in this area. Recent research, in the UK, indicates that training establishments must initiate much-needed changes in an attempt to more effectively respond to the overwhelming call for spiritual/religious training for psychologists (Jafari, 2016). This study's findings substantiate this growing charge for these revisions to be made.

Some participants spoke of achieving a more positive professional adjustment, to working with religious material, including factors such as working though their own feelings, developing openness to new ways of thinking, and the fostering of a genuine vulnerability and humility when engaging with a client. Within a spiritual and religious

framework, the Enneagram, a spiritual tool, offers a valuable explanation of human behaviour illustrating how human talents and weaknesses are 'two sides of the same coin', that inner stumbling blocks can guide us to our real self. As Rohr (2012) says, in facing one, we are compelled to face the other. This usefully proposes a conceptual bridge between the processes of personal emotional, professional and religious ideological mediation noted in this study. Successfully engaging with clients' religious concerns and, also, re-attuning quickly in moments of therapeutic rupture not only involved cognitive and emotional reorganisation, but also a renegotiation of professional and religious identity, via the sense-making vehicle of practitioners' own processed depth-reflections about their personal religious and spiritual journey.

Research indicates that many religious/spiritual psychotherapy clients, expect help with moral or ethical dilemmas (Barnett & Johnson, 2011). Since psychological counsellors are governed by professional ethical codes of practice, questions arose for participants regarding the appropriateness of broaching religious and spiritual issues, revealing the big difference that sometimes lies between an ethical perspective and a code of ethics. Virtue ethics emphasizes character and speaks about therapists integrating ethical principles into their own philosophy of life. The foundational question asked by virtue ethics is, "who am I becoming?" and thus moves away from ethics-focussed rules and good actions. Gonsoriek, Pargament, Richards and McMinn (2009) contend that rule ethics must be combined with human relatedness, emotions and a sensitivity to the unique differences of human experience. Psychologists would perhaps do well to consider this position when participating in dialogues about religion in psychological therapy, through mindful and critical consideration of assumptions that are made and transferred, bearing in mind that they are working with, symbolically, a very powerful and compelling set of beliefs.

Reflecting back on the research process, there were two extremely striking aspects which occurred to me, while doing the interviews, for this study. One was the sense that this was the first time that many of the participants had really thought about this aspect of their practice, in depth, and the other was that, in sharing their experiences and organising their perceptions, participants regularly appeared to fall upward into flashes of insight. Using a dramaturgical approach to the analysis, helped in understanding this better. It assumes that people are only inclined to examine the motive behind their actions, when their actions are questioned and then interpreted, otherwise they will not question their behaviour (Charmaz, 2014). Brissett and Edgley (1975, p 7, cited in Charmaz) aptly describe this human process as being "consciously

rationalizing, not consciously rational". Birch and Miller (2000) propose, too, that the qualitative interview may be an occasion which offers an opportunity for reflection and, also, personal revision and change, similar to a therapeutic meeting.

As reviewed in the introduction, existing literature has little to say about how psychologists respond to and manage the process and phenomenological experience of engaging with clients' religious issues, in therapy. During the course of this study, however, thirteen people volunteered and imparted what it was like for them to work with religious material, while continually trying to find an appropriate blend of their own religious experience and professional legacy of keeping a distance, in their client engagements. Each person's account of what it was like working with religious content was idiosyncratic, and yet through a methodical analysis several overlapping processes, paradigms, concerns and prospects were highlighted. The core finding was that in their dislocation, practitioners in this study, tended to follow temporal patterns of the wider culture, in an anxious attempt to maintain control of their own responses, although in doing that, they missed out on a true and authentic engagement with their client. One way out of this situation, was to be mindful and aware and attentive, like fishermen who can watch and read the signs of the water. As already mentioned, process channels of attentive awareness, like the practice of mindfulness can remove unnecessary defences to facilitate a better integration of heart and mind. It is at the nexus of heart and mind that the spiritual can enter and do its work, but this still requires a willingness to step into the place where the possibility of this happening might exist, a space where doing less can amount to so much more.

5.2.   Evaluation of the Study

The recommendations of Elliot, Fischer and Rennie (1999) and Morrow (2005) have steered the aim of ensuring that all phases of this research have been upheld by proper measures of quality control. It seemed critically important, to present a proportionate and fair account of the process and practical aspects of psychological counsellors perceptions and experiences of how clients religious material affects them, so as to do justice to the research phenomenon. It is hoped that the final account usefully conveys not only how the process of engaging with religious material is navigated and experienced emotionally by psychological counsellors, but also what it means to be attuned and misattuned.

Hopefully one of the strengths of this study is that it allows the reader to gain a clear "inside-out" perspective on psychological counsellors' experiences of working with religious issues. Although the study's ambit, gives it stability, this could, also, be a drawback since an overly broad coverage may have been attempted. It seems that all the themes identified were so full of ideas and significance that it presented challenges in adequately detailing both their breadth and depth. Practical considerations also demanded difficult decisions about what material to include and exclude, after much time invested in intensive and detailed coding and writing memos. What has possibly been accomplished, is a broad mapping out of psychological counsellors' individual experiences and process of working with religious material and how they manage their personal internal responses. While it is hoped the framework has enduring worth, the tapestry could be enhanced by the finer stitching of more interpretative points in future research.

Grounded theory seemed a suitable and relevant method for elucidating the constant exchange occurring between the personal, the professional and the cultural, in this study, highlighted in the emergence of the core category. Other qualitative methods would have provided alternative but equally useful accounts of psychologists' experiences of working with religious material. Based on the discussion points made, a narrative approach may have been effective, however, these approaches are not really appropriate for building a theory (Hendon & Pidgeon, 1995). Notwithstanding this, the triangulation of this study's findings via other research methods can only complement what is known about psychologists' experiences and responses to working with religious issues. For example, future research could analyse therapist/client consultation transcripts and cross-reference these with interviews. This is important as other researchers in neighbouring professions have found discrepancies where psychiatrists failed to mention certain activities in the research interviews (eg. what patients do to construct safe conversational environments in which to discuss non-compliance).

Another constructive follow-up study could be to conduct a closer analysis of practitioners' practices in producing accounts, the construction of the talk. This could be done using a narrative approach to identify discourses at work and treating respondents' accounts as skilfully structured stories, which can give a lively, theoretically informed grip on the data. However, researchers should be careful of not just producing a reductive list of different discourses in respondents' talk, but ensure that their analysis moves toward mapping the skilful way in which such discourses

are laminated onto one another (Silverman, 2010). Further, a constant comparative method to be used, to evaluate this study's findings, could be to find services that are actively engaging with clients' faith and issues arising from this that may intersect with the presenting problem. In the training domain, a study could be done with trainees to compare courses that include modules on working with religion and spirituality and those that do not.

Utilizing a mixed methods design, could have increased the power and context of this study, though the aims of the research would have over-stretched these bounds of manageability. Nevertheless, the absence of quantitative data can be viewed as a restriction, since the demand for statistics means that it is more difficult to motivate researchers to give psychologists' engagement with religious material the much needed attention it requires. Doing a comparison of consultations with religious and non-religious clients, showing the different forms of practitioners' questions to clients and clients' responses, could help to improve understanding of the subsequent shape of the clinical engagement and therapy, in this respect.

Although the main theoretical structure developed is thought to be substantial, there are some mid-range categories that are not yet wholly mapped out in terms of their properties and more work could be done to reach 'saturation', as described by Corbin and Strauss (2008). In the future, existing data could therefore be supplemented through further theoretical sampling.

Finally, the study proved to be important and helpful to more than half of the participants, essential feedback that is seen as valuable when considering the study's usefulness. Some of these comments included the following: *"Very interesting; it gives us food for thought."*

5.2.1. Sample Size

Sampling across a range of practitioners in respect of religious and spiritual affiliation underlines the exploratory nature of this study, in this under-researched area of psychological practice. This broad focus enabled issues most germane to psychological counsellors to emerge which strengthened the study, because it presents a platform for further purposeful research.

Limitations are reasonably possible when using the explorative, qualitative research methodology of grounded theory. Firstly, in accordance with a recommended sample size for grounded theory, this current study included thirteen participants. Generalizing these findings may be restricted based on the small sample size, although this drawback is offset by the diversity of the sample with sufficient saturation of themes appearing. The diverse participant group varied across age, gender, religious/spiritual identification, and theoretical orientation. However, participants' demographics did not differ widely in respect of race and socioeconomic status.

5.2.2. Researcher Bias

Secondly, an appropriate consideration in qualitative research, is researcher bias. While relevant means were used to limit bias, such as keeping to the grounded theory procedure, in order to strengthen the rigor of the study, it is still possible that the researcher's own perceptions may have shaped probing follow-up questions during interviews. As an insider, meaning someone who practises a faith, this may have, also, had a bearing on the interpretation of findings during the coding process.

Another researcher may have placed emphasis on other aspects of the phenomenon, or produced a different model. Although a sample of coding was checked by the researcher's supervisor, it was not possible for other researchers to review the transcripts, in full, so this remains a potential limitation. Nevertheless, a concerted effort was made to curtail this possible limitation. For instance, the consistent supervisory support providing grounded theory guidance, and the continual survey of literature during the theory development process helped assure a clearer exposition of the grounded theory. However, there was no attempt made to attain agreement on an 'objective' position.

5.2.3. Voluntary Nature of Participation

As with any other study involving discretionary or volitional participation, only participants who are willing and open to take part, are included in the study and could lead to a limited sample, as avoidant individuals are, therefore, not represented. In view of this fact, it is possible participants may have elected to participate because of their interest and confidence to work with spiritual and religious topics in therapy. This is an especially relevant issue in this type of research because avoidant responses could be a feature of poor integration of the religious and professional self.

Although the above factors restrict the research findings and future studies could dispute the model offered, the researcher remains hopeful that the conclusions outlined have relevance and applicability for the research population. The importance of blending theory and practice, as practitioners and researchers, is pointed out by Morrow (2005) and this guideline has been at the core of this study's progression, which is further expanded upon, in the implications for practice section.

5.3. Moving Back to Attunement: Future Implications and Recommendations for Counselling Psychology Practice

As this study shows, working with religion and spirituality and transpersonal elements in psychotherapeutic practice urges counselling psychologists to hold a flexible approach and attitude towards their therapeutic modality and de-emphasizes an over-focus on 'doing' skills. Instead it reasserts the personal or 'being' qualities of the counselling psychologist as being critical building blocks of the all-important therapeutic relationship. When working with clients' religious and spiritual beliefs, counselling psychologists must be both willing and able to be present in such a way that they enter into the client's world-view, without 'taking charge', thereby introducing unnecessary power imbalances which favour the counselling psychologist. While not de-valuing learned skills or acquired knowledge, this study is a reminder that 'doing' should not replace the psychologist's 'being' in the therapeutic relationship.

At both macro and micro levels, this study raises a number of implications for counselling psychologists and others engaged in therapeutic practice with religious clients. When recruiting participants, several psychologists thought that working with religion is an important issue, but could not take part because they had no experience of working with religious material. One person said that she wondered if this phenomenon existed in her practice because she was not initiating discussion about it with her clients. Colleagues-in-training participating in the pilot interviews found the questions thought-provoking and reported being more aware of the interaction of the religious and psychological in their work. Although this was not formal data included in the study, it suggests that work is required in this practice area to highlight the ongoing lack of integration of the religious into the psychological.

5.3.1. Ethics, Religious Countertransference and Practice Issues

In general, psychology's pursuit of an empirical and rational knowledge-base has meant that it has veered toward excluding those aspects of human experience which cannot be easily measured or are part of personal belief systems. Similarly, the profession's emphasis on non-judgmental practice have led, perhaps incorrectly, to an avoidance of dealing with a client's way of judging (Lovinger, 1979). Whereas these attempts are laudable, religion continues to influence client behaviour, and, as a "holistic" profession, psychology is obliged to include the spiritual dimension and give it attention.

Utilizing principles of the humanistic value-base inherent in counselling psychology, the core idea of practitioners developing their capacity to transcend the limits of diagnosis, is central to this research endeavour (Strawbridge & Woolfe, 2003). Yet, writers both past and present, continue to try and address the anti-religious bias inherent in psychotherapeutic literature, theories and test instruments concerning religion (Larsen, 1978; Worthington et al, 2011). If these anti-religious biases are not critically reflected upon, therapists perceptions of the important function which religion plays in the lives of their clients, will be obscured and there may be an increased possibility of carrying an insolent attitude toward the client's beliefs. Since clients can sense therapists' attitudes, they could drop out of treatment.

Religious clients may present with a number of issues, many of which could be a valid treatment focus. However, for these clients their difficulties could be integrally connected to their religious experiences and this study suggests that practitioners frequently have difficulty looking beyond diagnosis to engage with religious material, circling around it instead. As practitioners, we are followed by the shadows of our histories, assumptions, beliefs and expectations, as we join with clients in the therapy room. Participants in this study gave numerous examples of various difficulties that they experienced as a result of trying to engage with religious material, including anxiety, rejection sensitivity, stigmatisation.

In general, efforts to change a client's religious beliefs seem to disregard the principle of client self-determination. When the client's dysfunctional behaviours are grounded on religious beliefs such as predestination or divine will, it is the psychological counsellor's ethical duty to understand the client's religion, in order to distinguish between helpful and pathological religious beliefs (Denton, 1990). If the practitioner

finds this difficult, it is their responsibility to refer the client to another therapist. This ethical predicament increases when the therapist holds disparaging assumptions about the client's religion. A different problem arises when the therapist is also religious and tries to persuade a client to accept their beliefs. Sollod (2005) cautions therapists working within a spiritually oriented psychotherapy paradigm to clearly distinguish the boundary between psychotherapy and spiritual directing and not to work outside of their expertise and training, in this respect. Ethical issues become very relevant to the training of psychologists in light of this study's findings that psychological counsellors may unconsciously make practice decisions which fit with their ideological and value stances, a similar finding reported by other researchers (Abramowitz & Dockecki, 1977; Gartner, Hohmatz, Harman, Larson & Gartner, 1990).

Every therapist's personal experiences can, therefore, help and hinder their quality of engagement with their clients and this study suggests that the real challenge for practitioners is to stop blinding themselves by thinking that it is possible to leave their tensions outside the therapy room. Those therapists who were able to accept and reflect on their own human vulnerabilities indicated a capacity for letting clients in. Paradoxically, this very acceptance of their own frailty also provided the containment necessary for their clients to do the same. Therefore, it seems that human vulnerability is to be embraced, by therapists, not avoided, as owning it could provide the right tool for doing extra-ordinary work.

Perhaps participants' own accounts of blending their religious and professional orientations over time and moments of fruitful engagement with clients' religious material can be helpful signposts for practice. When working individually with religious clients to facilitate attunement, the findings from the realm of attunement suggest that our attention should be on the exploration, validation and integration of religious experience and the working through of insecurities and resistances around religious ideas. One of the most powerful mechanisms of working meaningfully with religious material, identified by participants, was the creation of a space within themselves to share their client's vulnerability. It, therefore, seems desirable for psychological counsellors to nurture their capacity to learn from various sources and increase their tolerance for the paradoxical and ambiguous dimensions that are evident when working with the secrets of the soul embedded deep within the complex field of human distress. To this end, the model outlined in the study offers the practitioner a structure or "checkpoint" that can be used when engaging with clients' religious material. It may be useful to the practitioner to reflect on how their religious self is located historically,

how religion is encountered with their clients, how deep attunement and incongruity are experienced and finally, how engagement with religious material, or not, affects outcomes in their clinical work. Offering a greater insight into some practitioners' real experiences of working with religious issues and the professional and cultural contexts informing their work, will hopefully draw attention to and enhance practitioner reflexivity and also the degree to which client's religious narratives can be grasped.

In another qualitative study, 12 psychotherapists—who were nominated by their peers as experienced therapists in working with religious/spiritual issues— were asked to describe how they approach, assess, and treat religious/spiritual problems (Johnson, Hayes, & Wade, 2007). These practitioners reported using a pluralistic approach to clients' religious/spiritual beliefs; that is, they acknowledged diverse religious/spiritual traditions and were mindful of not imposing their own values on clients. They formulated religious/spiritual issues through various frameworks. For example, many used a developmental lens (e.g., Fowler's stages of faith; Fowler, 1981, see section 5.1.3) or conceptualised religious and spiritual problems as woven in with other emotional and relational difficulties (Johnson et al., 2007). Most of these practitioners observed that religious/spiritual problems often gradually surfaced through therapy. At this point, they would use certain spiritual interventions (eg. meditation, quoting scripture and prayer), that were explicitly tailored to a client's individual religion/spirituality. The use of prayer can open communication with a religious client. The therapist does not have to pray, but suggesting the client prays about a specific issue can convey respect for their belief system and engages the client in the process of reflection (Denton, 1990).

Another important skill to develop is to be able to communicate with the client through metaphor, which can be effective in helping religious clients reconceptualise their relationship to God, in a more positive way (McMinn, 2007). However, perhaps, the most important technique, noted by Johnson and colleagues (2007), in terms of enabling discussion about religious problems, is an explicit comment conveying an openness to exploring religion/spirituality with the client. This has been shown to be more effective, than the matching of therapist-client religious commitment and should, therefore, help non-religious practitioners to feel more confident about engaging with clients' religious beliefs (Wade, Worthington & Vogel, 2007). The aim is not to argue theology, but harness the intrinsic strengths which already exist within the client's own belief system.

Value and countertransference concerns are extremely important for therapists working with religious paradigms. Some reasons why therapists tend to avoid religion in their work, include strong, positive or negative personal feelings toward religion, concerns about imposing their own values onto the client, or an uninformed understanding of religious experiences (Lovinger, 1979). Lovinger notes that an overly simplistic understanding of religion is thought to be due to an interruption of religious education at about the age of 13-14, the stage when Formal Operations starts and therefore, an abstract, conceptual assimilation of religion is never developed. Thus therapists can be constrained in how they understand the nature and meanings of their clients' experiences and view of the world and those therapists seriously interested in properly comprehending their client's world cannot escape doing some self-study in this area. It is, therefore, recommended that counselling psychologists working within a psycho-spiritual framework should have sufficient maturity in being able to confront and work through their own existential dilemmas, in addition to theoretical knowledge and professional training. Essential qualities include an ability to critically self-reflect and an open curiosity and tolerance of the wide-ranging human expressions of being-in-the-world (Spinelli, 2003). Working within this standpoint emphasizes the personal or 'being' qualities of the counselling psychologist, as an all-important part of the therapeutic relationship and not their 'doing' skills. In line with this stance, this study implicitly critiques the dominant natural science model of counselling psychology which focusses on what counselling psychologists do. The study also reveals that this dichotomy is not always clear-cut, in that, ideally, clients would hope to find both sufficient professional expertise, in their therapist, combined with a flexible attitude towards their therapeutic style.

The study underscores the view of existential phenomenology that power imbalances in the therapeutic relationship can be accentuated in favour of the psychological counsellor if 'doing' replaces the therapist's 'being' in the relationship. This runs the risk of alienating the practitioner from counselling psychology's fundamental aims of acknowledging and entering into the client's view of the world. Instead, counselling psychologists are urged to be themselves, acknowledging their changing nature as it emerges through their interactions with their clients. However, this can be deeply threatening to psychologists who find it difficult to come face to face with their own human frailties and limitations and difficulties encountered may reflect a reluctance to step into this kind of 'being' relationship.

Spinelli (2003:190) warns that practitioners avoidance can "be seen as defensive and protective barriers or obstacles which serve to distance both the counselling psychologist and the client from the acknowledgement and exploration of the direct experience each has of themselves, the other, and of themselves-in-relation-to-the-other." He acknowledges that using this model can be very challenging for practitioners because it not only peels away their professional hiddenness and distance, but also requires them to reflect on their unwillingness to attune to clients' existential issues which may have the potential to inflame painful experiences of their own anxieties and desires to conceal. On the upside, counselling psychologists who are prepared to risk 'being' with their clients could open themselves to experiencing joy and a sense of awe, beyond measure, within their therapeutic relationships.

Hayes, Gelso and Hummel (2011) suggest several therapist behaviours that can be helpful for managing internal countertransference feelings. Using self-insight and integration attained via therapists' own struggle to gain understanding of themselves, allows therapists to think about why certain client behaviours are affecting them. Working on self-integration, by resolving intrapsychic conflicts through the use of personal therapy and supervision. Admitting to clients when they have made a mistake. Using theory on its own, is not sufficient, as it can be used defensively, but evidence suggests that combining theory and self-awareness is fundamental to using countertransference for therapeutic gain.

5.3.2. Training Concerns

Finally, this study suggests that psychologists seemed particularly sensitive to cues from others about their own relationship to religion. This is a reminder that we should be mindful of how our own normative concepts about religion may be relayed, intentionally or otherwise, within our expressions and interventions. In this respect, psychologists stated unequivocally that their opportunities for training and self-awareness in this area was scarce and needs attention. Most training programmes emphasize the importance of self-development and gaining insight, but how can trainers instil this in trainees for the duration of their professional careers so that the practitioners who emerge are not just good at talking? As a result of this study, perhaps training programmes must reconsider how the idea of working with religious presentations could be promoted. If practitioners cannot engage with their own religious beliefs how can they help their clients in this regard? The best way of responding to unexpected and challenging religious ideas which they do not know

how to deal with seems to be to avoid engaging with it and blanking out the need to reflect on their lack of reflexivity. Some participants in this study urgently suggested that strategies are set out for therapists in training, to prepare them for working with clients' religious material and managing their own countertransference. One technique therapists could use to explore their own religious/spiritual ideas and values is by writing a spiritual autobiography that focuses on education and experiences which have led them to their present religious view(s). Compiling a spiritual family genogram that details religious/spiritual beliefs, commitments, and events of the therapist's extended family, is also strongly recommended (Wiggins, 2008).

Respondents made an appeal for giving thought to how psychological counsellors can be supportive of one another's religious orientations and to think about how each person's own religious and spiritual journey could both enable and be a barrier to working with religious clients. Supervision, too, must be re-examined, in this way and supervisors and trainers must consider how to motivate those they work with, to view reflexive practice as a tool for enhancing their future work with clients, by extending a deeper understanding of self to a client. Self-reflection should not be viewed as 'homework' but as a personal strength, to avoid trying to fix in clients' lives what does not sit comfortably in therapists' lives.

While multicultural research strongly encourages counsellors to see the cultural and racial aspects of their personhood (Eleftheriadou, 2003), participants pointed to the need to, also, understand and reflect on themselves as spiritual, religious, atheist, and agnostic in nature, as well. More discussion, reflection and research about current training practices in spirituality and religion, on academic courses and, also, supervisory relationships in this respect, seems to be an ethical injunction for ongoing best practice in the field. By applying McGrath's (2012) advice of questioning ruling ideologies through dismantling limiting and pressurising rhetoric, as practitioners we can encourage more inclusive ideas to arise and improve collaborative engagement with religious clients. It is hoped that this study has made meaningful, albeit tentative, steps along this path.

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CITY UNIVERSITY LONDON

THE EFFECTS OF A CLIENT'S RELIGIOUS ISSUES ON THE PSYCHOLOGIST: A GROUNDED THEORY STUDY OF COUNSELLING/CLINICAL PSYCHOLOGISTS' PERCEPTIONS

We would like to invite you to take part in a research study. Before you decide whether you would like to take part it is important that you understand why the research is being done and what it would involve for you. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information.

What is the purpose of the study?

The study is being conducted as part of a 3-year doctoral programme in counselling psychology. The purpose of the research is to explore counselling psychologists' views with respect to working with clients who raise religious issues.

Why have I been invited?

Ten psychologists with a range of religious-and-spiritual affiliations will be invited to take part in the study.

Do I have to take part?

Your participation in this study is completely voluntary and confidentiality is assured in all published and written data resulting from the study. You have the right to refuse to answer particular questions. You may elect to withdraw from this study at any time and the information we have collected from you will be destroyed. If you decide to participate in the study you will be asked to sign a consent form and the information you provide will be used only for the completion of this study. You are still free to withdraw at any time and without giving a reason.

What will happen if I take part?

You will be kindly requested to complete a demographic questionnaire.

In a recorded interview that will take place at a convenient location for each participant, which will last about 1 hour, I will ask you some questions about your own experiences related to the research topic. Hypothetical case presentations in the form of a vignette may be presented as well, to get your thoughts about this. A possible follow-up interview may be requested.

The interview will be transcribed and analysed and the researcher will be looking for interesting patterns and themes related to the research topic. Due to the nature of the procedure, anonymity to the researcher is not possible, however, there will be anonymous transcription of interview material.

Expenses and Payments (if applicable)

You will not be paid for participating in the study, but as a token of my gratitude for your willingness to participate in the study, the researcher will give you a small gift.

What do I have to do?

Please see the section above which gives details about what will happen if you take part.

What are the possible disadvantages and risks of taking part?

There are no known risks to participating in this research. However, talking about personal religious-and-spiritual issues, may produce mild emotional discomfort.

What are the possible benefits of taking part?

There is likely no direct benefit to you for participating in this study, but it will help us and others to understand how counselling psychologists deal with the effect of clients' religious issues on themselves; and contribute to further research in this area.

What will happen when the research study stops?

Your data will be securely stored for the duration of the project : paper notes in a locked filing cabinet and electronic material on a password-protected document on a private computer. Should the project stop, the data will not be used for any other purpose and will be kept for the required legal time period and then destroyed (paper shredded and electronic files deleted).

Will my taking part in the study be kept confidential?

The interview discussion will remain confidential between the researcher and all participants. Only the researcher will have access to the information before the data is anonymised. After it is anonymised the researcher's supervisor will also have access to it when reading the researcher's work.

Your personal information will not be used for any other purpose, in the future.

The researcher is required by law to keep the data from this study for a period of 5 years. During this time it will be securely stored and later destroyed, as described in the previous question.

What will happen to the results of the research study?

The results will form part of a doctoral thesis and may be used for future publication in a counselling psychology academic journal. Personal identifying details will <u>always</u> remain anonymised. Should you be interested in a summary of the results please feel free to contact the researcher (see details below).

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

You have the right to refuse to answer particular questions. You may elect to withdraw from this study at any time and the information we have collected from you will be destroyed.

What if there is a problem?

If you would like to complain about any aspect of the study, you can either contact my research supervisor (see details below); or City University London has established a complaints procedure via the Secretary to the University's Senate Research Ethics Committee. To complain about the study, you need to phone 020 7040 3040. You can then

ask to speak to the Secretary to Senate Research Ethics Committee and inform them that the name of the project is *: The Effects of a Client's religious issues on the Psychologist : A Grounded Theory Study of Counselling/Clinical Psychologists' Perceptions*

You could also write to the Secretary at:
Anna Ramberg
Secretary to Senate Research Ethics Committee
Research Office, E214
City University London
Northampton Square
London
EC1V 0HB
Email: ███████████████████

Who has reviewed the study?

This study has been approved by City University London Psychology Department Research Ethics Committee, approval number.

Further information and contact details

Any questions that you may have about this study can be answered by myself, Lynelle Roberts, or by my research supervisor, Don Rawson. Please feel free to contact me at the following email address: ███████████████████████ ;or my supervisor at :
██████████████████

The department of psychology is located at :

City University London

Department of Psychology

Social Sciences Building
Whiskin Street
London
EC1R 0JD

United Kingdom

Thank you for taking the time to read this information sheet.

APPENDIX B – Vignette and Initial Interview Guide

You are counselling Renee, who has requested assistance in handling her husband Brian's, resistance to start attending church with her. Renee, an Episcopal, always enjoys church and the social aspects of it. She reports that she and Brian are planning to have children soon. It is important to Renee to have her children baptized and for all of them to attend church as a family. However, Renee, indicates to you that she is afraid she might lose Brian if she puts too much pressure on him about church. She is torn between her religious beliefs and her husband, who staunchly opposes them.

- o What are your initial thoughts about this client's presenting issues ?

- o What additional information would be helpful to your assessment of the client (questions you would ask) ?

- o Do you think religion is relevant to the presenting issue?
  - o Why do you think this?

- o What do you think is the role of religion in this client's life?
  (possible answers that may come from this question include: forms basis for client's values, used as coping mechanism, used as crutch, raises unhelpful childhood or adult experiences, etc)
  - o Why do you think that?

- o What is your opinion about working with this client's religious issues in counselling ?
  - o What is your reason for doing so/ not doing so ?
  - o How comfortable do you feel doing so ?

- o Are there any issues in your own spiritual development that this client's religious raise for you ? If so, what are they ?
  - o How does this make you feel ?
  - o How could this impact on the client ?
  - o If negative, what would be helpful in managing this ?
  - o If positive, how would this improve your understanding of the client?

- o What do you think the consequences of the client's faith will be?
  (Explore consequences for this lifetime and also life after death)

- o Thinking about what we have discussed, would this affect how you formulate this case ?

The following kinds questions were asked after completing the questions about the vignette and were included in the revised interview guide:

- o Which types of clients/client problems involving religion would be the most challenging for you ? Why ?
- o If a colleague came to you with a similar problem, what might you say to them?

- Which ones would be the most engaging ? Why ?

- Do you think your (a psychologist's) experience with religion influences the way you/they work with a client ? Why ? Why not ?

- If you wrote a survival guide for other clinicians about this, what kinds of things would you put in it ?
- Is there anything further you would like to add ?

Revised/Evolving Interview Guide

- When, if at all, did you first experience working with a client who has religious-and-spiritual issues ? Tell me about your thoughts and feelings.
- What, if anything, do you know about how to work competently with a client who presents with this kind of problem ?
- Tell me about how you learned to handle this. What do you do ? What problems might you encounter ? What do you think are the most important ways to manage this? How did you discover them ? How has your experience before working with this client affected how you handled their presenting issue ?
- Which types of clients/client problems involving religion would be the most challenging for you ? Why ?
- If a colleague came to you with a similar problem, what might you say to them?
- Which ones would be the most engaging ? Why ?
- Could you describe the most important lessons you learned through this experience? How have you grown as a person through this experience ?
- Do you think your (a psychologist's) experience with religion influences the way you/they work with a client ? Why ? Why not ?
- If you wrote a survival guide for other clinicians about this, what kinds of things would you put in it ?
- Is there anything further you would like to add ? Anything else you think I should know to understand your experiences better ? Is there anything you would like to ask me?

APPENDIX C – Consent Form

CITY UNIVERSITY LONDON

Title of Study: *The Effects of a Client's religious issues on the Psychologist : A Grounded Theory Study of Counselling/Clinical Psychologists' Perceptions*

Please initial box

1.	I agree to take part in the above City University London research project. I have had the project explained to me, and I have read the participant information sheet, which I may keep for my records. I understand this will involve • being interviewed by the researcher • allowing the interview to be audiotaped • allowing the interview to be transcribed by a professional transcription service, bound by a confidentiality agreement • completing a demographic questionnaire • making myself available for a further interview should that be required	
2.	This information will be held and processed for the purpose of academic research. I understand that any information I provide is confidential, and that no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party. No identifiable personal data will be published. The identifiable data will not be shared with any other organisation.	
3.	I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage of the project without being penalized or disadvantaged in any way.	
4.	I agree to City University London recording and processing this information about me. I understand that this information will be used only for the purpose(s) set out in this statement and my consent is conditional on the University complying with its duties and obligations under the Data Protection Act 1998.	
5.	I agree to take part in the above study.	

_____   _____   _____

Name of Researcher   Signature   Date

_____   _____   _____

Name of Participant   Signature   Date

When completed, 1 copy for participant; 1 copy for researcher file.

APPENDIX D - Demographic Questionnaire

Age: …………………   Gender: Male   / Female

Years of Experience as a Psychologist : ………………

Please indicate what your religious affiliation is :
…………………………………………….

Please indicate the number of religious services/meetings you attend on the following scale :

0 = *none*, 1 = *one a year*, 2 = *a few times a year*, 3 = *one a month*, 4 = *one a week*, and 5 = *more than one a week.*

Please indicate your agreement with the following statements, using the following scale : 1 = *not at all true of me*, 2 = *somewhat true of me*, 3 = *moderately true of me*, 4 = *mostly true of me*, or 5 = *totally true of me.*

___ It is important to me to spend periods of time in private religious thought and reflection.
___ My religious beliefs lie behind my whole approach to life.
___ I enjoy spending time with others of my religious affiliation.
___ I enjoy working in the activities of my religious organization.

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LONDON

Debriefing Sheet

This form was used in addition to a personal debriefing which was given to participants after they had acted as research participants.

Purpose of research

A review of the literature suggests that a client's religion influences the meaning they attach to life experiences and coping strategies used, which makes it important for a psychologist to be competent in dealing with religious issues. The aim of this research is to explore psychologists' perceptions of the ways in which a difference/similarity in religious stance between themselves and their client, has an effect on the psychologist and practical ways they deal with this.

Procedure

You were asked to complete a demographic questionnaire which included questions on religious commitment, which was followed by an hour-long interview with questions exploring your own experience of the research topic.

If you were upset, disturbed or distressed by participation in this study or found out information about yourself that is upsetting, disturbing, or distressing, we encourage you to make contact with your GP, or my supervisor.

In the event you would like to read more about these and related topics, here is a book you might find interesting :

Cashwell, C.S. & Young , J.S. (2005) *Integrating Spirituality and Religion Into Counseling : A guide to Competent Practice*. American Counseling Association

Also, if you have any questions or concerns about this study, you are encouraged to get in touch with me, Lynelle Roberts at the following email address: ▮▮▮▮▮▮▮▮▮▮▮▮ or physical address : c/o
City University London
Department of Psychology
Social Sciences Building
Whiskin Street
London
EC1R 0JD
United Kingdom

Thank you very much for your participation.

APPENDIX F – Extract from Interview and Example of Initial Coding

	Interviewer: So there is something about putting yourself into, into the other person's shoes, into the client's shoes.
Acknowledging difficulty of setting aside own religious beliefs Working out why it's difficult Stating religious practice is not about relativist thinking Identifying own religious belief as true Wishing own religious belief could be conveyed to client Accepting client might have a different view Justifying reason for doing this Stating that own faith not a proven fact Explaining not her role to influence client's beliefs Clients seeking spiritual direction to go to church leader Feeling happy to respect others beliefs Finding it a problem (expressing tension between being a Christian and a psychologist ?)	**Participant:** Yeah and I think it's a hard one, isn't it, 'cos if you have a faith you believe that what you believe is right and true. You know, you don't tend to believe well this is just my way of, well I suppose some people think, it's just my way of thinking, your way of thinking is also equally true, but often if you have a religious faith you do think your religious faith is true and all the other one's are false, you know, and I'm sure that's what Muslims believe and I'm sure that's what Hindu's believe, I'm sure that's what Jewish people believe, so ummm, (pause 2), yeah there's that element of thinking well what I believe is true and what you believe is wrong and if I could just tell you (laughs) life would be different, but I have to accept that that's not how everybody sees the world and it's, it is still just my faith, it's not a proven fact and so I can't and I'm not in that job in that job to be doing that, if somebody requires that or is seeking that they can go to church, but they've come to me for something else, ummm and I need to respect that, ummm and I'm happy to respect that. I didn't become a psychologist to evangelise to people, so it's ummm, I find it a problem to be honest (laughs), I do tend to find it a problem, but then yes sometimes, sometimes with this lady for example you think, aahhh
	Interviewer: You were talking about feeling frustrated, could you talk a little bit more about that feeling. You were feeling frustrated, how did you, how did you manage that feeling of frustration with her ?
Stating difference between NHS and Christian charity Praying with client when/because client asked for it Client recognizing Christian identity of clinician Feeling God is allowed in the room Having permission to talk about God Allowing God space to work Recognising God's omnipotence and omnipresence Enjoying the integration of faith and psychological work Client's receptivity easing clinician's frustration	**Participant:** Ummm (pause 5). I don't know, it was a very different situation to the NHS because sometimes I would pray with her, but she was, she would ask me to pray for her (LR:mmm) because she knew I was a Christian, so in that sense I felt well at least God's invited into the room. He's, I'm allowed to kind of bring Him in and He's then able to , you know He, well God can work anyway, but He, you know, He's here, He's working and she's asking for that, so I thought that was a nice part of the work, so perhaps that eased some of the frustration 'cos she was just open and I have felt that with other people there was quite a lot of Muslim clients who came to that service and, yeah, I think even if you have a different faith to somebody you at least know what it is to have a faith and to orient

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Thinking about others with a different faith to her Finding a connection point between client with different faith to self Knowing what it's like to orient life around religious beliefs Thinking this includes Atheists, but they don't see it like that Muslims would understand her beliefs better than Atheists Defining how faith affects her life Believing religious practice fosters respect for other religions	your life around your belief system overtly, 'cos I think Atheists orientate themselves around a belief system but often an Atheist wouldn't sort of see their life like that, but a Muslim would know I am organizing myself around this belief system, it effects what I eat, it effects my behavior, it affects my rhythms of the week, so you kind of I think you, with cross-religions you can both kind of get that in a way and both have a respect for, we have a faith in a higher power, we have a faith in a God
	Interviewer: So there's some sort of common touch, connecting point.
Wondering about connecting points btw religions Believing that psychologists with a faith are viewed with suspicion Psychologists with a faith will be judgmental Explaining usefulness of practicing a faith Having increased sympathy for what is entailed in practicing a faith.	**Participant:** Yeah….ummm, so I wonder if it does in fact, 'cos I often think that there's a suspicion of a psychologist who has a faith, that you're not going to be able to see beyond that, that you'll be judgmental, that you'll be biased, but I wonder if sometimes if it equips us actually, it's useful to have more, you can actually have more sympathy for somebody who has a faith and have more respect for that because you know what it is to have faith.

APPENDIX G – Excerpt from The Reflexive Diary
5 June 2015

I have empathy for this participant today who expressed frustration about working with religious people and issues and this surprised me. I felt a bit embarrassed being a religious person of faith myself. I have to admit that the inconsistencies that he sees are correct and painful to acknowledge as I look within myself - they are visible in my own life too and they serve as a reminder not to have an over-inflated opinion of my own actions as a Christian. I appreciate this participant's frankness but at the same time it feel a bit threatening ! In this respect we need the "outsider's" view to help us stay on the "straight and narrow and this research is giving me plenty of opportunities to examine how I practice Christianity, as well as challenges about practising what I research in my clinical work. Using my own experiences as a touchstone, gives me a deeper understanding for how disillusioned one can become when people who you look up to in the church, misinterpret Christian doctrine and act in a way that is unacceptable and causes hurt.

As I think about my own disappointments in this area of my life, the other important theme that has come up in some interviews that seems like a divinely inspired insight speaking to my own personal circumstances is about the paradox of "transcendence and immanence" of God. I have found a good explanation for this in the book by Clinton and Straub I am reading: "If we focus only on the nearness of God, his immanence, we may find him to be a very nice God, but we won't worship him as the awesome, all-powerful God of the universe. We'll take him for granted and we'll see him as our helper, but we won't be in awe of him. We need to be careful to embrace God's grace at the expense of his greatness" (Clinton and Straub, p.204). British philosopher and theologian G.K.Chesterton, quoted by author Philip Yancey, also commented insightfully about this, saying that these truths are "furious opposites" and the only way to combine them is 'by keeping them both and keeping them both furious'. When one focuses on one at the expense of the other, it weakens a believers faith. I can use this as an analogy to help me understand why this tension is necessary for psychological therapists to hold onto when doing their clinical work.

Clinton and Straub say that a good place to start to explore the meaning of this, is by simply being honest and vocalising our questions and struggle to understand. It is okay to wrestle with doubts when one feels distant from God. In this sense I have really been encouraged by this participant's honesty with where he is at with religion personally and in his professional walk. Perhaps this is the unbelieving part of myself connecting my understanding I don't know. If it is, it actually gives me renewed hope that my personal suffering has not been in vain – whereas before I might have been judgmental I now find myself "identifying" with this participant's scepticism, able to empathise. There has been a softening of my heart, which I guess is a good thing not a bad thing. It means I might be able to hear participants who practise a different faith to myself more clearly with fewer filters on my perceptions of what they say.

10 March 2016

I have felt stuck in the mud with the analysis recently, lost in codes and data and finding it difficult to clearly conceptualise a coding framework. Will I be able to make sense of this? Perhaps I have stayed overly close to the data which is not helping

and it's time now to begin to take a step back and trust what I think I see, but it is so hard as I am a novice researcher and it feels as if I am finding my way in the dark, right now. Funny enough today while running laps on the beach, mulling codes over in my mind, I realized that perhaps I am trying too hard and may be over-thinking the task at hand. I realized just as my feet are carrying me on my run almost without me thinking about me, perhaps there is something to take from that – allowing myself to "be" in this process, to let go and trust what evolves from it, something similar to what some participants have been referring to – learning to trusting one's instinct and let this take me to my destination. I am in the research and the research is in me, teaching me the very lessons I need to learn !

APPENDIX H - Sample of Development from Initial Coding to Focused Coding

① Reflective   ② Aware / Deny   ③ Unconscious

Reflective

Client presents

{ In the moment }

Explore with awareness.

Positively engage   Overidentify   Distance / Dismiss

{ afterwards }

Reflect.
– Self / Supervision / Research
Peers, can't rate

Modify approach

Same blindspot perpetuated

Aware / Deny

Client presents.

{ In }

Explore, but deny.

Deny   Distancing / dismissing

{ After }

Reflect

Modify.

Unconscious

Client presents

{ In }

Explore without awareness

Positive engage less   Overidentify   Distance / dismiss

No reflection

No modification

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APPENDIX I - Sample of Advanced Development of Focused Coding

How do these responses map onto attachment theory? (add note "story" my own grief)

→ Journeying through the wall

Developing

Core Category — Spanning the gulf btw religious beliefs & professional conduct

Minding the gap in understanding — looking after integrity & health own professional self, religious journey, seeking authentic, blending of religious &

snapping ⁿ/ₛ back into place

Closing the gap in ⁿ/ₛ

Seeing what is heard   Breaking through defences

Hearing, but not seeing   Building walls, not bridges. manifesting professional role

Failing to hear

A. Facing own uncertainty/doubts (Knowing oneself)
- acknowledging limits of own ⁿ/ₛ
- own subjective experience of religion

C. Being authentic (wearing hats, not masks)
- "holding hands" (an embodied encounter)
embracing — being, not doing, sitting in silence.

B. Trusting instinct
- jumping into the "unknown"
- taking a risk
- letting go of traditional psych techniques
- working paradoxes

• Keeping a distance (perceptions afar)
- setting boundary, staying neutral
- cognitive engagement client
- feeling fearful
- giving robe/taught responses "ticking the box"

• Fixing distress
- fitting religious concepts into psychological framework
• Accounting for distancing (defended responses (guarded))
• Sensitivity abt self-disclosure
• Suppressing instincts
• Placing value judgment 'client' eg. mumbo jumbo

"unstoppable force meets the immovable object"

• Gaps ⁿ/ₛ
- making assumptions
- inconsistent reasoning
- incomplete ⁿ/ₛ of own religious orientation
• Undetected fears
• Inappropriate interventions — normalising sinful behaviour

• Practise what you preach
- becoming
Reading aware
• Survival guide
- practitioner tips for improving engagement c religious clients
Access to supervision

Properties of phase   Being left speechless

• Astonishing moments — time slows down
• Being pulled in — overidentifying → deep reflexivity
• Watchfulness/attentiveness/spiritual perception (contemplative awareness) leads to
• Being, not doing
- sitting silence
→ undefended but not defenceless

Properties of phase   building walls, back

• Stepping away (disidentification) — dislocating client "traffic jam"
• Clouded perceptions
- influence of wider context
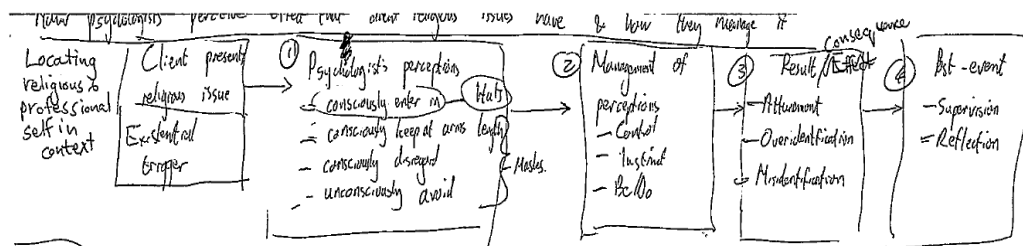- experiential avoidance (less reflexivity)

Properties of phase

• Responding on auto-pilot
- no awareness (below the radar of ⁿ/ₛ)
• Over → disidentification
• Religious & professional self diverge
missing the religious belief

Property of phase

• Re-connecting client
↓ moving towards attunement

manipulating religious beliefs to image reaction

Locating religious to professional self in context

Client presents religious issue | Existential trigger

① Psychologist's perceptions
- consciously enter in — Hats
- consciously keep at arms length
- consciously disregard
- unconsciously avoid — Masks.

Consequence

② Management of perceptions
- Control
- Instinct
- Be/Do

③ Result/Effect
→ Attunement
- Overidentification
↳ Misidentification

④ Post-event
- Supervision
= Reflection

Core category | Psychologists authenticity in blending professional self & religious worldview. — Integrating learning into practise

(a) Consciously enter in "Roger" — "Wearing hats, not masks"
(b) Conscious arms length "Lucy"
(c) Conscious disregard "Ben"
(d) Unconscious avoidance "Chad"

(a)

Description/Antecedents: Facing own Self vulnerability
• know your own position.
• Prepare to be (vulnerable)
• Authentic.
• Prepared to confront own doubts & explore others' beliefs
• Observation: more prevalent in people with faith

a) Management/Behaviours: (Set aside control)
✓ Find common ground / build bonds
✓ Imbibe from client
• Stay with unknown, silent, (being)

(b)

• Knows worldview.
• Sets (boundary) between professional self & worldview.
  — deliberate
  — feel guilt forced/constrained

Retaining autonomously striving to be autonomous
(Maintain control) / distancing
• Deliberately failing to engage. (Experiential avoidance)
• Oversensitive about self disclosure
• (Suppress instinct.)

(c)

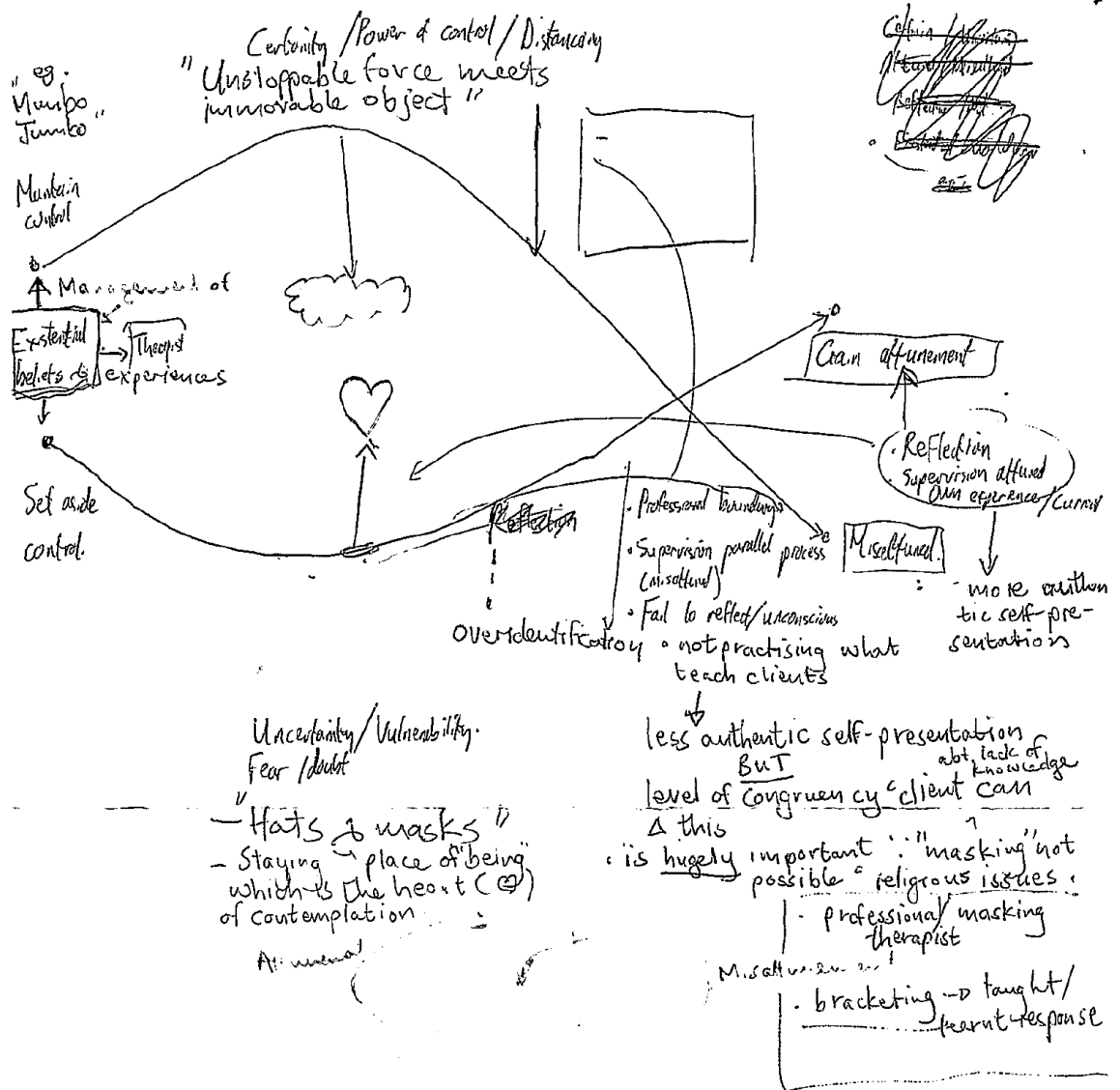• Knows worldview & has sense of other right religious worldview & wrong view.

Maintain control / distancing
• Value judgement on client
• Sparring
• Doing mode

(d)

• Unaware, not seeing it as relevant.
• Not seeing others as a religious worldview.

Maintain control / distancing
• Doing mode
• Inappropriate suggestions
• Wrong assumptions
• Deliberate avoidance

"eg.
Mumbo
Jumbo"

Certainty / Power & control / Distancing
"Unstoppable force meets
immovable object"

Maintain
control

↑ Management of
Existential → Therapist
beliefs & experiences

Set aside
control.

Crain attunement

• Reflection
Supervision attuned
Own experience / Current

Reflection

Misattuned

• Professional boundaries
• Supervision parallel process
(misattuned)
• Fail to reflect / unconscious
Overidentification • not practising what
teach clients

more authen-
tic self-pre-
sentation

Uncertainty / Vulnerability.
Fear / doubt

"Hats & masks"
– Staying → place of being
which is the heart (♡)
of contemplation

Attunement

less authentic self-presentation
BuT abt lack of
level of Congruency client can knowledge
Δ this
• is hugely important ∴ "masking" not
possible ∵ religious issues •
Misattunement | professional masking
therapist
| bracketing –D taught /
learnt response

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APPENDIX J –   Being Autonomous : Additional Sub-category of Second Main Category in Analysis

Being autonomous or self-contained was very important to all participants, but alongside their quest for control, existed a fear of losing it. Participants felt a strong sense of doubting themselves with religious issues in therapy. There was a submerged anxiety that they may offend the client. P7 elaborated, saying that being with a religious client, provided her not only with a sense of uncertainty, but lack of control, not knowing how to respond to the client and *'being stopped in her tracks'*:

"I had a few clients who were so depressed because they felt that God left them, and I remember thinking, well, what do you do there? … I haven't got a magic wand… so I guess it stops me in my tracks professionally." (P7: 156-161)

Later in this interview, the practitioner acknowledged that this situation knocked on the door of her own fears and unanswered questions in this regard, clouded her thinking, prevented her from being able to help this client work through this issue.

Another form of self-containment and distancing, also situated in the wider cultural identity, was located in participants accounts about accessing supervision. Throughout interviews *supervisory input* was often cited as unhelpful, with most practitioners saying that they seldom took religious cases to supervision, relying instead on their own religious/spiritual experiences and background to guide their interventions and work. An example of supervisory support received was offered by P3:

"I went to my supervisor who said, "Why did you need to say it?" And I said, "good point", she said, "wouldn't it have been better for her [the client] to have thought about it and come back to work with you as a therapist rather than be swayed by the fact that you were a Christian, why were you telling her, what was that about?" (P3: 274-281)

As described by P3, it appeared quite common for *a covert collusion with a religious bias* to occur within the supervisory relationship, when discussing difficulties or the challenges of working with a religious client's beliefs. These parallel processes within the supervisory relationship were potentially quite harmful to the therapeutic process. Findings suggest that this could perpetuate distancing interventions from the practitioner, such as *normalising perceived sinful behaviour*, as seen in P6's comment below, who refers to clients using same-sex pornography:

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"The problem is they're not doing anything illegal, anything I would consider pathological but they are experiencing distress… and it's then…how do you… normalise the behaviour against those values that they consider this behaviour abnormal or problematic or even sinful...the way I generally do that is to try to kind of increase flexibility." (P6: 77-82)

Working from his own psychotherapeutic frame of reference and his own personal perspective about the client's problem, there appears to be no deeper attunement to the client's inner struggle, rather it must be rationalized using CBT. P5, working in a similar therapeutic modality, acknowledged that this kind of intervention had limited success in achieving a positive outcome:

"In all honesty I couldn't say my therapy had been particularly effective in terms of managing his interpersonal stuff or trying to enlist the help of his… religious beliefs in terms of moderating…either extreme of his behaviour." (P5: 173-175)

This kind of approach could be especially problematic for practitioner re-alignment with the client and moving back towards attunement, as discussed in section 4.4.

P5 and P6 said that supervision provided them with an opportunity to discuss their cases with peers who shared a similar philosophical outlook to themselves and use the same therapeutic modality. For them, supervision was about re-orienting themselves to behaviourist principles. It was, also, no longer about discussing the particulars of cases, but more about theorising, as P6 explains:

"So you're more interested on, what's the mechanics of those kind of beliefs… what's the stuff they're made of ?…Supervision really starts being more on the theoretical… what is this stuff, how do we work with it, how do people work with it? Rather than necessarily client-specific kind of problems I guess."(P6: 257-263)

However, although P5 said that this gave him a sense of reassurance about his work, it seemed that little emphasis was placed on exploring his underlying doubts and fears about his effectiveness, as a practitioner, sticking instead to sharpening the tools of his trade. His use of the word 'survive' perhaps suggests a submerged desperation to keep his head above the waters of his perceived ineffectiveness with some religious clients:

"Generally speaking I found that helpful, in terms of making sense and finding new ways of helping the clients and surviving I guess." (P5: 684-685)

P12 identified that distancing plays a number of roles in a psychology service and revealed that religious stereotyping was often used to replace the voicing of deeper feelings and authentic dialogue. P11, too, reflects this corporate reluctance to engage with religiosity:

"I'm not as comfortable with going up in terms of my supervision or [ ], with my colleagues about it. Because that's quite out of the box actually." (P11: 652-653)

A sense of distancing to fit the blueprint was more important than stepping outside of this modus operandi. However, the inner conflict was present in each of the strategies used to manage internal responses and perhaps that is what seeking authentic blending of the religious and professional self is about in the post-modern psychology setting, contending with cultural and professional conventions whilst trying to establish what seems to be important for working with religious ideas.

SECTION B: CLIENT STUDY

Working With Post-Traumatic Stress Disorder Using CBT
– Facing Therapist and Client 'Hotspots'

THE FOLLOWING PART OF THE THESIS HAS BEEN REDACTED FOR CONFIDENTIALITY REASONS:

pp 246-271.

The Professional Practice Component of this thesis has been

removed for confidentiality purposes.

It can be consulted by Psychology researchers on application at

the Library of City, University of London.