Understanding Therapy Through the Eyes of Buddhist Clients:

Seeking Empathy and Connection in Therapy

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A Portfolio of Research and Therapeutic Practice for Professional Doctorate in Counselling Psychology (DPsych)

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THE FOLLOWING PART OF THIS THESIS HAS BEEN REDACTED FOR COPYRIGHT AND DATA PROTECTION REASONS:

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List of Abbreviations

ACT: Acceptance and Commitment Therapy

BPS: British Psychological Society

CBT: Cognitive Behavioural Therapy

CR: Critical Realism

DA: Discourse Analysis

DBT: Dialectical Behavioural Therapy

GT: Grounded Theory

IPA: Interpretative Phenomenological Analysis

NHS: National Health Service

PC: Person-Centred

R/S: Religious/Spiritual or Religion/Spirituality

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Glossary

For the purpose of this study the following terms are defined as:

Buddhahood:

A state of absolute enlightenment attained by an awakened one.

Dharmodaya:

A symbol in Buddhism known as the 'Source of Reality' that is associated with the female organ, such as the womb, and represents the repetitive cycle of birth and death.

Dukkha:

It is the Sanskirt for suffering. In Buddhism, this is believed to be the true nature of all existence. It refers to pains that are experienced throughout a person's mundane life.

Eight Noble Paths:

Also known as the Noble Eightfold Path. In Buddhism, this is described within the fourth noble truth as eight parts of the path to enlightenment. These paths are divided into three categories – moral conduct, mental discipline, and wisdom.

Enlightenment:

This is the known as when a Buddhist has reached Nirvana – an equivalent of liberation, a place of perfect peace and happiness where suffering no longer exists. In Buddhism, it is said that enlightenment is the highest state that a person can attain.

Faith:

A strong belief in the doctrines of a religion, based on spiritual conviction rather than proof.

Four Noble Truths:

The essence of the Buddha's teaching which consists of the truth of suffering, the cause of suffering, the end of suffering, and the path that leads to the end of suffering.

Mahayana Buddhism:

One of the major traditions of Buddhism that is largely practiced in China, Tibet, Japan, and Korea. It's practice is associated with personal spirituality and the idea of the bodhisattava.

Religion:

A particular system of faith or worship.

Religious and/or spiritual practices:

Specific practices related to the individual's religious or spiritual beliefs. For example, Buddhists would engage in meditation as part of their spiritual practice.

Religious beliefs:

The belief in the reality of the mythological, supernatural or spiritual aspect of a religion.

Religious coping:

A religiously framed cognitive, emotional, or behavioural response to stressors and challenges in life as a coping mechanism.

Saṅkhāra:

A Pali word known as 'formations' in Buddhism. It is also described as something that has been put together.

Secular therapy:

A therapeutic setting where the therapist does not engage in religious behaviours or believe in supernatural beings, entities, or realms. The therapist does not identify as religious or spiritual and is not part of a religious or spiritual community. Therefore, any modalities or interventions chosen in secular therapy are not for any religious or spiritual reasons.

Self-actualisation:

This concept was introduced by Abraham Maslow in his hierarchy of needs, which is concerned with the fulfilment of one's potentialities, or the process of becoming 'whole'. Reaching actualisation will allow an individual to realise his/her full creative, intellectual, and social potential through internal drive.

Spirituality:

A sense of connection to something bigger than ourselves and often involves a search for meaning in life.

Theory of No-Self:

From the early days, Buddhist doctrine believed that at the core of living creatures, there is no such thing as a soul or self, thus denied its existence.

Theravada Buddhism:

This is the oldest tradition of Buddhism, thought of as the belief closest to the one taught by The Buddha himself and based on the teachings passed down by the Elders. Theravada Buddhism emphasises spirituality, the enlightenment of the individual, self-discipline, and believes that each person is responsible for his/her own salvation.

Tormas:

Figures made from flour and butter, used as part of a ritual or as offerings in Tibetan Buddhism. The figures are often dyed in different colours.

Vajrayana Buddhism:

This is also known as Tibetan Buddhism. It is concerned with complex philosophical and ritual systems with an emphasis on skilful means to help Buddhists on to the path towards liberation.

Section A: Introduction to Portfolio

Seeking Empathy and Connection in Therapy

This portfolio comprises of three pieces of work that reflect my training in counselling psychology. Firstly, the research study explores clients' experiences of therapy, with a focus on the therapeutic relationship, treatment interventions, and the influences of one's R/S beliefs in therapy. The second work is a publishable paper which provides a summary of the research study. The final work in the portfolio is a case study which reflects clinical work undertaken with a client, with a particular focus on the therapeutic relationship and how the nature of this relationship helped the client to express her pain.

The three parts of the portfolio are linked together through the theme of seeking empathy and connection in therapy, which I believe are important components in the therapeutic work of counselling psychologists. This portfolio was not initially compiled with a theme in mind but rather the theme emerged as part of the process of piecing the work together.

I recognise my passion and interest in therapeutic work with clients. I want to understand their reasons for seeking psychological help; what contributes to a strong and supportive therapeutic relationship, and the challenges clients may face in therapy. This relates to the theme of empathy and connection because it is often identified as one of the main reasons that clients seek help from psychological professionals (Mayers, Leavey, Vallianatou, and Barker, 2007; Gockel, 2011). Empathy and connection are also indicators of secure client-therapist relationships. A lack of empathy from the therapist and a poor connection between the client and therapist can inhibit effective therapeutic work with clients (Elliott, Bohart, Watson and Greenberg, 2011). A vital component of therapy is for the therapist to provide a relationship that can facilitate the client to move towards a healing process which can also be continued outside of therapy, in their everyday life (Knox and Cooper, 2011). Within therapy, Jordan (1997) stresses the importance of empathy as part of Rogers' (1951) core conditions towards self-actualisation in improving therapeutic outcomes.

According to the British Psychological Society's 'Generic Professional Practice Guidelines' (2009), the ethical values of counselling psychology consist of respect, competence, responsibility and integrity when working with clients as a way of maintaining mental health and wellbeing. With this in mind, I am able to reflect back on my training experiences as a counselling psychologist and evaluate the work I have done with clients with a range of presenting problems and relational difficulties in therapy. As time progressed, my academic

learning, clinical skills, and understanding of the complexities regarding how clients can react towards their treatment, the therapeutic relationship, and the challenging nature of addressing their presenting issues developed. This helped me to gain more insights which informed my decisions regarding this research topic, the case study and publishable journal.

It is my intention to portray the theme of 'seeking empathy and connection in therapy' broadly. This has the purpose of encapsulating various experiences in which empathy and connection was sought by clients within the context of relationships which will be explored in the research, the case study, and the publishable paper.

The first part of this portfolio consists of the research study which explores Buddhist clients' experiences of psychological therapy and what influential factors they believed to have contributed to the creation of that experience. I was interested in this topic area due to my own training in counselling psychology, having worked with a range of different client groups and with various presenting issues throughout the years. I wanted to improve the quality of my work for clients, in particularly R/S clients such as Buddhists who would bring their beliefs into therapy and through which I would gain a clearer understanding of their personal needs and their reasons for seeking therapy. Therefore, the aims of this research study are to add to understandings of Buddhist clients' expectations of therapy, their reasons for seeking psychological help, and how their experience can be impacted by factors such as the therapeutic relationship, treatment interventions and spiritual beliefs. The study findings highlight important elements of therapy that need further improvements for working with religious and/or spiritual client groups. The study also provides ideas for improving therapists' practice in ways that might enhance and enrich R/S clients' overall therapeutic experience.

An Interpretative Phenomenological Analysis approach was taken to analyse and make sense of the findings, which revealed the theme of seeking understanding and connection in relation to clients' therapeutic experiences. There was an overall emphasis on the importance of having a connection through the therapeutic relationship; the client wanting to be understood by others, including the therapist; and the client's relationship with his/her spiritual beliefs, in the hope of finding connections from these as well as wishing to develop a better understanding of themselves, their needs, and purpose in life.

The second work for the portfolio consists of a publishable paper, written for the Journal of Psychology of Religion and Spirituality. It provides a summary of the research study which demonstrates Buddhist clients' therapeutic experiences and the themes of empathy and connection in the findings. It particularly highlights the significance of these two elements in affecting the therapeutic relationship and how the lack of it has contributed to Buddhist clients' decisions to terminate therapy. The research study was condensed for the purpose of this publishable paper in the hope of contributing to the academic community by disseminating new knowledge which can be applied to counselling practice in therapeutic work with clients from religious and spiritual groups.

The final work for this portfolio is the case study. This represents clinical work conducted with a female client who struggled with depression, anxiety, eating disorder, and childhood traumas related to sexual violence. A person-centred approach was used with the intention of meeting the client's emotional needs. The account provides a description of the client's background, including encounters with numerous traumatic events which led to a breakdown of her relationship with others, loss of self-confidence, and a sense of loss of control. Consequently, after repeated experiences of failing to gain understanding, love, and support from others, the client resorted to therapy, but not before negative core beliefs and unhelpful patterns of behaviours were developed as a defence and coping mechanism.

The literature review highlighted the existing gap in knowledge regarding Buddhist clients in therapy and this allowed me to examine what is currently known. Although past studies were predominantly based on other religions, the findings showed the importance of establishing a strong therapeutic relationship between the therapist and client in order to aid the progress of therapy. In particularly, an emphasis on working sensitively and empathically with clients through an open-minded, transparent, and accepting approach was significantly valued by R/S and non-R/S clients. I believe the process of researching for my literature review had positively impacted upon my clinical work because it helped to inform my intervention framework when working with my client's trauma. The case study illustrates the development of our therapeutic relationship and the outcome of sharing her painful experience. This highlights the therapeutic connection that we built, in spite of the client's tendency to push others away due to struggles with trusting others and difficulty in forming lasting relationships.

Equally, my work with this client allowed me to gain a better understanding of how empathy and maintaining a good therapeutic relationship was able to significantly support the client's healing in therapy. As such, I was able to resonate with my participants' stories of being in therapy and empathise with their desire to work with therapists that they could connect with. Furthermore, the theme of therapeutic relationships is also emphasised in this study as a significant influence upon Buddhist clients' overall experiences of therapy.

Overall, looking back on my counselling psychology training, it has been an incredibly rewarding experience. The skills I acquired, the people I met, and the clients I worked with throughout my training are valuable and have helped me to gain experience through my academic journey. It is my hope that my passion, curiosity, and professional skills and knowledge as a counselling psychologist illustrated through this portfolio can be used as useful and relatable source of reference for future research and training.

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Section B: The Research Study

Exploring Buddhist Clients' Experiences of Psychological Therapy

Abstract

From a broad perspective, clients' experiences of psychological therapies have been widely investigated. This has often focused on the experience of types of therapies and specific client groups, based on factors such as religion, mental disorder, gender, ethnicity, profession, and culture. However, within the realm of religiosity and spirituality, there appears to be a lack of research on Buddhist clients' therapeutic experiences, despite the vast amount of studies on the impact of implementing Buddhist principles into therapeutic modalities.

For this reason, the aim of the current study is to capture, explore, and understand how Buddhist clients experience psychological therapy. This includes explorations into therapeutic relationships, treatment interventions, clients' relationships with Buddhism and its impacts on their experiences in therapy.

A purposive sampling method was used to recruit seven self-identified Buddhists who took part in semi-structured interviews. Findings were analysed using interpretative phenomenological analysis. This generated three master themes that provided insights into some of the factors that facilitated and inhibited the progress of therapy and the therapeutic relationship for Buddhist clients.

The findings from this study add to existing knowledge of therapeutic experiences amongst religious and/or spiritual groups and provides new insights into how therapy can be helpful to clients with strong religious and/or spiritual beliefs and values, which at times may be in conflict with treatment interventions. The implications and future recommendations of this study for the field of counselling psychology, including the discussion of the importance of utilising R/S-specific interventions for this client group, relate well to therapists' training needs.

Chapter 1: Critical Literature Review

1. Chapter Overview

This chapter provides an overview of literatures that examine factors influencing people's decisions to seek professional psychological help; factors associated with religious clients' positive and negative therapeutic experiences and how Buddhism has impacted upon the field of psychology by implementing its principles and values into various theoretical models and treatment interventions.

The outcome of reviewing past and current empirical literatures have shown that no studies have explored how psychological therapies can be experienced by Buddhist individuals or the reasons behind their perceived therapeutic outcomes. Instead, past studies that explored similar complexities with therapy concerning other religions are presented, with a particular focus on religious individuals' therapeutic experiences and factors which led to their decision to seek or avoid therapy. Studies were chosen for their relevance to this research, particularly those which offered enriched understandings of the similarities and differences between Buddhism and psychology, as well as highlighting areas of research that would benefit from further examination. Finally, the rationale for the present study will be presented with the research aims highlighted.

In order to collect relevant information for this chapter, a range of academic journals and books were reviewed. Some of the key words used during online searches included "Buddhist clients", "therapeutic experiences", Buddhism and mental health", "religion and spirituality in mental health", and "barriers and facilitators in attitudes towards mental health".

2. The History of Buddhism

2.1 What is Buddhism?

Buddhism was originally founded in India during the sixth century B.C.E before gradually making its way through to the west. Buddhist beliefs and practices gained more recognition during the 1970s as a result of an increased interest in Buddhism (Berchloz and Kohn, 1993).

Depending on the individual, the label of religion and spirituality has been used interchangeably to describe Buddhism. Without depending on a god-like figure, Buddhism is a broadly used term to represent various schools and doctrines which aim to provide understandings of how learned habitual actions and thoughts can bring out our innate nature, and provide insights into the true nature of reality (Baehr, 2009; Kumar, 2002).

In order to understand how Buddhists might lead their lives, firstly it is important to understand the philosophy which guides their everyday life with its complex theories and multi-layered teachings (Kumar, 2002). One key element of Buddhism's philosophy is the idea of suffering, also known as Dukkha. Various explanations are available on the causes of suffering, with several coping strategies available to help with different types of suffering (Lee, Oh, Zhao, Wu, Chen, and Diaz et al., 2017; Teasdale and Chaskalson, 2011).

In Buddhism, suffering is considered an inalienable part of existence and a human experience which can be explained through what is known as the Four Noble Truths (Kumar, 2002). This states that suffering is 1) ubiquitous; 2) can be caused by people's innate tendency to cling onto phenomena; 3) can be diminished; and 4) can be diminished by practicing the Eightfold Noble Paths which involves the "right vision, conception, speech, conduct, livelihood, effort, mindfulness, and concentration (Kumar, 2002; Thrangu, 1993). Therefore, the Eightfold Noble Paths are seen as a practice that can help to reduce the tendency to cling to phenomena, provide more enriched life experiences, and lead the follower towards enlightenment once acceptance of inevitable conditions is achieved (Kumar, 2002; Mick, 2017).

Suffering comes from many forms of inevitable conditions such as birth, aging, and death, controllable conditions such as greed, hatred, and the illusion of permanence and an unchangeable self (Aich, 2013; Xiao, Yue, He, Yu., 2017). These events and unpredictable changes that occur in everyday life are known as the theory of 'No-self' which refers to the concept of impermanence; a representation of the reality of human life (Chan, 2008). Buddhists believe that one's awareness of suffering can increase during times of distress such as bereavement or an experience of illness, which can force the person to lament the lack of control they have over these circumstances (Young-Eisendrath, 2009).

Other existential concerns can increase around the idea of mortality when we attempt to deny the existence of suffering or try to contain it, thus perpetuating suffering (Kumar, 2002). Therefore, the impacts of one's actions, speech, and thoughts on the future are emphasised in Buddhism, much like how the present can be influenced by past behaviours (Young-Eisendrath, 2009). However, suffering is also taught to be demisable along with feelings of liberation, if one can attain Buddhahood; this is said to be achievable through gaining wisdom and compassion (Aronson, 2004).

2.2 Branches of Buddhism

Although Buddhism's philosophy can offer explanations for its complex and multi-layered dynamic, Buddhists engage in practices by using its framework to experience enlightenment. In Buddhism, enlightenment is defined as the "discovery of the truth of duhkha – pain, suffering, and sorrow – followed by the realization that duhkha can be brought to an end" (Cohen, 2006. p1). There are many types of Buddhist practices that are heavily influenced by interdependence, conformity, and interpersonal harmony (Aronson, 2004). However, a person's choice to engage in a variety of practices depends on the school of Buddhism which they follow, thus it is important to differentiate and recognize the main types and schools of Buddhism.

Buddhism consists of various branches and schools based on its place of origin. One should not assume that all Buddhist teaching follows the same path nor view Buddhism as a single philosophy, exploring different schools of Buddhism can illuminate a range of beliefs and practices that are held and carried out by its believers. The three main schools of Buddhism are known as Theravada, Mahayana, and Vajrayana. These schools originate from different countries around the world, ranging from South East Asia to India and Tibet (Wallace and Shapiro, 2006). Despite sharing the main goal of achieving enlightenment, each school differs in their own explanations and teachings regarding the pathways to attaining enlightenment.

I will now provide a brief overview of the three main schools of Buddhism. Firstly, Theravada Buddhism (or Doctrine of the Elders) is known as one of the oldest traditions in existence, with an emphasis on the original message of the Buddha (Shonin, Van Gordon and Griffiths, 2014). Theravada Buddhism believes in the practice of meditation and how this can lead to

spiritual transformation (Gellner and Gombrich, 2015). This includes the origin of the Four Noble Truths, which were taught by the Buddha and are to be used as a framework to induce awakening, along with the Eightfold Path; a collection of developable qualities where one factor fosters the development of another factor which facilitates spiritual growth and eventually culminate in awakening (Bullitt, 2005).

Secondly, Mahayana Buddhism originated from East Asia and places its focus on the practice of rituals, Buddhist doctrines, and religious faith. According to Mahayana Buddhism, practices can enable the practitioner to experience 1) emptiness, where the person is opened up to the fluid nature of things while learning about the choices and possibilities of change in life; and 2) compassion, believed as an act of genuine awareness of the present and universal love. Together, these processes are believed to help achieve the goal of alleviating suffering (Baehr, 2009). One of the main differences between Mahayana and Theravada Buddhism is their view of compassion. According to Theravada Buddhism, liberation can be achieved by breaking the cycle of suffering through attaining a state of peace (known as nirvana). However, Mahayana tradition believes that true freedom from suffering is only attainable through one's desire and commitment to helping others (Wada and Park, 2009). Lastly, Vajrayana Buddhism (also known as Tantric Buddhism) teaches highly sophisticated practice which focuses on rituals and the use of magical and antinomian symbols, such as the 'sacrificial cake offerings' (*Tormas)* and the 'reality-source' *(Dharmodaya;* Beer, 2003). This tradition is based upon a strict hierarchy with the spiritual guru as leader who provides rationales to his followers (Gellner and Gombrich, 2015).

3. The Integration of Buddhism and Therapy

There has been an increase in the numbers of people who recognise the benefits of Buddhist doctrines in providing enlightening life experiences (Falkenström, 2003). According to the Office for National Statistics (2015), there has been a steady rise of Buddhist practices in Western cultures with 1 in 4 British adults reported to be practicing meditation whilst 75% of UK practitioners believe Buddhist practices can benefit psychological well-being. The steady rise in demand to develop culturally appropriate treatments for clients who practice Buddhism means that the field of psychology and psychotherapy has seen a growth in

psychological interventions that have incorporated Buddhist practices into their theoretical frameworks.

Life experiences can be imprinted into a person's body and mind which can determine the type of person we become. Equally, our actions can also affect others in the way other's actions can affect our lives, and this is known in Buddhism as Saṅkhāra (Thera and Jayatilaka, 1972). Buddhism believes that our understanding of the world can be limited by the narrowness of our visions which cause a restriction of the boundaries for meaning making. Therefore, the goal for any Buddhist-based psychotherapy is to help clients to recognize that their perceived unchanging and solid experience can in fact be flexible, fluid, and open (Baehr, 2009). Furthermore, aside from perceiving the mind as a powerful influencer, Buddhism also believes that the body is capable of memorising experiences, even when we are not always aware of the impact of these experiential marks. This concept is perceived as a key linkage between Buddhism and psychology, along with other common goals such as gaining insights and maintaining interpersonal relationships (Hook, Worthington, David, Jennigs and Gartner, 2010); to obtain relief from suffering (Smith, Bartz and Richards, 2007) and to facilitate personal development and psychological healing (Chan, 2018; Kornfield, 2008). Thus, researchers have argued for the necessity to integrate religion and spirituality into psychological treatment approaches due to its effectiveness in reducing many symptoms of various mental health disorders (Hodge, 2006; Worthington, Hook, Davis and McDaniel, 2011).

Similarities between Buddhism and some therapeutic modalities' general practice lie in its non-dogmatic, non-prescriptive, and supportive nature. Many contemporary psychological approaches have incorporated Buddhist principles and values into their frameworks, such as Mindfulness, Dialectical Behaviour Therapy (Linehan, 1993), and Acceptance and Commitment Therapy (Hayes, 1982). This supports the widely accepted view among psychology practitioners and researchers that Buddhism can provide therapeutic benefits.

Professionals and the general public have acknowledged the benefits of R/S based therapeutic approaches in helping people to recover from problems (Avants, Warburton and Margolin, 2011), with studies showing religious beliefs have been positively associated with recovery by bringing a sense of comfort and support to sufferers (Pardini, Plante,

Sherman and Stump, 2000). For example, this can be achieved by utilizing Buddhist-based interventions to help reduce suffering such as training the mind to attain a state of equanimity, joy, and liberation (Rungreangkulkij and Wongtakee, 2008). The therapist may also assume the role of a teacher and provide guidance to the client through words of wisdom and the offering of experiences through therapy. Although the choice of application will depend on the therapist's preference, training, and the school or tradition they are familiar with (Lee, Zhao, Wu, Chen and Diaz et al., 2017).

The following section provides a brief description of three psychological approaches that have incorporated Buddhist principles into their frameworks. Although this does not specifically reveal how Buddhist clients have experienced psychological therapy, it does highlight the recognition of the benefits of Buddhist doctrines in helping clients in therapy.

3.1 Dialectical Behaviour Therapy

Dialectical Behaviour Therapy (DBT) was originally developed by Marsha Linehan in 1993 to treat individuals diagnosed with Borderline Personality Disorder (BPD) and deemed severely suicidal. The standardised DBT treatment consists of assertiveness training and cognitive restructuring being applied on influential variables that are said to be maintaining problem behaviours (Robins, 2002). This treatment approach aims to address five functions: to increase motivation (addressed in individual therapy); enhance capabilities (addressed in skills training); be applicable to the wider population (mainly addressed in phone coaching); address the structure of the environment (can be in individual therapy with family and friends); and increase the therapist's motivation and competence (addressed in consultation; Rizvi, 2011).

The connection between DBT and Buddhism may appear contradictory at first regarding their perspectives towards changing behaviour. For example, in DBT there is an application of western methods to advance one's knowledge, as well as a focus on overt behaviour. This is very different to Buddhism's emphasis on gaining wisdom and changing behaviour through an experiential path that includes psychological and spiritual involvement (Robins, 2002). However, the growing evidence of Buddhism's positive contribution to people's psychological states persuaded DBT to integrate its interventions with Zen Buddhism's principles and mindfulness practices (Linehan, Armstrong, Suarez, Allmon and Heard,

1991). Furthermore, Buddhism's concern with suffering in its core teachings of the Four Noble Truths, is similar to behaviour therapy, such as the idea that suffering is the consequence of experiencing events outside of our expectations and/or beyond our control and the need to learn to develop skills to be able to deal with them (Robins, 2002). As Kumar (2002) once stated, Buddhist philosophy views the world from a dialectical perspective, wherein elements of life are integrated units that are constantly impacting upon their surroundings and causing changes, whilst also being affected by their surrounding at the same time.

3.2 Acceptance and Commitment Therapy

Acceptance and Commitment Therapy (ACT) was developed by Steven Hayes in 1982, it was based on a theory of language and cognition known as Relational Frame Theory. A definition of ACT is "a therapy approach that uses acceptance and mindfulness processes, and commitment and behaviour change processes, to produce greater psychological flexibility." (Hayes and Strosahl, 2004, p.13). The main concept states that arbitrary contextual cues can facilitate a relational response that connects life events together (Blackedge and Hayes, 2001). This means verbal language is believed to be able to alter functions in the environment based on the persons' words; with the possibility of triggering encounters with painful events and unpleasant feelings that are attached to the original event when memories are recalled. Therefore, a common practice of ACT is to challenge client's unhelpful thoughts (Hayes, 2002). Furthermore, emphasis of metacognitive awareness of present moments without engaging with them is one of the key features of ACT. This focus, along with the importance of maintain a non-judgemental mind set, is thought to help develop psychological flexibility so that clients can act more closely to the values they hold (Hayes, Luoma, Bond, Masuda and Lillis, 2006). Examples of metacognitive awareness include noticing our thoughts, tendency to judge others, struggling to let go of past concerns, as well as acknowledging our reluctance to enter the present moment (Hayes, Strosahl and Wilson, 2011).

Another key feature of ACT is the focus on acceptance and commitment, such as embracing past events, accepting our thoughts, emotions and commitment to regular actions. According to ACT, acceptance can offer a space for client to experience their thoughts and

emotions without being challenged to change, and it is often the client's struggle to accept their circumstances that can cause suffering (Hayes, et al., 2006). From a Buddhist's perspective, suffering is caused by one's tendency towards essentialism such as believing that our thoughts, feelings and behaviours are unchanging (Kumar, 2002). This is similar to ACT's explanation of suffering, which sees it as a consequence of life and an inevitable experience for everyone (Hayes, 2002). Despite the similarities, a key difference between Buddhism and ACT can be seen in their different views of acceptance and mindfulness. ACT sees mindfulness and acceptance as a unity, with acceptance being the core component of mindfulness, while Buddhism views acceptance and mindfulness as two separate concepts. Acceptance is seen as a component of meditation which can influence attachment while mindfulness maintains a neutral stance of neither accepting nor rejecting but simply being aware of the process (De Silva, 2000). In the field of Counselling Psychology, this distinction suggests the need for being mindful of non-acceptance which can be difficult if mindfulness and acceptance are perceived as interrelated (Choudhuri and Kraus, 2014).

3.3 Mindfulness

In Buddhism, mindfulness meditation consists of four core components: form (what happens to the body during the process of meditation); object (the main sources of our attention such as breathing, chanting, and the use of imagination); attitude (combining expectations, associations, mood, and people's intentions with the approach taken during the process of meditation); and behaviours of the mind (components of mindfulness and concentration; de Silva, 2000). The principles and framework of mindfulness meditation involves acquiring a present-centred awareness by observing what is happening in our surroundings, with an open, accepting, and non-judgemental attitude, while performing a pattern of rhythmic motion of breathing (Cayton, 2012).

In contemporary psychological interventions, mindfulness has become one of the mainstream treatments used in various psychological therapies (Lee, Zhao, Wu, Chen and Diaz et al., 2017). Clients are equipped with a range of self-soothing and stress management techniques using mindfulness combined with Buddhist meditation (Robins, 2002). Engagement with mindfulness will allow the person to develop the ability to cultivate self-understanding and then use therapy as an opportunity to address the impact of past

experiences on the present and future (Crescentini and Capurso, 2015). Therapists can also experience the vicarious benefits of practicing mindfulness with the client in therapy because the increased awareness of one's own bodily and mental sensations can effectively foster physical and psychological well-being (Shapiro, Rechtschaffen and De Sousa, 2016). Therapists can also utilize Buddhist principles of impermanence, compassion, and curiosity to facilitate the client to explicitly identify their feelings without the therapist's input (Shapiro and Carlson, 2009).

4. Using Religion or Spirituality as a Coping Mechanism

According to Rychlak (1973), mental health professionals have been trying to understand clients' R/S backgrounds for various reasons. This may be due to their desire to gain more insights about human behaviour; to help clients to find meaning and values in life; to facilitate self-actualizing development by building interpersonal relationships and using environmental and behavioural techniques to eliminate problems. However, although R/S is recognised as a significant factor in helping the process of healing by some therapists, they may not necessarily feel comfortable with the idea of bringing religion into topics of exploration with the client during therapy (Knox, Lynn, Casper and Schlosser, 2005).

Furthermore, Cornish, Wade, Tucker and Post (2014) found that R/S can be utilised as effective coping mechanisms when an individual encounters problem caused by uncontrollable situations. This was supported by studies that concluded the functions of R/S coping can provide meaning (the way in which a person comes to understand and interpret his/her experiences); control (increased sense of hope and control); comfort (having the motivation to engage with others in religious and spiritual communities); and life transformations (helping others and being helped by others; Pargament, Koenig and Perez, 2000; Emery and Pargament, 2004). Researchers found a positive relationship between religion and some factors that are essential in creating positive mental health and a high quality of life, such as: job satisfaction, the development of morals (Young, Cashwell and Woolington, 1998), empathy, compassion (Pargament, Smith, Koenig and Perez, 1998), healthy coping strategies (Duffey, Lamadue and Woods, 2005), motivation to change, forgiveness (Carone and Barone, 2001), and physical health (Curry, Griffith, Stewards and Carson, 2010) amongst others.

As such, mental health services can be underutilised by individuals of faith because their preference for support lies with people outside of the psychology setting, such as spiritual gurus and religious clergy (Thompson, 2009). Similarly, in Buddhism, it is believed that good deeds will lead to positive consequences, while bad actions will cause negative repercussions therefore mental illness is viewed as a punishment for one's wrongdoing in this life and past lives. Rather than seeking external support and viewing one's mental health problem as solvable through therapy, followers are more likely to engage in Buddhist practices to bring good karma (Chen, 2001; Lam, Angell, Tsang, Shi, Corrigan and Jin, 2010). Therefore, it may be challenging for Buddhists to consider professional psychological help if they assume that therapists will be unable to provide the same level of reassurance and support as Buddhism.

The impact of religious coping means religious practices might be favoured over psychological therapy amongst religious individuals, and this may explain why some people may be reluctant to attend therapy services if their existing coping mechanisms are effective in helping them to manage day-to-day tasks (Koenig, 2004; Koenig and Larson, 2001). A study by Pietkiewicz and Bachryj (2016) examined how religious individuals coped with stress. Twelve men aged between 32 and 75 years were recruited through the purposeful sampling approach. All participants were Caucasians and worked as Roman Catholic priests for between 7 and 46 years. Five participants reported to have sought help from professional counselling services. Data was collected via semi-structured interviews with questions focused on participants' help-seeking experiences, the challenges they faced during priesthood, and the type of coping strategies they utilised in order to overcome distress. Data was analysed using IPA in the hope of gaining better understandings of priest's coping strategies and the availability of support for priests.

Findings revealed that religion was a source of strength and solace for all participants as well as an effective coping mechanism for facing personal problems and dilemmas related to their faith. Furthermore, in times of struggle, priests turned to religious figures rather than to psychological professionals. Findings also showed that when looking for consolation, advice or solutions, most participants believed that R/S problems should be addressed by religious guiders/teachers. The idea of seeking help from outside the community was met

with reluctance among these participants because they felt information sharing should be kept within the religious community (Pietkiewicz and Bachryj, 2016).

Furthermore, participants identified religious community (including friends and family) and religious figures, such as priests, as two sources of support they would often turn to. Although five out of twelve participants revealed that they had sought professional psychological help, this was only considered as a last resort. However, those who sought help outside of the community believed it was a necessary option after religious coping strategies did not produce the outcome they had hoped for (Pietkiewicz and Bachryj, 2016).

Furthermore, Pietkiewicz and Bachryj (2006) noted priests had to endure societal scrutiny regarding their decisions and actions which resulted from unrealistic expectations and stereotypes about religious figures. The idea of priests being flawless and omnipotent and without any weaknesses meant their reality was often perceived distortedly, thus creating a barrier which prevented priests from being transparent about their flaws and with difficulties accepting vulnerability (Emery and Pargament, 2004; Virginia, 1998; Hoge, 2002). From this perspective, therapy can be challenging in a sense that treatment interventions and the exploratory nature of therapy often require that presenting problems need to be addressed, this can be difficult for clients who struggle to be transparent about their flaws and vulnerabilities.

Moreover, receiving and seeking support from professionals is discouraged in some religious communities because there is a perceived doubt towards lay people's ability to understand and offer adequate help. This could be related to a desire to maintain a positive image by hiding their need for psychological help in a social context wherein group loyalty and hierarchical systems are valued over the satisfaction of personal needs (Pietkiewicz and Bachryj, 2016).

Personal struggle is another factor that has been found to affect help-seeking motivation and can often determine which individuals seek support (Pietkiewicz and Bachryj, 2016). These people may initially go to great lengths to hide their problems from others due to feelings of shame, as a result of stigma or unmet expectations, thus creating a cycle that perpetuates the problem (Pietkiewicz and Bachryj, 2016). Pietkiewicz and Bachryj (2016)

argued that despite high rates of help seeking for religious affiliations, some religious people may struggle to maintain genuine relationships with their peers and be left feeling more disappointed as result of these superficial relationships. This consequently can further deepen their sense of isolation and loneliness, and be in conflict with their preference for religious support, rather than support from mental health professionals. However, it was unclear from Pietkiewicz and Bachryj's (2016) study why religious individuals may struggle to maintain relationships and how this is connected to preferring religious support over secular professional help. Perhaps understanding this better would shed light on the influences that may inhibit a person's intention to seek psychological help or decision to terminate therapy after it has begun.

Another limitation to Pietkiewicz and Bachryj (2016)'s study is that the data was collected from an idiographic sample population due to the explication of individual cases. Although their findings highlighted the significance of religion to its followers, there was a lack of exploration concerning the religiosity of psychologists and psychotherapists, which may have produced greater insights, especially when participants viewed their religious orientation as an important factor for seeking therapy. Furthermore, despite the implication from Pietkiewicz and Bachryj (2016)'s study that religion and expectation associated with higher positioned religious figures may act as a barrier for seeking psychological help, professional help will still be considered when religious and spiritual guidance proves to be insufficient support (Abe-kim, Gong and Takeuchi, 2004). This was supported by Abe-kim, Gong and Takeuchi's (2004) study which found that distress caused by religiosity had led clergies to seek help from mental health professionals. Highly religious individuals reported an increased likelihood to seek advice from clergy compared to those who were identified as moderately religious. However, the authors suggested this reluctance to receive help from mental health professionals was not necessarily associated with dissatisfaction towards them, but rather due to a lack of familiarity with and difficulties accessing mental health professionals (Abe-kim, Gong and Takeuchi, 2004).

5. The Importance of Integrating Religion/Spirituality into Therapy

Religion's association and impact on mental well-being has been widely researched, with discussions centred upon people's decisions to seek professional psychological help and

how they have found the overall experience. According to the Office for National Statistics (2003), 75% of the UK population reportedly holds some degree of R/S beliefs. Studies that have explored R/S clients' therapeutic experiences have shown some factors that can impact upon how clients perceived therapy and the treatment outcomes. However, these studies are predominantly focused on Christian client groups, with a few others representing the Islamic and Hinduism population. Therefore, there is currently no research available on Buddhist clients' experiences of psychological therapy.

A qualitative study by Mayers, Leavey, Vallianatou and Barker (2007) explored how religious beliefs influenced the type of help and resources clients sought and attempted to understand how clients conceptualized their psychological problems. Ten participants between the ages of 32 to 52 years old were recruited for having experienced psychological therapy. Within this population, seven woman and three men reportedly had professional roles and identified themselves as R/S. These identities included Evangelical Christians, Pentecostal Christians, Greek Orthodox and Sunni Moslem, while two participants stated they held spiritual beliefs but did not belong to any organisations. Religious or spiritual coping methods were reportedly used by all participants. IPA was used to analyse the data collected from semi-structured interviews which revealed various outcomes regarding clients' attitudes towards secular therapies and the experiences of addressing one's religion with the therapist.

Result showed that some participants had concerns with secular support potentially weakening their faiths prior to therapy, but instead found that therapy helped to strength their religious beliefs whilst going through a spiritual journey. Mayers et al. (2007) also claimed that although participants held preconceptions of therapy and religion as antagonists to each other, their negative attitudes towards seeking help from secular therapy remained undeterred, which left them reticent toward therapy. Integrating one's R/S beliefs into the sessions as well as receiving acceptance from the therapist was highlighted as an important factor for creating a positive therapeutic experience for clients. Participants often used their beliefs as a form of guidance and coping strategy which helped them to experience therapy positively, with religious and spiritual beliefs highlighted as an integral factor in creating this outcome. Furthermore, it was also noted that when therapists were perceived as respectful, transparent, flexible, and open to religious and spiritual

exploration with the client, it had benefitted the process of therapy and strengthened the therapeutic relationship (Mayers et al., 2007). Therefore, therapists that can think holistically and beyond theoretical models are more likely to leave a better impression on the client, and contribute to positive therapeutic experiences (Brown, Elkonin and Naicker, 2013).

Overall, peoples were found to be unaffected by negative preconceptions of therapy when it came to seeking help from mental health services, but there remain doubts regarding the effectiveness of therapy (Mayers et al., 2007). Interestingly, the findings also highlighted the complexity of religion through its influence on mental health issues and the helpful/unhelpful differentiations between types of religious support. However, despite religious communities reported to be less effective in helping some people with mental health problems, findings suggest R/S beliefs can still fortify people with purpose, courage, and direction (Mayers et al., 2007).

Although the study by Mayers et al. (2007) provided useful insights regarding religious and spiritual clients' experiences of therapy, one of the limitations of their study was the sampled population. Similarly to Freire et al.'s (2016) study, only participants with therapeutic experience were interviewed. Furthermore, the use of IPA meant the aim was to gain deep and enriched information on the topic area rather than accurate representation. Therefore, it would be beneficial to expand the narrow target group to a better generalizable population in future studies so that further exploration can be carried out and this could possibly add value to existing literatures.

Additionally, the sample population contained clients who had either completed therapy or were still receiving treatment. Therefore, a future consideration would be to examine the perspectives of clients who were unsatisfied with the psychological service or whom decided to stop treatment midway. This may provide alternative insights regarding therapist's opening and maintenance skills in dealing with religious issues in therapy. Furthermore, the lack of elaboration regarding how religion can be used as a form of coping mechanism and failing to explain why participant's attitudes towards therapy could be influenced by religion, both added to the shallowness of insights gained from this study. It would have been helpful if further exploration were conducted on the impact of

the client and therapist sharing similar belief on the progress of therapy, and whether R/S beliefs themselves can directly influence the therapy process and outcome.

Gockel (2011) conducted a study which aimed to explore self-identified spiritual clients' counselling experiences using narrative methods. Twelve participants (ten women and two men) were recruited through purposive and snowball sampling in Canada. Some participants identified themselves as Buddhists, Christians, non-religious and spiritual. Participants were aged between 30-39 years old. Eleven were Caucasians and one was South Asian. Data was collected using semi-structured interviews and analysed through a six-step process that focused on holistic content (Lieblich, Tuval-Mashiach and Zilber, 1998) and reflexivity (Arvay, 2002), and which provided a summary of participants' experiences through a meta-narrative.

Findings showed that spirituality was regarded as a significant factor in building a good therapeutic relationship because it acted as a framework for how clients made sense of the world, therefore affected the way clients perceived therapy. Gockel (2011) claimed that clients' spirituality provided them with a powerful healing effect through spiritual practices. Therefore, clients would struggle to view counselling as effective if they could not address spirituality in the sessions because they saw counselling as a part of their spiritual practices. This shares similarity with Mayers et al.'s (2007) findings where clients highlighted how important their religious beliefs were as a protective factor by providing a sense of guidance and support.

Furthermore, Gockel's (2011) participants reported counsellors as present, attuned, and relatable spiritually when they were able to show qualities such as openness, warmth, and care. This helped the client's healing process, strengthened the therapeutic bond, and allowed them to develop a better understanding of themselves and their problems. However, a limitation of this study is a lack of breadth due to the small sample size which makes it difficult to generalise to populations that are not female adults.

A mixed method study by Freire, Moleiro and Rosmain (2016) explored peoples' perceptions of the role of R/S in Portuguese mental health, hoping to gain a better understanding about the psychotherapeutic experience of religious members. 41 participants (27 women and 13 men) aged between 25-71 years old were recruited through the chain sampling approach.

Data was collected via focus-group interviews and individual interviews (all female Portuguese), and data was analysed using Thematic Analysis. Participants' ethnic backgrounds varied from Iran, Mozambique and Romania. The religious domains which participants identified with included Baha'i Faith, Jehovah's Witnesses, Seventh Day Adventist Church, Orthodox Church, Evangelical Alliance, Pagan Federation International, Catholic Church, and Latter-Day-Saints.

Findings showed that most participants reported positive therapeutic experiences, with four participants stating they would recommend therapy/counselling to some else, while some participants would recommend but with hesitation. Some of the reasons behind the hesitation was reported due to a lack of sensibility participants felt during their contact with the mental health service towards R/S issues and feeling uncertain whether psychological treatment was the best course of action for discussing religious and spiritual problems. The findings emphasise the need for professionals to show sensitivity, knowledge and skills when working with religious clients (Freire et al. 2016).

One important reason why people may choose to seek support from religious figures rather than psychological professionals could be related to the significance placed upon religiosity in their everyday life, where religious practices act as the main coping mechanism. Therefore, it is assumed that people with an understanding of R/S and resonate with that perspective will be able to provide better support to client's problems. However, Freire et al. (2016) reported some of reasons that lead clients to seek psychological help include having a positive association between religiosity and mental health and receiving positive social support. Freire et al. (2016) claimed that religious clients tend to recover faster from psychological distress and showed better outcomes when psychological professionals were able to integrate religiosity and therapeutic practices into the client's psychological treatment plan.

Furthermore, although participants did not feel the need to conceal their religiosity during psychology sessions, they were apprehensive and worried prior to disclosing their religious identity with the psychologist/psychiatrist (Freire et al. 2016). Despite most participants reported having received a satisfying service from mental health services, some people also voiced their wish for a better religious match with the mental health professional and felt

there was an overall lack of sensitivity from these professionals towards religious and spiritual issues. Although Freire et al. (2016) claimed that even though some people may have encountered dilemmas such as being pathologised by the psychologist, feeling judged, misunderstood or mistreated, there was no indication that these experiences directly impacted on their decisions to seek professional help.

This study illustrates the positive experiences that can be experienced in mental health services for religious people, despite some uncertainties about the therapeutic relationship and the effectiveness of psychological treatment prior to therapy. However, there are some limitations to Freire et al.'s (2016) study. Firstly, the chosen sample population consisted of individuals that were chosen by their religious leader who also happened to organise the interviews with the researchers. Therefore, it would be highly unlikely to eliminate bias arising from social desirability due to religious hierarchies. Secondly, the target group for this study was strictly restricted to: 1) Portuguese females; 2) people with no prior therapy experiences; and 3) those who had already completed their psychological treatment. This means questions for religious individual who may have purposely chosen to opt out of seeking professional psychological help were left unanswered and unexplored.

Secondly, applying a mixed method approach meant the researchers were able to explore different styles of data collection and gain a better understanding of participants' views through a pluralistic approach. However, by intentionally integrating various religious communities together meant many of the idiosyncrasies and the group differences presented were unable to be fully analysed. Also, there is a risk of inaccuracy when data solely relies on the person's ability to articulate and remember past events and feelings, because this could be influenced by incorrectly recalled information.

6. Valuing the Therapeutic Relationship and The Therapist's Attitude in Therapy

A therapeutic relationship may begin with feelings of discomfort and unfamiliarity due to the lack of connection between the client and therapist (Young-Eisendrath, 2009). However, once a close relationship is established, clients often find value in therapy through having the opportunity to address various issues, including religious related problems (Kahle and Robbins 2004). On the other hand, the lack of congruence between the client and therapist

means this could lead to avoidance in therapy and clients being reluctant to engage with the therapist, thus potentially barricading the therapeutic relationship's development (Kahle and Robbins 2004).

A study by Knox, Lynn, Casper and Schlosser (2005) explored how clients' experienced therapy when R/S issues were raised in sessions and whether they generally perceived therapy as helpful or harmful. 12 R/S participants (one man and eleven women) between the ages of 21-56 years old were recruited for their experiences of secular therapy although the reasons for seeking therapy were unrelated to R/S. A few participants reportedly identified as Roman Catholics while others did not belong to a specific group but rather had experiences in Buddhism, Hinduism, Judaism, Paganism, and Unitarian Universalism. Data was collected using semi-structured interviews and analysed using the Consensual Qualitative Research (CQR) method by Hill, Thompson and Williams (1997).

In support of George, Larson, Koenig and McCullough (2000) and Rose, Westefeld and Ansley's (2001) studies, Knox et al's (2005) findings also showed that R/S played a significant part in people's lives by influencing how they perceived the world, while viewing their beliefs as more helpful than harmful. Furthermore, Knox et al (2005) suggested an important component of effective therapy was the therapist's open and accepting attitudes, which was valued more than perceived similarity in R/S beliefs with the client. However, if R/S related topics or beliefs were initiated by the therapist, participants would instead find therapy invasive, "uncomfortable, or imposed on" (Knox et al, 2005. P.25).

Interestingly, Miller (2003) found that when science becomes involved with psychology, the essence of spirit and soul can be overthrown by secular rationales. Therefore, some theoretical approaches began disposing certain traditional religious ways of knowing and experiencing relationships. Betteridge (2012) supported this perspective and argued that shared religious beliefs between the therapist and client might not pose as a guarantor for a strong therapeutic bond, but personal differences could instead provoke curiosity and insight, and potentially reframe the client's preconceived ideas of therapy.

Furthermore, Worthington, Jr. and Aten (2009) claimed that religious clients have a zone of toleration where they are more likely to work with therapists who have values within the range that the client can tolerate. However, if those values are outside the zone of tolerance,

then the client will show more resistance towards therapy, thus hindering therapeutic progress, or potentially lead to terminating therapy altogether without any warnings. Therefore, it appears that having some similar beliefs or values with the therapist are still important to certain clients in therapy. Some therapists explained their reluctance to work with R/S issues because they felt they lacked knowledge and understanding of the client's beliefs, they therefore tended to avoid talking about the subject in therapy (Cragun and Friedlander, 2012). A limitation to this study is the recruitment of predominantly white females which may significantly overshadow male participant's representation in the findings and with a lack of ethnic diversity.

There are studies that explored participants' therapeutic experiences without specifying their R/S background, such as the study by McElvancy and Timulak (2013). 11 Caucasian participants (6 males and five females) aged between 23-67 years were recruited to explore clients' experiences and outcomes of therapy, specifically whether the outcome was good or bad. Data was collected via semi-structured interviews and self-reports used the Client Outcome in Routine Evaluation Outcome Measure questionnaire. Data was analysed using descriptive and interpretive qualitative methods developed by Elliott and Timulak (2005). Findings showed that therapy was perceived as helpful when clients felt supported, relaxed, received useful psycho-educational information, developed a better awareness of their own problems and devised strategies to tackle their problems. On the other hand, unhelpful aspects of therapy reported included the client feeling exposed in and uncertain about therapy; seeing a lack of improvement in presenting problems after therapy and difficulties understanding the therapeutic work that was offered.

Another study by Binder, Holgersen and Nielsen (2010) revealed that clients were able to gain a deeper sense of safety by developing better ways of relating to others through therapy. As a result, clients felt their relationship with others became more authentic and genuine. Ten Northern European participants between the ages of 27 to 61 years old were recruited for their experiences of psychotherapy. Data was collected using semi-structured interviews and analysed by Nvivo 8 software (QSR International, 2008) and a systemic text condensation by Malterud (1993).

Binder, Holgersen and Nielsen (2010) also found that clients viewed therapy as helpful when they could gain more insight and develop a better understanding of themselves, although this was reported to be primarily based on a close therapeutic relationship and effective treatment intervention. However, this study's sample population was also underrepresented because participants came from a North Europe background and were predominantly women, thus limiting the data's transferability to other contexts. Moreover, there was a lack of in-depth exploration of the various therapeutic approaches that the client had experienced, despite having examined how clients thought therapy was positive. This might highlight the differences within the experiences if therapeutic approaches were taken as one of the main focuses.

Other studies suggest that the therapeutic alliance appeared stronger when therapists were able to respect and accept the client's religious and spiritual beliefs. Although not all clients felt it was necessary to talk about their religion or spirituality in therapy because it was deemed irrelevant to the presenting problems by the client. However, a significant importance was still placed on the therapist's response in therapy and having their own religious and spiritual beliefs, even if these differed to those of the client (Betterbridge, 2012). Some misconceptions about secular therapy could arise if clients feared being misunderstood or subjected to interventions that might attempt to change their beliefs, thus reinforcing clients' reluctance to bring up religion in therapy. If therapists were less informed regarding knowledge of religion, religious values and practices due to their own beliefs being non-religious oriented, this could create difficulties in forming a therapeutic bond with the client (Worthington Jr, 1989).

A mixed method study by Cragun and Friedlander (2012) used purposeful sampling to recruit eleven white self-identified Christian participants (nine women and two men) between the ages of 20 to 62 years and with experiences of secular therapy. The data was collected using semi-structured interviews and self-reports such as the RCI-10 (Worthington, Jr., Wade, Hight, Ripley, McCullough and Berry., et al., 2003), Counselor Rating Form–Short (CRF-S), and the Working Alliance Inventory–Short Form (WAI-S). Cragun and Friedlander (2012) found that clients preferred secular therapy in order to avoid being judged from members of their own Christian communities. On the other hand, some clients felt they had no choice but to approach secular therapy due to the lack of available support from priests

or Christian therapists, while others remained indifferent due to having positive experiences with both secular and Christian therapists.

Clients also described positive and negative experiences of therapy. For example, the therapist's attitude and behaviours in therapy contributed to the client's positive therapeutic experiences. Clients reported therapy felt comforting when the therapist showed genuine interest in wanting to learn more about their religion as well as incorporating religious practices into treatment interventions. However, therapy was deemed unhelpful when therapists avoided working with clients on their R/S issues and instead left them feeling judged and unheard. Worthington, Jr. and Aten (2009) stated that clients seldom talk about their faith in therapy unless it is directly related to the presenting problem. This appears to support McElvancy and Timulak (2013) and Freire et al.'s (2016) studies which emphasises the significant impact therapists can have on the client's experiences of therapy. If a good relationship is not established between therapist and client, then there is a risk of the client feeling judged and unsupported which could lead them terminating therapy.

Although this study highlighted clients' attitude towards and behaviour in therapy, and how the issues presented can impact upon their experiences as either positive or negative, there are still some noticeable limitations. Firstly, Cragun and Friedlander (2012) pointed out that there is more positive feedback about therapy than negative feedback, which did not reflect the interview process where the researchers felt there was a mixed response. Perhaps participants were reluctant to speak about their negative experiences in front of someone who also had a background in psychology (the interviewers) or were concerned about reliving the negative experiences if they had to speak about it again. Secondly, the researchers claimed another limitation to be social desirability bias, wherein participants may have struggled to recall memories accurately, therefore potentially only provided a limited insight into what was really happening in therapy. Furthermore, the diversity of faith within the sample group meant participants could interpret their religion differently despite sharing the same religion. As such, Cragun and Friedlander (2012) recommended using more homogenous samples with more defined groups to further enrich the data.

Overall, findings from literatures need to be considered with caution especially when conducted using participants' accounts. Individual meaning-making means that the views given are subjective, thus whatever conclusions are drawn, the findings should not be taken as the truth or a definitive depiction of reality. Furthermore, individual meanings can be influenced by socio-cultural factors (Spinelli, 2005). Many of the studies mentioned here were conducted in America, which possesses a larger population in comparison with the UK and with Christianity being the predominant religion (Kramer, Kwong and Chung, 2002). This therefore creates a lack of representation for other religions, especially those that originated from the Eastern continents, such as Buddhism, Hinduism, and Judaism (Huang, Shang, Shieh, Lin and Su, 2010). However, the cultural differences in studies that were conducted in America and the UK can have limitations. For example, religions based upon Christianity are known to be commonplace in America, much more so than one might see in the UK and most countries in Asia, thus clients from America may feel more secure and comfortable with bringing their faith into therapy compared to those in the UK or Asia (Hielman and Witzum, 2000).

7. Chapter Summary

The above studies provide an understanding of how some religious people might come to the decision to seek professional psychological help and the challenges they have encountered prior and during the process of help seeking. This includes barricading and facilitating factors in people's attitudes towards mental health services; the relationship between religion and modern-day psychology with insights into some Buddhist based therapeutic treatment approaches, and religious individual's perceived experiences of working with psychology professionals.

One of the prominent challenges found in the process of seeking psychological help was related to people's religious beliefs. Individuals may hold negative views towards secular therapy. Talking to an outside (therapist) was perceived as problematic due to the lack of shared understanding and common language (Abe-kim, Gong and Takeuchi's, 2004); consequently reinforcing the negative impression of therapy and creating a barrier to a client's decision to seek help when religious experiences are seen as subjective (Clarke,

2001). Furthermore, past studies that have explored attitudes towards psychological help seeking has shown fairly negative views towards mental health professionals and psychological treatments where clients are often portrayed as experiencing conflict in therapy due to their religious beliefs (Pietkiewicz and Bachryj, 2014), thus despite accepting psychological support, it was always considered as the last resort (Mayers, et al., 2007).

However, although religious coping remains the primary source of strength for RS people (Mitchell and Baker, 2000), the significant value placed upon the quality of the therapeutic relationship and the therapist's skills were prominent in studies. Despite encountering some negative experiences with mental health services and/or professionals, this did not deter people from seeking psychological support. In contrast, a majority of people reported the overall therapeutic experience as positive, but stressed the importance of the therapist being sensitive, knowledgeable and skillful when working with religious issues in therapy (Freire et al. 2016).

7.1 Rationale and Research Aims

Studies have described psychological therapy as a complex area of research, particularly within the multifaceted area of therapeutic experiences. However, researchers have emphasised the need to gain more insights and understanding about this topic area due to the lack of studies available (Wiseman and Shefler, 2001). Through a review of existing literatures, there appears to be a gap for exploring the experiential aspect of therapy within the Buddhist population, despite varied empirical studies on other religious domains such as Christianity, Hinduism, and Islam. Although studies have shown the significant benefits that religious and spiritual beliefs can bring to our mental wellbeing, there is a lack of deeper exploration of specific religions in a therapeutic context. Therefore, further research could further examine the impact of Buddhism's philosophy and values on western psychology from an experiential perspective through the clients themselves.

The present study hopes to capture the subjective experiences of Buddhist clients in therapy. As such, this study will aim to explore the therapeutic relationship, the quality of therapy, the effectiveness of treatment interventions as perceived by the client, clients' relationships with Buddhism, reasons that led them to seek psychological support, and the perceived benefits and challenges of being in therapy as a Buddhist. The purpose of such exploration is

to gather insights regarding how Buddhist clients may utilise therapy and what contributes to a positive experience for them. Therefore, the main research question is 'how do Buddhist clients experience psychological therapy?'

The research question was intentionally framed broadly so that the exploration can be carried out from various angles (as seen in my aims) in order to holistically examine the phenomenon. Thus, further questions were considered in the hope of helping to answer the research question:

1. In what ways does Buddhism impact upon clients' experiences of therapy, if at all?
2. What factors contribute to the positive or negative perception of therapy for Buddhist clients?
3. What does therapy offer clients that Buddhism cannot, and vice versa?

I believe the outcome of this study could have important implications for counselling and clinical psychology by raising awareness of the impact of religiosity and spirituality in psychological therapy. The findings might also support past research and potentially highlight the need for increased sensitivity and knowledge amongst mental health professionals when working with R/S clients regardless of their presenting issues.

This is a qualitative study that utilizes a sample population recruited within the UK. When researching remote topic areas that lack exploration, researchers have strongly recommended using qualitative methods on complex topic areas that have not been well understood (Elliott, Fischer and Rennie, 1999). Hopefully, this study will provide a deeper understanding of the impacts of Buddhist beliefs on one's therapeutic journey and add new knowledge to existing literatures examining similar phenomenon.

Furthermore, Interpretative Phenomenological Analysis (IPA) was used to analyse the data to help with the building of a deeper understanding of each participant's therapeutic experiences. This approach was chosen because IPA can offer a balance whereby the researcher can explore how religious and/or spiritual beliefs may impact psychological help seeking and the process of therapy by "allowing the interviewee the space to redefine the topic under investigation and thus to generate novel insights for the researcher" (Willig, 2001, p. 22).

Overall, I hope that the findings from this study will contribute to improved training and R/S derived theoretical frameworks for counselling psychologists as well contribute to future research in the field of R/S and psychology.

8. Research Reflexivity

Reflexivity has been a helpful containment process for me to reflect on my relationship with this research. The topic of this study was first contemplated due to my fascination with Buddhism and a desire to gain a better understanding of it. Having close relationships with people who hold Buddhist beliefs and engage in regular Buddhist practices has allowed me to see how their lifestyle has differed from my own, as well as the benefits they appeared to have gained from Buddhism. My fascination developed into a research interest where I began wondering about the benefits and challenges of living by Buddhist teachings and having to commit to regular Buddhist practices.

My training experiences of working with diverse client groups during various clinical training placements meant I had the opportunity to work with spiritual clients, learned about their struggles with everyday stressors and reflected on my interpretation of their therapeutic process from a practitioner's perspective. This helped to set the scope for the literature review. I was keen to collect information from the perspectives of the client and the therapist's views because some of the participants in this study were also therapists. This was partly due to believing it could help to create a holistic view of how secular therapy is experienced by spiritual clients, and also looking at the topic from a therapist's viewpoint may help to answer questions regarding the challenges of working with spiritual clients in therapy which might not be transparent from a client's point of view.

Chapter 2: Methodology

1. Introduction

1.1 Chapter Overview

This chapter aims to provide details of how the present study was carried out. I begin with the research aims and go on to discuss the critical realist theoretical position I have taken. This is followed by an explanation of my rationale for choosing the Interpretative Phenomenological Analysis (IPA) approach whilst acknowledging some of its limitations. The research designs are discussed including the outcome of my pilot study and the procedures for data collection, which then leads on to ethical considerations for this study. I also describe the analytic procedures that I followed for the purpose of data analysis and evaluate these using Yardley's (2000) guidelines regarding what constitutes a good quality and valid qualitative study. The chapter concludes with an account of research and personal reflexivity.

Researchers have shown that R/S can act as a barrier as well as a facilitator in people's engagement with therapy due to factors discussed in chapter 1. The findings from this study might highlight important factors that contribute to positive experiences of therapy which may also be specifically applicable to the Buddhist population. The implication of this is to identify factors that may hinder the treatment process for Buddhist clients, and possibly offer useful knowledge for the general population gained from the experience of the Buddhist group.

I believe that the current study could be presented as the starting point for future researchers to build on within the field of counselling psychology. The outcome of this study may provide additional knowledge and methods to improve counselling psychologists' professional practice, such as the types of therapeutic interventions that are more suited for Buddhist clients and potentially highlight relevant training needs for therapists to work with R/S clients. Thus, contributing to one of the main values of Counselling Psychology, which is to facilitate growth and maximise people's potential (BPS, 2009). Additionally, researchers have shown that religion and spirituality can act as a barrier (Lam, Angell, Tsang, Shi, Corrigan and Jin, 2010) and facilitator (Thompson, 2009) in people's perception of

psychological therapy due to factors discussed in the literature review. However, the current study hopes to provide an elaborative exploration of Buddhism in therapeutic settings in order to gain a comprehensive understanding of how a specific group of individuals experienced their therapeutic processes and the possible role of Buddhist principles and values on the outcomes of therapy. The research question is therefore: "How do Buddhist clients experience psychological therapy?"

2. Theoretical Positions

In order to understand my choice of method for this study, I need to firstly define the research paradigm which is established within my ontological and epistemological positioning. According to Guba and Lincoln (1994), they are defined as the following:

- **Ontology** is concerned with the study of reality or the nature of the world by questioning 'what is there to know?' (Willig, 2001, p. 13) and 'how things really are' (Guba and Lincoln, 1994 p. 108).
- **Epistemology** is concerned with the theory of knowledge, of how we know the things that we know and how humans have tried to make sense of the world (Cardinal, Hayward and Jones, 2004). In comparison to ontology, an epistemology question would be 'how and what, can we know?' (Willig, 2013 p. 4).

For the purpose of this study, I am interested in gaining an understanding of the phenomenon of how Buddhist clients experience psychological therapy. With this in mind, my ontological position assumes that the world is made up of structures within a real reality that exist independently of our beliefs and constructions (Willig, 2001). In the context of the present study, this means that I acknowledge there may be a reality to how therapy can be experienced by Buddhist clients. However, the beliefs held by each client might result in different ways of interpreting this phenomenon.

My epistemological position assumes that our knowledge of reality is relative and subjective. This means that whilst I believe there is a reality out there, how much we can know or understand that reality is dependent on individual subjective experiences of the world which are influenced by cultural, societal and historical contexts (Cardinal, et al., 2004).

Therefore, this study is closely aligned with critical realist ontology and a relativist epistemology.

The main goal of critical realism is to explain social events through casual structures and how events are affected by three distinct levels of reality: the empirical, the actual and the real level (Bhaskar, 1993; Bergin, Wells and Owen, 2008). The empirical level consists of reality where social meanings, decisions, and actions occur and are understood through human interpretations which can be measured empirically and explained through common sense (Fletcher, 2017). Therefore, in relation to this study, this would be to gain meaningful understandings of how Buddhist clients experience therapy, including different social interactions, learnings, and events that may shape each client's experiences. The actual level comprises of events occurring without the filter of human experience by claiming events will occur regardless of our experience or interpretation, thus these occurrences can be different to what is observed at the empirical level (Danermark et al., 2001). Lastly, the real level is where casual structures are inherent properties that exist in an object or structure and act as a force to produce events, which also appears at the empirical level (Fletcher, 2017).

An extreme realist position is rejected because I believe participants' accounts are reflections of their subjective experiences, therefore an accurate description of reality is impossible. Equally, as the researcher, my interpretations of participants' experiences cannot be completely accurate due to harbouring my own experiential views on the research topic. On the other hand, extreme relativism is also rejected because although participants' accounts may be mediated through culture, social and historical contexts, it can be interpreted that these accounts are the actual realities of participants' experiences. Therefore, my overall ontological and epistemological positioning supports Willig's (2001) claim that what researchers assume about knowledge and reality is somewhere on the spectrum between realism and relativism.

3. A Qualitative Approach

A qualitative approach was chosen for this study over quantitative methodologies due to its use of phenomenological and hermeneutic strategies for constructing meaning (McLeod,

2001). Its emphasis on lived and subjective experiences (Roberts, 2014) resonated with my aim to gain more understanding of the complex and multi-layered experiences of therapy for Buddhists.

The initial literature review revealed a lack of qualitative research around Buddhism and therapy, in particular the experiential aspects regarding how clients with a Buddhist background experience therapy. Therefore, I felt that it was important to learn more about this by focusing upon exploring this phenomenon through the use of qualitative methodology. The exploratory nature of a qualitative approach can help provide insights into people's emotions and about the research topic and this allowed me to become more attuned to the complexity of participants' lives.

However, this does not indicate my lack of awareness around the limitations of using qualitative methodology. For example, the heavy focus on description meant I risked categorizing participant's accounts and perhaps did not offer enough holistic interpretations of the experience. Thus, affecting the analysis with descriptive reflections and limiting the contribution to meaningful theory building (Chamberlain, 2000). This may be due to focusing on the objective responses of participants during the interviews, instead of considering environmental factors, participant and interviewer relationships, power imbalances, and unconscious prejudices and judgements.

Nevertheless, in comparison to quantitative approaches that may focus on using large-scale samples, qualitative studies are more concerned with gaining a more detailed understanding of individuals or small groups and their lived experiences (Altmaier and Hansen, 2011). Researcher's interpretive abilities are applied to capture the complexity of phenomenon related to the research question in order to gain rich and detailed descriptions. This is often done through a co-creative process between the researcher and participant wherein both parties' subjective understandings are woven together (Altmaier and Hansen, 2011). This fits with the current study's intention of exploring Buddhist client's lived experiences of being in therapy and how they interpreted that journey.

The application of IPA in a qualitative study has the advantage of strengthening the therapeutic relationship between the researcher and their participants. Interviews for an IPA study will also offer participants the opportunity to disclose lived experiences through

their perspective due to the participant-centred nature of IPA (Alase, 2017). Therefore, I have chosen this approach for its alignment with my Counselling Psychology training, its humanistic roots and the emphasis on client's internal subjective experiences (DeCarvalho, 1990). As Rogers (1980) once stated "the only reality I can possibly know is the world as I perceive and experience it at this moment. The only reality you can possibly know is the world as you perceive and experience it at this moment. And the only certainty is that those perceived realities are different." (p. 102)

Furthermore, although quantitative studies may produce more generalizable data by analysing the connection between two variables within a controlled environment, this may result in a fixation on exploring the epistemological questions and failure to notice participants' internal ontological properties (Robbers, 2014). Quantitative approaches primarily use measurements that lack the tools to explore personal experiences (Wiseman and Shefler, 2001). This means researchers will not gain detailed account of participant's experiences of personal therapy. However, I believe it is reasonable to consider using a naturalistic approach to collect data because the research assumes that multi-dimensional subjective experiences are what influence participants' perceptions of reality, thus making qualitative methodology a suitable choice (Morse, 1994).

4. Interpretative Phenomenological Analysis

IPA as an interpretative methodology was first introduced by John Smith in the mid-1990s, as a self-reflective and self-interpretative approach that seeks to deconstruct one's cognitive constructs (body image, attitudes, and memory; Clark, 2010). The goal was to understand ways we perceive the world and how to make sense of our lived experiences (Smith and Osborn, 2003), thus offering an alternative approach to quantitative studies by focusing on details of how events are described and dealt with, and how the meanings attached to these accounts were formulated (Murray and Holmes, 2014). A phenomenological foundation can give participants opportunities to voice their experiences, whilst allowing me to interpret the data and contextualize these experiences from a psychological perspective (Willig, 2001).

This supports the rationale for choosing Interpretative Phenomenological Analysis (IPA) as this study's methodology. This is due to its phenomenological dimension, where people's lived experiences are captured through their subjective perspectives (Smith, 2015), and a hermeneutic dimension, whereby I can develop interpretative analysis of the participant's account in order to gain deeper meanings of the phenomenon (Srichannil and Prior, 2014); as well as to question the true meaning of texts (Wernet, 2014). IPA employs in-depth qualitative analysis (Smith, 2008), which will allow participants to elaborate on their experiences through words and bodily gestures via phenomenological interpretation (Larkin, Watts and Clifton, 2006), and helps me to gain better understandings of subjective processes and the meanings behind these experiences.

Researchers have suggested that a significant focus is placed upon the contextual and multidimensional complexities surrounding our lived experiences using IPA (Smith, Flowers and Larkin, 2009). This consists of having an idiographic focus and commitment to exploring participants' subjective reflections on events instead of placing importance on discovering the universal nature of a phenomenon (Giorgi 2011). The idiographic approach acknowledges the significant role that I play in the study process as a reflective agent by offering this method of description and interpretation in order to make sense of participants' experiences (Eatough and Smith, 2008; Willig, 2008).

Rizq and Target (2008) explored the experiences of psychological therapy by counselling psychologists and found that using IPA methodology was able to offer data samples that could contribute to existing bodies of literature and knowledge, as well as constructively compare and critique findings from other studies. IPA felt particularly fitting for the current study as it focuses on exploration of in-depth experiences and helps to generate themes emerging from the data that may add to past studies or shed light on new insights regarding how Buddhist clients experience psychological therapy.

Choosing IPA also compliments the philosophical underpinnings of Counselling Psychology by prioritising active listening, sensitivity to the context, and self-reflection (Smith et al., 2009). Similar to Counselling Psychology, IPA values the significance of interpretation and the importance of adopting a position of not-knowing in order to collaboratively facilitate

the co-construction of meaning (Van Deurzen-Smith, 1990). Thus, IPA is deemed the most suitable methodological approach to explore participants' therapeutic experiences.

Finally, IPA was chosen because it can provide insights into an individual's intimate experiences (Murray and Holmes, 2014) by exploring the processes of making sense of an experience and seeking to utilise that self-reflection (Chapman and Smith, 2002) in order to provide a better understanding of one's lived experience (Larkin and Griffiths, 2004). This can be done through exploring client's perceptions and views (Reid, Flowers and Larkin, 2005), though the interpretation is bounded by the individual's ability to precisely articulate their thoughts and my ability to analyse and reflect on that account (Baillie, Smith, Hewison and Mason, 2000).

I have maintained a critical view of IPA to avoid bias by bearing in mind its limitations. Researchers have argued that IPA requires a description of one's lived experience, but the accuracy of that reflection may not mirror the actual experience (Smith, Flowers and Larkin, 2009). Thus, these experiences may still require further ways of being meaningfully expressed (Cohen, Kahn and Steeves, 2000). There is also limited guidance given to inform researchers about the appropriateness and the extent of their interpretation during the interview and how to consider the degree of disclosing these interpretations to the participant (Brocki and Wearden, 2007). Nevertheless, given the idiographic nature of IPA, detailed examination of one case is carried out and a certain degree of information is achieved before moving onto detailed analysis of the second case (Smith, 2008). Therefore, through the use of IPA, the phenomenon of Buddhism and participants' subjective experiences of personal therapy are thoroughly explored in this study.

Other methodologies were considered prior to the start of this study by reviewing their similarities and differences to IPA and their applicability to address the research question. Grounded Theory (GT; Glaser and Strauss, 1967) was considered as an option because it looks at participant's interpretive ways of constructing meaning. It seeks patterns in the data and is theoretically bounded, but the goal is to generate a plausible and useful theory of the phenomena that is grounded in the data (McLeod, 2001). GT employs theoretical sampling that develops codes and categories and focuses on developing the shape of those emergent categories - wherein the demonstration of adequacy is understood in the

transportability of the theoretical ideas (Rapley, 2013). IPA seeks patterns in the data to understand people's everyday experience of reality in great detail in order to gain an understanding of the phenomenon in question (Braun and Clarke, 2006). Therefore, GT could have been more suitable if this study had aimed to form a theory about how Buddhists may experience psychological therapy (Willig, 2008). This study's aim was to collect a detailed account of individual's experience, with the hope this could provide further insights into the psychological processes of being in therapy as a practicing Buddhist, and from a broader perspective, perhaps as a religious believer.

Discourse Analysis (DA) was also considered as a potential methodology of choice because it shares common assumptions with IPA. Researchers have suggested that the similarities between DA and IPA include the belief that 'the same phenomenon can be constructed in different ways', while IPA focuses on the experience and DA more so on the 'wider range of epistemological approaches' (Larkin and Griffiths, 2004., p219). Further similarity to IPA is found in its attention to the dynamics of the narrative, with a belief that language can construct reality, how we make sense of the world and its way of challenging the surface meaning of socially constructed narratives (Langdridge, 2007). However, in contrast to IPA, DA seeks to identify discourses (sets of meanings, narratives, and metaphors) and interpretive repertoires in order to understand how people make sense of their social world (Burck, 2005). Therefore, DA was ruled out as an option due its focus on discourses, whereas the aim of this study is concerned with exploring and interpreting lived subjective experiences.

As such, I have chosen IPA because it can provide detailed and elaborated reports that can uncover underlying processes (Jeong and Othman, 2016) which is an essential component required for the purpose of this study, and that DA fails to provide, therefore DA was rejected as a feasible approach. Aside from being high accessible and flexible, IPA also uses easily comprehendible language and straightforward guidelines for coding the data and forming relevant themes (Brocki and Wearden, 2007). These remain personalised individual accounts which include client's thoughts, behaviours, attitudes and feelings, rather than impersonal statistics (Smith et al., 2009).

5. Methods

5.1 Pilot Study

In order to inform the focus and selection of the interview questions, I remained sensitive to the wording of the interview questions. Preliminary informal pilot trials were conducted. According to Thabane, Ma, Chu, Cheng, Ismaila and Rios., et al. (2010), the purpose of conducting a pilot study is to "enhance the likelihood of success of the main study and potentially help to avoid doomed main studies" (p.1). Therefore, three students from a London University were selected for the trial, valuable feedback was gained regarding the coherency and suitability of the interview questions for the purpose of this study.

During the creation phase of the interview questions, it was difficult to form suitable questions that accurately portrayed my desire to extract information for the research question without being directive. For example, the therapeutic experience, the roles Buddhism may have played in this experience and participant's view towards mental health. This was reflected in the pilot feedback where cohorts collectively emphasised the wording of various questions that had created ambiguity and needed further clarifications or elaborations. For example, some of the questions related to the theme of culture were either removed or combined with other questions due to their irrelevance to the overall research question. The theme of therapy was added as this allowed the exploration of the participant's therapeutic experience (see appendix 1 and 2). Further comments were also made regarding my interviewing skills, such as moving on to a new question too quickly without exploring the responses further. With this in mind, I tried to remain curious during the interview and used open-ended prompt questions to extract more information from the participants.

This pilot study prepared me for the formal interviewing phase because I gained a greater awareness and sensitivity to possible interpretive problems surrounding the topic areas and this helped with the formation of prompt questions and provided an understanding of the difficulties of exploring a person's therapeutic experience in depth. It helped me to review the implications of questions that could be potentially leading and the conflict it had with IPA's image of meaning making through participant's subject experience (Smith, Flowers and Larkin, 2009). For example, a question from the original interview schedule asked

"What role did your religion play in your therapeutic journey?" implied that 1) the participant viewed Buddhism as a religion and 2) that Buddhism played a role in their therapeutic experience. However, this would be inconsistent with my epistemological belief which is that there are multiple truths in the world. This prompted an alteration to the question; "What is your view on Buddhism and psychological therapy?" which allowed participants to freely interpret the meaning of the question and answer according to how they have understood it.

Overall, the pilot study provided useful feedback on the interview questions, but to ensure that the questions were authentically linked to the research aim was challenging. Nevertheless, I believed that the amended questions were able to elicit some useful information from participants in order to help answering the research question.

5.2 Data Collection

5.2.1 Sampling

Often in qualitative research, the type of sampling employed is determined by the chosen methodology and research topic (Gentles, Charles, Ploeg and McKibbon, 2015). To meet the purposes of this study, I have employed purposive sampling, as a commonly utilised method in IPA studies with a small sample population (Smith and Osborn, 2003).

This approach examines a population that comprises the community under investigation and focuses on specific individuals, situations, and environments in order to illuminate valuable information for the proposed research question (Patton, 2002), thus it is a suitable approach for IPA research (Gentles, et al. 2015). To consider a larger sample size such as ten or more participants would not have been helpful due to time constraints. Nevertheless, the aim of IPA is to provide an in-depth understanding of subjective experiences, thus a smaller sample size helped me to gain an enriched understanding of the phenomenon (Pietkiewicz and Smith, 2012). However, I was prepared to expand the sample size depending on the quality of analyses.

Furthermore, IPA sampling tends to be purposive and having a small sample size can provide a sufficient perspective given adequate contextualisation (Smith and Osborn, 2003). In this respect, IPA differs from other methodologies, such as grounded theory, in its aim to

illuminate a particular research question, and to develop a full and interesting interpretation of the data. Grounded theory, on the other hand, uses theoretical sampling which aims to keep collecting data in the light of the analysis that has already taken place, until no new themes are emerging (Brocki, Joanna, Wearden and Alison (2014).

When I considered accessing participants via general practice populations instead of purposeful selection, I realised there were no guarantees that those who volunteered for this study would be regular practicing Buddhists, but possibly only held certain values and principles of Buddhism. Therefore, it was important to recruit participants via community groups and associations that were likely to contribute to the research question (Higginbottom, 2004).

The heterogeneity of the sample was reflected in participants' age, occupations, their experiences with therapy, and their journeys to becoming Buddhists. From a general perspective it could be argued that there was an element of homogeneity in the sample population due to the commonality that all participants were Buddhists and have had experiences of psychological therapy. However, given the focus of this study was to explore Buddhist clients' experiences of therapy, the data proved to contain enriched details of subjective experiences that varied from participant to participant, thus suggests this was a heterogeneous sample population.

5.2.2 Demographic Information

The sample population consists of four men and three women with ages that range between late-20s to late-50s, currently living in the UK. The length and frequency of engagement with psychological therapy varied dependent on the individual. The therapeutic modalities were also diverse. While all participants' first encounter with therapy had been many years ago and some had since attended sessions sporadically, some participants had experienced short-term therapy through the NHS whereas others favoured private long-term therapy.

Participants' relationship with Buddhism also varied but the extent of the similarities and differences between each person remain uncertain due to the limited information shared by the participants. However, what appears different is that participants' first encounters with

Buddhism were either intentional or coincidental, but nevertheless occurred during a challenging time in life with personal struggles. Since then, their engagement with Buddhism (learning, practices, and involvement in the community) was perpetuated by the benefits that Buddhism had brought into their lives over many years. A brief summary for each participant is provided in order to offer some insight into their backgrounds. However, some information has been generalised and anonymised to protect participants' confidentiality.

1. Amy is a woman in her late-40s, self-employed with a business of her own, and raised as a Catholic before turning to Islam for a number of years, and then later to Buddhism. Amy encountered Buddhism via a family relative after having experienced a relationship breakdown which left her feeling overwhelmed and emotionally unsupported. This was when she began identifying herself as a Buddhist. Amy's experience of therapy begun in 1993 and her engagement with therapy had since been sporadic, with short term sessions lasting around eight to twelve weeks and her longest continual therapy lasting two years. During this time, Amy has experienced Counselling, Psychotherapy, and Cognitive and Behavioural Therapy.

2. Brian is a man in his mid-50s who has worked as a teacher and a therapist. He became a Buddhist before experiencing therapy, but he believed that it was Buddhism that helped him to be more open minded towards the idea of therapy. Brian has been in and out of therapy for the past 10 years with each treatment lasting over 12 months, during which he has experienced Bereavement Counselling, Psychotherapy, and Path-Worth Therapy. This was a mix of the Frankian and Gestalt models that focused on a person's spiritual and physical state.

3. Cameron is a British man in his mid-30s who has worked as a nurse and a therapist. Cameron described his encounter with Buddhism as a coincidence during a very difficult time in his life. He became a Buddhist in his 20s. He also began attending therapy around the same age, initially due to issues related to homelessness. The longest time spent in therapy was approximately six months and the shortest period was three sessions, with the frequency of meeting being fortnightly. Cameron stated the modalities he had tried included Cognitive and Behavioural Therapy, Gestalt,

Mindfulness, Person-Centred, Emotional Freedom Technique, Thought Feel Therapy, Counselling, and Psychodynamic; although his therapists were generally integrative or eclectic.

4. David is a university student in his late 20's. He first encountered Buddhism by attending an event and speaking to various Buddhist figures which aroused his curiosity and he has since been a Buddhist for many years. David started going to therapy in 2013 and has experienced private and public (via NHS) therapy services. He has worked with four different therapists on and off. The length of therapy ranged from 5 months, 12 weeks and 6 weeks. The intervention modalities experienced by David were Cognitive and Behavioural Therapy, Mindfulness, Person-Centred Therapy, and Existential Psychotherapy.

5. Erica is a university student in her mid-30s. She was raised as a Catholic but unexpectedly came across Buddhism by chance through others and decided to engage in Buddhist practices initially out of curiosity. Erica has been going to therapy on and off for many years but she was initially recommended therapy by others due to seeing Erica struggling with work-related issues. Erica has attended private and public (through the NHS) therapies interchangeably throughout the years. Session lengths varied from 16 months, 12 weeks, and 6 weeks with breaks in between. During therapy, Erica stated she remembers receiving Psychotherapy and Psychodynamic interventions.

6. Frankie is an office worker in his late-50s. He was raised in a Christian household but considered himself an atheist before becoming a Buddhist for more than thirty years. Frankie described his first encounter with Buddhism as being brought about due to his experiencing many difficulties in life which led to a desire to seek an understanding of and relief from suffering. Within the last decade, Frankie has attended therapy twice, with the latest encounter in 2016. His first experience was weekly sessions that lasted two years while the latest experience was short term sessions with breaks in between. Both experiences were private therapy.

Therapeutic modalities include the Humanistic model and CBT but therapists were generally integrative.

7. Gina is a woman in her mid-30s who was unemployed during the time of the interview. She became a Buddhist in her adulthood and started practicing Tongeglen Buddhism when she was experiencing various life challenges. Gina has been attending therapy sporadically for many years, generally once a month or fortnightly. The length of therapeutic work was around 12 to 24 months. The modalities used by her therapists were reportedly, Mindfulness, Psychodynamic, CBT, Compassion and Acceptance Therapy, and Kleinian Theory. However, Gina explained these modalities were often used integratively.

5.2.3 Inclusion and Exclusion Criteria

To be considered for this study, participants were required to be over the age of 18 and solely follow and practice Buddhism with prior experience of psychological therapy. For the purposes of this study some of the essential elements of Buddhist practice were define as engagement in daily mindfulness meditation and having knowledge of Buddhist teachings (Ng and Yuen, 2015; Srichannil and Prior, 2014).

The exclusion criteria consisted of children under the age of 16, adults who follow or practice religions other than Buddhism, and vulnerable adults who are currently experiencing high levels of psychological distress in order to protect them from exposure to additional psychological distress. This was examined during the telephone screening process where I directly asked participants about their current mental state.

5.2.4 Recruitment and Interview Procedure

The initial recruitment method used to advertise this study was via poster campaign (see appendix 3) at a London university, and various Buddhism and therapy related locations, including community centres, in the hope of drawing attention from the desired population. However, this later proved insufficient in recruiting the needed number of participants without risking spending too much time on recruitment, thus a second approach was sought. This approach promoted the study on various social media platforms and targeted individual

Buddhist and therapies groups for direct attention, which also failed to attract interested participants. As a result, alternatives had to be considered, where I directly emailed individuals from social media platforms and the Counselling Directory in a bid to generate potential participants and to gain access to a wider target population for recruitment.

Prior to the interview stage, all correspondence with participants were conducted either through telephone calls or via email. Participants initially emailed me to show their interest in the study and telephone screenings were held to ensure participant's suitability. Some individuals indicated that they have not had any therapy experiences in the past or they did not consider themselves a Buddhist, thus were rejected for the study. Email reminders were sent out to participants who did not get back to me after the initial telephone screening. This method was shown to be an effective strategy for improving recruitment numbers (Newington and Metcalfe, 2014).

All interviews were located at a pre-booked private room at a London university campus. Participants who were unable to travel to the interview location for personal reasons were offered skype interviews. Prior to starting the interview, the consent form and participant information sheet was given to the participant (see appendix 4 and 5). Galletta (2013) has noted that if a level of comfort was established between the interviewer and interviewee, as well as assuring the interviewee of their rights, this could provide a smoother interview process.

The duration of each semi-structured interview was between 60 to 90 minutes. After the completion of the interview, a debriefing form (see appendix 6) was given to participants with relevant signposting information in case they wanted additional support. Participants were also given the opportunity to ask me questions regarding the study after the interview as part of the debriefing process. The whole interview process was digitally recorded and then transcribed.

5.2.5 Semi-Structured Interview

Semi-structured interviews were employed as the method of data collection. All interviews were audio recorded with participants' consent. The interview schedule included 15 fixed and prompt questions, formed on the basis of each participant's responses (see appendix 2).

It was beneficial to produce a schedule prior to the interview day so that I could explicitly reflect on what to cover during the interview and identify potential difficulties, such as the sensitivity of the wording of the question (Smith, 2015).

The rationale for choosing this method was to employ open-ended and theoretically driven questions which aimed to extract participants' experiences and generate valuable data whilst maintaining flexibility to explore interests around the research topic (Galletta, 2013). Each interview question was connected to the research aim and reflected my deliberate progression toward an in-depth exploration of the phenomenon under investigation. The semi-structured interviews allowed me to establish a good rapport with participants and provided the freedom to probe participant's interests and any concerns that were relevant to the research topic (Smith, 2015).

The interview started with broad questions to create an opening for the participant to begin their description of their views and personal experiences, while I tried to stay in tune with the narrative and used probing questions to guide the participant in the direction of the research topic. During the interviews, prompt questions were used to elicit more elaborate responses from participants in order to gain a better understanding of their perspectives and experiences which may be relevant to the research question.

Limitations of semi-structured interviews meant the flexibility created a risk of participants drifting off topic and the challenge of helping the participant to regain focus due to my lack of experience as a researcher in conducting interviews. This was evident because some questions took up more time which resulted in limited opportunities to explore some question areas and ask for further elaborations. However, the pilot study was useful in helping me to examine the clarity of my interview questions, such as the type of responses it might generate from the participant and its relevance to the research question. This provided a valuable learning practice because I was able to alter some questions that originally appeared too broad so that they could be used in the real interviews.

5.3 Ethical Considerations

This study was granted ethical approval by the Department of Psychology, City University of London (see appendix 7), with in-depth consideration of ethical implications in accordance

with the British Psychological Society Code of Ethics and Conduct (2009). I wished to maintain transparency with all of my participants by reflecting on the intention of the interviews and research focus by carefully choosing the wording of my advertising materials to ensure it was easy to understand.

5.3.1 Informed Consent

Participants were given some time after the initial telephone/email contact to consider a suitable interview date. This time varied between 1 day and 1 week, during which an electronic informed consent form was sent to participants. The rationale was to allow participants to process the information offered, to ensure informed consent and to give enough time for those who wished to withdraw before committing to the research. The informed consent form (see appendix 4) contained information about the participant's right to withdrawal from the study at any point and to ensure that they understood that by withdrawing, they would not be penalised. All participants signed the informed consent form before being interviewed.

5.3.2 Debriefing Form

The debriefing form was offered immediately after the completion of the interview. The form contains information to signpost participants who wish to seek additional support towards relevant agencies and organisations. For example, contact details of the research supervisor, local mental health organisation and national support lines were provided (see appendix 6).

After each interview, participants were also given the opportunity to ask questions regarding the study. Some participants took this chance to further explore the reasons why I had decided to research Buddhism and therapy, as well as some personal questions about my own religious and spiritual beliefs. I tried to maintain a level of transparency so that I could provide genuine answers to their questions.

5.3.3 Potential Risks

Participants who became emotionally distressed during the interview while talking about their experiences were handled with sensitivity. The participants either had the choice of

using the contact details provided on the debriefing form or they could speak directly to me. My strategy was to use my therapeutic skills to offer a safe environment and contain any distressed emotions within the room.

Throughout this study, the research supervisor and I maintained a level of consistent and frequent communication as well as transparency to ensure that all areas of this study were conducted ethically and professionally at all times. Furthermore, my continual engagement in personal therapy meant that I was able to expand the scope of my reflections on participant's experiences and by working on my own blind spots and issues, whilst remaining grounded in the ethical principles that guided this qualitative research.

5.3.4 Sharing Findings

Once the study is completed, a copy will be made available to London University's online library. Participants will also be informed upon completion and have the opportunity to request for a copy of this study should they wish to do so.

5.3.5 Confidentiality

Anonymity and confidentiality regarding data protection were explained to each participant and issues surrounding breaching confidentiality were discussed with all participants. For example, in instances of potential danger to the participant or others, confidentiality will be breached. All identifying information was changed to ensure the confidentiality of participants and as such, pseudonyms were utilised throughout.

5.3.6 Data Storage

All electronic data, such as the original audio files of the interviews and transcripts are stored in a password protected external drive, which will be destroyed 5 years after the completion of the study. Any identifiable information kept in paper form was destroyed after the completion of the study.

Prior to the interview, participants were notified that they had the choice to withdrawal from the study and request their data to be destroyed before the analysis stage commenced. Once the analysis stage began, I maintained the right to keep the transcripts and only destroy the recordings once the study has been completed and published.

5.4 Analytic Strategy and Procedure

The data was analysed using Interpretative Phenomenological Analysis (IPA). This was used to examine participant's lived experience, the meaning of the experiences to each individual and how they made sense of it all (Smith, 2015). IPA broadly employs a realist approach (Reid, Flowers and Larkin, 2005) by acknowledging that research objectives are ontologically independent from me and that the experience of the participants remains subjective, much like my interpretation of participant's experiences (Jeong and Othman, 2016).

I adopted the six steps guideline proposed by Smith et al., (2009) in an attempt to interpret the data collected. However, I was mindful that the guidelines were intended to be used as a flexible method (Smith et al., 2013) rather than as a concrete description of procedures that must be rigidly followed. Below are examples of how I understood each step of the analysis and how I approached analysing the data. These stages are presented in the appendices (see appendix 8, 9, and 10).

Step 1 – Read and Re-read

This stage began after I had completed transcribing all seven interviews. I tried to immerse myself in the participant's experience because IPA literatures have repeatedly emphasised the importance of 'immersing' oneself in the data (Langdridge, 2007; Willig, 2001) because this can help me to become more aware of what is being said (Eatough and Smith, 2006). This indeed helped me to gain a sense of the unique style that each individual had used to describe their journey. This was followed by re-reading each transcript whilst listening back to the audio recordings to help re-familiarise myself with the experience of the interview. At times, I found myself recalling subtle non –verbal cues from participants that I had observed during the interview, but which I did not remember writing down in the transcript until I listened to the recordings again. This helped me to retain more details of the interview process and take note of how this may influence my interpretation of the data in the later stages of the analysis.

Step 2 – Initial Noting

During the initial noting stage, I mainly focused on writing down descriptive, linguistic and conceptual comments on the right-side column of each transcript (see appendix 8). This

stage was particularly important for me because the process helped to discover new information that was missed during the initial reading. This included summarising/paraphrasing the participant's account; looking for emphasis and with attention paid to the words and expressions used by the participant; and my interpretation of the experience from knowledges that were gained from literatures and my own life experiences (Smith et al., 2009). For example, a space was created on the right-hand margin of the transcript for initial comments, whilst the left-hand side of the page was specifically used to note emergent themes. Important and relevant comments were highlighted and then the three distinctive groups (descriptive, linguistic and conceptual) were separated by colour coding so that I could remember which comment belonged to which category.

The notes were either written by hand on hard copies of transcripts or via Microsoft word on my laptop (see appendix 8). This served a few purposes: 1) it provided another option for working on the analysis when I was away from home and could not access my laptop because hard copies were more convenient to carry around; 2) it was mentally stimulating for me to switch between the methods which helped to prevent boredom from repeating the same process over and over again; and 3) a hand written method gave me the flexibility to write the notes next to the phrases I was referring to, despite not being aligned with the rest of the text, which made it easier to understand when I read back my notes. However, electronic notes are visually tidier and it was easier to write further information down without running out of space on the paper.

Throughout the analysis, bracketing was necessary and important in order to remain focused on the data from an interpreter's perspective, rather than involving my personal judgements on it. This was done by writing down my own process, thoughts and feelings on a separate piece of paper.

Step 3 – Development of Emergent Themes

The main aim of this stage was to reduce the volume of notes but still maintain the complexity and richness of the material without losing the patterns and connections that were noted during the previous stages. I had to capture chunks of meaningful text and create theme levels (known as emergent themes) that could accurately represent my initial interpretations (Smith and Osborne, 2003). Smith and colleagues (2009) stated that this

stage should represent a manifestation of the hermeneutic circle by fragmenting the transcript into parts so that it can be brought back together as a new piece later on at the end of the analysis.

For example, I became more focused and interpretative using the three categories of comments made in step 2, followed by the formation and compression of concise themes whilst attempting to maintain evidence of the original sources in the themes. Theme labels shared close similarities in order to reflect the overall meanings of the transcript. The emergent themes were written on the left-hand side of the transcript and then transferred and listed in a table format so that I could clearly see all of the emergent themes (see appendix 8). The tables were printed and each theme was cut out and regrouped together in preparation for the next step.

This step took the longest period of time to complete because I had to familiarise myself with labelling the themes which incorporated the experiential essence of each participant's narrative. There were times where I needed to change the wording multiple times because it was too vague (psychological support) or objective (therapy) and did not accurately reflect the experiences that were conveyed through the transcript. I only proceeded to the next stage when I felt that the theme labels were sufficient and represented the data well.

Step 4 – Connections across Emergent Themes

According to Smith et al., (2013), there are various methods that could assist this process, which are: abstraction, polarization, subsumption and contextualization. Abstraction involves grouping similar themes together with a new label; polarization accepts the clustering of opposing themes; subsumption comprises of themes joining together under one new theme label due to one theme having a higher status; and contextualization helps me to form connections through identifying cultural, temporal and narrative features (Smith et al., 2013),. I found abstraction and polarization especially useful because the process was easy to understand and allowed me to cluster themes together that did not belong to any particular categories (without changing the meaning of the main theme), which helped me to make sense of the data (Smith and Osborne, 2003).

This stage consisted of dividing the emergent themes into subordinate themes that were relevant to the research question through applying my own theoretical knowledge (see appendix 9). Microsoft word was used to create a table of emergent themes, which was then printed and cut out into individual pieces. The themes were spread out onto a large flat surface so that I could view everything clearly, as a whole, whilst thinking about how it could come together. The visual representation was important for me because it simplified the process of identifying themes quickly. The themes that were grouped together formed the subordinate themes, ready for the next stage.

Step 5 – Moving onto New Case

Once the previous stages were completed for the first transcript, I then repeated the process for the remaining transcripts. By this point, subordinate themes were forming and potential categories for master themes were considered as the analysis progressed. New themes were formed in order to achieve hermeneutic dialogues, by exploring relations between themes and sources, subordinate and master themes, and between the data from different participants (Smith et al, 2009). This is important because the themes represent an insight into the participants' internal world and how they have experienced the events around them, along with my interpretation and understanding of their experiences (Dibley, Norton and Whitehead, 2018). I examined similarities between the subordinate themes which could be grouped together and the result revealed that across all seven participants, many similarities were found, thus these were grouped together ready for the next stage. It was important that each transcript was explored separately as this helped to maintain IPA's idiographic stance, which is concerned with understanding a particular phenomenon whilst showing an interest in individual cases without neglecting the experience (Eatough and Smith, 2017).

Step 6 – Looking for Patterns Across Studies

This stage began after steps 1 to 5 were completed for all seven transcripts. Here, I continued with a focused analysis on the participants' data and clustered the themes into meaningful units (see appendix 10). Once subordinate themes were identified and finalised, I began grouping them into categories according to similarities which gave an overview of

the master themes. As recommended by Willig (2008) I used the saturation technique throughout the grouping stage until I could no longer integrate the themes any further.

During this process, I used mini-sticky notes because I felt they provided a better visual representation by laying them out on the table when it came to separating categories. Appendix 10 illustrates the stage where I grouped subordinate themes together before I began forming them into categories to create master themes. Theme labels were revised for the subordinate and master themes once they were all identified to ensure that the themes reflected the uniqueness of the participants' experiential journey.

Overall, three master themes were generated with each theme containing two to four subordinate themes. Each master theme was then compared across all seven transcripts using the same method and this acted as a boundary for any occurrence of concurrent patterns as well as a preparation for the final write-up by processing a final table of master themes.

6. Quality and Validity

Yardley (2000) proposed the following four criteria to guide researchers as to what characteristics are needed in order to achieve validity in a qualitative study.

6.1 Sensitivity to Context

This is demonstrated through an awareness of my chosen methodology and relevant literature relating to the research topic (Yardley, 2000). For example, this was shown by recognising the existing literature and the potential gap in research, as well as acknowledging participant's perspectives of personal therapy and the role of Buddhism in their therapeutic journey.

My attempts to maintain sensitivity to context included arranging interview dates and times according to the convenience of participants, following extensive room booking to ensure a non-disturbed interview process, and employing semi-structured interviews to enhance the focus on participants within a confidential environment. However, I was mindful of the

power dynamics between me and the participants and remained aware of how this could play out during interviews.

6.2 Commitment and Rigour

Commitment refers to having a prolonged engagement with the topic, developing competence and skills towards the chosen method and being immersed in the relevant data (Yardley, 2000). Rigour suggests the completeness of data collection and analysis, which depends partly upon the adequacy of participants' abilities to supply useful information (Rolfe, 2004). Therefore, gathering information from a variety of sources and assessing divergence between publicly and privately expressed attitudes could increase the validity of this study. This was ensured in the current study as the participants from various backgrounds (student, professionals, unemployed) were interviewed and later, by comparing the data (private attitudes) with existing literature that have examined similar phenomenon from institutional groups (public attitudes).

6.3 Transparency and Coherence

Transparency is the rhetorical persuasiveness of the description and its argumentation because an account will only be convincing and recognised by the participant if the recreation of that reality is meaningful and of value to them (Yardley, 2000). Furthermore, coherence indicates the 'fit' between the research question, methodology (IPA), and the method and analysis adopted for a study. For example, this study aims to explore personal perspectives of experiencing personal therapy through a Buddhist viewpoint, so a thorough phenomenological analysis of interviews was judged to be an appropriate approach because they can provide consistency and a complete description. However, had I applied triangulation by seeking other religious people who hold an attitude towards personal therapy without having first hand experiences, this would not be deemed appropriate for this research.

6.4 Impact and Importance

Lastly, the fourth criterion refers to the study's influence on others by being useful and important. There is no use for a sensitive, thorough and plausible analysis if the research itself offers no influence on anyone, but this usefulness and the research value can only be

deemed relevant if it is assessed as valid and relevant to the objectives of the analysis (Yardley, 2000). My hope is that the findings from this study will contribute new knowledge to this field of research and be of some practical use and assistance to therapists and counselling practitioners who are working with Buddhist and other R/S clients.

7. Reflexivity

Reflexivity is a process that can potentially deepen one's self-awareness. In a counselling or therapy context this is achieved by continually picking up on cues from the respondents and adapting one's questioning approach as the interview proceeds. It is a way of reflective thinking in action that helps maintain focus in one's interpretation, translation and representation of the client's expressions (May and Perry, 2013), thus it is an important skill to possess in qualitative research (Heath and Hindmarsh, 2002). Reflexivity can be used as a tool to produce transformative work and enhance the validity and integrity of the research by informing choices during analysis and offering support and understanding (May and Perry, 2013). To be reflexive, one needs to navigate between scientism and relativism, deconstruction and reconstruction, whilst recognising there are different perspectives and ways of gaining knowledge without undermining it (May and Perry, 2014). See appendix 9 as an example of how I tried to bracket off my views from those of the participants.

7.1 Research Reflexivity

The research topic was chosen due to my initial interest in peoples' experiences of psychological therapy. This idea developed as I began my preliminary literature review looking at different client groups' feedback on their therapeutic experiences. I then reflected on my own experiences of being in therapy; my initial thoughts on seeing a therapist; and how cultural beliefs, spirituality, and other factors had played a part in my decision to embark on this Doctoral training.

Time constraints played a role in the decision to end recruitment after completing seven interviews because it had already taken nine months to secure seven participants since receiving ethical approval. Participants were recruited as long as they met the inclusion criteria. During the recruitment process, I felt there was a lack of resources which could help

me to gain access to Buddhist communities. My request to advertise this study on various public and private Buddhist Facebook groups were largely rejected, which did briefly trigger feelings of hopelessness and frustration. However, after receiving feedback from group admins regarding their need to protect members' privacy and to follow group policies of not promoting adverts from external individuals, I accepted that I needed to try a different approach.

During data collection, I was aware of the rapport between myself and the participants during interviews and this struck me as genuine, considering their openness towards my explorative questions and despite treading into the realms of their personal lives. After each interview, I noted the thoughts and feelings I had about the interviews (see appendix 11), the participants, and of the possible impact that my own status may have on the process of the interview as part of my overall research experience. I noticed that some participants held assumptions about my knowledge of Buddhism by saying "well you know about Buddhism so…" which made me wonder whether this impacted upon their degree of openness towards me during the interviews.

Furthermore, I felt that my clinical training may have contributed to how interviews were carried out and the way data was interpreted. I found separating the therapist and interviewer role challenging because I often felt drawn to reflect on the participant's response before realizing it was adding more therapeutic value than contributing to answering the research question. As a result, I tried to be mindful of when I would communicate more therapeutically so that I could bring my awareness back to the question and retract my focus back onto the experience of the participant. The structure of the interview schedule was also helpful in that I could refer back to the questions when I found myself drifting away from the topic with the participant.

Throughout the interviews, it transpired to me that participants struggled to articulate their relationships with Buddhism, such as Buddhist beliefs and their spiritual identity. Whilst talking about Buddhism, Frankie voiced his ambivalence towards being identified as a Buddhist because he was unable to engage in frequent Buddhist practices which left him with a sense of guilt. This meant I also had to be mindful of labelling my participants as "Buddhists" knowing the complexity of this identity and the difficulty my participants found

in articulating their connection and relationship with Buddhism when I was interpreting the data. Similar thoughts and consideration were also applied to the terminology "religious/spiritual" or "religion/spirituality" instead of one or the other. This was to reflect the varied views amongst my participants; some of whom saw Buddhism as a spiritual phenomenon, while others considered it under the umbrella term of religion. Therefore, I chose the dual terms as a way of validating both perspectives as well as to ensure that my own beliefs did not overshadow my participants' by choosing one preferred terminology over the other.

7.2 Personal Reflexivity

My interest in the research topic originated from my personal experiences and cultural background. My personal connections to Buddhism (family and friends) have left me wanting to develop a more in-depth understanding of Buddhism and its impact on people's lives, in particularly the healing effects of Buddhist teachings, as well as the challenges that come with being a Buddhist. At the same time, this paralleled with my other personal interest in therapy, where I wanted to explore how effective therapy could be in treating Buddhist (and generally spiritual) clients, and what possible factors may contribute to positive therapeutic outcomes.

After the pilot study, feedback on my original interview questions helped me to re-evaluate their effectiveness in helping me to extract relevant information from the participants, and therefore reminded me of the aim of my study. I began to reflect on the real intention behind my research – was I interested in exploring people's views of therapy? (regardless of whether they had first-hand experience), or was I interested in the actual therapeutic experience? After determining my primary interest lay with exploring how Buddhist clients can experience personal therapy, I set out to form questions that could offer responses to the latter question. This revelation came from my own curiosity about the impact of Buddhism and from reading literatures that have examined other religious client's experiences of working with mental health professionals.

However, it transpired that despite being careful with the wording of my questions, there was a participant who interpreted the aim of my study very differently by viewing "personal therapy" as a therapeutic journey that she experienced alone with the support of Buddhism

rather than talking about her therapeutic experience with other professionals. It was interesting to learn how the power of words and subjective interpretations can influence the relevance of the data; thus, I became more mindful of how I worded my prompt questions to participants to ensure that they fully understood what phenomenon I was exploring. I did not exclude this participant's' data from the analysis because she was still a Buddhist with experiences of being in therapy, therefore we were able to explore those experiences more after I re-explained the purpose of my study.

Lastly, given my curiosity about Buddhism and having prior experience of personal therapy, meant that I held my own opinions and perspectives towards how therapy could influence one's therapeutic journey, even though I was aware that these views could be a result of my cultural and educational background.

Chapter 3: Analysis

1. Chapter Overview

This chapter presents findings from seven self-identifying Buddhists through semi-structured interviews exploring their experiences of psychological therapy using Interpretative Phenomenological Analysis. Detailed analyses were conducted from transcripts which created themes that illuminated Buddhists' experiences of psychological therapy whilst my participants were still actively practicing Buddhism. Although participants' stories appeared diverse, the data also revealed many similarities in their experiences of therapy. In order to avoid clouding the analysis with theoretical discussions, theories were not included in this chapter in favour of providing close reflections of participants' lived experiences.

Pseudonyms have been used to protect participants' anonymity. Relevant quotes were carefully chosen to illustrate and represent the themes as well as acting as evidence to show how I interpreted each participant's narrative. Some quotes include grammatical errors because they were transcribed verbatim from the recordings.

Detailed observations were noted regarding participants' reactions and responses during the interview because I felt that this would enrich my interpretations of their lived experiences. These are indicated in the analysis. Emphasized responses are written in *italics,* while long pauses between sentences are shown using […]; words that emphasize certain meanings or were spoken with a sudden change in tone of voice are underlined e.g., ["it was amazing"].

2. Introducing the Themes

The analysis resulted in three master themes and nine subordinate themes (see table 1 below), with each theme highlighting areas of Buddhist clients' experiences, thoughts and feelings of therapy which helped to answering the research question. Although the master themes are divergent from each other, there is some overlap between and within the subordinate themes.

Master Themes	Subordinate Themes
1. My Gains and Losses in Therapy	1.1 The Gift of Therapy: I Learnt and I Gained
	1.2 Therapy was Unfulfilling and Unhelpful
	1.3 My Therapist and I: A Helpful and Disappointing Relationship
	1.4 Recognising Social Judgements
2. Recognising the Benefits and Challenges of Being a Buddhist in Therapy	2.1 Experiencing Therapy as a Buddhist: A Sense of Fulfilment Versus Irrelevance
	2.2 Living with Buddhism: My Solace and Conflict
3. My Emotions and Views as Determined by Buddhism	3.1 Living with Conflicting Realities
	3.2 Looking for a Place to Belong
	3.3 Recognising and Fulfilling My Needs

Table 1 - List of master themes and its subordinate themes.

The first master theme 'My Gains and Losses in Therapy' highlights Buddhist clients' overall experiences of therapy. This includes their experiences with different treatment interventions, types of therapeutic relationships, and the societal stigmas attached to seeking therapy. This theme directly answers the research question by revealing the complexity of therapy and how experiences are commonly mixed with positive and challenging dynamics without a straightforward outcome. This also appears to be a close reflection of the process of therapy, as described by all participants, where the factors

mentioned above played a role in determining their impressions of therapy which in turn impacted the overall experience.

Master theme two 'Recognising the Benefits and Challenges of Being a Buddhist In Therapy' is closely connected to master theme one in its exploration of therapeutic experiences. However, there is more emphasis on the impact of integrating Buddhism into therapy or experiences of addressing problems related to participants' Buddhist identity in therapy. This theme becomes more specifically focused on the existence of Buddhism in therapy, concerned with its function, the challenges it had created for participants, and/or the benefits it brought to making the whole therapeutic experience more positive. For Buddhist clients, this theme highlights the importance of the therapist being transparent about their knowledge of Buddhism, respecting the client's beliefs and values, and the difficulty Buddhist clients can have in connecting with the therapist due to their internal spiritual struggles.

Finally, master theme three 'My Thoughts, Feelings and Attitudes as Determined by Buddhism' focuses less upon Buddhist participants' therapeutic experiences but more on their relationship with Buddhism. This is concerned with how much participants were influenced by Buddhism, shown through descriptions of their thoughts, feelings and attitudes towards living as a Buddhist. This theme was included as a master theme due to its significance in all seven participants' lives, as found in the data. Therefore, it felt inappropriate to omit such information by embedding it into other themes solely because it does not directly answer the research question in comparison to the other two master themes. Nonetheless, this theme can offer important insights and potentially still contribute to answering the research question, such as insights into how challenging life events prior to therapy influenced participants' decisions to seek psychological help as well as how they relate to others. This offers insight into why all participants found certain therapists more difficult or easier to establish a therapeutic relationship with, and builds a connection with the other two master themes.

3. Master Theme One: My Gains and Losses in Therapy

3.1 The Gift of Therapy: I Learnt and I Gained

"I really learned that the answer is inside of here [pointing to chest]" (Amy, 76-77)

Amy, Erica, Cameron and Gina described their experiences of therapy as helpful and as learning opportunities. There was an emphasis that therapy helped them to gain insights as well as learning to become more self-reflective. Other factors included the impacts of adapted interventions to fit the participant's needs, the timing of therapy, and learning about their own preferences in therapy. These influences appeared to contribute to positive experiences.

For Amy, therapy provided the opportunity to engage in self-reflection and to aid personal growth which potentially helped her to develop deeper understandings of herself. During the interview, Amy physically pointed towards the middle of her chest as a reference to her heart, implying that therapy had helped her to recognize that the answers she sought were within her.

"I very much believe in the personal therapy and being you know, trying to self-reflection and to work on ourselves. I mean, I really learned that the answer is inside of here [pointing to chest], it's not from the outside" (Amy, 76-77).

The use of "very much" emphasised the degree of her trust in the effectiveness of therapy, possibly due to the outcome of having gained more insight. It appears that Amy relates personal therapy to self-reflection which leaves the impression that perhaps therapy requires the client to be actively involved in order to "work on ourselves". Furthermore, the phrase "I really learned" seems to denote the depth of Amy's learning from her therapeutic experiences, while Frankie and Erica described their positive experiences of therapy as:

"Um… a positive journey. Um… enabling me to reflect on behaviours and patterns and childhood. All of those formative experiences." (Frankie, 140)

"Just your understanding of yourself so that's what I think is really beneficial about psychotherapy – it's having that outsider there and their kind of shining light on things that you may have never seen and that can be a little bit uncomfortable as well." (Erica, 56-57)

For Frankie, it seems that the opportunity to reflect underpinned the "positive" journey of therapy, while Erica's perceived benefits came from the therapist's facilitated experience

whereby she gained insights into possible blind spots. However, to label the therapist as an "outsider" denoted a sense of distance and unfamiliarity along with a sense of ambiguity surrounding Erica's feeling of discomfort. The disclosure invites various interpretations where the discomfort can be understood as a result of gaining insight into parts of herself that Erica may feel uncomfortable about; knowing that an "outsider" is also seeing parts of her that could be vulnerable; or simply noticing things about herself which were not in the realm of her awareness before.

On the other hand, seeing the therapist as an outsider could be reassuring due to the absence of a close personal connection, therefore Erica could control how much she was comfortable to reveal to the therapist. Either way, Erica's account indicates that despite therapy yielding benefits, the process of therapy can be challenging:

"It could be kind of painful as well because sometimes the therapist is a little nasty, you know. They're like, well maybe not in a mean way but they're surfacing things that maybe you don't want to look at, you know. It's like "ugh horrible" [repulsed facial expression] (Erica, 208-210).

The term "nasty" gives off a powerful impression of the pain Erica seems to go through at times in therapy; so much that it led to a physical reaction with her saying "ugh horrible" accompanied by a sudden change in facial expression. However, although "therapist is a little nasty" can be interpreted as a negative view expressed towards the therapist, it may also represent Erica's feeling towards the therapeutic method that led her to address things which she "don't want to look at".

On the other hand, Erica realised that therapy *"really helped me to frame, kind of set my expectations, otherwise I think I would have been like, oh no, no thank you this is horrible" (Erica, 253).* This seems to suggest that despite the challenges of being in therapy, these previous therapeutic experiences had prepared Erica for future therapies by setting "my expectations", which could be seen as a positive outcome of therapy.

In Cameron's case, it appeared that some of his positive therapeutic experiences stemmed from his resonation with a specific type of therapy modality. This included interventions that offered an integrative approach, where emotional and spiritual factors were incorporated

into the therapeutic practice. I hoped that Cameron could elaborate on his thoughts about the interventions that worked on his emotional and spiritual struggles:

"Are there any interventions that you feel were, is really good to work with the emotional and spiritual side?" (Interviewer, 103)

"From my personal experience from what I'm seeing – Gestalt; people might not have spiritual beliefs or they might not even have… an awareness that they're having an existential crisis which is a really big one; cause I've had mine [laughs loudly] and it was horrendous." (Cameron, 108-109; 111)

The sudden outburst of laughter following Cameron's admission to having experienced an existential crisis appeared to mask his embarrassment and possibly discomfort at this disclosure. He appears to suggest that it can be difficult to recognize problems irrespective of our spiritual beliefs, thus finding Gestalt therapy may have helped Cameron to work through his "horrendous" existential crisis which highlighted the potential effectiveness of psychological therapy.

However, the effectiveness of therapy may be related to the readiness of the participant. In Gina's case, although some of her therapeutic experiences had been beneficial, she credited the timing of her attendance for facilitating her progress in therapy.

"I mean broadly speaking it's been helpful [laughs]. You know, at different stages of my life I guess it gave different things um… I mean more recently we did some kind of guided imagery work which I resisted quite a lot actually at the time… and, but now I can see the benefit." (Gina, 146-147)

The interchangeable use of past and present tense when talking about the helpfulness of therapy suggests the benefits were not recognised during treatment but only after it had ended. This noticeable time lapse may be an indication that the effectiveness of therapy can be long lasting and more apparent after Gina spent time reflecting on the process. Alternatively, this experience may also be a reflection of Gina's readiness for therapy. Perhaps she "resisted quite a lot" because she was not yet ready to engage with the intervention.

3.2 Therapy was Unfulfilling and Unhelpful

"*Psychological journey on its own, I don't think it was enough*" (Cameron, 212)

Brian, Frankie, David, Gina, and Cameron also expressed disappointment and appeared to suggest that expectations were left unmet. They were able to address the situation by sharing their thoughts and feelings about the experience which helped me to form interpretations based on their sense-making. This included perceiving therapy as lacking depth; experiencing disconnection in the therapeutic relationship; and noticing differences between one's expectations and reality where the relevance of the therapeutic intervention was questioned.

Brian explained how the lack of depth in his therapy sessions led to a sense of disappointment. The fact that Brian felt therapy had been so "profoundly and utterly unsatisfactory" seemed to really emphasise how negatively impactful the experience was for him. However, the two noticeable occasions where Brian's sentences drifted off followed by a sudden change of topic seems to indicate there may be more to his therapeutic experiences than he was sharing with me. This also appears to parallel the stated experience of lack of depth with this therapist.

"But it was profoundly and utterly unsatisfactory for me. I think probably without knowing it… Anyway, a part of me was just… I think it involved idealisation of my mother. This is another thing where in therapy didn't go to the depth that I feel like." (Brian, 106-108)

Brian's recollection of therapy not going "to the depth" he had wanted around the topic of "idealisation of my mother" seemed ambiguous. The flow of the sentence seems to imply that Brian had expectations towards what therapy could offer, yet to measure this "depth" according to how he "feel like" hints that perhaps the feeling of satisfaction can only be achieved once therapy becomes congruent with Brian's view.

Furthermore, there was a noticeable pattern of topic changing mid-way through sentences, such as cutting off at "per" as opposed to saying "personal". The occasional pauses in between sentences (um…/ …I…I) may be a sign of ambivalence in his thought processes or as an indicative of the degree he was willing to be open with me. This may also implicitly

represent Brian's mind set when he was in therapy, during which, if he remained ambivalent and opaque could influence the therapeutic process.

"I am quite sceptical of therapy really, I just don't think it goes deep enough. I think that um… well this is very per, yeah… I… I suppose as my personal experience, a lot of it doesn't go deep enough and I've got two degrees in social sciences, in Anthropology" (Brian, 8-10)

There seems to be an implicit connection between therapy lacking depth and Brian's academic achievements, whereby his academic background and knowledge may have influenced his connection with therapy/therapist.

Furthermore, therapy sessions were seen as a "wasted opportunity" due to topics of discussion being perceived as irrelevant. This may give the impression that clients are not being prioritised in therapy, thus potentially leaving them feeling unimportant. Whilst each participant's therapeutic experiences differed, there was an overall shared sense of confusion as to why therapy did not meet their needs.

"I'm paying for this 50 minutes hour, why? Why? So anyway, I finished after some time with her and looking back on it and as time has gone on, I've looked at it as a little bit of a wasted opportunity because there was so many things that weren't connected to me." (Frankie, 83-84)

In Frankie's case, perhaps the chosen modality and the quality of the therapeutic relationship led him to feel that he was not getting value for money. Frankie casually addressing the therapist as "her" highlighted a possible lack of rapport, which was emphasized by a hint of frustration from the rhetorical question "Why? Why?" Frankie's frustration was noticeable during the interview despite that he was simply recalling a memory by "looking back on it", which suggests he might have been more frustrated in therapy.

It seems that therapists' input and the framework of therapy can also create a difficulty in the formation of meaningful connections in therapy. David's use of the word 'hate' strongly expresses his feeling towards the framework of therapy and emphasised that it was overall a negative experience.

"So clinical and really dogmatic as well, which I hate. One of the therapists with the nine degrees. We spent the first two sessions just talking about the different types of psychotherapists and what their personal dogma is and I just thought it was terribly irrelevant." (David, 144-145)

Similarly to Frankie's experience, David also perceived therapy with his therapist "with the nine degrees" as "terribly irrelevant", which could signify that academic qualifications are not one of the facilitating factors for effective therapy work. However, how therapists choose to apply their knowledge and skills in therapy appears to have a significant impact on the client's therapeutic experience, as was the case for Gina.

"I was annoyed with him because he wasn't, he didn't plan for ending very well. Like he sprung it on me and it was very sudden, well it felt sudden and I just felt like that he gave up on me. I felt like he couldn't tolerate me, he couldn't bare me so it confirmed a lot of negative beliefs about myself." (Gina, 322-324)

It appears that Gina was "annoyed" at her therapist for ending the therapy unexpectedly which subsequently confirmed the negative beliefs she held about herself. It felt as though Gina internalised the way therapy ended by perceiving herself as intolerable and unbearable in order to make sense of the ending. It is possible that by having expectations in the first place, the participant felt a deeper sense of disappointment when her anticipation was met with a different outcome. However, unhelpful therapeutic experiences do not always equate to a bad outcome. When Cameron reflected on his 'psychological journey', even the negative experiences turned out to be a valuable lesson.

"I think um… as a psychological journey on its own, I don't think it was enough... even the negative experiences taught me how I don't want to do it. Yeah, so even if I went to a bad therapist, as a practitioner I'm thinking "I don't want to work like that" so I've learnt something." (Cameron, 212; 214-215)

It seems that through working with "a bad therapist" Cameron became aware of the things that he did not want to inherit from a professional perspective, because he was able to gain first-hand experiences from a client's position. Although this does not indicate he perceived the experience itself to be positive, but the outcome of having gone through "negative

experiences" in therapy informed Cameron of his preferences regarding the type of therapists and interventions that may be more compatible with his needs.

3.3 The Therapist and I: A Helpful and Disappointing Relationship

"He just didn't get it. He just didn't get it. And I would have had more respect for him if he had said to me "I don't understand" but he didn't" (Cameron, 202-203)

Retrospectively, all participants worked with multiple therapists where some relationships felt more connecting than others. This gave insight into various aspects of their relationships including what was perceived to have helped or inhibited the therapeutic relationship. Some stories highlighted unique interactions between therapist and client, with relationships going beyond the therapy room and how it contributed to the participant's overall experiences of therapy.

Brian, Cameron, Gina, and Erica felt their therapists were able to contextualize their experience and understand their problems by adapting interventions to meet their individual needs. In some instances, this may involve work outside of the therapy room:

"He actually took me skiing which, probably… you know obviously most therapists wouldn't do things like that. But I, I, I think I felt, it, I think that touched me." (Brian, 175-176)

The therapeutic relationship appeared to have continued to develop outside of the therapy room, leaving Brian feeling "touched" by his therapist's gesture. However, his statement that "most therapists wouldn't" go to such extent, suggests Brian did not perceive this experience as a common practice, which may have led him to feel more thankful, thus further strengthening the therapeutic bond. Furthermore, it appears that client-specific interventions could facilitate therapy progress, such as Brian's experience of using props and swear words during therapy. Perhaps this was recalled as a positive experience due to his rapport with the therapist, whom Brian described as "one of the best".

"I remember I was having some therapy where I was; I mean he was actually one of the best therapist I have, um… where I was encouraged to hit beds with tennis rackets and scream 'fuck' and imagine breaking my brother's fingers [laughs]." (Brian, 73-74)

The laughter brought a sense of humour into the interview, as if Brian felt comfortable and relaxed with this disclosure. However, his compliment felt contradictory to the idea of hitting, screaming, and "breaking my brother's fingers" as this can be seen as rather hostile in a standalone context. Nevertheless, the client-therapist congruency appeared to be the result of the participant feeling understood and/or recognized by his therapist.

In Cameron's case, his reference to "counsellors" and "supervisors" not normally practising therapy in a way that this therapist had, could be an indication of his impression of their job roles. Perhaps in the past Cameron struggled to connect with counsellors and supervisors which led him to feel more satisfied when the current therapist was able to resonate with "me and how I worked". I felt Cameron's positive description of this therapeutic experience highlighted the uniqueness of the work and the efforts his therapist had put into providing a treatment adapted for the client:

"So I did the practice where I closed my eyes and I brought it back, and she did something with it. Now counsellors, supervisors would not do that, but it was fantastic that someone saw me and how I worked….She was very good at <u>bringing</u> that trauma out of my body and <u>then</u> she would help to process it psychologically which is how I would work as well." (Cameron, 159-160; 185)

The emphasis on the words "bringing" and "then" appears to show the order in which the intervention was carried out. Cameron's description of his therapist as "very good" and "fantastic" seems to highlight the closeness of their relationship. The therapist being able to see "how I worked" may have left him feeling understood, which could be a facilitating factor towards building a close therapeutic relationship. Another facilitating factor is to have a therapist who can be present and open with the client but also capable of managing whatever problems the client may bring into therapy:

"That therapist was particularly good because she did do other stuff that I found helpful as well. Like she was very present and open and able to hear me or been able to tolerate sadness and other things so yeah, so that was quite good." (Gina, 177-179)

Perhaps this benefited the therapeutic relationship because the participant was able to be transparent about her vulnerability in front of the therapist. Other components such as

communication skills and the timing of the therapist's input in therapy can also leave a powerful impression on the client, sometimes described as an "empowering" experience:

"Um… um… there's something she may have revealed to help me see myself. Um… I think um… the first thing that comes to mind is just that as I used to talk to her and stuff, sometimes she then jumps in and says stuff and… it can be quite empowering." (Erica, 61-62)

The repetitive hesitating pauses ("um…") mixed with the ambiguous description of "stuff" suggests that either Erica could not recall all of the details or that she may have been selective in the details she shared with me. Furthermore, the use of colloquial language ("talk to her and stuff" and "says stuff") felt contradictory to the "empowering" experience she described, as "stuff" seemed to represent a sense of causality and informality; an umbrella term used to categorise things without further elaboration, in comparison to something that is perceived as empowering. This may be a reflection of how her feelings towards that experience had changed over time.

On the other hand, whilst some therapy experiences seemed to have benefitted the therapeutic relationship, there were also experiences which created various barriers to building a secure client-therapist relationship. Factors such as the incompatibility of personalities and differences in worldviews between the therapist and participant; a perceived reluctance from the therapist to explore agendas that were important to the participant; and the perceived irrelevance in the theme of the sessions seemed to have contributed to poorly formed therapeutic relationships.

It seems that the therapist's body and verbal languages can sometimes be interpreted negatively, as suggested by Frankie, Cameron, and David, thus potentially limiting their trust in the therapist. Cameron's observations in therapy led him to believe that "90 per cent" of the therapists he had worked with appeared "uncomfortable" when certain topics of conversation arose in therapy.

"90 per cent of them" (therapists), would visibly change when he brought up the subject of sexuality and he felt that his therapist looked *"uncomfortable talking about it" (Cameron, 12).*

This interpretation may have left Cameron feeling rejected and not heard which also appears to be the case with Frankie's experience of her therapist: *"There was a lot of therapists I had, there was lots of, of, left feelings that were coming in therapy which weren't about me, which were more about her." (Frankie, 134-135)*

The emphasis on "her" seems to support the idea that Frankie saw therapy sessions to be more therapist-centred rather than client-centred. This could negatively affect the therapeutic relationship if the participant highly values the client-therapist relationship, but struggled to sense transparency from and a connection with the therapist, as with Cameron's description:

"I was having a little bit of a… crisis but I know it's a healing response and I know it's caused by this Buddhist practice I'd done and he just didn't get it. He just didn't get it. And I would have had more respect for him if he had said to me "I don't understand" but he didn't, he just did the usual - head nodding and reflecting" (Cameron, 201-203)

This experience seemed very frustrating for Cameron and perhaps somewhat lonely. This appears to be supported by his language where the phrase, "he just didn't get it" - were used repeatedly with the word "just" being emphasised on multiple occasions. This encounter highlighted the importance of transparency in therapy from both the therapist and client. This lack of connection between Cameron and his therapist may have left him feeling isolated and not having been listened to.

On the other hand, despite being aware of his "crisis" and believing that it was triggered by a Buddhist practice, this did not seem enough to meet Cameron's therapeutic needs. Perhaps the therapist's "usual" response implied it was what Cameron had anticipated, which may have made the whole experience seem more predictable and possibly less helpful.

Perhaps this sense of predictability was one of the qualities that led David to choose his therapist. It seems that his pre-therapy expectations were elicited by the therapist's label which implied that therapy may include existentialist interventions. However, such expectation quickly turned into disappointment when David realized that the therapist did not address "any of my problems that I presented":

"She was, if you call yourself an existentialist therapist you would end up going into the kind of… ontological like, arguments about <u>being.</u> That's what it meant to me. I didn't get any of that from <u>her.</u> To be honest, it just felt more, it just sounded more like counselling because she never quite touched upon any of my problems that I presented to her." (David, 47-49)

David conveyed a sense of disappointment towards his therapist for not meeting his idea of therapy. He indicated that his perception of existentialist therapy consisted of "being" but proceeded to feel "more like counselling" which did not address his issues. However, David's specific focus on the therapist with the emphasis of "her" could suggest this unhelpful experience was more related to quality of the therapeutic relationship, rather than the type of intervention used in the session.

3.4 Recognising Social Judgements

"I was off… I think I was off for two weeks… and there was someone else at work who had a foot injury who had it off and it was completely different in how we were treated." (Erica, 29-30)

Erica and Amy's narratives suggest they have experienced a discrepancy in people's attitudes and treatment towards mental health problems and physical health issues. This theme reflects participants' own encounters with people they felt lacked knowledge and understanding of mental health problems; how their own psychological needs were perceived to be neglected or minimized, which were sometimes reflected in the language used to address mental health problems.

Erica vividly recalled the time when she noticed a difference in people's views towards mental health problems and physical issues.

"I was off… I think I was off for two weeks… and there was someone else at work who had a foot injury who had it off and it was completely different in how we were treated. So I think, I don't know if you would call it a stigma but maybe there was just a lack of understanding about mental health." (Erica, 29-31)

Erica interpreted the differences in treatment as a "lack of understanding about mental health" but this may also signify her internal feelings of not being cared for. The undertone

in the statement echoed feelings of disbelief and frustration, that mental well-being was not prioritised by others due to their lack of understanding and perhaps influenced by social stereotypes. Perhaps the impression that psychological needs are not seen as important as physical needs also influenced Erica's perspective, which can be seen in the multiple hesitant pauses at the beginning of the sentence. The pauses felt as if she was being cautious about disclosing this incident, perhaps worried that I would also share the same attitude as her employers.

Similarly for Amy, the perception that her psychological needs were not met left a devastating impression on her regarding the benefits of consulting health professionals. The impact may have been even more detrimental due to her vulnerable state at the time because she had just experienced a traumatic car accident.

"The big problem was that, of course my physical, condition was very much looked after because you can, it was a horrible horrible car crash, so um, you know, my physical was taking care amazingly, but nobody, nobody ever thought to, you know, to support me psychologically". (Amy, 23-25)

The repeated use of "horrible" and "nobody" emphasized the impact of the accident as well as Amy's frustration towards the professionals for the lack of psychological care she received. Consequently, it may have deepened her vulnerability and feelings of not being supported, which could have prompted the need for more psychological support.

Amy explained how she was impacted by the lack of psychological support:

"So, if you do not support these psychological bits, um, you know then that, then it's, it's, it creates; and it can develop many many other things and this is what happened to me... When I went back to work, I, it was, I was not the same person." (Amy, 27-28; 31)

The broken sentences could be a sign of Amy's struggle to articulate her experience. She suggests that the lack of psychological support left her a changed person. This may be a reflection of the powerful link between psychological support and one's mental well-being, thus emphasizing the impact psychological professionals can have on people who are feeling vulnerable. This idea seems to be supported by Amy's revelation that she went on to

"develop many many other things" as a result of her experience which eventually led to the loss of her old identity.

The initial impression on the use of third person language ("you") felt as though Amy was talking directly to me, but this could also be Amy's implicit attempt to convey her thoughts regarding the professionals who had left her feeling uncared for. However, it is possible that the outcome would have remained the same had Amy received psychological support because her journey of "many many other things" suggests that although the single traumatic incident contributed to her change, it may not have been the sole factor.

Similar to Amy, Erica spoke about her perceived views of people who do not understand the impact of mental health. Perhaps it is the derisory language people used to describe those with mental health problems that continued to contribute to a lack of recognition and understanding:

"The same friend that told me to go to the doctor was like "oh my cousin told me she tried to top herself and now she's working at the Samaritans, can you believe it?" So it's kind of like making it so distant and alien and I was thinking… maybe when you don't have a personal experience or connection then you don't recognize the vulnerability in people, you know." (Erica, 31-34)

The disbelief shown in Erica's friend seems to suggest a sense of unfamiliarity towards mental health, which Erica interpreted as "distant and alien". This description reflected Erica's struggle to resonate with the friend, perhaps due to her own therapeutic experiences and having been affected by mental health problems. Furthermore, the language used to describe suicide ("tried to top herself") gives the impression of normality, as if this was a common occurrence and casually spoken about, which could indicate that the person's vulnerabilities were overlooked. Erica expressed her frustration at this possibility by suggesting such attitudes towards mental health problems are the result of a lack of first-hand experience.

Words can lead to different interpretations that often represent a person's perspective, thus the degree of impact language can have on a person may depend on the words that are chosen:

"They would say 'oh you know, you're really receptive', ugh, you know that some people might say you should cultivate that but if you share that within a different setting, people might say 'oh she's losing touch with reality' or [laughs] things like that." (Gina, 98-99)

This narrative appears to show various views towards people who may be going through emotional struggles. Being compassionately labelled as "receptive" and the judgemental tone of "losing touch with reality" seems to reflect the difference between those who have experienced mental health problems verses those who may have not. However, each participant's experience does not indicate the judgements as intentional, therefore the lack of knowledge and personal encounters with mental health may have contributed to the creation of such judgements.

4. Master Theme Two: Recognising the Benefits and Challenges of Being a Buddhist In Therapy

4.1 Experiencing Therapy as a Buddhist: A Sense of Fulfilment Versus Irrelevance

"*I can work on myself you know, on my own, but there are circumstances where we need to ask for help and we need to seek help." (Amy, 358-359)*

In this theme, each participant expressed views about Buddhism and therapy in regard to its degree of necessity and level of significance. They discussed integrating Buddhist principles into therapy due to their own experiences of feeling that Buddhism or therapy alone was not enough. This appeared to suggest that a combination of Buddhism and therapy could bring more satisfying therapeutic experiences. However, at times it appeared that participants found it particularly challenging to articulate how Buddhism and therapy can complement each other, yet still remained attuned to the necessity of both, albeit more so for Buddhism. Although discrepancies were shown in their preferences in the types of therapeutic interventions favoured, there was consensus on the overall benefits of integrating Buddhism into therapy.

"And I think they both, therapy and Buddhism bring that to people's lives. Take away their suffering and bring in joy and that joy can be… realisation, it can be a sensation of a

destructive habit or something. So I think it, I think they both have a lot to offer they come from that compassionate route." (Frankie, 412-414)

The perceived power to give or take from Buddhism and therapy seemed prominent in Frankie's description. The label of 'suffering' and 'joy' is a stark contrast that may be a reflection of her own experiences of therapy when elements of Buddhism were incorporated into the interventions. The mentioning of a 'compassionate route' suggests Frankie sees compassion as an important helping factor in therapy, perhaps due to her own therapeutic experiences.

On the other hand, Amy realised that through her journey of struggles, sometimes Buddhism itself cannot solve all of the problems and thus at times professional help may be necessary.

"The only option for my anxiety was medication, and I did take the medication for anxiety, I think for one year, one-year half. So, this is an example that, yes ok, I can work on myself you know, on my own, but there are circumstances where we need to ask for help and we need to seek help." (Amy, 357-359)

This shows a strong sense of self-awareness. Although to "work on myself" was an option, Amy knew that "there are circumstances" where external supports should be called upon. The recognition of the "need to ask for help" and the "need to seek help" during difficult times seems to highlight the importance of mental health support. However, therapy alone may not be enough to fulfil one's emotional needs, thus this highlights why Buddhist clients may also turn to Buddhism as well as therapy. Here, Amy explained the significance of Buddhism to her:

"Because to tell you the truth, if I didn't have Buddhism, I couldn't stay here sitting in front of you, absolutely, because I really went through very difficult situations." (Amy, 364-365)

The strong suicidal undertone in her metaphoric example indicated that without Buddhism, Amy may have pursued a life-threatening outlet as a way of coping. This strongly highlights the importance of her spiritual beliefs and how these can support her psychological well-being in stressful situations.

Similarly to Amy, the value of being spiritually minded was viewed so positively by David that he believed it would have benefitted his therapy process. For example, working with therapists who shared spiritual understanding and engaging in spiritual practices seemed particularly important to David. It appears that the framework of Buddhism has helped David to reflect on his problems, therefore it became challenging for him to connect with therapists whom he perceived as non-spiritual:

"Buddhism has helped me a little bit because it has enabled me to completely reframe everything. For example, the problems I had, I realise now it wasn't problems at all. I really felt like if they were more spiritually enabled, my therapists, we would have got a lot deeper." (David, 142-143)

To state that Buddhism was only a "little bit" helpful in the same breath that claimed Buddhism was able to "completely reframe everything" seemed contradictory. This invited curiosity regarding what other influential factors could have contributed to that change. Furthermore, there was a sense of missed opportunity when David's desire for a therapist who could share similar spiritual connections with him was not met. This was emphasised by the use of "really" which could also suggest that David's unsatisfactory therapeutic experiences may not be due to his lack of trying, but perhaps more related to his struggle of finding the right connection. This indicates that spiritual knowledge and connection should be considered by clients with strong spiritual and religious identities when searching for a suitable therapist.

Gina appeared to share David's views about the limits of therapy:

"I wouldn't say that 'oh if my life fell apart, therapy would keep me going' or, so there's something explicit within it that. Ah I think I'm finding it hard to articulate [laughs]" (Gina, 429-430)

I felt Gina struggled to articulate her thoughts which reflected the complexity of her connection with therapy. Interestingly, the "explicit" meaning she referred to felt vague due to its overly generic description. It was unclear how "something" could be "explicit" and what that "something" might be. Perhaps Gina saw therapy as a pragmatic tool to solve

certain problems, while her main support and source of motivation remained with Buddhism.

On the other hand, therapy is seen to provide a structured framework that can be used to address existing problems and offer potential solutions in a straightforward manner.

"Therapy is in some ways the opposite of that. It's kind of, not entirely but you know it's very 'this is what's happening in your life and'… yeah sometimes I worry that I may use meditation as an escapism or something, whereas therapy is very much about 'well these are your life situations, what's going on, this is the potential outcomes and this is' you know, 'what's that going to mean for you" (Gina, 438-440)

What comes through Gina's account is a sense of reliance; perhaps the need for external support when life becomes stressful. Despite stating that therapy may not be able to "keep me going", the use of meditation "as an escapism" would suggest that perhaps Gina saw Buddhist practices as a way of avoiding problems whereas therapy may help to directly address it. Perhaps Buddhism offered a sanctuary where Gina temporary lived in an alternative space that was less stressful than reality. By comparison, therapy offers a systematic approach with a structured framework which is in contrast to the fluidity that is felt within Buddhism. Thus, the incorporation of Buddhism-derived practices into therapeutic interventions may provide a more holistic treatment for Buddhist clients who may expect therapy to provide the pragmatic help while the Buddhism element fulfils their spiritual needs.

Carmen talked about a change of perspective towards therapy once he became involved with Buddhism:

"I think for me it has made it more difficult to access psychological therapy… because I think it just deepened my, my sense of, of, my… emotional self… um which then well fortunately or unfortunately it means I don't resonate with a lot of the therapies." (Cameron, p508; 510-511)

Cameron expressed how the impact of Buddhism led him to a deepened sense of "emotional self" which may have contributed to his difficulties in establishing connections in therapy. However, Cameron's struggle to resonate with therapy suggests that although

there were gains from Buddhism, this had also limited his capacity to resonate with therapy, thus potentially making therapy appear to be of limited use. In this instance, it appears that Buddhism may have influenced the participant's view towards therapy which differed from Cameron's expectations.

"Maybe I view it [Buddhism] a little differently now because in the past I used, maybe there was that belief, the idea of the pursuit of getting away from suffering is suffering, you know that idea. So, I thought well what does that mean for therapy then?" (Gina, 136-137)

There is a comparison between past and present thoughts on the concept of suffering and therapy. If Buddhism focused on facing the problem, perhaps Gina's past therapeutic experiences had led her away from addressing her problems. This in turn may have created a contradictory message to her Buddhist beliefs and left her questioning the meaning of therapy. Thus, from the perspective of integrating Buddhism with therapy, this may seem very confusing.

4.2 Living with Buddhism: My Solace and Conflict

"At the end of the meditation my heart is re-opened and then I often say "dedicate this day to serving all beings" and I very often cry because it's a bit scary to be honest, to be that open." (Cameron, 438-439)

It was apparent that all participants strongly identified with Buddhism. Buddhism was an important influence upon their ways of thinking and living, which also included how they experienced therapy. Therefore, this theme explores similarities and differences in participants' perspectives on what it meant to be a Buddhist and how Buddhism offered a sense of safety and reassurance, as well as having its own challenges.

Amy explained that she was able to gain new insights and knowledge through Buddhism by engaging with various practices which also benefitted her mental well-being. Furthermore, it seems that Buddhism facilitated Amy's self-development by giving her strength and courage which may have helped to regain control over her life.

"I really started through Buddhism to work on myself, to find that, you know that um, you know that, that strength the courage that really um, you know way of really really, regaining my life, through chanting, through meditation." (Amy, 179-180)

The repetitive use of "really" seems to reinforce the idea that Buddhism had positively impacted Amy's life through her engagement with Buddhist practices. Other reported benefits for the participant were a gained sense of purpose, without which her life would feel meaningless.

"I think it gives me great purpose…If I feel like that this is all meaningless or I feel, or even if I feel trapped, it's often that I'll turn to Buddhism." (Gina, 415-417)

The idea of having a purpose is in stark contrast to feelings of meaninglessness and being "trapped". Gina's perceived idea of purpose that she attributes to Buddhism suggests that her Buddhist identity may provide a sense of fulfilment which might be unavailable in other areas of her life.

In Cameron's view, the Buddhist community helps to bring people together with a flexible structure whereby anyone is welcome to join the community. Perhaps it is this sense of togetherness that has led Cameron to feel a sense of compassion and connectedness. It may also be indicative of Cameron's personality and how he struggled under the systematic structure of therapy:

"Compassion and community and really connecting with people cause with Buddhism, the reason why I love about it is you don't have to be a Buddhist to go to a monastery or to go to mindfulness classes or meditation classes, um and not all our religions are like that so that's why I like it." (Cameron, 479-481)

Significant importance was placed on connections with people and the freedom to be able to engage in practices without the attachment of a label which seemed to be what Cameron sought after. Furthermore, to state Buddhism as "our religions" instead of "my religion" really highlights Cameron's view of Buddhism, and potentially all religions in the UK, as a collectivist community rather than individualistic, where people could come together, to connect and share their knowledge of things that could be applied to "everyday life".

"You'll learn from other people about Buddhism and how to apply to it to everyday life, all the time when you meet with other people. So it's a real real jewel, it's a real precious thing, those exchanges between the members of the organisation." (Frankie, 396-397)

Having an approachable community where Frankie shared similar experiences with others may have facilitated her engagement with Buddhism. To describe the interaction with other Buddhists as a "jewel" and "precious thing" illustrates a sense of warmth, as if it were something she had deeply treasured. Perhaps this reflects the depth of her Buddhist identity and shows the importance of a collective community.

On the other hand, Brian and Cameron also voiced the various challenges of living as a Buddhist:

"I find that Buddhism very… it's demanded a gigantic amount out of me. To really trust myself to stand on my own two feet, you know. I'd like to have someone to come and save me." (Brian, 304-305)

The ability to develop self-reliance may be enhanced by learning to trust oneself. However, Buddhism taking a "gigantic amount out of" Brian may be referring to the physical and mental demands as part of Buddhist practices, as well as his desire to be rescued. This seems to suggest an internal conflict between independence (standing on one's own two feet) and a desire to depend on others, thus potentially this reflects the difficult process of learning to trust again. Furthermore, the discipline required to practice Buddhism appears to have a significant impact on one's mental state, as described by Cameron:

"At the end of the meditation my heart is re-opened and then I often say "dedicate this day to serving all beings" and I <u>very</u> often cry because it's a bit scary to be honest, to be that open." (Cameron, 438-439)

To be symbolically "re-opened" by meditation feels as though the practice made Cameron more transparent and led to the exposure of the truest form of himself, and in the open with all his vulnerabilities. Perhaps this triggered his sense of fear, resulting in a form of existential crisis, followed by an emotional and cathartic release of tears. From this perspective, for them to willingly experience this process on a frequent basis shows the significance of Buddhism to the participants.

However, Frankie and Erica experienced Buddhism slightly different. Due to many years of daily practice, Buddhism had become heavily embedded into their identities and lives. Such influences meant choices and behaviours may have been shaped by their Buddhist perspectives and perhaps replaced other older influencing factors such as cultural values, family pressures, peer views, and societal judgements.

"Become a part of my life that it's almost… it's a really automatic thing now. It's so much part of who I am, Buddhism that it… it's almost an automatic thing. I <u>think</u> as a Buddhist, I talk as a Buddhist towards in my every day interactions and that's not easy, it's not an easy thing to do… It requires effort to practice and to also to really believe in it." (Frankie, 337-339)

Buddhism has become something so natural and deeply rooted that it now feels like an 'automatic thing'. The repetition of it being automatic seems to reinforce Frankie's Buddhist identity, as if this was something she resonated with the most. Interestingly, despite Frankie's conviction towards Buddhism, it is apparent that she had also experienced challenges because of this. The "effort" may be an indication that Frankie would receive something from Buddhism if she was ready to give something in return. However, to maintain her Buddhist identity as a part of everyday life, to "really believe in it" emphasised the importance of mental commitment, thus also highlighting the difficulty of trying to maintain this level of mental discipline.

This was also the case for Erica:

"I would be in denial if I didn't think that those, the Buddhist philosophy is something, is kind of woven inside of me and permits my thinking." (Erica, 414-415)

Perhaps to be a Buddhist means to follow its philosophy and teachings, which can also influence the participant's way of thinking. From this perspective, if one assumes that Buddhism can provide psychological support during times of distress, then the necessity of therapy might be questioned, as Gina wondered:

"I went to Thailand and people are 98% Buddhists up there and I imagine that's so part of the culture that you completely, you don't need, if that was around you everywhere, why would you need a therapist?" (Gina, 206-207)

Gina's question seemed to imply that Buddhism can be a replacement for therapy when it is a part of your culture and everyday life. Her views appeared to suggest that the influence of Buddhism can potentially outweigh the benefits of therapy, thus "you don't need" to seek psychological help if you are a Buddhist.

5. Master Theme Three: My Emotions and Views as Determined by Buddhism

5.1 Living with Conflicting Realities

"*I feel conflicted in between my mind for having those two things because you know, in a way there's that side of me where it's really ambitious and then the other side of me that's like "there's no point to have ambition" (David, 216-217)*

This theme illustrates the complexity and difficulties that participants experienced throughout various phases of their lives and how they came to make sense of why it happened. It also highlights personal vulnerabilities and opportunities that led participants to their first encounters with Buddhism which may have also influenced their decisions to seek professional help.

It seemed that outside of therapy, David struggled to keep up with his lifestyle, lacked opportunities to engage with others from the Buddhist community, and perhaps attending to his spiritual needs:

"My lifestyle living in London, being a law student in London does not give itself well to spirituality, especially to Buddhism. It's always rush and manic and very kind of corporate um… and I do not mingle with anyone, ever, in my life that is spiritual as well." (David, 165-166)

Conflicts between David's identities led him to see the environment as a barrier to his spirituality. Being a student in a city demanded a lifestyle that was very different to that which his spiritual aspirations desired. The fact that living in a fast-pace society left David feeling 'rushed and manic' suggest he may at times struggle to keep up with the demanding environment, despite trying his best to fit in, thus potentially leaving him very little time to care for his spiritual needs.

"I would say what drove me to therapy was that I feel conflicted in between my mind for having those two things because you know, in a way there's that side of me where it's really ambitious and then the other side of me that's like "there's no point to have ambition" (David, 216-217)

The conflicting identities could be an indication of the uncertainties David felt about his life decisions. Perhaps embracing a student life meant sacrificing his spiritual identity due to the lack of time and effort spent on Buddhist practices. There is also a noticeable contrast between his ambitious self and the self that feels "there's no point", which may be a representation of his student identity (ambition) and his spiritual identity that represents the non-striving value of Buddhism (looking for the meaning of life).

David's ambition seems to mirror the academic environment he lives in, whereby recognition and success are measured by achievements. This is in contrast to the self that questions the meaning of life, which echoes the philosophies of Buddhism concerned with having a purpose and desire to search for answers. Thus, what brought David to therapy could be his search for clarity and a better understanding of how to maintain a balance between both worlds.

On the other hand, Cameron's struggle with his spirituality appeared to be related to his connection with Buddhism.

"I think during my emotional… crisis and break down [laughs] um, I realised a lot of my spirituality was a bit of a show." (Cameron, 354-355)

Cameron seems to be describing a false presentational self. He perceives his spiritual identity as "a bit of a show" which suggests his experiences of Buddhism might not always be able to protect him against suffering. The idea that Buddhism might not always be helpful continues in Gina's narrative where she explains one of the challenges of being a Buddhist and the usefulness of therapy during these difficult moments:

"You maybe not be so cut off from what's going on in your emotional life… if a belief like I said, if it's strongly held beliefs like interpersonal and they come from early life experience then there might be more resistance to change. Sometimes people have psychodynamic

psychotherapy for that reason but then equally… I guess it's that balance between what can be changed and what can be accepted." (Gina, 129-132)

Perhaps therapy offers a framework that is effective in dealing with problems that spiritual clients often face. It appears in this instance, Gina felt therapy has helped her to recognize that some things "can be changed" while others are more "resistant to change". Although this might be similar to Buddhism's teaching of acceptance, it is likely that the participant could also be struggling with aspects of Buddhism which might benefit from the assistance of therapy.

"Often with Buddhism there's a lot about accepting the experience as it is and not striving for something else and, so I think in the past that was a little bit of a conflict for me I think, or it must be." (Gina, 133-134)

This reflection seems to suggest Gina was conflicted about "accepting the experience" possibly due to her desire for change. Perhaps these changes were not easy to achieve, but it is possible that Gina had already accepted her experiences now that these memories were "in the past". The idea of acceptance could be associated with a better quality of life, by focusing on the future and things that are changeable, therefore contributing towards improving one's psychological state. This can also be interpreted as a matter of perspective, wherein experiences could be influenced by one's mind set:

"If I now start to think that my life is horrible miserable and everybody hates me and I hate everybody and I start to isolate myself and to be negative. What happens is that because of that attitude of mine, because of that mind, whatever is my mind, life is a mirror." (Amy, 138-140)

I felt overwhelmed while Amy was describing her experience due to the content and the continual listing structure of her sentencing. The seemingly never-ending list of negative thoughts that one could develop was emphasised by the connecting "and…and…and…" which may be a reflection of Amy's own struggles. Amy's attitude was credited for maintaining those thoughts, yet also highlighted the cause and effect that attitude can have on the way she experiences life. Therefore, perhaps life can be heavily influenced by one's mind set and how one chooses to make sense of the things that are happening around us.

"But all these perceptions, we construct reality all the time and you begin to see how you construct these realities" (Brian, 319-320).

By stating that people can construct "realities", the plurality suggests that Brian believed people are capable of creating multiple realities, perhaps at the same time. Thus, implying that our beliefs may influence the way we make sense of our surroundings and how we experience reality. If so, perhaps participants' struggles in therapy or with their spirituality were constructed to make sense of the world. However, this means participant's viewpoints could also positively impact the challenges that they have experienced, such as Amy's reflection about her past:

"*It's a process of reflection it's a process of determination, and so I've come to understand that actually um, first of all, I was the one choosing that man… And that man was exactly the response to what I was asking for that time. And that was the response*." *(Amy, 133-136)*

Rather than seeing problems as definite and lasting, Amy came to understand that some life events happened for a reason, with a purpose, which may help to facilitate acceptance rather than leaving her stuck in the past. While she has experienced a life of successful careers and raising a family, some decisions may have led to experiences of distress and hurt.

On the other hand, Frankie believed her experiences were not influenced by attitude or choices, but perhaps were inevitable encounters that are simply a "part of life" which everyone would experience at some point.

"Realising that stress and trials and tribulations are part of life and every person goes through those, you know. Because I think I was feeling particularly isolated at the time and… one of the things about Buddhism is that it views things as a whole, holistically and it doesn't sort of see things in isolation, it sees things as a whole so that really really helped me." (Frankie, 344-346)

Similarly to Amy's account, Frankie's admission to seeing problems "holistically" may have helped him to accept events as they happened, such as those "trials and tribulations" he experienced. Perhaps Buddhism allowed her to view things collectively instead of in isolation.

5.2 Looking for a Sense of Belonging

"Everything is always changing, and then about suffering you know. Are you adding to this or is it something to do with the way you're thinking that's creating this misery for you or is it just something that's coming and going." (Erica, 305-307)

Amy, David and Erica talked about their experiences of fear with a lack of stability in life; feeling vulnerable and out of touch with the world, as well as believing in impermanence. However, this theme does not represent participants physically searching for a place of belonging, but more so that they may be implicitly searching for security, an answer to their questions, and something that might be more permanent. For Amy, this theme refers to her search for stability and security after experiencing traumas in her marriage, fleeing danger to seek safety became a memorable time in her life.

"So we spent from 19th of June until the 7th of august, we changed seven different places, going from west to north, then south east of London. I mean incredible really…they (council) called it temporary accommodation which was a room this big (hand gesturing a rectangle size) for three adults and suitcases and things you can imagine, very unhealthy." (Amy, 51-53)

Amy's experiences of intense instability from the timeline of hardships listed had a significant impact on her both physically and emotionally, thus perhaps deepened her sense of vulnerability. The vividly recorded dates may be an indication of how impactful the experience had been for Amy. The need to physically illustrate the size of the room may also signify Amy's desire to find someone who could empathise with her situation.

Differently to Amy, David's perceived academic and family pressures reflected his attempt to meet these environmental demands, despite it possibly being in conflict with his feelings. The use of 'illusion' portrays life as unrealistic, which was emphasised by him impersonating another voice during our conversations, as well as suggesting that he was "living in another planet":

"When I was immersed into this illusion that society has created for itself, that you are supposed to get a job, get a family, and do well, do well for yourself [voice changes to another character] I'm just not into it….I just don't see the point. I really don't see the point. I

mean Buddhism has kind of helped in a way in that respect because it has helped me to realise that there's no point and that's fine." (David, 209-212)

Having to live a life which "society has created" despite thinking "there's no point" could be very frustrating, thus may prompt David to search for an alternative lifestyle which he feels is more authentic. Thus the theme for David refers to the implicit desire of finding a meaning in life. It appears as though he resists the idea of having a career and a family life, as structured by society, even though it was ambiguous why he felt "there's no point". The lack of clarity could be an indication of his uncertainty about his life, goals, and the future. However, Buddhism seemed to have helped David to accept his feelings and this could be a significant benefactor for his mental well-being in a demanding environment.

Erica appears to describe her suffering as something that can be influenced by various factors:

"Everything is always changing, and then about suffering you know. Are you adding to this or is it something to do with the way you're thinking that's creating this misery for you or is it just something that's coming and going?" (Erica, 305-307)

Although Erica was talking at me, the repeated use of "you" created a sense of mirage, as if perhaps she was addressing herself at the same time as talking to me. The questions that she asked could be a sign of her innate curiosity and a determination to find answers in order to make sense of her sufferings. Furthermore, the constant changing nature of life, as mentioned by Erica, suggests nothing ever stays the same, even suffering and pain. Therefore, the theme of searching relates to an anticipation of what the next chapter of her journey might be, as well as trying to gain a better understanding of the past, possibly in order to facilitate acceptance.

5.3 Recognising and Fulfilling My Needs

"I think it's like maybe acknowledging the self and then self-acceptance that realising that you have self needs – this is a big thing for me – that you need to get those needs met" (Erica, 221-222)

Erica, Frankie and Amy discussed the benefits that Buddhism had brought into their lives, such as recognizing the need for a spiritual connection with others, self-care and learning to be more compassionate and accepting. The concept of acceptance included accepting one's own vulnerability, their desire to be more compassionate, or their need to express emotions.

Erica's experience showed how she was able to become a "loving person" by using meditation as a tool to help facilitate self-development and increase compassion:

"I think for me the biggest thing is about the meditation and using that as a tool to help you see what's going on in the present moment and really being loving person as a result of that." (Erica, 363-364)

These Buddhist practices appears to emphasise the focus on the practitioner which is supported by Erica's reiteration of "self". Perhaps this was how she came to recognize her "self needs" and the importance of fulfilling those needs:

"I think it's bigger than self-acceptance. I think it's like maybe acknowledging the self and then self-acceptance that realising that you have self needs – this is a big thing for me – that you need to get those needs met" (Erica, 221-222)

There was a recognition of "self needs" which can also be perceived as having compassion, love, empathy, and respect towards others and self:

"I think it's about being empathetic with myself, to be more compassionate with myself…Everything that you know, everything 'good' inverted commas (along with hand gesture), bad, it's all me and I have to… I'm being much more compassionate with how I regard myself, my interior world." (Frankie, 147; 151-152)

A real sense of self-love and care was being portrayed through these carefully chosen words. Compassion was repeatedly used to suggest it was something Frankie deeply valued. However, the statement that "good" should be used with inverted commas may indicate that there should not be a differentiation between good traits and bad traits but to embrace it all as one.

"Because in life we need to grieve on anything that happens because it's fair, so if you feel to shout, to scream, to cry, it's absolutely fair. But then it is very important to accept because that is an opportunity that life gives and say here we are again." (Amy, 253-255)

This notion of fairness seems to represent openness to feelings. For Amy, who had gone through a series of traumatic events, to allow herself "to shout, to scream, to cry" may be a much-needed release and a way of expressing her pain. The use of "absolutely fair" seems to emphasise Amy's need to express herself in order to start over, supported by her belief that such a transition from the past to a new beginning is "very important". Thus Amy's narrative relates to the theme by recognizing the need to leave the past behind in order to move on.

6. Reflexivity

As a researcher, I believe my position as a critical realist and my clinical experiences contributed to my decisions on the research topic and the way I approached data analysis. This influenced how I worded the interview questions (see appendix 2) and interpreted experiential narratives. For example, I wanted to stay curious about participants' stories in interviews which led to questions that prompted elaborative responses from them. This also fits with the IPA perspective because it places an emphasis on the lived experiences of participants and how they make sense of those experiences (Alase, 2017). From this, I believe I was able to retrieve enriched data that provided valuable insights.

Prior to the interview, I was feeling nervous before meeting each participant due to uncertainty regarding how the interview will turn out, the sensitivity of stories they might share with me, and how relevant the data would be for my study. I was also concerned that the interview questions may be perceived as very open-ended, although I am aware they are there for the purposes of generating in-depth explorations of meanings behind participants' experiences.

A challenge I noticed whilst analysing the data was separating my personal experience from that of the participant's. It was important to differentiate this because I wanted to capture the participant's experiences without looking through a subjective lens of my own, which

proved difficult. I was initially reluctant to work on this chapter due to my anxieties around perhaps not having enough past experiences working as a qualitative researcher, and that my primary sources of guidance came from textbooks and sample theses. Therefore, I wondered whether I could adequately interpret the data using the framework of IPA.

Furthermore, feeling the need to be skilful in IPA continued to perpetuate my anxieties throughout the analysis stage because I felt I should have been more knowledgeable in IPA. However, as time progressed, I began feeling more comfortable with the process despite feeling uncertain whether I was able to fully separate my views from that of the participants. Nevertheless, I was able to complete the analyses with the help of supervisory feedback and having guidance from previous thesis samples and academic literatures on IPA. Supervision was particularly helpful because I felt that the feedback I received from my supervisor provided containment and reassurance regarding doubts I had as an inexperienced researcher.

From a personal reflexive stance, I have become increasingly aware of how my relationship with Buddhism and experience as a trainee counselling psychologist has influenced the data analysis. Perhaps my positive views about the healing effect of Buddhist practices may have leaked through some of the conclusions I have drawn throughout the themes; as well as my own encounters with spiritual clients in therapy, which could have led me to favour an integrative intervention of spirituality and psychology instead of a purely psychology-based model.

During the process of analysis, I noticed the amount of information in each master theme changed as the content moved towards themes that appeared more spiritual and perhaps less event-based. I wondered if this projected the impression as though one master theme was more relevant to this study than the others and offers more insight into the therapeutic experiences. However, I felt it was important to create a separate master theme that represented participants' journey of searching for purpose and meaning. I believed this would encapsulate what I thought was a significant part of their Buddhist identity, and offer insights into Buddhist clients' experiences of therapy, as well as how they came to the decision to engage with therapy. Nevertheless, the stage of theme development proved to be very challenging. I attempted to form labels that would reflect participants' experiences

as closely as possible. However, the notion of accuracy was difficult to achieve because the analysis itself was based entirely on my interpretations - thus it will always contain an essence of bias. My desire to accurately (or attempt to) convey my understanding of each participant's experience and their feelings and behaviours meant I often felt uncertain, even after the chapter was completed.

Chapter 4: Discussion

1. Chapter Overview

In this chapter, I will discuss the findings generated from seven semi-structured interviews with Buddhist clients through the use of IPA. Themes under the section of "Comparing Findings with Existing Literature" were chosen to represent the overlapping and significant findings from the analysis and discussed in its relation to existing literature. This will highlight findings that agree, disagree or offer new insights into how Buddhist clients might experience psychological therapy in an attempt to answer the research questions. These emphasised the therapeutic relationship, the integration of Buddhism/spirituality into therapy and its compatibility, and similarities/differences in client and therapist's beliefs – all from the perspective of its influence on clients' experiences of therapy. The latter part of the chapter will focus on critical evaluations, such as outlining the limitations of the present study, implications of the findings, and recommendation for future research, with a concluding summary regarding reflexivity.

Studies that adopt a qualitative and phenomenological lens can deepen our understanding of personal lived experiences, in this case, how religious people engage with psychological therapy and the meanings they associate with those experiences, as well as the struggles encountered in the process. This study attempts to gain a deeper understanding of Buddhism's relationship with therapy as perceived by Buddhists, with the hope that it might illuminate how therapeutic experiences can be impacted by various social factors and personal beliefs.

This is a qualitative IPA study aimed to explore subjective experiences of a specific group population - Buddhists. Readers should bear in mind that any conclusions drawn from the findings must be viewed tentatively because they do not represent the general population and how they might experience psychological therapy. Although the sample is heterogenous, participants' experiential encounters and beliefs, along with my interpretations of the data are subjective, thus is it accurate to state that there remain other perspectives yet to be explored.

1.1 Key Findings

The data has shown that Buddhist clients' experiences of psychology therapy are complex and varied. Depending on factors such as the therapeutic relationship, intervention framework, and the readiness of the client for therapy, therapy can be perceived as either positive or negative, or perhaps more ambivalent. However, from all seven participants' narratives, a few reoccurring themes were highlighted as a significant influencer in their experiences of therapy which determined their view of the process as helpful and/or unhelpful. These findings are as follows:

1) Buddhism can significantly influence how Buddhist clients view the world, themselves and others.

Findings suggest Buddhism was deeply embedded in each participant's life. Their identity as a Buddhist has taught them acceptance, compassion, and brought them close connections with other like-minded people within the Buddhist community. This was a type of support that they could not find elsewhere, including in therapy. In some instances, the client's Buddhist identity disinhibited their ability to form close therapeutic relationships, while other times emphasised their similarities, which led to a more solidified positive impression of the therapist and the therapeutic space. Furthermore, findings showed that through Buddhism, Frankie and Amy were able to reflect on what they needed to address in therapy, such as being more empathic and compassionate towards themselves, and learning to accept their trauma in order to move on. This indicates that perhaps without Buddhism, the extent to which therapy can support a Buddhist client's self-development may be limited.

2) A strong therapeutic relationship is likely to lead to a positive experience of therapy.

The overall experience of therapy can seem negative or positive, albeit often more complicated than it is definite, which can to be impacted by how Buddhist clients perceive their relationship with the therapist. Findings showed that therapy was viewed as unhelpful when client's expectations were not met. Some of these expectations were to establish a meaningful and spiritual connection with the therapist; clients wanting to feel accepted, understood, and having their feelings validated by the therapist; the session being structured with a well-planed progression towards ending.

Therapists who were perceived as open-minded, accepting and willing to learn more about the client's Buddhist identity were an important contributor to establishing a positive therapeutic relationship. Equally, findings showed that Buddhist clients are more likely to feel disconnected with therapy if they do not feel listened to. At times, this can be noticeable through the therapist's body language and how they respond to what the Buddhist client brings into therapy. An example is when Cameron felt disappointed and hurt after seeing his therapist appearing uncomfortable at the mention of his sexuality.

3) The suitability of therapy for Buddhist clients can be determined by the choice of interventions and therapeutic models.

Findings showed that Buddhist clients highly valued therapies that could be integrated with Buddhist principles, such as discussions around Buddhism or the therapist engaging in Buddhist practices together with the client in the session. Furthermore, Erica, Cameron and David shared their struggle with finding therapy useful when they felt confused by the modality because their understanding of the approach differed from what transpired in the session. A lack of explanations from therapists about the modality further contributed to their confusion.

All participants shared their views on the role Buddhism and therapy played in their journey towards self-discovery and how it offers support. For example, therapy was perceived as pragmatic and solution-focused, whereas Buddhism provided Buddhist clients with a sense of purpose in life, as well as providing strength and courage to face their sufferings. The emotional and spiritual connections clients have with Buddhism appear to be at a deeper level than the sorts of connection they have experienced in therapy. Furthermore, therapy also provided value by working with problems that required solution-focused interventions which Buddhism could not offer. Therefore, an integration of Buddhism in therapy has been described as a better balance for Buddhist clients. When this balance is achieved, participants noted they were able to develop personally and spiritually, thus they felt therapy was an overall success.

2. Comparing Findings with Existing Research

2.1 My Gains and Losses in Therapy

Brian, Cameron and Gina described how the therapist's openness, transparency and respect towards them whilst they discussed issues in therapy helped to strengthen the therapeutic relationship (subtheme 3). This supports findings by Williams (2005) who suggested that one of the reasons clients felt accepted in therapy and wherein therapists were perceived as open-minded towards R/S discussions was related to their understanding and knowledge of the client's beliefs. Unlike this finding, Brian, Cameron and Gina did not allude to their therapist's openness and respect was directed towards spiritual or Buddhist discussions but appeared to be more generically applied (subtheme 3). Nevertheless, it supports studies that emphasise the importance of the therapist's influence on the experience of therapy, much like the study by Knox, Catlin, Casper and Schlosser (2005). Knox et al (2005) examined Christian client's experiences of secular therapy and the importance of their R/S beliefs. The group of 12 participants mainly consisted of White women with some reported to have had experiences with other religions/spiritual groups such as Buddhism, Hinduism, and Judaism.

In support of other studies (Baker and Wang, 2004; Suarez, 2005), the findings from Knox et al's (2005) study showed that client's decisions to avoid talking about their beliefs were linked to feeling of being judged by the therapist, in particularly when therapists might be imposing their own R/S beliefs on to the client, without giving space for the client's own beliefs. Furthermore, concerns relating to being pathologised in therapy added to the frustration aimed at therapists who filled the therapy session with their own beliefs and experiences and which resulted in Frankie and David seeing therapy as "a waste of time" (subtheme 2). This is supported by other studies' suggesting that clients with strong spiritual beliefs are likely to bring these into therapy and may have historically been ignored or pathologised by professionals within the mental health services (Kelly, 1995). Clients may, therefore, be sensitive around secular therapists because of embedded beliefs formed from the past where strong spiritual commitments were seen as problematic and dysfunctional by secular professionals. This could understandably negatively impact the establishment of a secure therapeutic relationship (Young, Dowdle and Flowers, 2009). However, clients perceived therapy as helpful when therapists were able to approach R/S discussions open-mindedly, which helped to establish therapy as a safe environment. With this, clients often

first initiated discussions around their beliefs in therapy as a sign of their trust in the therapeutic space and relationship (Knox et al., 2005). As such, specific trainings around R/S to improve secular professionals' understanding of clients' beliefs may help to develop sensitivity around this topic area in therapy, and potentially help strengthen the therapeutic bond with clients by showing the therapist as respectful, understanding, and open-minded.

It is also necessary to consider other contributing factors which were also highlighted as determining how participants experienced therapy in connection with the therapist - but unrelated to one's spiritual beliefs. What the above studies did not mention was how the lack of client-centred focus in therapy can hinder the establishment of therapeutic bonds, as recalled by Cameron, David and Frankie (subtheme 2 and 3). This supports findings from Schlosser and Safran (2009) who emphasised that therapists do not need to have R/S beliefs in order to work effectively with this specific group of clients. This was also shown in Kellems, Hill, Crook-Lyon and Freitas' (2010) findings, who noted that similarities or differences between spiritual beliefs between therapist and client do not necessarily determine the bond of therapeutic alliance that can be built, although it is important for the therapist to be aware of their own personal beliefs and views about spirituality in order to monitor the extent of influence these factors might have on clinical practice (Schlosser and Safran, 2009). Even with disparity between the therapist's and client's beliefs, what helps to establish a solid relationship in therapy is the therapist's openness to adapt interventions according to the needs of the client whilst being mindful of his/her impact on the process (Young, Dowdle and Flowers, 2009).

Certainly, the therapy environment was highly regarded as a contributing factor to the development of therapeutic relationships. This was highlighted in the findings when Cameron and Gina emphasised the importance of being in a safe and containing environment in helping them to vocalise their issues (subtheme 2). This also appears to be in agreement with studies that argued that the safer the client feels about the clinical environment, the more likely they will speak about spiritual issues (O'Grady and Richards, 2009), thus leading to a transformative and healing experience (Stone, 2005). Interestingly, findings from this study support Mack's (1994) findings which showed that participants found therapy to be unhelpful when the therapist imposed personal values and issues into the session. However, participants were able to be vulnerable in therapy due

to the security of the space therapy provided for them and where they could discuss painful issues and memories, which are unrelated to the therapist's R/S beliefs. This suggests that although similar beliefs between therapist and client may facilitate a better establishment of a therapeutic relationship, this factor alone does not determine the outcome of therapy.

A study by King (1978) examined Christian clients' experiences of secular therapy and found that those with more conservative beliefs were more likely to avoid seeking professional psychological help. King's (1987) proposed that dissatisfaction towards secular therapy was related to clients feeling as though the therapist failed to understand, appreciate or respect their beliefs. This seems to provide a rationale as to why R/S clients are more likely to experience therapy positively if they feel comfortable about discussing their beliefs with the therapist (Betterbridge, 2012; Mayers et al., 2007). Although the depth of participants' beliefs in Buddhism was not examined in this study, the findings also suggest that Cameron, David, and Frankie's negative experiences were generated from therapists' difficulties in understanding their needs from therapy which hindered the therapeutic connection (subtheme 3). However, contrary to findings from King (1987), there was no evidence that these problems were strictly related to conflicting spiritual beliefs, but from more general features, such as participant's sexuality, interpersonal relationships and trauma.

Interestingly, some studies proposed that clients felt accepted in therapy irrespective of the therapist's personal views about R/S. Clarke (2001) asserted that it can be difficult for clients to clearly communicate their spiritual experiences through to the therapist because they are perceived as an 'outsider', whilst adding to the complexity of explaining personal experiences due to their unique nature and subjectivity. However, findings from the current study disagree with such claims because Erica noted that one of the reasons she was able to disclose personal stories in therapy was precisely because the therapist was an outsider (subtheme 1). Perhaps this can ease anxieties around disclosure due to the lack of personal connection that would otherwise make Buddhist clients wary of judgements, such as from a colleague, friend, or society in general, as evidenced by Amy, Gina and Erica in subtheme 4.

Furthermore, Jackson and Coyle (2009) offered insights into the therapeutic process from the therapist's perspective. They reported that therapists tended to avoid working with R/S clients or address issues surrounding R/S in therapy due to finding this group

population challenging. This was especially the case if the therapist believed the client's R/S beliefs were contributing to the presenting problems, thus creating difficulties in the client's life (Jackson and Coyle, 2009). On the other hand, therapist's avoidance was also argued to be related to the therapist's uncertainty about when/how to address issues concerning R/S in therapy (Crossley and Salter, 2005), which have contributed to the lack of exploration about clients' beliefs, despite some therapists being interested in or having R/S beliefs of their own (Mack, 1994; Stamogiannou, 2007). This view is supported in the current findings. Unhelpful therapeutic experiences relating to the therapist's lack of appropriate engagement in helping participants with their issues in therapy led them to believe that the therapist lacked knowledge of Buddhism or how to approach issues which were related to the client's Buddhist identity.

However, unlike past studies that have suggested reasons as to why therapists might struggle to work with R/S clients, this study offers further insights from the client's perspective regarding the impacts and consequences of feeling neglected by the therapist. One significant finding was that avoidance and a lack of honesty from the therapist in admitting their struggle to understand the client's Buddhist identity, led to participants losing faith in the therapeutic relationship, thus deeming therapy as unhelpful (subtheme 3). As such, Cameron believed his therapist resorted to habitual behaviours in response to his issues (subtheme 3) which disheartened his drive to open up further with the therapist. In agreement, Baker and Wang (2004) and Suarez (2005) claimed a poor therapeutic relationship can disrupt clients' freedom to express their R/S thoughts and issues and led to client's holding negative experiences of therapy.

Studies found that one of the explanations for therapists' uncertainty in working with R/S beliefs and issues in therapy is due to a lack of available training and supervision for working with this group of clients, therefore, therapists' skills, understanding, and knowledge regarding how to effectively apply treatment interventions for religious clients are limited (Brawer, Handal, Fabricatore, Richards and Bergin, 2000). This is also supported by this study's findings wherein participants felt that it was a part of the therapist's skills and appropriateness of the therapeutic intervention that helped them to open up about their presenting issues, which contributed to the overall progress in treatment and resulted in a positive experience of therapy.

Researchers have recommended placing increased attention on developing therapists' skills and knowledge in interventions designed with greater sensitivity to client's R/S and cultural backgrounds (Pederson, Draguns, Lonner and Trimble, 1996). This was also emphasised in the current study, the importance of the therapist's role and skills to facilitate the client's growth in therapy were highlighted, because these can determine whether the overall therapeutic experience is helpful or unhelpful. The therapist's skills in helping the participant to gain insights and identify problems that they might not be aware of became one of the underpinning reasons for reporting positive experiences of therapy in this study (subtheme 1 and 3).

Studies have found that clients tend to prefer sharing similar religious beliefs to their therapist (Worthington, Kurusu, McCullough and Sandage, 1996; Keating and Fretz, 1990), and that awareness of these similarities could help to diminish stigmas associated with mental health services, thus promoting help-seeking behaviours (Schlosser and Safran, 2009). However, this study also found that attitudes towards mental health services can differ based on the person's spiritual beliefs and professional background (subtheme 4). This suggests perhaps a person's therapy outcome is not predetermined based on the beliefs they share or do not share with the therapist, but is potentially created by multiple factors that are no more or less influential than the shared R/S beliefs between the therapist and client.

2.2 Recognising the Benefits and Challenges of Being a Buddhist In Therapy

In Goedde's (2001) study, spiritual clients were interviewed about their experiences of secular therapy and their views regarding addressing spiritual issues with a secular therapist. Findings showed that therapy was experienced positively when clients felt validated and acknowledged in therapy, especially when the therapeutic intervention incorporated spiritual and mental health components together. Findings from Kellems, Hill, Crook-Lyon, and Freitas (2010) support this and explain that if the therapist held R/S beliefs of their own, then therapeutic work can be impacted through their emphasis on R/S as well as incorporating interventions that are derived from an R/S framework. The current study partly supports these findings in that some theoretical models were perceived as too "clinical and dogmatic" (master theme 1, subtheme 2) which creates a sense of rigidity, thus

clashing with the idea that therapy should be more flexible and fluid, similar to teachings of Buddhism. This suggests that had the therapists incorporated elements of Buddhism into their interventions, Cameron, David, and Gina might have experienced therapy differently. However, the current study was unable to find evidence to suggest that R/S incorporated therapeutic interventions led to feelings of validation and acknowledgement. Instead, findings showed there was added depth to therapy when aspects of Buddhism were incorporated into the treatment process because it provided the necessary framework to be able reflect on important life issues (subtheme 1). This seems to support Rogers, Maloney, Coleman and Tepper's (2002) view that from a general perspective, the primary function of R/S can be used as effective coping mechanism for people suffering from mental health problems so that they can develop the necessary mechanisms to lighten feelings of stress, although the rate of success depends on the depth of the individual's relationship with R/S.

The findings in this study also support Rogers et al.'s (2002) conclusion. All of the participants spoke positively about their Buddhist identity, as well as recognising the challenges that comes with it. Cameron spoke about the emotional depth he has reached through Buddhist practices in the process of facing his vulnerabilities, while Amy and Gina described receiving a sense of purpose and strength from Buddhism. This empowered them to take control over their lives which led to the feeling of fulfilment. Furthermore, Frankie noted that aside from individual developments, Buddhism helped him to establish close relationships with other Buddhists and like-minded people, thus broadening his social network and reducing feelings of loneliness (subtheme 2).

Findings also noted the similarities shared between Buddhism and therapy, namely the compassionate and joyous aspects as well as their aim to alleviate suffering (subtheme 1). This is supported by researchers who have discussed the similarities between spirituality and some of the most well-known theoretical approaches in psychology, such as the Humanistic approach, Psychodynamic, and Cognitive Behavioural Therapy (Schlosser and Safran (2009). The shared commonality between these modalities and spirituality lies within the aim of developing self-knowledge, decrease one's suffering and hoping to gain a better understanding of self and the world (Sperry and Shafranske, 2005). Therefore, if a

person encounters a problem within any of these domains, they should be able to address it with either a therapist or a spiritual guide for support (Schlosser and Safran (2009).

However, the current study shows that turning to Buddhism did not always provide the support that participants needed. This realisation led participants to seek professional psychological therapy in order to receive help that was otherwise unmet by Buddhism and its teachings. Therefore, despite the similarities between spiritual forms of support and some psychological modalities, help-seeking for R/S clients may not be as straightforward as proposed in the above studies.

Studies suggest that aside from psychological professionals, R/S clients with mental health problems tend to consult religious leaders or family members for support over psychologists or psychiatrists (Cumming and Cumming, 1957). One of the reasons why Christian individuals sought psychological support from non-professionals outside of the mental health service was because religious leaders show more sensitivity towards R/S issues (Sell and Goldsmith, 1988). Thus some psychologists might choose to develop closer working relationships with various R/S leaders in order to provide effect mental health care (McMinn, Ruiz, Marx, Wright and Gilbert (2006). In support of this, studies have suggested that those who have not attended psychological therapy emphasised the significance of receiving psychological support that is based on their beliefs in comparison to the help received from mental health professionals (Cinnirella and Loewenthal, 1999). The reason was reported to be due to the higher degree of understanding, safety, and non-judgemental attitudes obtained from R/S-based support than was found in secular therapy (Mitchell and Baker, 2000). This may explain why mental health services are underutilised by R/S individuals because their preference for consolation is with people who share similar beliefs rather than with psychology professionals (Thompson, 2009).

Interestingly this is in contradiction to findings from other studies' that have explored other religions, such as Christianity. Researchers claimed that people did not see church counselling as helpful, despite sharing the same beliefs as Christians (Mayers et al, 2007). Although this study has found that Buddhist participants claimed Buddhism to be a way of coping, this was not always helpful because it became a way of escaping reality and took them further away from addressing their problems, whereas therapy allowed them to

remain focused on the issues, with the help of a secular therapist's accepting and open attitude. This calls into question the accuracy of reports that suggest faith-based psychological support is more helpful than secular therapy for R/S clients. Those who attended therapy reported their experiences to be quite positive and did not feel that the psychological interventions threatened their R/S beliefs in any way (King, 1978).

However, researchers such as Worthington, Hook, Davis, and McDaniel (2011) concluded from a meta-analysis that in comparison to secular therapies, specific treatment interventions that have incorporated R/S elements into their frameworks were found effective for highly spiritual or religious clients. Not only this, R/S treatments were also found to reduce signs and symptoms more than secular therapy that excludes the R/S element (Worthington et al., 2011). However, findings from this study showed that when comparing Buddhism and therapy, participants seemed more emotionally reliant on Buddhism because it played a bigger role in their lives (subtheme 1). On the other hand, being a Buddhist can also be demanding and has left participants in a vulnerable position (subtheme 2), which is different to findings from past studies.

Furthermore, this study suggests client's openness to disclose R/S issues as well as other personal issues may not be determined by the incorporation of R/S in the therapy intervention, but more so related to client's own readiness for therapy. This is supported by Goedde (2001) who suggested that the topic of spirituality often appeared organically in the process of therapy because it is an important part of the client's life, rather than being the reason why clients are seeking psychological therapy.

Nevertheless, there is growing evidence to show the importance of spirituality to clients as they address issues related to spirituality in therapy (Rose et al, 2001). Similarly, Bergin and Jensen's (1990) found that 29% of clinical psychologists also believe that effective therapeutic interventions should incorporate the client's R/S. It is believed that a person's R/S beliefs can shape their perspective of the world and others, with people of faith following the values and principles that are taught to them by their respective religions. Therefore, attention to client's R/S issues in therapy can facilitate the process of healing and growth (O'Grady and Richards, 2009). This finding is supported by the current study wherein participants admitted to spirituality being a positive and healing experience for

them. Participants also perceived the therapist's ability to individualise treatment interventions according to their needs as a significant contributor towards the development of the therapeutic alliance and effectiveness of therapy and which has helped them to open up about their issues that may or may not be related to Buddhism.

2.3 My Emotions and Views as Determined by Buddhism

This section will be relatively smaller in comparison to the previous two master themes due to its indirect linkage to client's therapeutic experiences. This theme represents the struggles and benefits participants' recalled from being a Buddhist. Although data for this master theme does not directly answer the research question, I still felt it was important to present this for various reasons. Firstly, it was clear that Buddhism was a significant and dominant part of each participant's identity. It was deeply embedded into their lifestyle, beliefs, and attitudes towards others and the world. Therefore, I felt omitting this theme purely for its lack of relatedness to participants' experiences of therapy was unjustified. This is still a representation of participants' spiritual self, which highlighted the difficulties of committing to Buddhism and potentially the reasons why participants sought therapy. Secondly, it could be useful to use past study findings to explain why participants had those struggles and how therapy could help R/S clients in coping with R/S derived issues. This also raises future questions regarding the need for inclusion in clinical training and as a research focus.

Buddhist teaching helped participants to view things more holistically which facilitated their understanding of suffering as part of life's journey (subtheme 1). These sufferings include lifestyle choices (subtheme 1), societal expectations (subtheme 2), and internal struggles to fulfil needs and desires (subtheme 3). The idea of learning to accept what is going on in life and knowing that life events are changeable due to impermanence has helped to maintain some participants' mental wellbeing (subtheme 1). Simpkins and Simpkins (2011) support this. They found that whenever they felt stuck in an environment or unhelpful situation, spiritual clients found it helpful to be reminded that life events are forever changing, which originates from Buddhist philosophy. If the therapist is able to help the client to understand that life is impermanent and change is inevitable, then this might create hope that suffering is also temporary and not everlasting.

Furthermore, Teasdale and Chaskalson (2011) suggested that practices derived from Buddhist meditation practices such as mindfulness can effectively transform client's suffering by changing how they process information, and alter their views towards that information, and what information they choose to process. Lin and Seiden (2015) stated this can help clients to let go of negative thoughts that create distress and pain, and negative judgements about themselves and others, as well as decrease difficult feelings such as anxiety which clients might be struggling with. I feel the findings from these studies effectively portray the integration of spirituality and psychology. Hayes (2016) also suggested that Roger's (1956) core conditions, such as empathy, unconditional positive regard, and congruence, have shown similarities to the Buddhist philosophy of suffering and compassion, which are essential for coping with stress and forming healthy therapeutic relationships.

Participants also stated that their Buddhist identity allowed them to experience spiritual connections with others and helped them to become more aware of their need to receive and be compassionate, loving, and empathic (subtheme 3). Although I felt this could also be carried into the therapeutic relationship between the client and therapist. Binder, Holgersen and Nielsen (2010) found clients felt they were able to learn how to become more compassionate because of therapy. This also bares similarity to Buddhist teachings regarding love, kindness and compassion (Hofmann, Grossman and Hinton, 2011), therefore highlighting the importance of learning to have compassion in order to maintain healthy relationships through Buddhism and therapy. This is supported by Lines' (2006) finding that religious clients would seek their religious teacher or a person of authority for religious issues. However, the same clients would also consider secular therapists if they have shown sensitivity towards R/S, even if the therapist themselves may not be R/S. It seems that what clients find of value is the therapist's openness to engage with their faith in a non-judgemental therapeutic environment.

However, participants from this study attributed some of their learnt skills (acceptance, compassion, openness to change) to Buddhist practices (subtheme 2) rather than from therapy. This was supported by Carlson et al. (2004) who found the idea of loving kindness derived from Buddhist teaching, is a skill that can help to enhance relationships by reflecting and emphasising a partner's goodness. On the other hand, Gockel's (2011) findings would

argue against this because therapy was found to have helped clients to develop a better connection with their spirituality. When the therapist was able to be there for the client and understood their experiences, this also facilitated spiritual growth and the healing process, thus contributing towards the client's personal development. Furthermore, therapy can be helpful in treating R/S clients if we consider it a method for building clients' resilience so that they can withstand their presenting issues - even if these are related to their R/S beliefs. Although therapy might be perceived as more effective if R/S practices are incorporated into treatment interventions depending on the client's R/S beliefs, such as rituals, prayers, and meditations etc. (Richards and Bergin, 2005).

3. Conclusion

The themes discussed in this chapter are important in terms of their relevance to the training and practice of Counselling Psychology. The findings have shown how participants made sense of their therapeutic experiences, including factors outside of the therapeutic space that contributed to their overall impressions and experiences of therapy. It was interesting to explore the complexities of Buddhism and how its values and principles can overlap with those in counselling psychology. At the same time, participants' narratives also illuminated potential conflicts between Buddhism's beliefs and that of the therapist's, which can significantly influence the perception of whether the therapeutic experience was helpful or unhelpful.

Furthermore, discussions regarding participants' experiences of working with various therapists and types of psychological interventions highlighted the complexities and challenges of finding a therapist that is congruent with them, which strongly determined the overall quality of the therapeutic journey. However, differences between each participant's recollection of therapy appears to highlight how powerful our subjective beliefs and views can be in creating alternative realities to others, despite seemingly having experienced the same things.

I believe the utilisation of IPA allowed for in-depth abstraction of important insights in this study. This may influence future training of psychologists, psychotherapists, counsellors and

mental health professions working with a specific group of spiritual clients, particularly Buddhists. Overall, the findings from this study suggest that Buddhist clients can experience therapy positively, often when they feel it provides a space with freedom for expressing their spirituality and being accepted by the therapist. Equally, the dynamic of therapy and those involved means Buddhist participants have also experienced therapy as less helpful, even distressing at times. This was partly due to the lack of connection with the therapist and being unable to agree with the treatment intervention chosen by the therapist.

This study was created with the hope of providing insights into how Buddhist clients experience psychological therapy. However, the broad research question was designed to provoke thoughts from participants, readers, and researchers who may be interested to use this study as a steppingstone for further in-depth exploration in the future. My hope is that this study will increase the recognition of the complexities of, and issues regarding the Buddhist community and bring greater awareness to therapists regarding how spiritual clients can experience therapy, along with the potential benefits and challenges of working with spirituality in therapy for both the therapist and the client.

4. Evaluation of the Study

According to guidelines written by Yardley (2000), there are four characteristics to good qualitative research, this includes: sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance. These characteristics are recommended to be considered when conducting qualitative research for the purpose of quality control, which this study has discussed in the methodology chapter. Each characteristic will now be briefly discussed in relation to this study.

4.1 Sensitivity to Context

This study considered sensitivity to context through reviewing existing literatures that broadly explore topics of Buddhism, spirituality, and psychological therapy in order to gain a general understanding of what is currently being studied in the field of psychology. This also highlighted the complexity of being a R/S individual and what appears to link spirituality

with psychological therapy in terms of the dynamics of the relationship and how it can impact upon one's experiences of being in therapy.

Furthermore, awareness of the interview process between me and my participants was maintained through self-reflection and via a reflective diary. The diary was used to document my impressions, feelings and thoughts about the participants in order to separate my experiences from that of the participants, especially during the analysis stage. Prior to setting up the interviews, various ethical issues were considered to ensure sensitivity to participants' psychological well-being.

4.2 Commitment and Rigour

As seen throughout the study, commitment and rigour was demonstrated through the design of the study, an in-depth review of existing literatures closely and broadly related to the phenomenon, as well as in-depth engagement with the analysis. Furthermore, by ensuring commitment to the well-being of participants through an initial screening that measured their suitability was also an important consideration. Participants needed to feel comfortable and psychologically prepared before attending the interview, which was only carried out once written consent was received from each participant. This ensured they fully understood the nature of the study and were made aware that some of the questions may trigger difficult memories and feelings.

During the process of this study, I continuously utilised supervision by discussing the progress of each stage of the study with my supervisor. This was particularly the case during analysis where I shared my concerns and ideas with my supervisor and as each theme developed, and when encountering challenges during the process of creating theme labels, I was able to receive constructive feedback that helped my understanding and interpretation of the data.

4.3 Transparency and Coherence

Coherence was shown in the literature review and methodology chapter through the consideration of theories and concerning the structure of this study, along with critical evaluations of existing studies as well as this study's methodological choices. Transparency was maintained through the methodology and analysis chapter where the structure of the

study and method of data collection and interpretation were made transparent to readers. Furthermore, the inclusion of reflexivity allowed me to be transparent regarding my own thought processes and feelings about each stage of the study in the hope of providing insights for readers, and in order that they can gain a better understanding of my position as the researcher in the study.

4.4 Impact and Importance

The impact and importance of this study is at the core of what I aim to achieve, including my ambition to publish and disseminate my findings in the hope of contributing to the field of Counselling Psychology, such as our current understandings of working with Buddhist clients. Furthermore, participants who volunteered their time and effort for this study provided valuable insights into their thoughts, including personal stories which made valuable contributions to the study. Therefore it is important to provide future recommendations so that other researchers can utilise the findings moving forward, as well to develop clinical practices that may help to improve awareness, understanding, and training opportunities for the Buddhist community, spiritual individuals and people considering psychological therapy in the hope of ensuring a higher quality service.

4.5 Evaluations of the Methodology

4.5.1 Interpretative Phenomenological Analysis

The present study can contribute to the relatively limited knowledge available in this field, regarding the experiences of spiritual people in therapy, but even more so for Buddhists clients and with special consideration given in this study to the wider social, relational, and spiritual beliefs that have shaped clients' experiences of psychological therapy. However the findings were conceptualised by using IPA, which relies heavily on the validity of language in texts to describe the phenomena under investigation, whereas social constructionists would argue that it is language that comes first in order to construct this reality (Willig, 2008).

Willig (2008) challenged the idea that how individuals perceive the world is the main focus of IPA. She claimed this would help to simplify IPA down to an experience sharing tool instead of contributing to our knowledge with insights that offer in-depth understanding and explanations of phenomena, as well as the lack of attention regarding ways language

and discourse can shape individual experiences. These can be viewed as some of the limitations of IPA studies (Willig, 2008).

On the other hand, the findings from this study reflected events that led people to Buddhism and how it contributed to their decisions to approach therapy. This turned out to be an unexpected further finding which I believe added more insights into how clients' experiences of therapy might be influenced by life events before they engaged with therapy. Events that created significant life changes, or a sense of vulnerability, and how one's journey is deeply embedded in the thought processes which can influence the experience of therapy were explored. Therefore, it can be argued that the importance of choosing a qualitative IPA study was its focus on subjective experiences through the details gained from each participant's narrative, as well as the insights gained regarding their emotional and physical experiences that would otherwise be lacking in a quantitative study (Eatough and Smith, 2008).

IPA is a method that depends on the articulation of participants' experiences. However, the extent of accuracy varies depending on the individual's memory and ability to describe their experiences, and the difficulty articulating these from memory (Willig, 2008). Nevertheless, I believe it is still important to record participants' narratives because these reflect how they interpreted and made sense of their experiences. Also, despite views that another limitation of IPA studies is the lack of generalisability, it is arguable whether findings should be considered for their theoretical transferability (Smith et al., 2009). Furthermore, I recognise the individuality of each participant's narrative, thus I encourage readers to make their own connections between these stories in order to gain a picture of participants' therapeutic experiences based on individual interpretations, along with existing literatures, as well as to evaluate the transferability of this study's findings. Finally, it should be noted that regardless of how much I try to make sense of the participant's world from their stance, my own biased views would inevitably leak into the interpretation. This means should this study be replicated by another researcher, the subjective nature of IPA could generate very different conclusions and themes from the same set of data (Willig, 2008).

4.5.2 Recruitment and Sample Population

One of the strengths of using opportunist sampling was that it is time efficient. Participants were chosen on the basis of first come first served, as long as they fitted the inclusion criteria decided at the initial screening process. This became important because recruitment proved to be challenging from the start due to the high level of reluctance for people to participate. This may have been due to the location I targeted for recruitment, such as Buddhist centres, social media platforms, and by word of mouth. Furthermore, many communities I approached highly valued their privacy and the protection of their members which created a challenge for recruitment. Consequently, this prolonged the recruitment period, and it took 7 months to collect sufficient data.

The number of participants was in line with Smith et al's (2009) recommendation that a small number of participants for IPA studies could enrich the data by providing more depth to the analysis. Participants were not offered anything in return for their participation in the study which suggests that those who volunteered their time were motivated by, and held a genuine interest in this research topic, thus further strengthening the reliability of the data.

On the other hand, there was a lack of demographic information regarding which school of Buddhism each participant belonged to. Upon reflection, I feel this could have been a helpful information because each school of Buddhism has varying teachings and practices. Therefore, gaining more information regarding this could have shed more light on how therapeutic experiences were influenced by beliefs that were related to a specific school of Buddhism. This lack of information may have prevented the opportunity to gain more understanding regarding why participants responded differently to some of the interview questions and whether this was related to the type of Buddhist schools they identified with. Therefore, a future consideration could be to explore participants' background further in regards to their relationship with Buddhism, their views on other branches of Buddhism, reasons for choosing the school they are presently with, and how their beliefs may have influenced the way they connect with others, particularly in therapy.

This study specifically focused on the Buddhist group population. As such, this means there are factors which were not considered in this study. Firstly, as previously noted at the beginning of this chapter, little attention was paid to participants' cultural and socioeconomic backgrounds. Furthermore, exploration of specific cultural and ethnic clients'

therapeutic experience might generate data that can shed light on how our cultural beliefs may influence the therapeutic process when combined with our R/S beliefs.

Secondly, the age of the sample population was required to be 18 years or above. As such, the younger population were omitted from the sample which meant the realm of psychological therapy for children and adolescents were not explored. If a person's R/S beliefs become a part of their upbringing through the influence of family members, then it is logical to assume that children and adolescents with mental health problems might also internalise subjective Buddhist beliefs that could impact upon their experiences of therapy. This could be an interesting area for future research and may help psychologists and other mental health practitioners to gain a better understanding of working with R/S clients specifically within the child population.

Overall, investigating subjective experiences of Buddhist clients was difficult due to the complexity of Buddhism and the various branches of Buddhist teaching which participants identify with. The umbrella term of Buddhism provides a general framework for its different schools of teachings, but participants might still have their subjective interpretation of Buddhist teachings and its values. Therefore, when exploring a phenomenon that relies entirely on individual's subjective experience, the limitation of this is how differently the data can be interpreted – while I may notice similarities/differences within participants' accounts, this might be experienced differently by the participants.

4.5.3 The Analysis

Throughout the process of writing this study, I reflected on my presence as being another limitation of this study. My role as the researcher could impact upon the data regarding a sense of how participants perceived me or would like to be perceived by me, which may have directly influenced their responses to the interview questions. It is possible that participants felt compelled to prove their knowledge of Buddhism to me, which may have contributed to the vast amount of theoretical-based data collected during interviews. This means opportunities and time used to explore their therapeutic experiences were potentially missed. Therefore, I would recommend future studies to amend some of the interview questions to be more directed towards therapeutic experiences in order to shift the focus away from Buddhism. Researchers may also want to consider testing the

relevancy of the interview questions on more participants in a pilot study as a way of examining the types of responses they could receive according to the type of questions they ask. This would also provide a good opportunity to practice interviewing skills by bringing the participant back to the main discussion if their focus starts to trail off topic.

5. Implications of the Study Findings

The exploratory and idiographic approach of this study focused upon the experience of Buddhists as a distinct client group and illuminated aspects of the participant's processing of therapeutic experiences in the context of their personal history and Buddhist beliefs. Furthermore, the similarities shown in the finding suggests that certain factors were experienced unanimously (be it helpful or damaging experiences) for most of the participants. These included the importance of therapists being sensitive to Buddhist clients' spiritual beliefs; to maintain an open mind and non-judgemental attitude in therapy, and the significant impact on the therapeutic relationship when Buddhist practices or values were considered as part of the treatment intervention. However, the heterogeneous nature of the sample population meant the complexity of explaining how Buddhist clients can experience therapy were highlighted in their differences of experiences of therapy and their relationships with Buddhism, as reflected in the master themes.

Participants showed awareness of their own processes in therapy and were able to reflect on the effectiveness of different types of interventions and therapeutic relationships they had experienced. This formed their understandings of what worked well for meeting their personal needs. The therapeutic alliance was highly valued by the participants and was believed as partly determining the overall success and effectiveness of therapy. Furthermore, other themes encapsulated life experiences that took place outside of therapy in conjunction with attending therapy. These themes helped to create a holistic picture of the challenges faced in everyday life, and how participants worked and struggled with being a Buddhist and a client in therapy, especially when these identities occasionally conflicted with each other.

One of the suggestions derived from the findings of this study was the need for integrative psychological models that embody holistic considerations for the diversity of client needs,

which are often formed by their spiritual, cultural, gender, age, and other factors. At times, it may be necessary for the therapist to work outside of the intervention framework in order to meet the client's needs, which could contribute to an overall positive therapeutic outcome (Brown, Elkonin and Naicker, 2013). In contrast, participants who felt dissatisfied with therapy reported that they felt that their therapists were unwilling to approach the topic of spirituality, despite spiritual issues being one of the reasons that brought them to therapy in the first place. Furthermore, some therapist's reluctance to address spirituality in therapy have left the impression that spirituality is not important or that they were uncomfortable with the topic, which led participants to view the therapist as unskilled or inadequate for working with them. However, evidence has shown that a majority of psychologists had either no or limited formal training in working with R/S clients (Culliford, 2002). Some studies found that by exploring client's spiritual needs and issues in life, therapists can gain a significant amount of insight into clients' problems and gain an understanding of how R/S beliefs can contribute to client's problems or benefit them as effective coping mechanisms. From this, therapists can create necessary interventions suitable for the client's needs in order to facilitate change (O'Grady and Richards, 2009). Thus, if therapeutic work can be impacted upon by a therapist's own R/S or non-R/S beliefs and values, then an emphasis on the development of self-awareness would be beneficial in monitoring this impact (Kellems, Hill, Crook-Lyon and Freitas, 2010).

Participants' descriptions of positive experiences in therapy appeared to occur when their Buddhist values were incorporated as part of the intervention, irrespective of the therapists' own beliefs. However, this was also determined by the readiness of the participant to address their issues in therapy, regardless of whether this was related to their spirituality. This has been evident in the growth of Buddhist derived treatment interventions in therapy (Pearce et al., 2015). According to studies, mindfulness is known as a meditative practice of Buddhism which has been demonstrated to be an effective approach for treating various mental health problems such as depression, anxiety, post-traumatic stress (Van Gordon, Sapthiang, Shonin and Griffiths 2019), substance use disorder, and gambling addictions (Griffiths, Shonin and Van Gordon, 2016).

Furthermore, the integration of spirituality into therapy can help therapists to better understand the clients' core values, R/S beliefs, and behaviours related to, or influenced by

their R/S. Gaining this understanding will allow therapists to be better informed of the appropriateness of interventions for the client, thus improving the quality of treatment. This fits with Counselling Psychology's Code of Ethics and Conduct (BPS, 2009a) which emphasises the importance of ethical awareness and the values underlying practice, which focuses on the four principles of respect, competence, responsibility, and integrity.

The findings highlighted the importance of exploring client's readiness to explore their problems before commencing therapy, and if issues are related to their spiritual beliefs, the therapist should explore the extent of participant's willingness to discuss them. As such, some participants reported they held negative attitudes towards mental health services due to experiencing conflicts between psychology professionals and religious beliefs (Mitchell and Baker, 2000). Therefore, an integration of religiosity and spirituality into therapies could have a positive impact on the quality of the therapeutic relationship between clients and mental health professionals, especially when the professional is perceived as open and sensitive towards discussions of religious issues (Freire et al. 2016).

This reinforces the importance of the need for therapists to receive relevant training in order to work with spiritual clients without feeling inadequate or uncertain. This could also help to prevent potential transference of their anxieties onto the client. Such points have also been made by previous researchers (Brawer et al., 2002; Richards and Bergin, 2000). A useful implication from this study's findings is that educational institutions could consider offering psychology training programmes that involve spiritual awareness, knowledge, and practices, so that future qualified psychological practitioners can apply these skills in therapy in order to better meet their client's needs. These training programmes could help to highlight why certain clients may feel distressed or go through a difficult time in therapy and could lead to greater awareness of the issues, in order to help practitioners to develop effective coping strategies related to their own and their clients' spiritual beliefs.

Participants have described the benefits of seeking psychological support from religious figures and communities, and studies supporting the effectiveness of R/S incorporated therapeutic interventions could imply the need to evaluate the suitability of therapy for some R/S clients. It is important for therapists to recognise when therapy can no longer provide the necessary support needed by the client in order to address their problems or

achieve personal development. To recognise this and then direct the client towards a more suitable treatment pathway, including signposting outside of the mental health service is also a part of the ethical principles in counselling psychology. This reflects the therapist's ability to show high standards of competence in their professional work and "the importance of working within the recognized limits of their knowledge, skill, training, education and experience" (BPS, 2009. p.8).

5.1 Recommendations for Future Research

A recommendation for future research is to examine R/S client's therapeutic experiences after differentiating between the different types of therapeutic approaches they have received. This could offer further insights into which interventions are more effective in treating spiritual clients with issues related to their spirituality. Future studies that explore this may also contribute to the development of training content in relation to Counselling Psychology and clinical practice. This could also provide in-depth insights into the differences in social, economic, political, and cultural values held by spiritual individuals and the problems they face in comparison to the general population.

Participants' feedback regarding the therapeutic relationship is one of the most influential factors influencing their overall experience of therapy. This means the therapist can have a significant effect on whether the outcome is positive or negative. Therapists may need to help clients to face their vulnerabilities, talk about traumatic experiences, and process pain caused by the problems they have brought to therapy. Therefore, therapists should offer support in these domains by having a better awareness of the differences in working with challenges related to Buddhism and how to be tentative and sensitive when working with Buddhist clients. One approach could be the use of outcome measures or patient experience questionnaires to help evaluate the therapist's practice and provide insights into which aspects of therapy worked well for the client and which could be improved.

Taylor (2007) suggested that in current psychology training, there is a missing component that could be of benefit in the development of therapist's knowledge and skills when working with R/S clients; that is the values deeply held by the people of this population, such as the open display of love and kindness, compassion and respect, and not engaging in sinful behaviours such as killing and stealing. More in-depth exploration of the challenges

surrounding Buddhism could illuminate problems that are not covered in this study. For example, Buddhism's interpretation of mental health and beliefs about people suffering from mental health problems – if mental health problems are seen as a form of bad karma, then some Buddhists may believe the solution lies in doing good deeds to bring about good karma rather than seeking psychological therapy. This may explain why despite the benefits of being a Buddhist, people still seek professional psychological help, rather than solely relying on their beliefs. It would be useful for future researchers to consider recruiting participants from a wider range of social and cultural backgrounds because the interview process may reveal other insights regarding connections between Buddhism, mental health problems and a person's social-cultural backgrounds.

Furthermore, themes such as "recognising social judgements" revealed how mental health can be perceived in society by those who may be unfamiliar with it. This reflects a society which still has a lack of awareness and poor understanding of mental health and which still carries a strong social stigma. Hopefully, this can shed light on how impactful societal judgements can be for those struggling with mental health problems and the impression it can create for those who are seeking or currently in therapy. Perhaps a future consideration for researchers could be to explore Buddhist people's decisions to not seek professional psychological help, despite struggling with mental health problems. This could potentially illuminate barriers that have not yet been discovered in this or other existing studies, and which will further enrich our understanding of why people may decide to stay away from psychological therapy. Furthermore, this could also help to promote psychological help-seeking by normalising the behaviour which would generate positive impressions, thus encouraging people to approach professional psychological services for support when they are struggling with problems in life that cannot be dealt with alone.

Additionally, because of a current lack of understanding among practitioners of effective ways of working with Buddhist clients in therapy, I believe there is a need for further training and guidance opportunities for those working with Buddhist clients in counselling psychology. Despite the growing interest and acknowledgement of R/S as a part of a person's cultural heritage, there still seems to be very limited training and supervision available for therapists (Brawer, Handal and Fabricatore, 2002). Easy access to readily available reading materials related to Buddhism, Buddhist-incorporated interventions, and a

framework for how to work with Buddhist clients should be considered for use in training institutions across the UK. This will help to increase awareness and build knowledge and skills for current and future psychological practitioners. Furthermore, from a creative perspective, psychologists could consider taking part in Buddhist practices and group retreats in order to personally experience Buddhism. This process could lead to therapists acquiring empathy towards the Buddhist population which could positively shape the therapeutic process and benefit the therapeutic relationship.

5.2 Practice-Based Recommendations

Below is a list of practice-based recommendations for psychological practitioners to bear in mind when working with Buddhist clients. These recommendations are based on this study's findings that have highlighted a few factors which can positively influence Buddhist clients' experience of therapy, leaving them feeling supported and their needs met.

1) The therapist should present him/herself as open-minded, present, and accepting.

Based on this study's findings, Buddhist clients can be very observant in therapy, especially regarding how the therapist responds to their presenting problems. When the client perceives the therapist as judgemental and delivers the session with an agenda in mind, therapy can be experienced as unhelpful or a waste of time. Furthermore, findings suggest that the therapist's body language, body movements and/or facial expressions can be interpreted as a response to the client in therapy. Therefore, therapists should remain aware of and reflect upon their own reactions, and be open to tell clients if they do not feel comfortable or confident working with them or their presenting problems. As such, supportive spaces such as supervision and personal therapy, as well as further trainings could help to perpetuate the therapist's development of self-awareness and confidence.

2) The therapist should maintain a good degree of transparency and honesty in therapy.

This does not necessarily include the therapist's personal disclosures but being able to recognise the client's pain through validation and empathy without shifting the focus away from it. This study's findings showed that Buddhist clients understand that not all therapists can be familiar with Buddhism or understand its concepts and principles, but being honest about one's limited knowledge of Buddhism might help to manage the client's expectations

during therapy. Additionally, prior to the start of therapeutic work, a transparent discussion with the client about what presenting issues can be addressed within the given timeframe of therapy will help to build structure and prepare the client for ending.

3) Prioritise building a positive therapeutic relationship.

Findings showed that establishing and maintaining a good therapeutic relationship can hugely influence the overall experience of therapy. Although the process of building a trustworthy relationship can be challenging, this was nonetheless highly valued by Buddhist clients because it helped them to feel that therapy is genuine and authentic. How to establish a good therapeutic relationship is dependent on the type of therapist that the Buddhist client is looking for which should be address in the beginning of therapy. Other factors that will help to build a good relationship between the client and the therapist are described in the points above.

4) Discuss the treatment intervention/modality with the client at the beginning of therapy.

Participants such as Erica noted that therapy felt unhelpful when she could not resonate with the intervention, partly due to her lack of understanding of why it was chosen and how it was addressing the presenting problems. Furthermore, from Cameron and David's accounts, the differences between their knowledge of a modality and how it was understood and implemented by the therapist made therapy seem confusing and unhelpful. Therefore, these findings suggest there is value in spending time to explain and rationalise treatment plans with the client prior to carrying out the intervention, so that therapists can ensure the client fully understands how therapy will be carried out. This could include explaining the modality's framework, how it will help to address the presenting problems, and what the therapist is expecting from the client. Equally, this will give Buddhist clients the opportunity to voice their thoughts on any difficulties they might have with the treatment approach as well as clarifying their expectations of therapy.

5) Therapists should consider integrating Buddhist principles/teachings into the treatment intervention.

It was highlighted in the findings that Buddhist clients would perceive therapy as more helpful if elements of Buddhism were incorporated into the process, such as gaining acknowledgement of Buddhist-related issues from the therapist, discussions about the client's Buddhist identity (but perhaps only when the client initiates that conversation themselves), and assimilating some Buddhist principles into the treatment interventions. This was perceived as helpful by my participants because they were able to resonate with the spiritual aspect of therapy due to their Buddhist identity, as well as making therapy seem less pragmatic, clinical, and more humanistic and spiritually minded.

6. Reflexivity Overview

Throughout each chapter, I have discussed the processes which led me to decide the research topic, the recruitment structure, and the rationale for using IPA, as well as justify my interpretations of participants' therapeutic experiences. What transpired to be significant for me was my multiple positions as the researcher, a student in training, a professional practitioner, and as someone who once questioned the existence of spirituality. I believe all of these identities played a role in how I created the study and which influenced my interpretations of the data.

To see my participants talking about their personal stories, including trauma and relational struggles left me with a sense of gratitude. Firstly, I felt grateful for their transparency and bravery to willingly share something so intimate and personal. Secondly, I valued the different views participants gave which shed light on various perspectives that I otherwise would not have known. As a result, this solidified my beliefs regarding the complex and diverse challenges and benefits of being a spiritual individual as well as the impact those spiritual beliefs can have on how we experience events, and specifically psychological therapy.

I will now consolidate my reflections as a whole and end this section with a concluding summary.

6.1 Personal Reflexivity

After conducting this study, I felt my sense of the world had developed and grown broader, along with my understandings of Buddhism and how differently it can impact upon peoples'

lives. This was especially important as I am not a Buddhist nor can I be considered knowledgeable in Buddhism, therefore the process of this research greatly increased my understanding of this phenomenon as participants' experiences unfolded in front of me.

I tried to reflect on my influence on the study as an outsider, but also as an individual who has experienced psychological therapy in the past. From my experience, meeting the participants gave me a better understanding of how Buddhism influenced them and their views about the world. However, a constant concern I had throughout this study was how much I might be imposing my own biased views onto the analysis and the extent that my presence leaked into each stage of the research.

On the other hand, by going through the process of creating, carrying out, and writing up this study, I realised my views about the world and my attitude towards people going through mental health struggles began to shift. I believe each individual's struggles are formed in different ways and it may be impossible to find another person who can share the exact same experience as us. Yet our beliefs, regardless of what they may be can often impact upon us in ways that are almost indescribable. Therefore, this study allowed me to reflect on how we make sense of our experiences, the uniqueness of our interpretations of seemingly similar life situations, the impact of labelling a feeling, and how each participant came to embody and understand their therapeutic experiences from a Buddhist perspective. As such, I strongly believe this will contribute to my future clinical practice and personal growth, especially when working with spiritual people inside and outside of therapy.

6.2 Final Reflections on the Methodology

On reflection, I felt some of my interview questions were too broad which may have left some participants feeling unsure of how to respond. In hindsight, perhaps questions such as "What does Buddhism mean to you?" could be altered and given greater explicit focus such as "Has becoming a Buddhist impacted you in any way? If so, in what way has it impacted on you?" This may generate more event-specific responses which may have been more helpful when it came to creating themes. In some instances, due to the broadness of the question, participants often started answering with more theory and opinion-based responses rather than talking about their individual experiences.

During the interviews, I also noticed participants becoming lost in their thoughts and often wondered off topic. I believe this was partly due to the openness of the interview questions as well as my lack of assertiveness to redirect the participants back to the research topic. This could have cut down the interview time and made the data more focused on the experiential aspects of their narratives and perhaps less so on factual statements and theories. Nevertheless, it was insightful to learn about how each participant became a Buddhist and the events that brought them into therapy. I felt this painted a vivid picture of them as individuals and contributed to establishing our rapport.

Although I was able to gather valuable data for this study, there was an initial frustration during the interviews because I felt anxious about the relevance of the information I collected in relation to answering the research question. However, I was aware of my own thoughts and feelings towards the process and was mindful that I did not react to these impulses in case it prevented participants sharing information that could potentially be useful for the study.

6.3 Summary

Overall, this study is the result of a four-year journey that not only reflects the process of the research coming together, but is also an outcome of how I have developed academically, personally, and professionally. I entered this journey with an open mind, hoping to be enlightened by what I would find and I felt that this was achieved. The vast differences in each participant's journey illuminated different ways of living and coping with distress, as well as learning about the power spiritual beliefs can have on a person's life. This particularly stayed with me because I have always been curious about Buddhism.

To integrate something so personal to me (Buddhism) with my passion (counselling psychology) has been a transformative and informative journey in itself. Through my participants, I felt invited to join them on their journeys, travelling with them by embodying their experiences during the interviews as they recalled past memories. As a result, I believe this journey contributed to my growth as a person, an academic researcher, and a psychological practitioner.

The aim of this study was to explore the therapeutic experiences of Buddhists in order to inform future research and provide implications for clinical practice in working with spiritual clients in therapy by broadening our understandings of their experiences of therapy. Despite the limitations of this study, I believe the findings have offered insightful and informative details which can be transferred into clinical practice and further academic research. I feel that the research aims were achieved and that this study has been worthwhile.

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Appendices

Appendix 1: Initial Interview Questions

General attitude

1. What do you understand about mental health?
2. What is your view towards mental illness?
3. What are your views of people who seek professional psychological help?

Religion

1. What do you understand by the word 'Religion'?
2. How has Buddhism influenced you as a person?
3. Could you tell me the impacts of your religion have had in your life?
4. To what extend do you believe your religion contributed to your view towards receiving personal therapy?

Culture

1. What values or beliefs do you have in life?
2. What are the values of people close to you?
3. What does your ethnicity mean to you?
4. What can you tell me about the impacts of your culture has had in your life?

Other potential barriers

1. Aside from your religion, what other factors may influence your decision towards seeking personal therapy?
2. How do these factors influence your life now?

Appendix 2: Updated Interview Questions

General questions

1. What made you decide to participate in this study?
2. What could you contribute to this study?
3. What is your view of people who have mental illness?

Therapy

1. What are your views on psychological therapy?
2. Could you tell me about your experiences of psychological therapy?
3. What are your thoughts on the therapeutic journey you went through in therapy?
4. How long were you in therapy for?
5. What type of intervention/modality did you receive from your therapist?

Prompt questions

- What was your relationship like with your therapist?
- Could you tell me about your thoughts on the therapeutic outcome?
- What were your views of therapy prior to going and after you have experienced it?

Buddhism

1. What are your views on religion?
2. What are your values and beliefs in life?
3. What does Buddhism mean to you?
4. Did Buddhism influence your decision to seek psychological therapy?

Appendix 3: Research Poster

Department of Psychology
City University London

PARTICIPANTS NEEDED FOR RESEARCH IN BUDDHISM AND PSYCHOLOGICAL THERAPY

Would you identify as a Buddhist?
Have you ever experienced psychological therapy?
Looking for a great opportunity to talk about your experiences?

We are looking for volunteers who are interested in sharing their experiences of counselling. This will be your chance to talk about your therapeutic journey and any issues you may have encountered.

You would be asked to participate in 1, one-to-one interview session with the researcher for approximately 60-90 minutes.

For more information about this study, or to take part, please contact:

Sisi Bai: [redacted]

[redacted]

This study has been reviewed by, and received ethics clearance through the Psychology Research Ethics Committee, City University London [PSYETH (P/F) 16/17 83].

If you would like to complain about any aspect of the study, please contact the Secretary to the University's Senate Research Ethics Committee on [redacted] or via email: [redacted]

Appendix 4: Consent Form

Title of Study: Exploration of Buddhist Clients' Experiences of Psychological Therapy.

Ethics approval code: [PSYETH (P/F) 16/17 83]

Please initial box

1.	I agree to take part in the above City University of 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. • making myself available for a further interview should that be required.	
2.	This information will be held and processed for the following purpose(s): 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. I consent to the use of sections of the audio tapes that does not include identifiable information to be included in publications, for the purpose of answering the research question.	

3.	I understand that my participation is voluntary, that I have the freedom to continue, pause, or withdraw in part or all of the study at any stage 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 Participant / Signature / Date

Xuezi Bai

_____ _____ _____

Name of Researcher / Signature / Date

Appendix 5: Participant Information Sheet

Title of study: Exploration of Buddhist Clients' Experience of Psychological Therapy.

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?
This research is interested in exploring your experiences of therapy, by conducting approximately 60-90 minutes interview session with per individual participant. The intention is to explore views on mental illness and how Buddhist values and beliefs may have contributed to your views towards psychological therapy.

This study will take place between 05/17 to 12/17 and is undertaken as part of the Professional Doctorate in Counselling Psychology at City University, London.

Why have I been invited?

I am looking for eight adult (over 18 years old) participants who are solely practicing the Buddhist religion with prior experience of being in psychological therapy. You must be able to speak and understand English. To be considered for this study, participants must engage in daily Buddhist practices.

Do I have to take part?

Participation in this research is voluntary, and all participants have the freedom to choose not to participate in part or all of the study. You may withdraw at any stage of the study without being penalized or disadvantaged in any way.

It is up to you to decide whether or not to take part. If you do decide to take part you will be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason.

What will happen if I take part?

- *You will be invited to take part in 1 interview session.*
- *The interview session will take around 60-90 minutes.*
- *You will only be asked to participate in the interview once, unless a second interview is agreed upon between the interviewer and the participant.*
- *During the semi-structured interview, you will be asked a series of questions related to mental illness, counselling, and Buddhism.*
- *The data will be analyzed using Interpretive Phenomenological Analysis.*
- *The interview will take place in a private room at City University. The interview will never take place at yours nor the researcher's home. In an event where the participant is unable to travel, skype interview can be an option.*

What do I have to do?

You will be required to answer a series of questions in the one-to-one interview with the researcher in a confidential space. The entire interview process will be audiotaped.

What are the possible disadvantages and risks of taking part?

The interviewing process may trigger different feelings, thoughts, and memories that may remind you of any painful or traumatic past. However, the researcher will aim to ensure your safety and to avoid causing potential distress. If in the event that you are interested in seeing a counsellor, you are free to inform the researcher or relevant people who could provide reliable information to gain you the access to various counselling services.

What are the possible benefits of taking part?

You will be given the chance to voice your opinion, views, and share your experiences with the researcher. The interview will provide you the freedom of expressing your concerns, dismay or satisfaction towards counselling. You can also receive a copy of the completed study if you may wish.

What will happen when the research study stops?

Once the research is completed, all participant information will be destroyed to ensure future confidentiality. No identifiable information will be stored or used for any other purposes.

Will my taking part in the study be kept confidential?

- *Only the researcher will have access to your identifiable information.*
- *Audio recordings will be kept in a safe and private place, labelled with a pseudonym during the research period. It will be destroyed once the research is completed.*
- *Personal information will not be used on any documents and will be kept by the researcher as agreed by the participant.*
- *Identifiable information will not be shared with anyone else.*
- *Confidentiality contract will be breached if there is a potential risk of harm to yourself or others.*
- *Data will be stored digitally on the researcher's computer.*

What will happen to the results of the research study?

Once the research is completed, it will be available at the library of City University. If the research will lead to future publications in journals, reports, or thesis, your information will remain anonymous and you will receive a copy of the publication if you wish for so.

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

All participants have the freedom to withdraw from the study at any time you wish without needing to give an explanation or penalty. If you wish to request the complete destruction of your data, you can do so within five months of the date of the interview.

What if there is a problem?

You can contact me Monday to Friday between 9am – 6pm.

If you have any problems, concerns or questions about this study, you should ask to speak to a member of the research team. If you remain unhappy and wish to complain formally, you can do this through the University complaints procedure. To complain about the study, you need to phone [redacted]. You can then ask to speak to the Secretary to Senate Research Ethics Committee and inform them that the name of the project is: *Exploration of Buddhist's experience of psychological counselling.*

You could also write to the Secretary at:
[redacted]
Secretary to Senate Research Ethics Committee
Research Office, E214
City University London
Northampton Square
London
EC1V 0HB
[redacted]

City University London holds insurance policies which apply to this study. If you feel you have been harmed or injured by taking part in this study you may be eligible to claim compensation. This does not affect your legal rights to seek compensation. If you are harmed due to someone's negligence, then you may have grounds for legal action.

Who has reviewed the study?

This study has been approved by City University London Psychology Department Research Ethics Committee, [PSYETH (P/F) 16/17 83].

Further information and contact details

Researcher: Sisi Bai [redacted]

Research supervisor: [redacted]

[redacted] **for taking the time to read this information sheet.**

Appendix 6: Debriefing Form

Exploration of Buddhists Clients' Experiences of Psychological Therapy

DEBRIEF INFORMATION

Thank you for taking part in this study. Now that it's finished we'd like to tell you a bit more about it.

The aim of this study was to explore people's experiences of therapy from a Buddhist point of view, specifically, experiences of the therapeutic process, the therapy outcome and the role of Buddhism in the therapeutic journey.

In this study, you were asked to share your views towards mental health, your experiences with Buddhism and how that may have shaped your attitude towards counselling. From this, we are hoping to gain an understanding about any discrepancies in beliefs towards counselling that may have been influenced by one's religious values and beliefs, or other events which may prevent the Buddhist community from seeking for psychological help.

If you have any concerns, feel that an issue was arisen during this study, or that you would like to contact someone for emotional support, please feel free to contact the following people/organisation. Alternatively, if you need support around contacting your GP, please inform the researcher.

We hope you found the study interesting. If you have any other questions please do not hesitate to contact the researcher and/or the research supervisor.

Researcher: Xuezi Bai

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

City University's student counselling and mental health service:

Phone number: (0)20 7040 8094

Email: mentalhealth@city.ac.uk

Samaritans:

Number: 116 112 (free)

Email: jo@samaritans.org

Mind:

Number: 0300 123 3393

Email: info@mind.org.uk

Ethics approval code: *[*PSYETH (P/F) 16/17 83*]*

Appendix 7: Ethics Approval Letter

Psychology Research Ethics Committee

School of Arts and Social Sciences

City University London

London EC1R 0JD

6th March 2017

Dear Xuezi Bai and [redacted]

Reference: PSYETH (P/F) 16/17 83

Project title: Exploration of Buddhists' Experience of Psychological Counselling.

I am writing to confirm that the research proposal detailed above has been granted approval by the City University London Psychology Department Research Ethics Committee.

Period of approval

Approval is valid for a period of three years from the date of this letter. If data collection runs beyond this period you will need to apply for an extension using the Amendments Form.

Project amendments

You will also need to submit an Amendments Form if you want to make any of the following changes to your research:

(a) Recruit a new category of participants

(b) Change, or add to, the research method employed

(c) Collect additional types of data

(d) Change the researchers involved in the project

Adverse events

You will need to submit an Adverse Events Form, copied to the Secretary of the Senate Research Ethics Committee [redacted], in the event of any of the following:

(a) Adverse events

(b) Breaches of confidentiality

(c) Safeguarding issues relating to children and vulnerable adults

(d) Incidents that affect the personal safety of a participant or researcher

Issues (a) and (b) should be reported as soon as possible and no later than 5 days after the event. Issues (c) and (d) should be reported immediately. Where appropriate the researcher should also report adverse events to other relevant institutions such as the police or social services.

Should you have any further queries then please do not hesitate to get in touch.

Kind regards

[redacted]

Appendix 8: Single Case Transcripts with Analysis Notes

Analysis Notes Completed on Paper

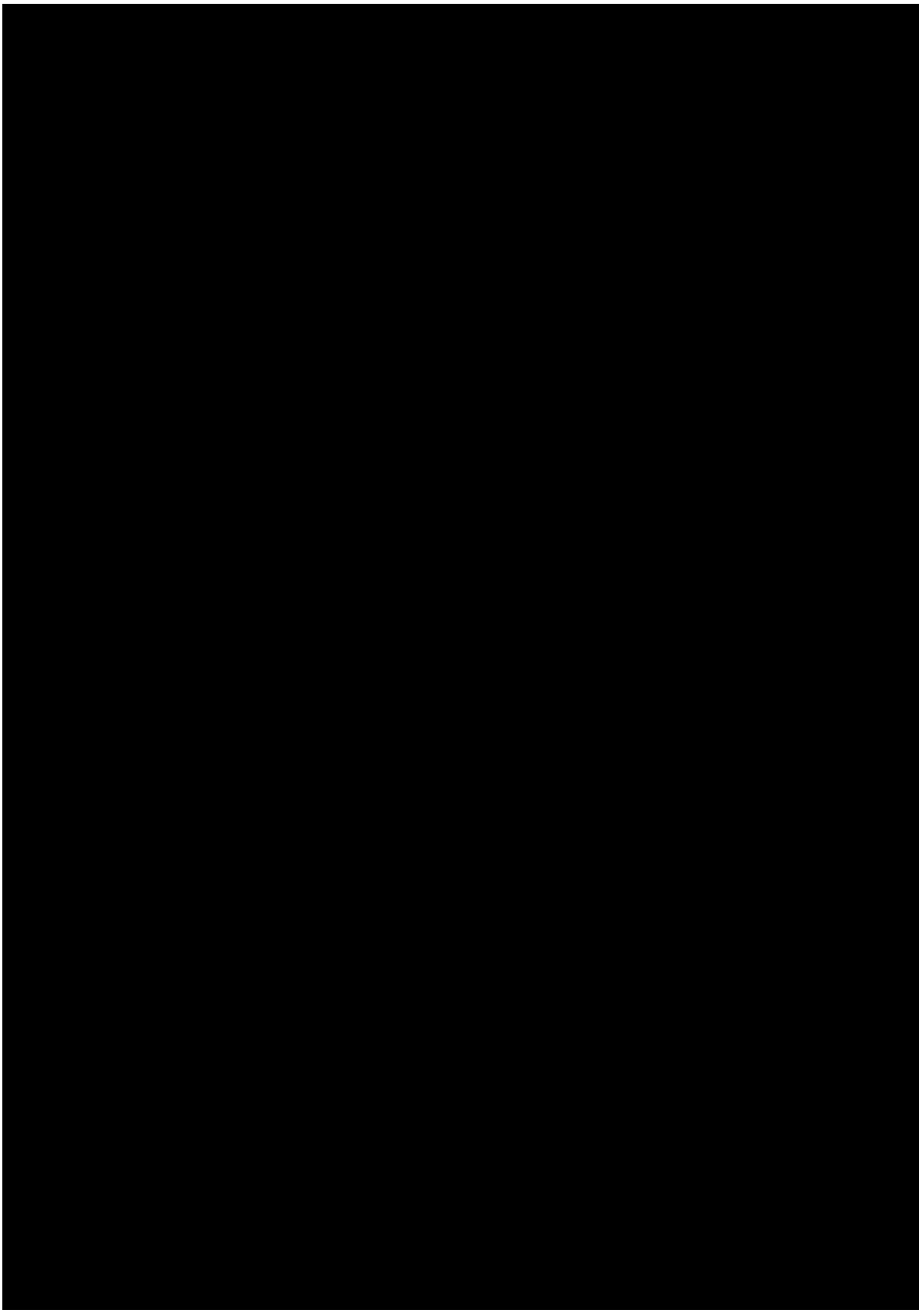
Analysis Notes Completed Electronically

Themes	Transcript	Coding – descriptive, linguistic, conceptual,
	Interviewer: Um, so, one of the first questions that I would like to know, is just… you know, from a general point of view, what is your view on counselling?	
	BB: My view on counselling?	Unsure of the question.
	I: Yeah, as in counselling as a whole…	
	BB: [Long pause] God that's actually quite a difficult question to answer.	Difficult to describe his views towards counselling. Hesitancy and emphasising how challenging the question is.
	I: It is quite broad isn't it?	
Connection with others	**BB:** As a matter of fact, I've had a supervisor for years, who you know, was a consultant for guys and trained as a Lama.	Had a well-acknowledged supervisor for years. The supervisor had a relevance to his experience. Started answering the question with his connections and their capabilities.
	I: Ok.	Offering an explaining to Lama. What was the connection between Buddhism and therapy?
	BB: In India, you know, the Buddhist type Lama. So we spent years talking about Buddhism and therapy, and um, he is very sceptical of therapy. I am quite sceptical of therapy really, I	Holding reservations about therapy because it doesn't cover everything. Was he sceptical because his supervisor was sceptical?
Therapy not in depth enough	just don't think it goes deep enough. I think that um… well this is a very per, yeah…. I… I suppose as my personal experience, a	Hesitant to share his personal experience. Therapy did not enter deep parts of his problems.
Validating own experience	lot of it doesn't go deep enough, and I've got two degrees in social sciences, in anthropology.	I have multiple qualifications. Emphasising his academic background.
Buddhism has depth	**I:** Ok.	
	BB: And um, I think Buddhism actually goes a lot deeper [inaudible].	Buddhism can go deeper. Realising his Buddhist self could touch the significant areas of his problems.

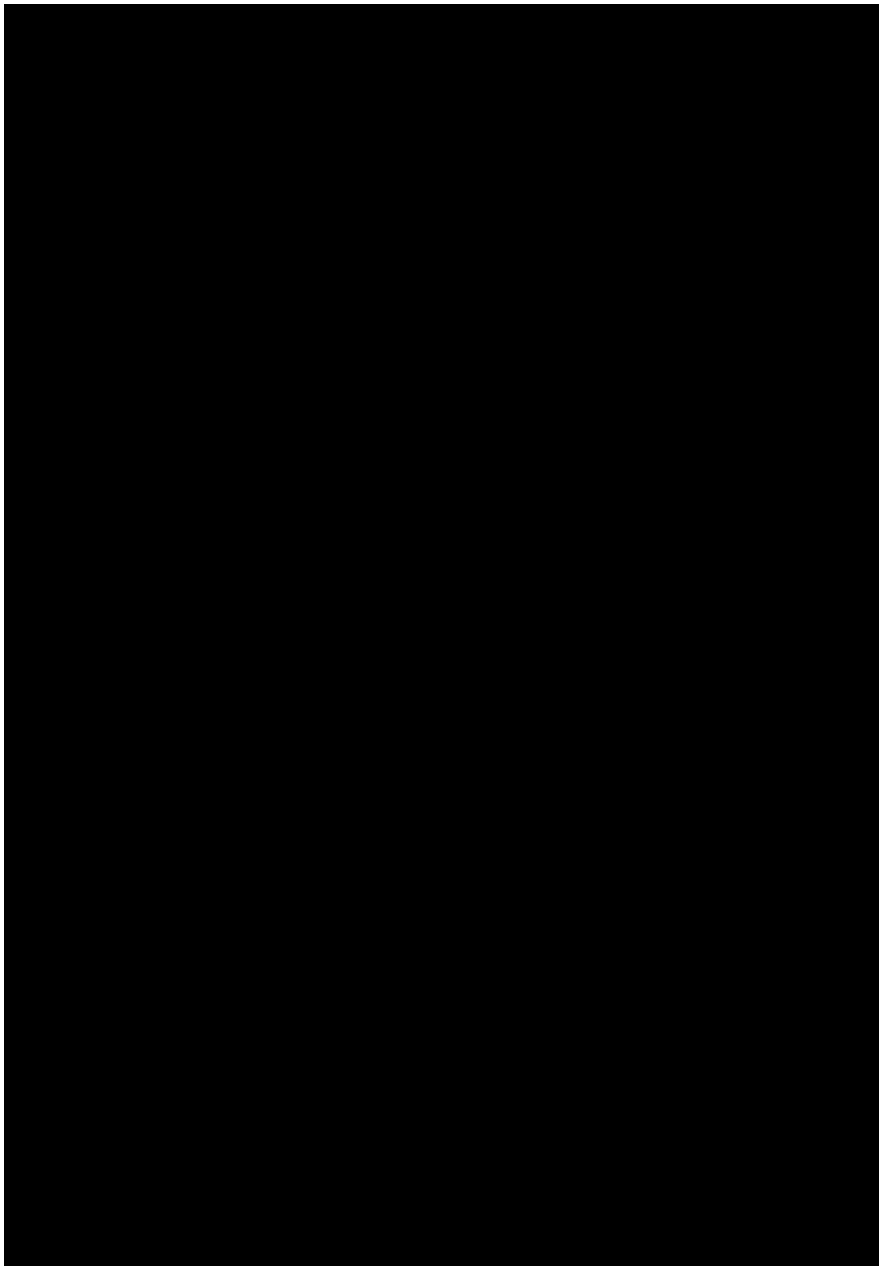
Appendix 9: Grouping Emergent Themes into Subordinate Themes

Emergent themes	Subordinate themes
Vulnerable age Accepting help Help refused Rejection Feeling vulnerable	Lack of security
Changes led to hardships Major change in life Significant changes in life Normality after period of time Reality different to expectation Unsatisfactory environment	Recognising changes
Loss of loved ones Loss of security Lack of stability Constant battle with pain	Losses that are out of reach
Ignoring psychological needs Overlooking psychological needs Mental health is missing something Negative sides of mental health Positive sides of mental health Solution to mental health Mental health across family Multiple mental health issues	Understanding my problems
Being a survivor Self-acknowledgement Personal connection to the phenomena My story Self-validation Own needs My story should be heard Taking on responsibilities	Looking back on my journey
Position of high authority Demanding job role	Career
Therapy is useful for some things Using therapy to prove something Answer comes from ourselves Buddhism led to understanding In search of something deep within	In search of something
Family trauma Struggles after trauma Repeated struggles Reliving past memories	Feeling vulnerable
Shared understanding Focus on physical recovery	Uncategorized themes

Appendix 10: Looking for Patterns Across Cases



Appendix 11: Reflexive Diary from Post-Interviews



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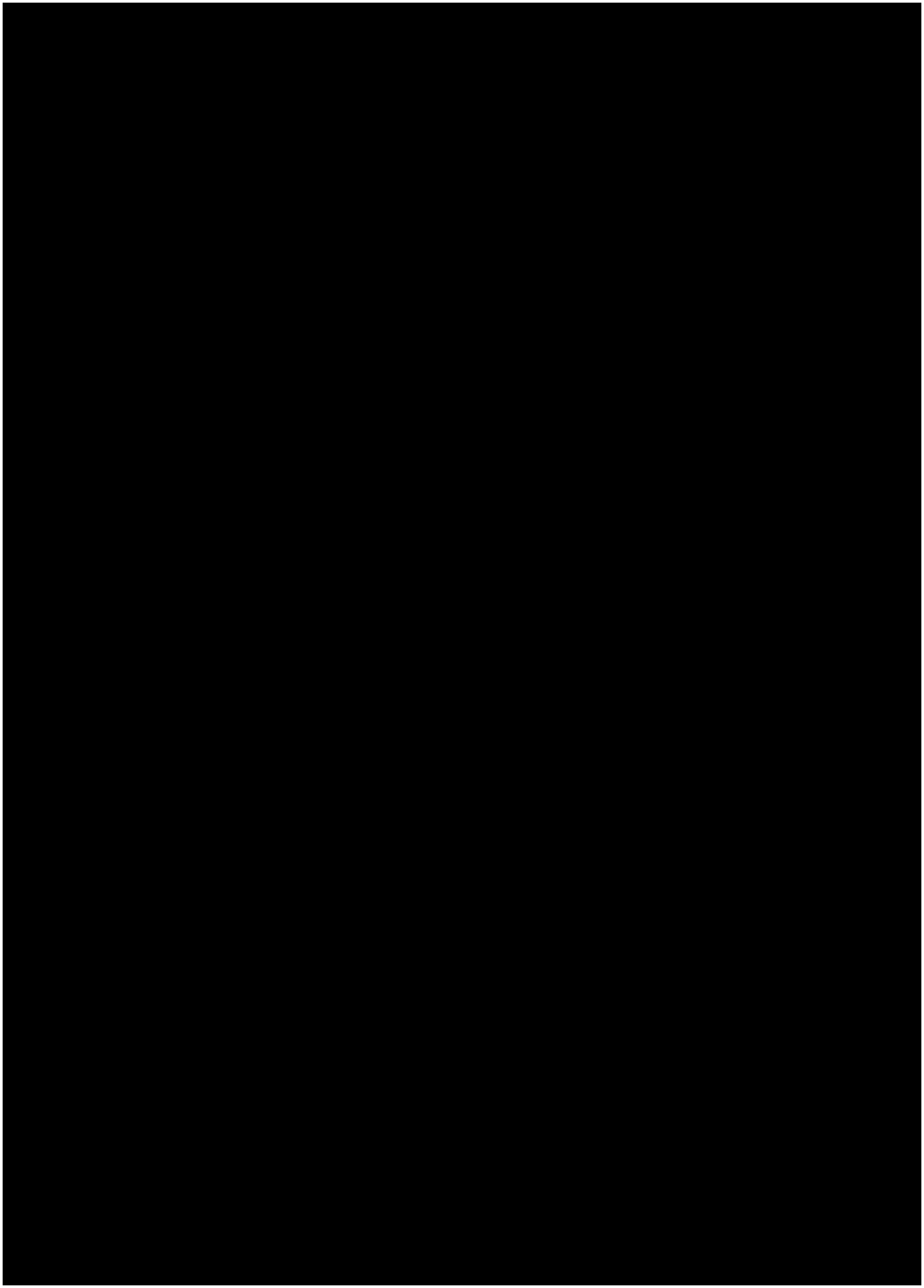
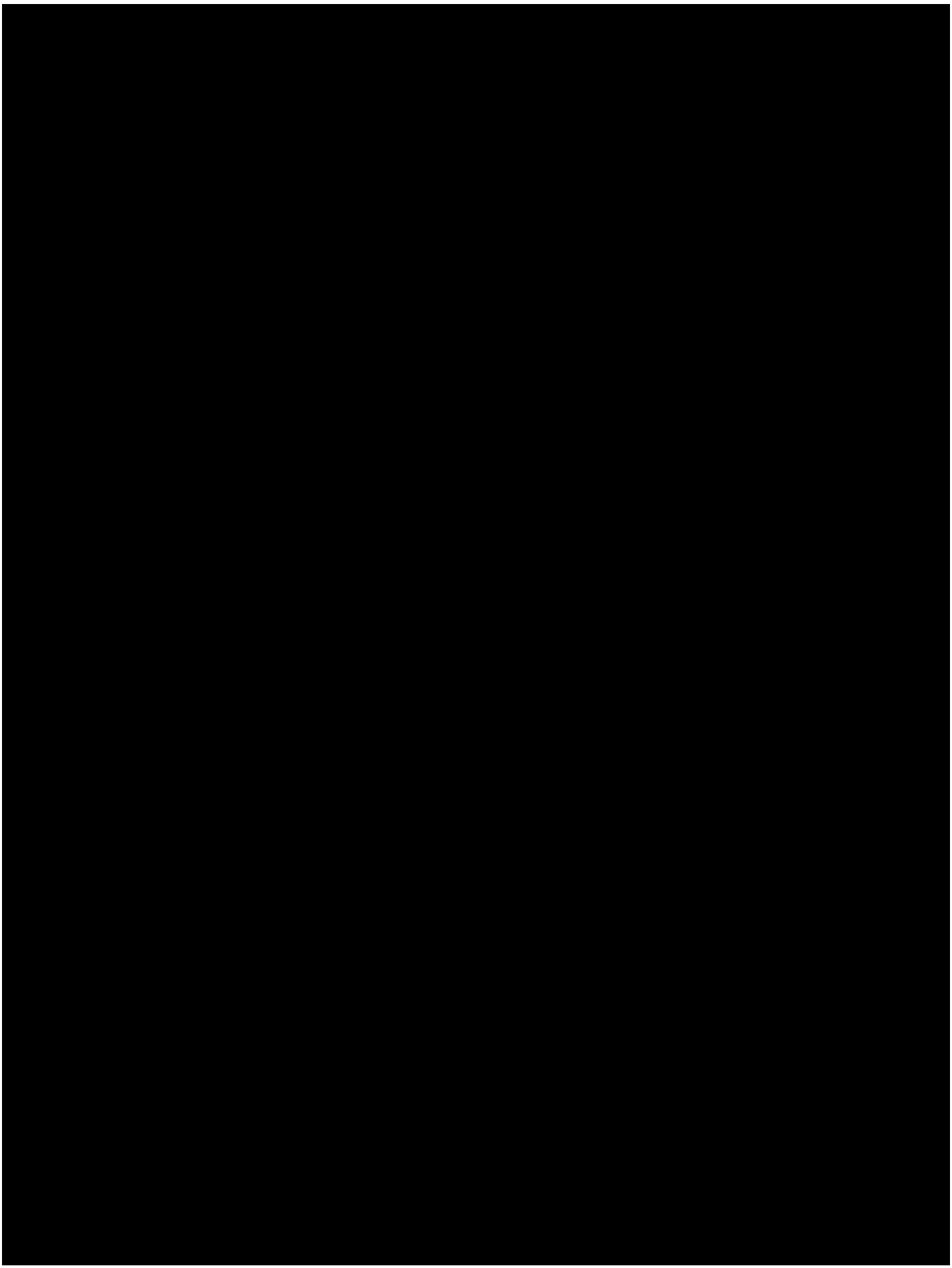
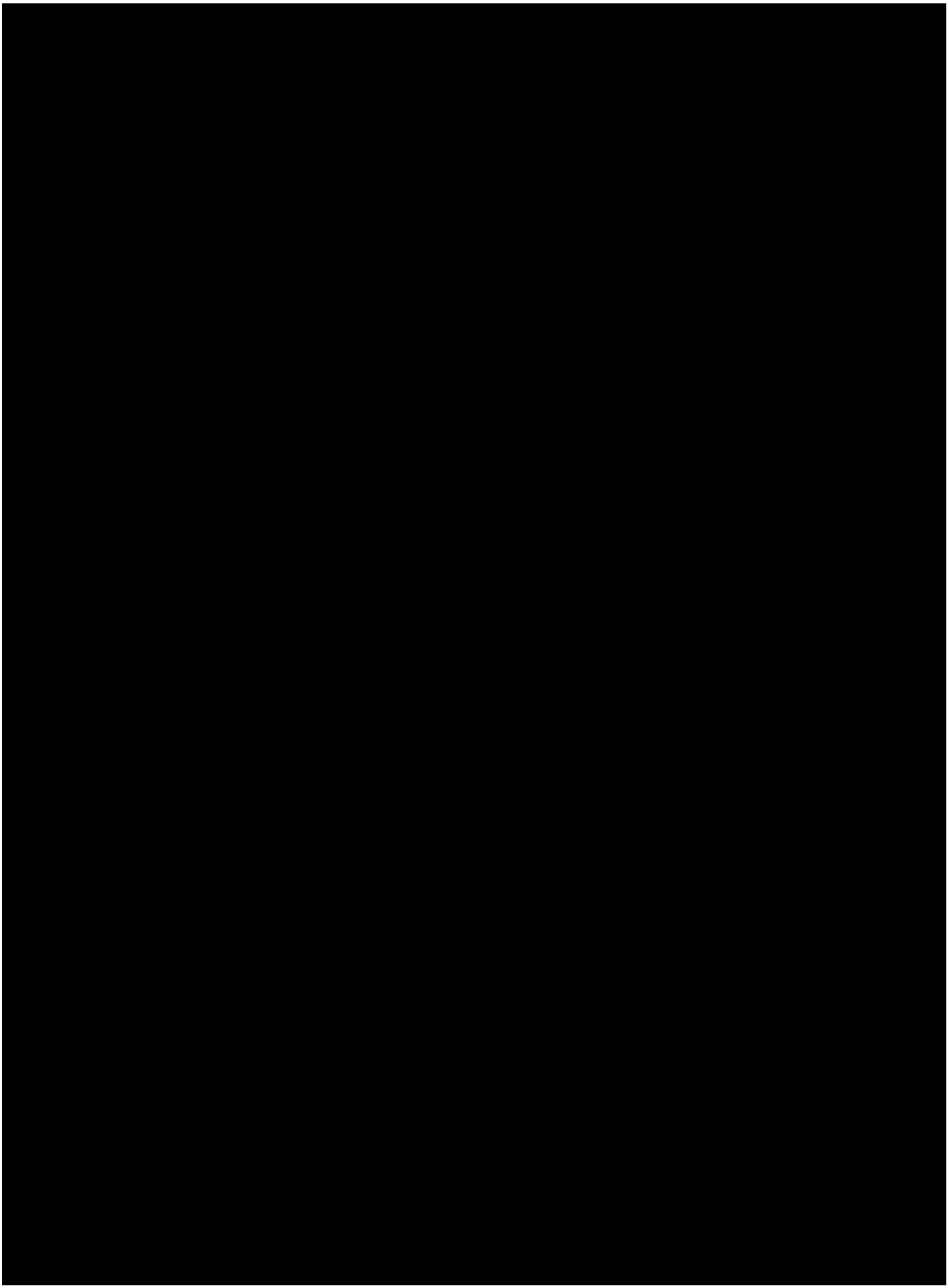
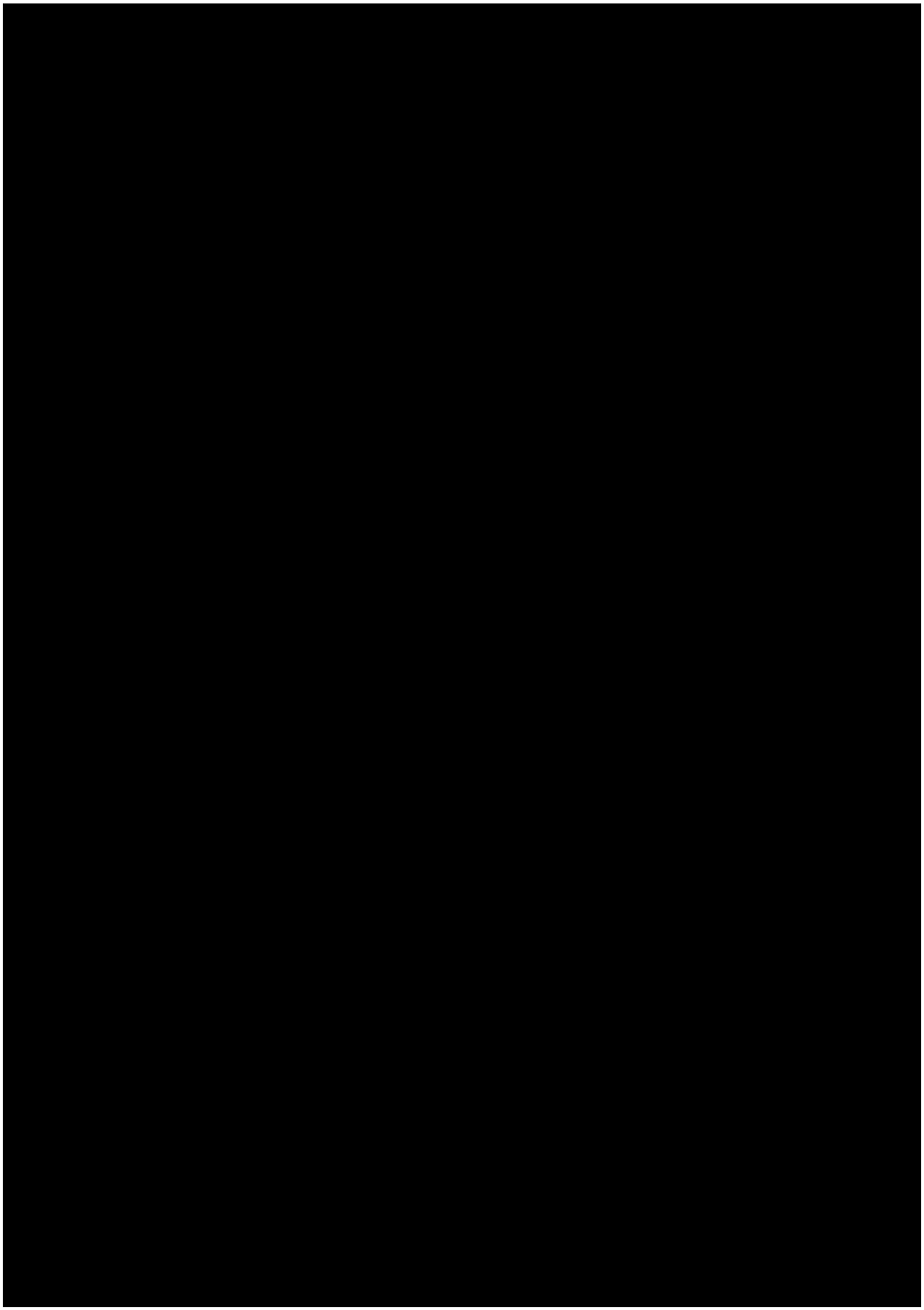
Section C: The Publishable Journal

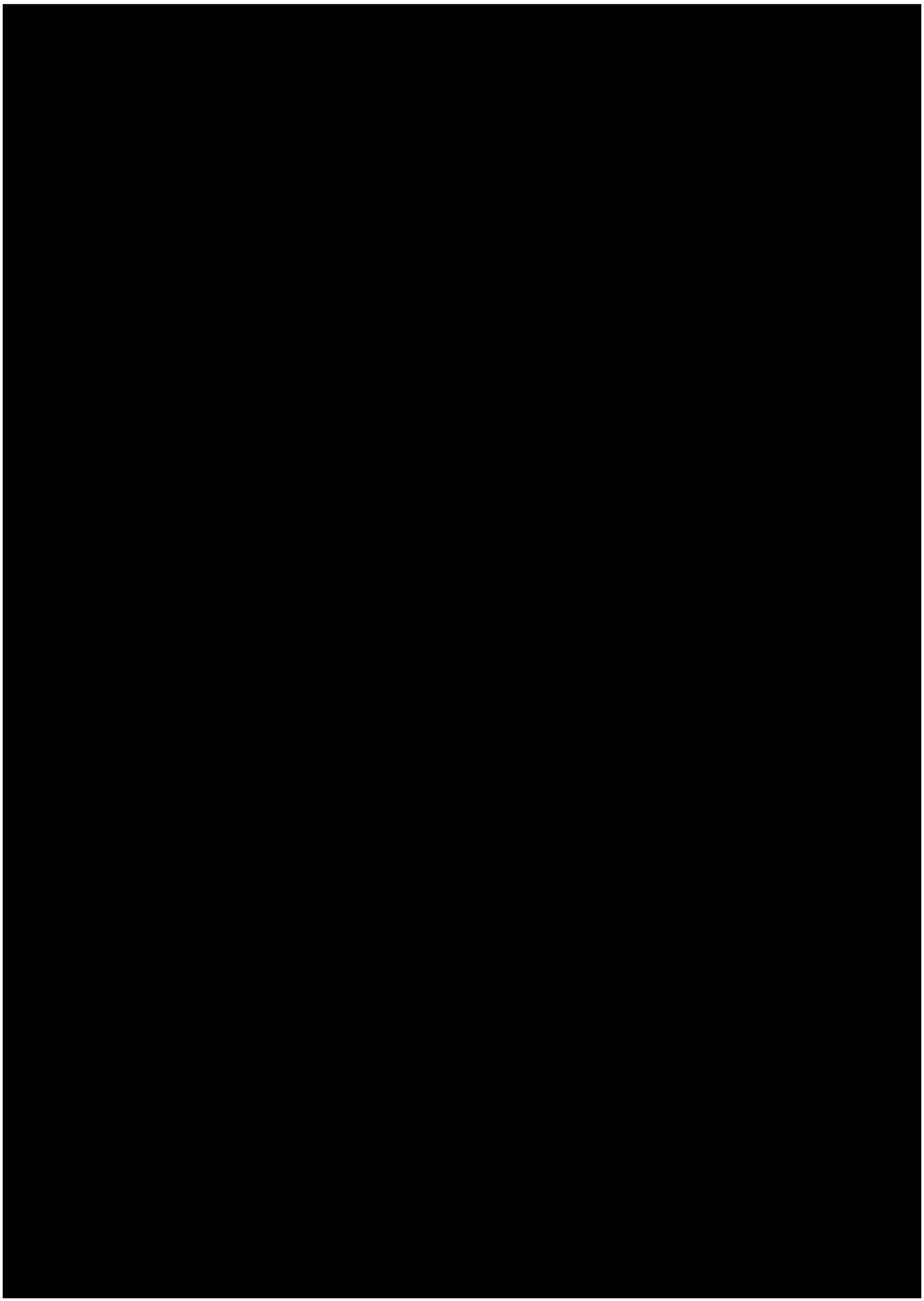
When Buddhism Meets Psychology: A Qualitative Study Exploring Buddhist Clients' Experiences of Psychological Therapy.

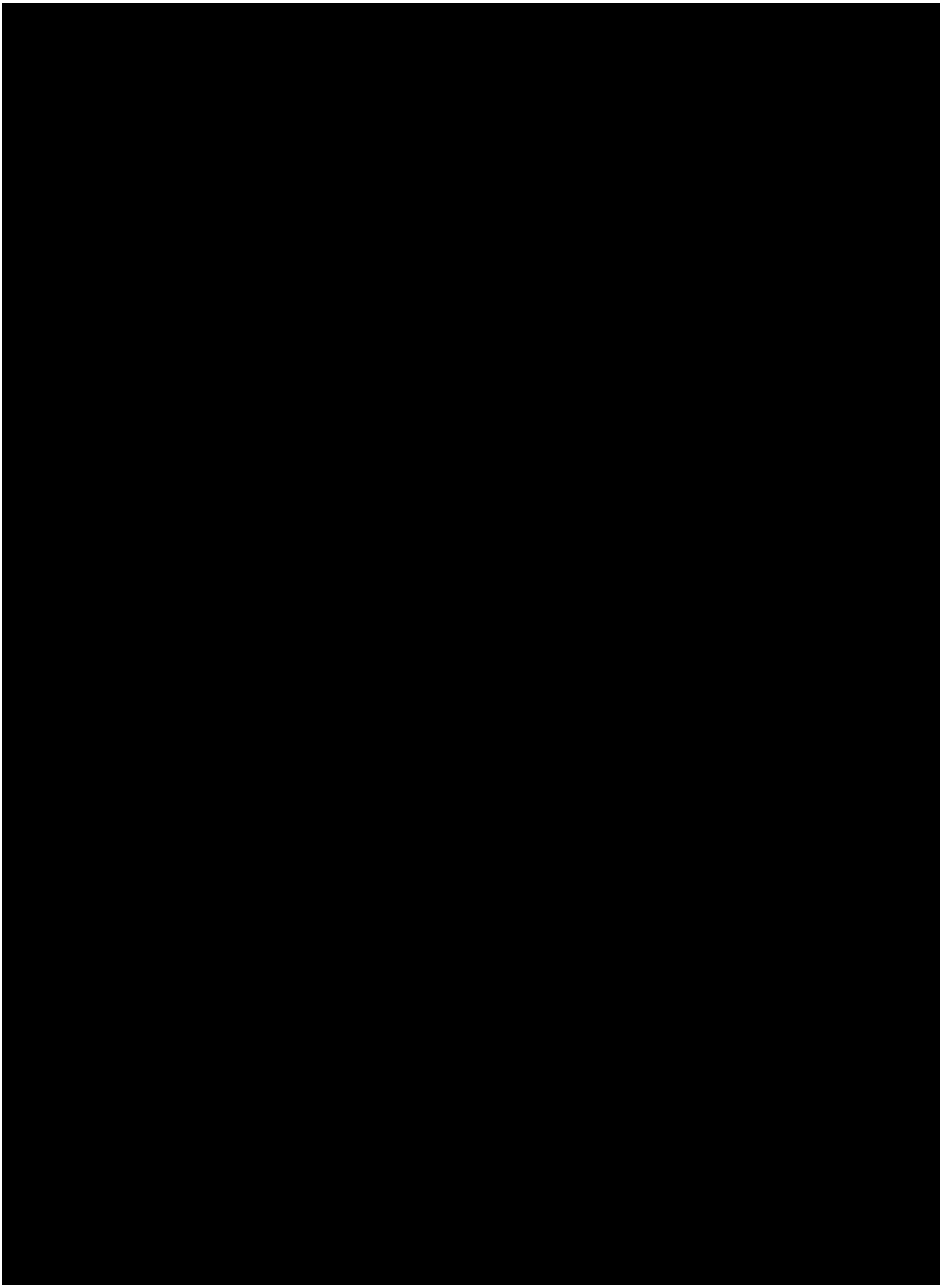


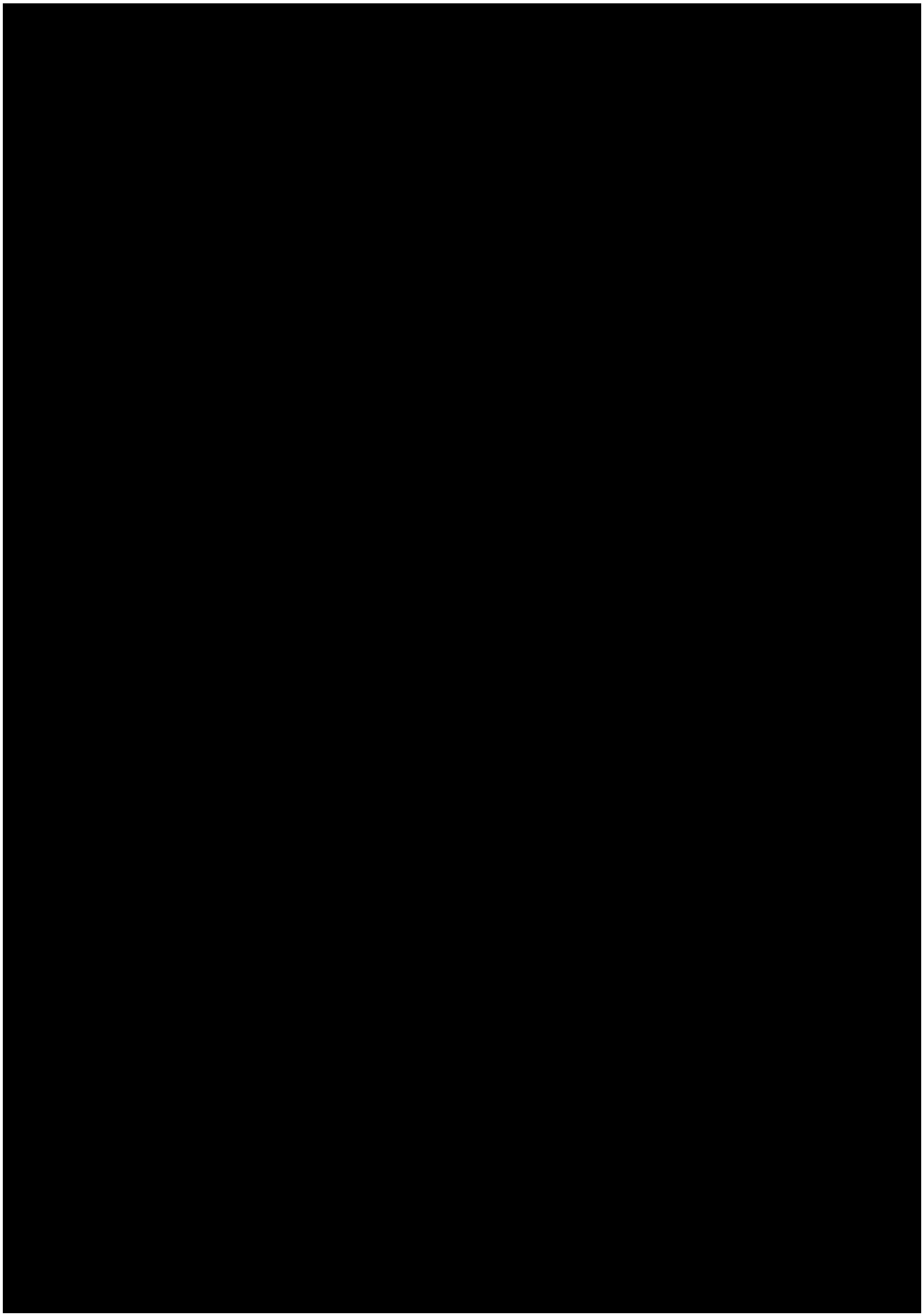


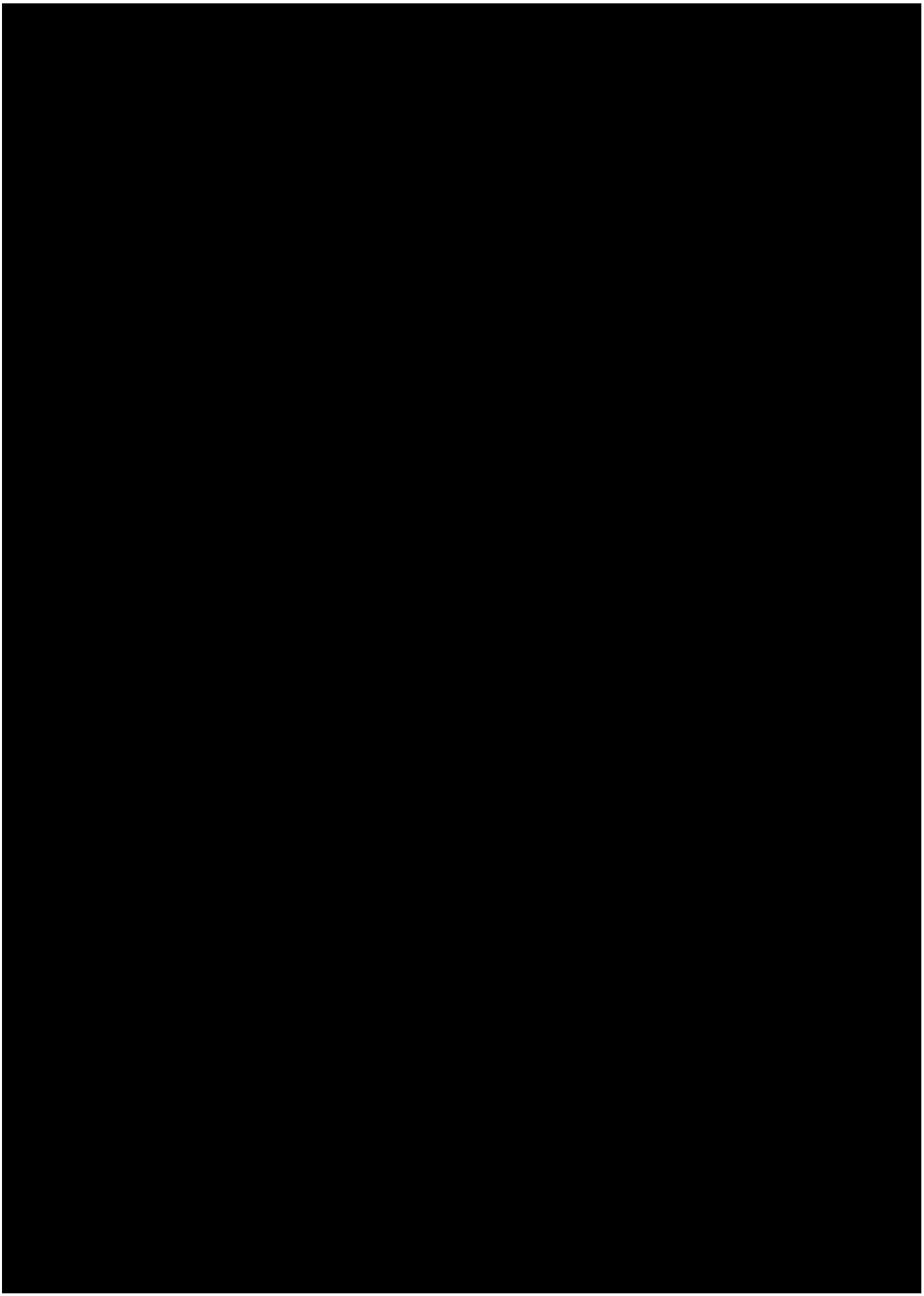


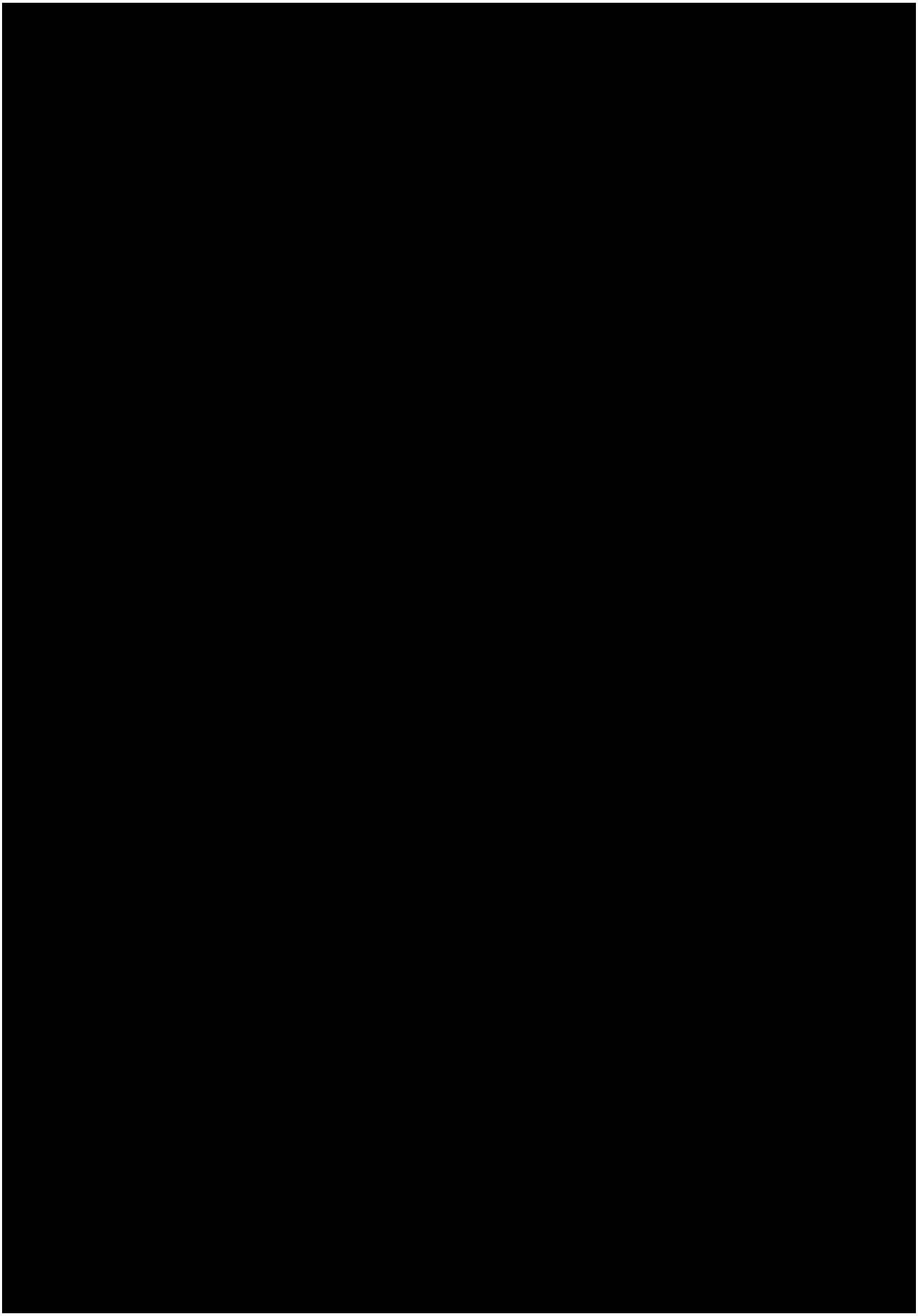


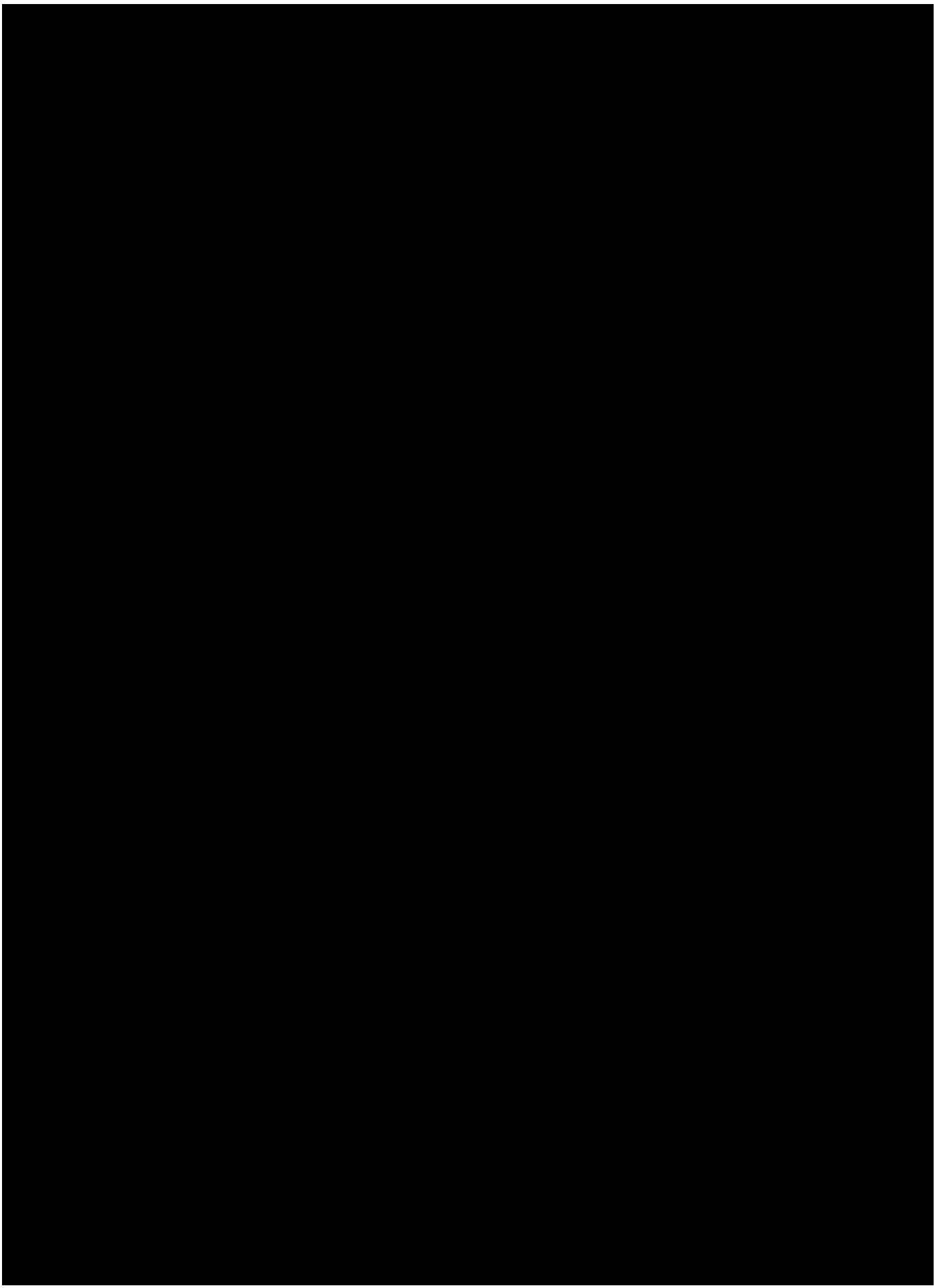


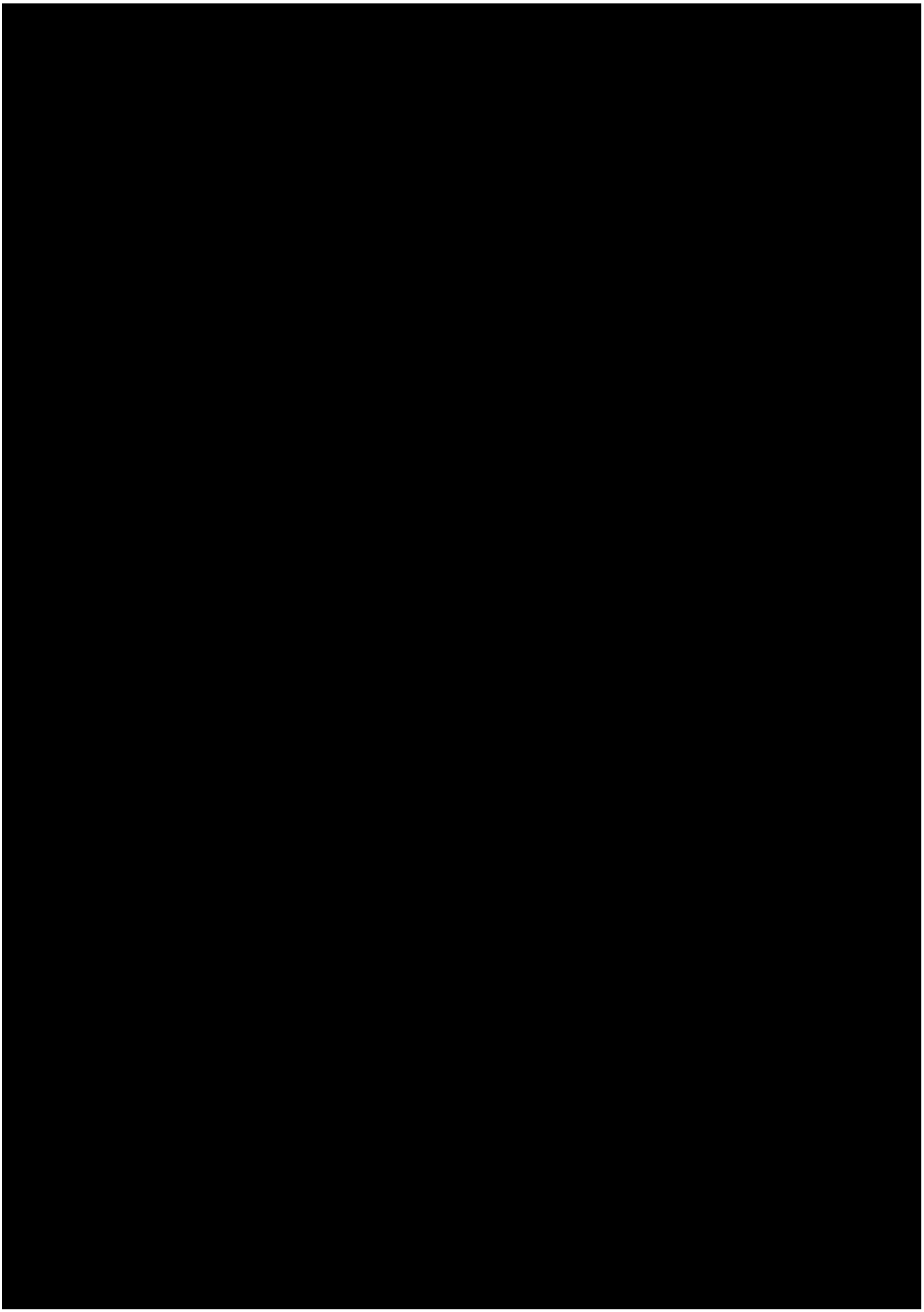


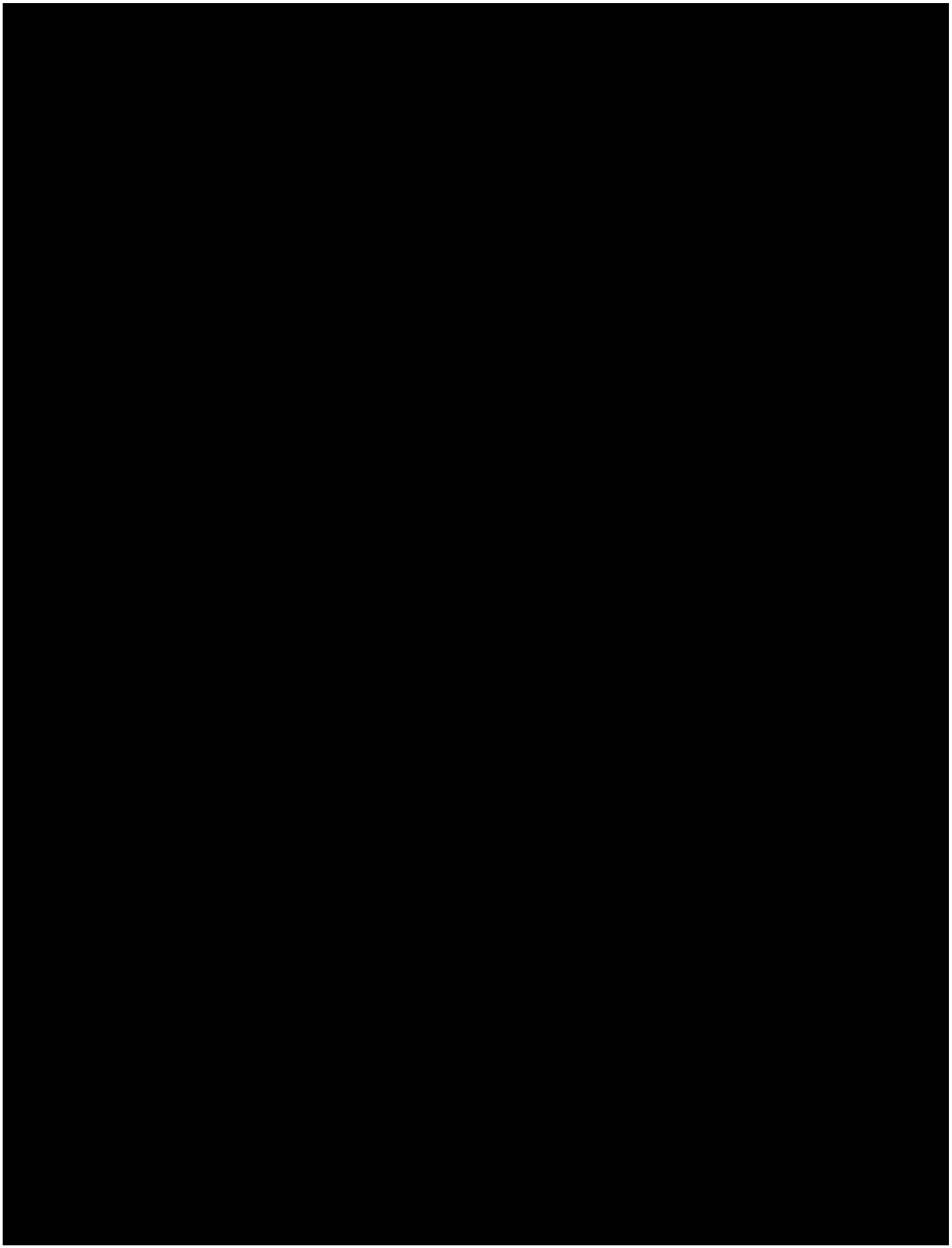


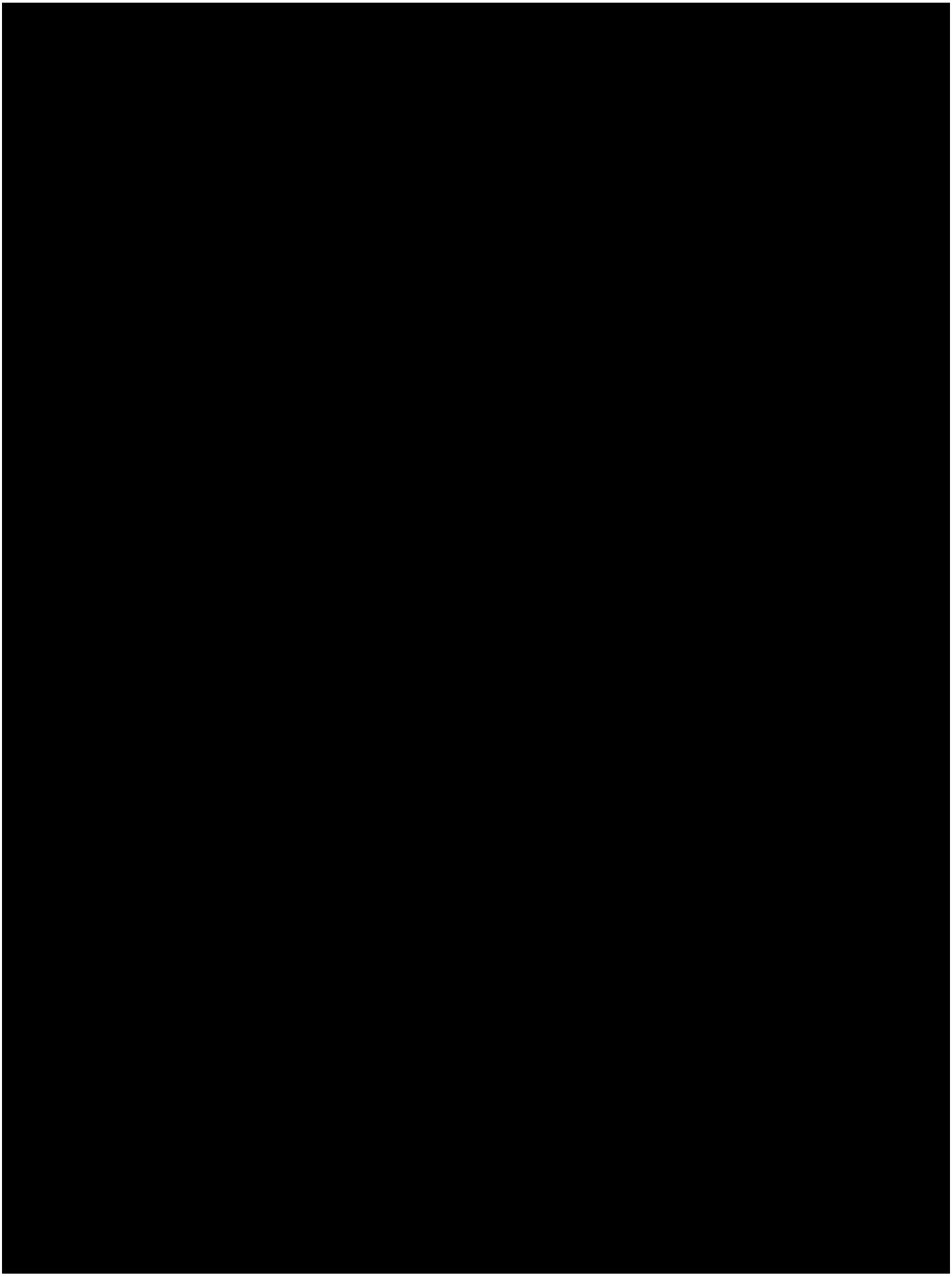


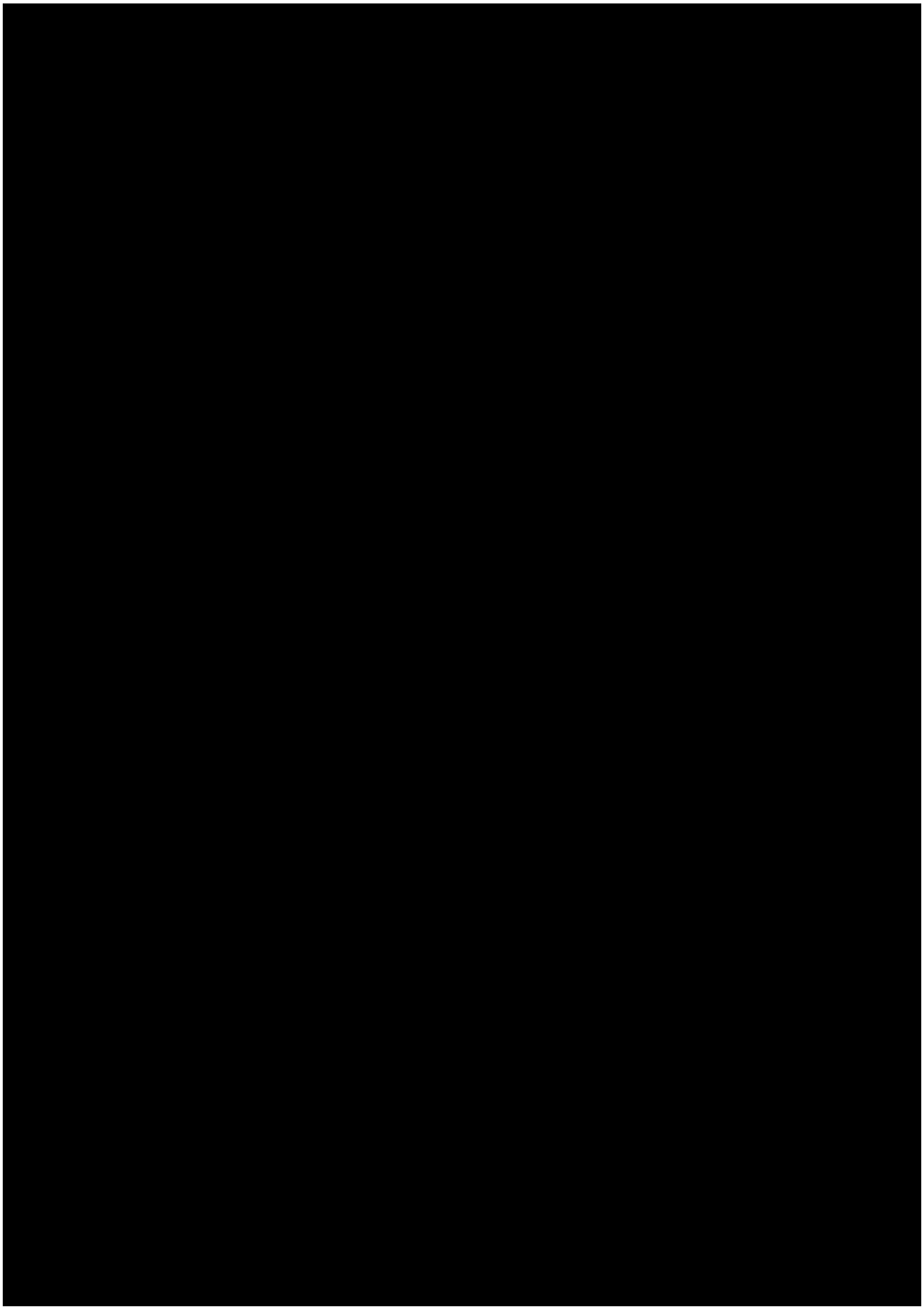


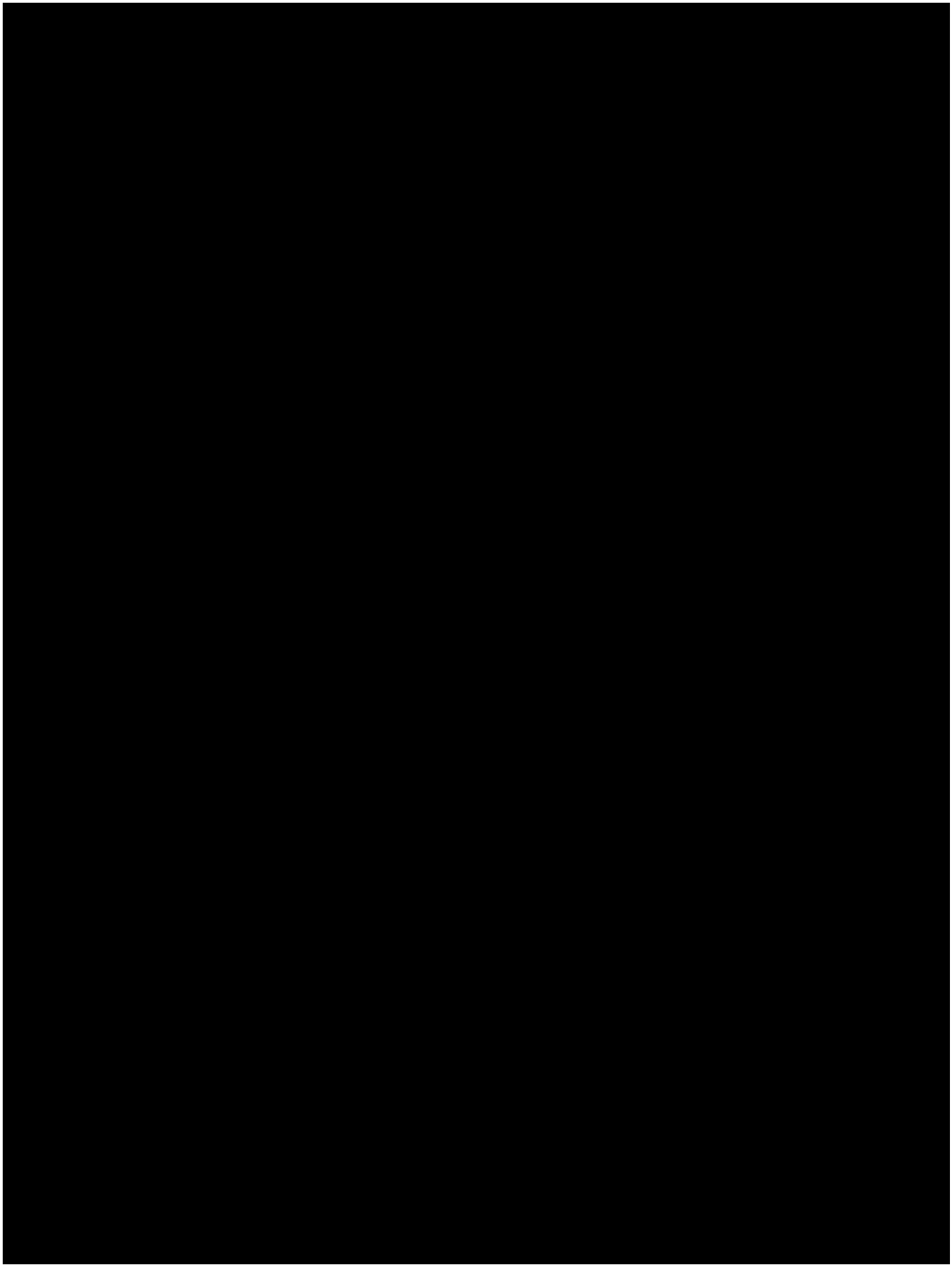


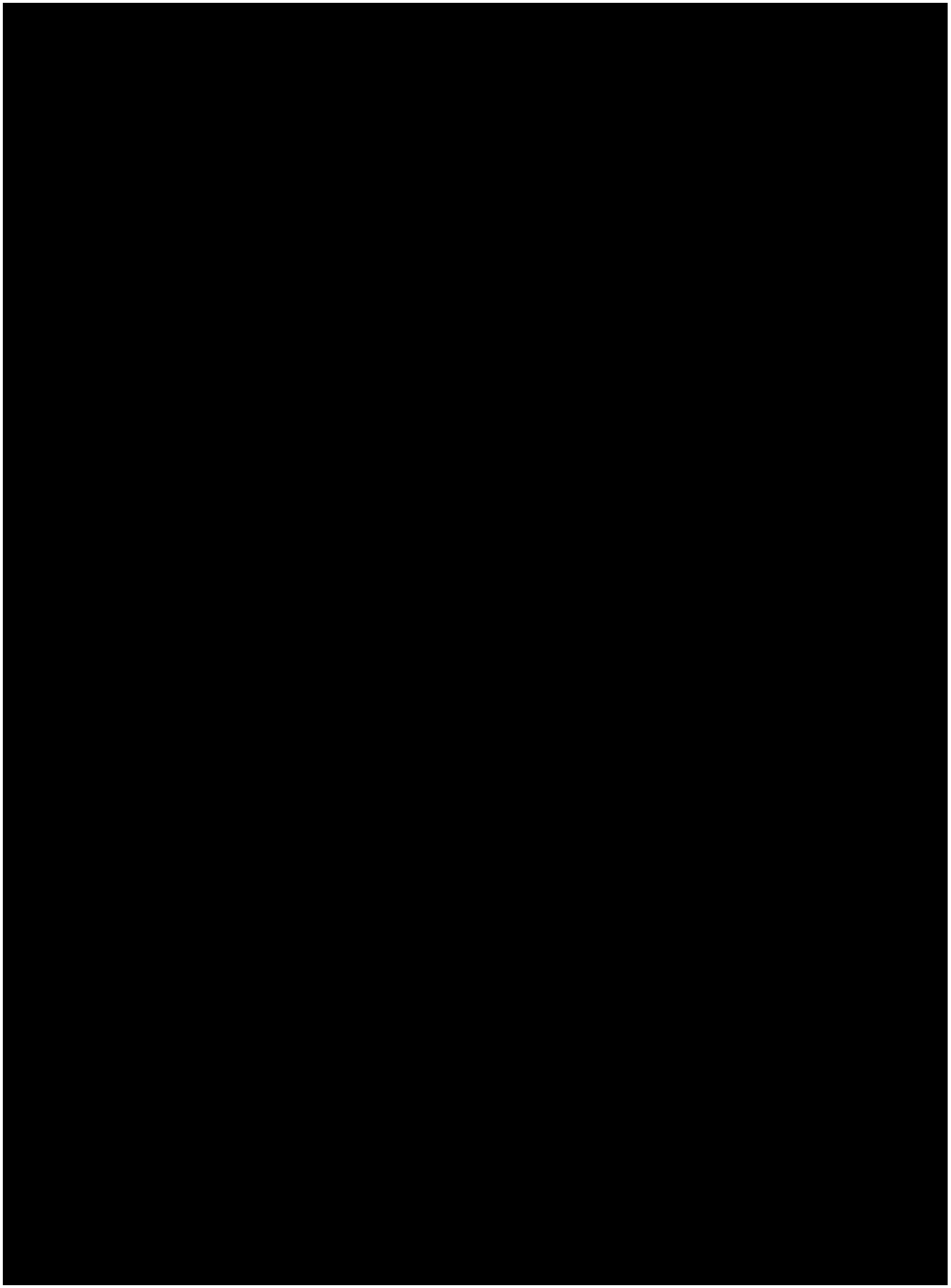


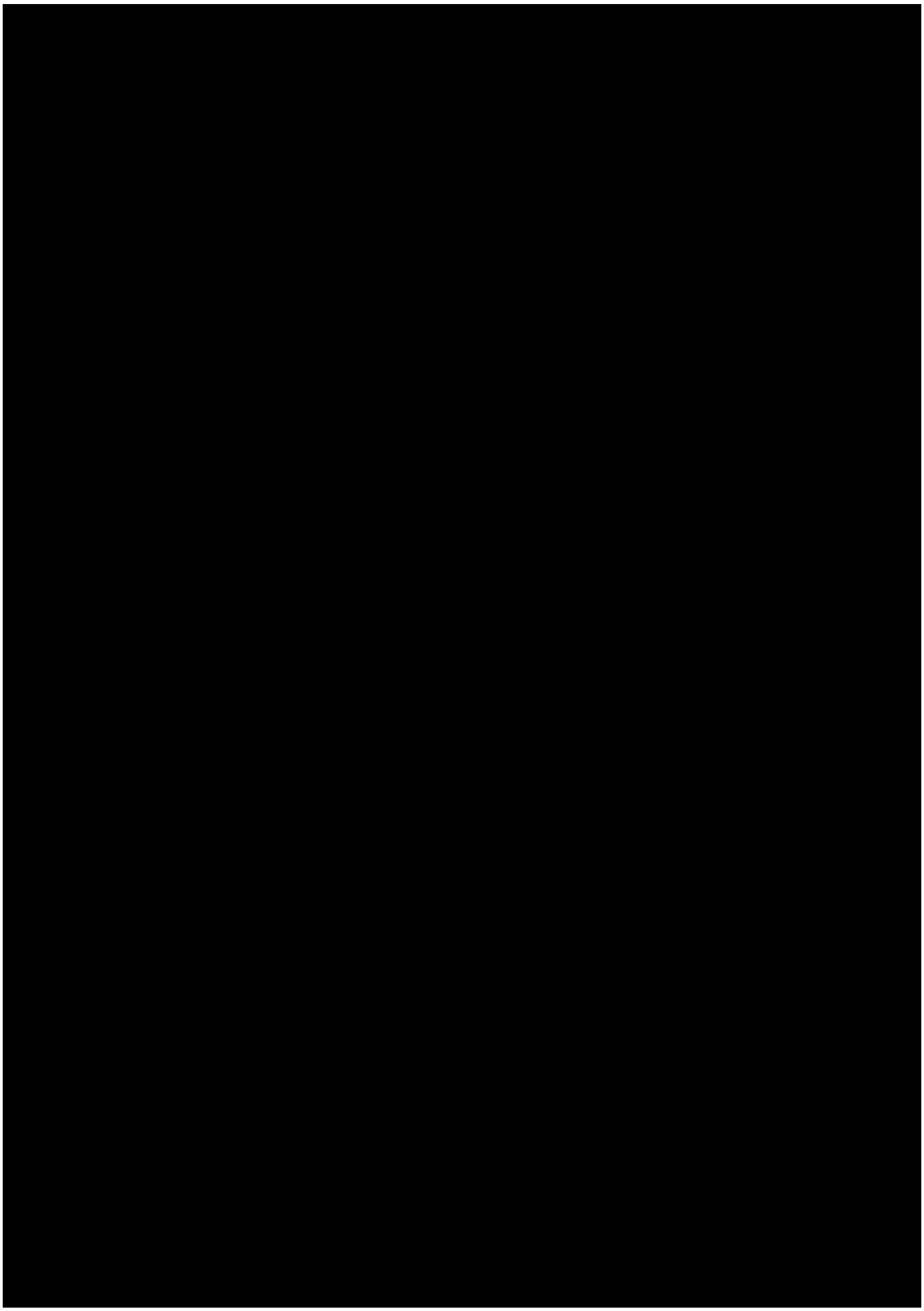


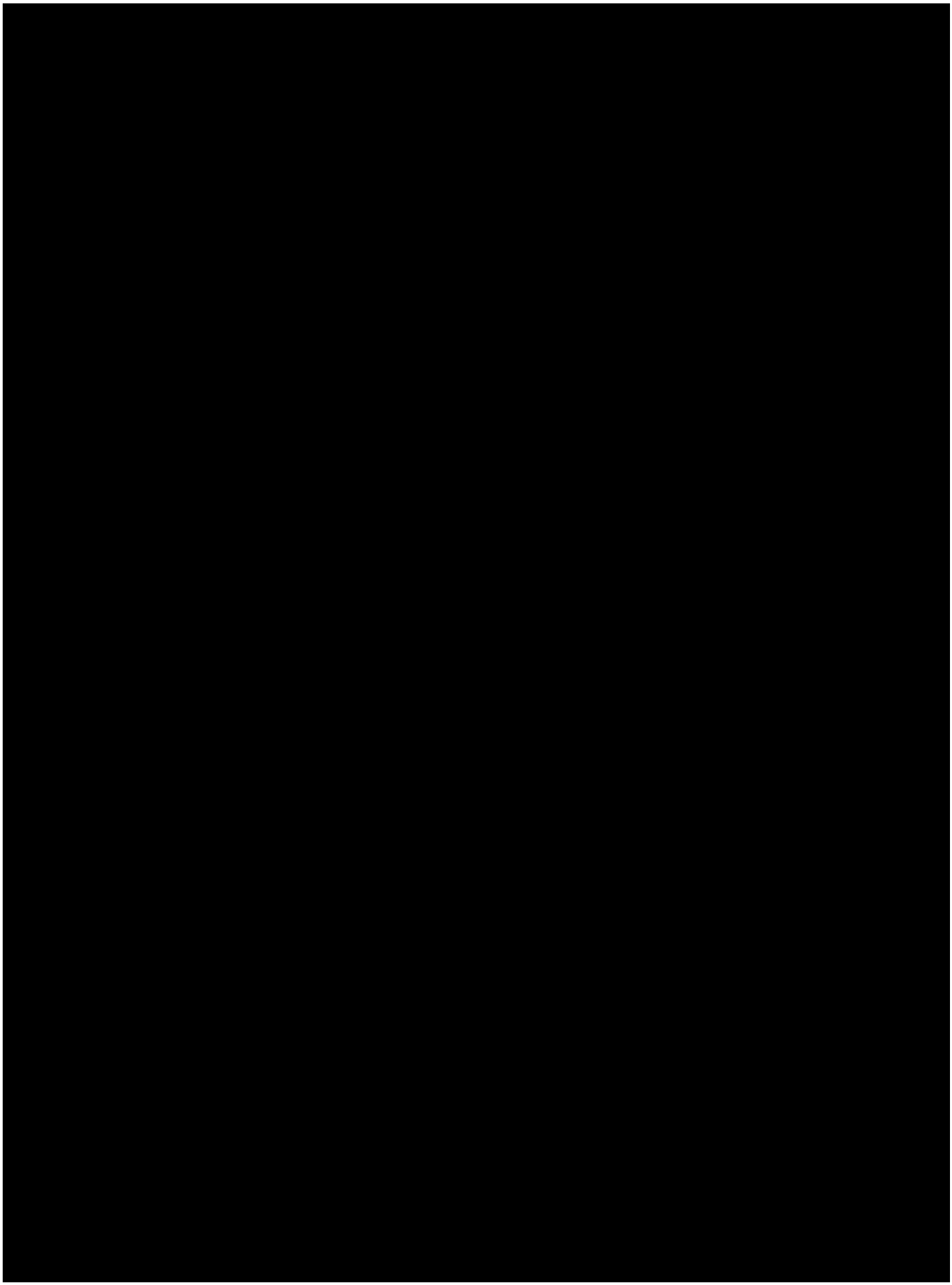


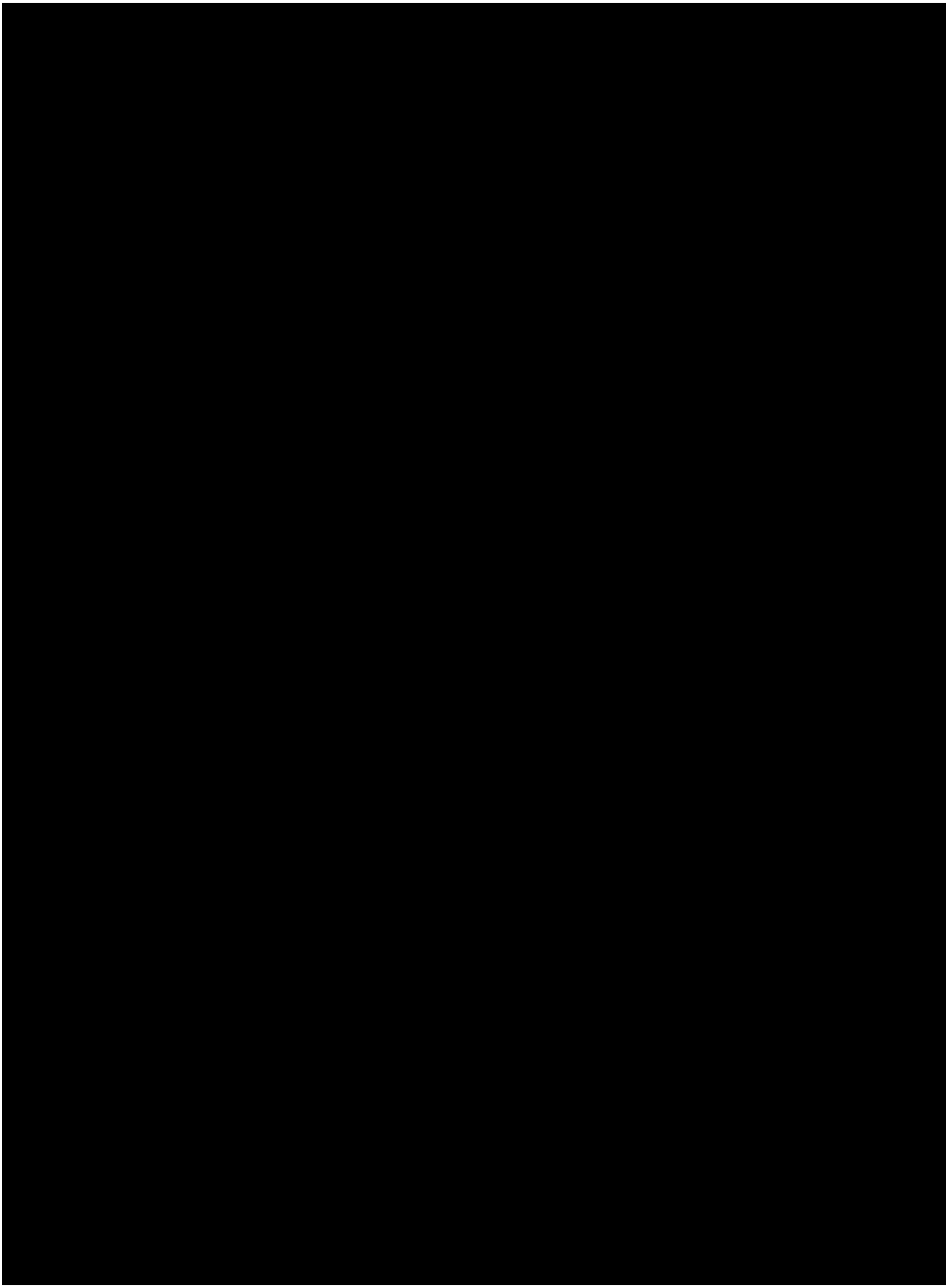


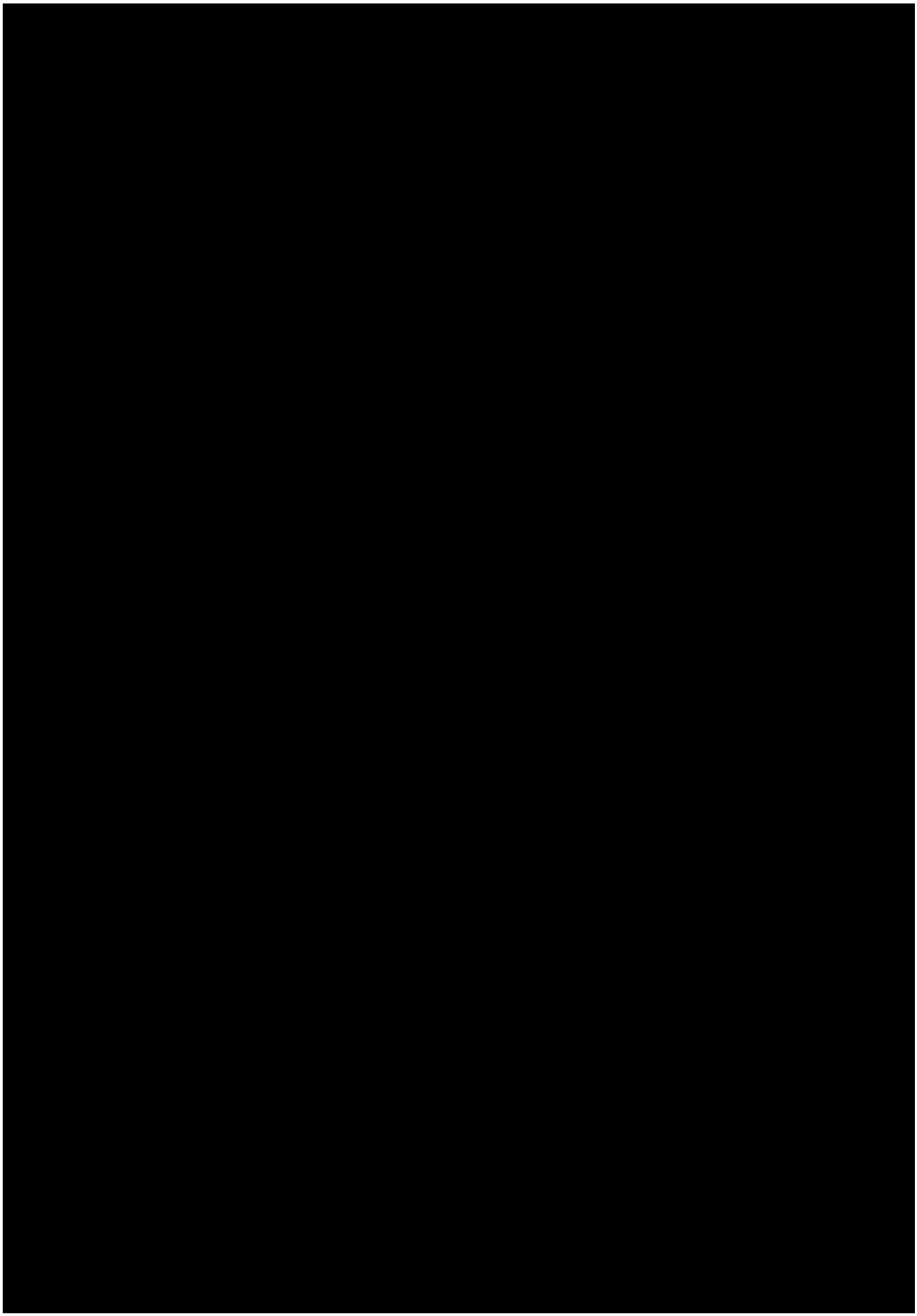


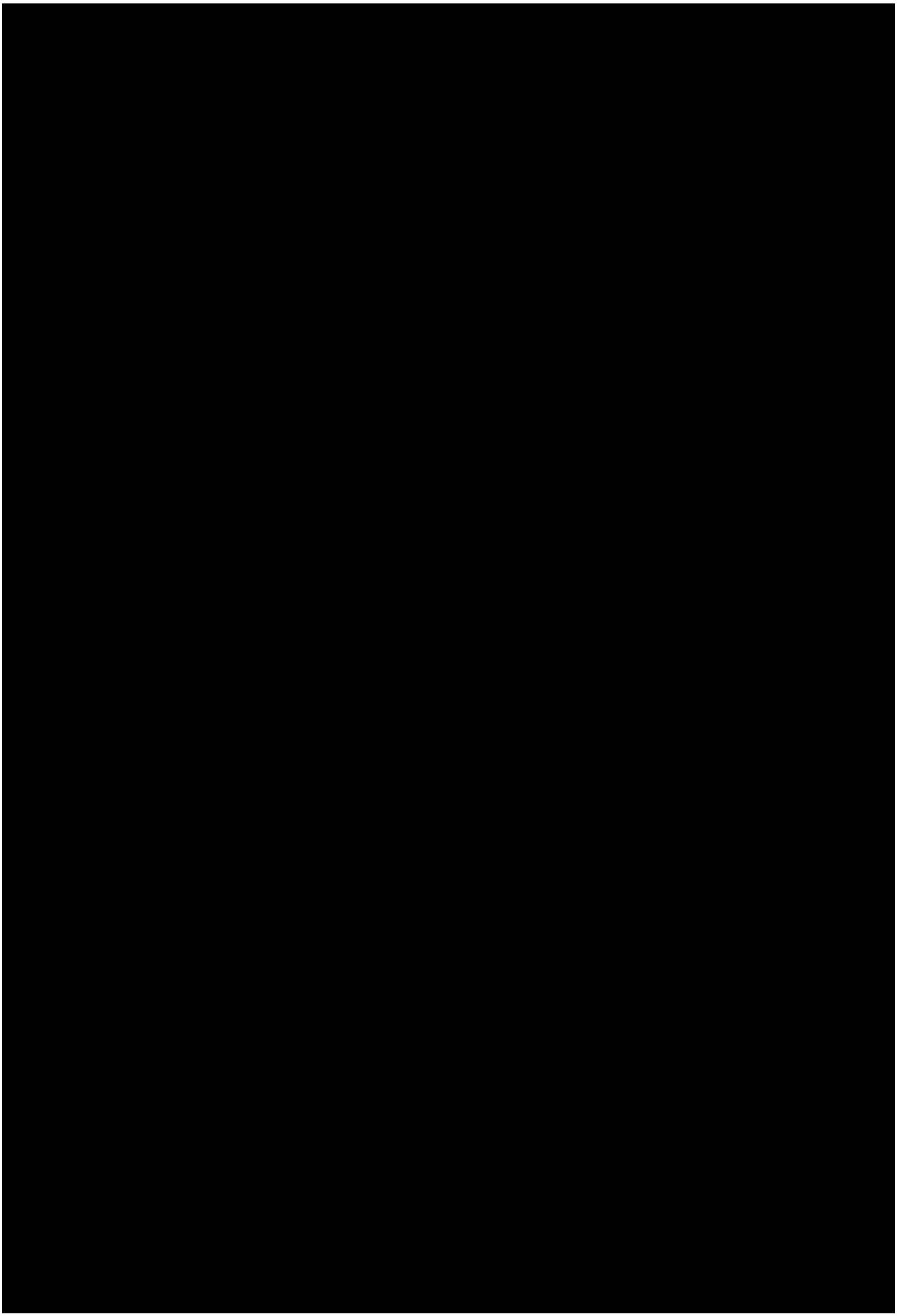


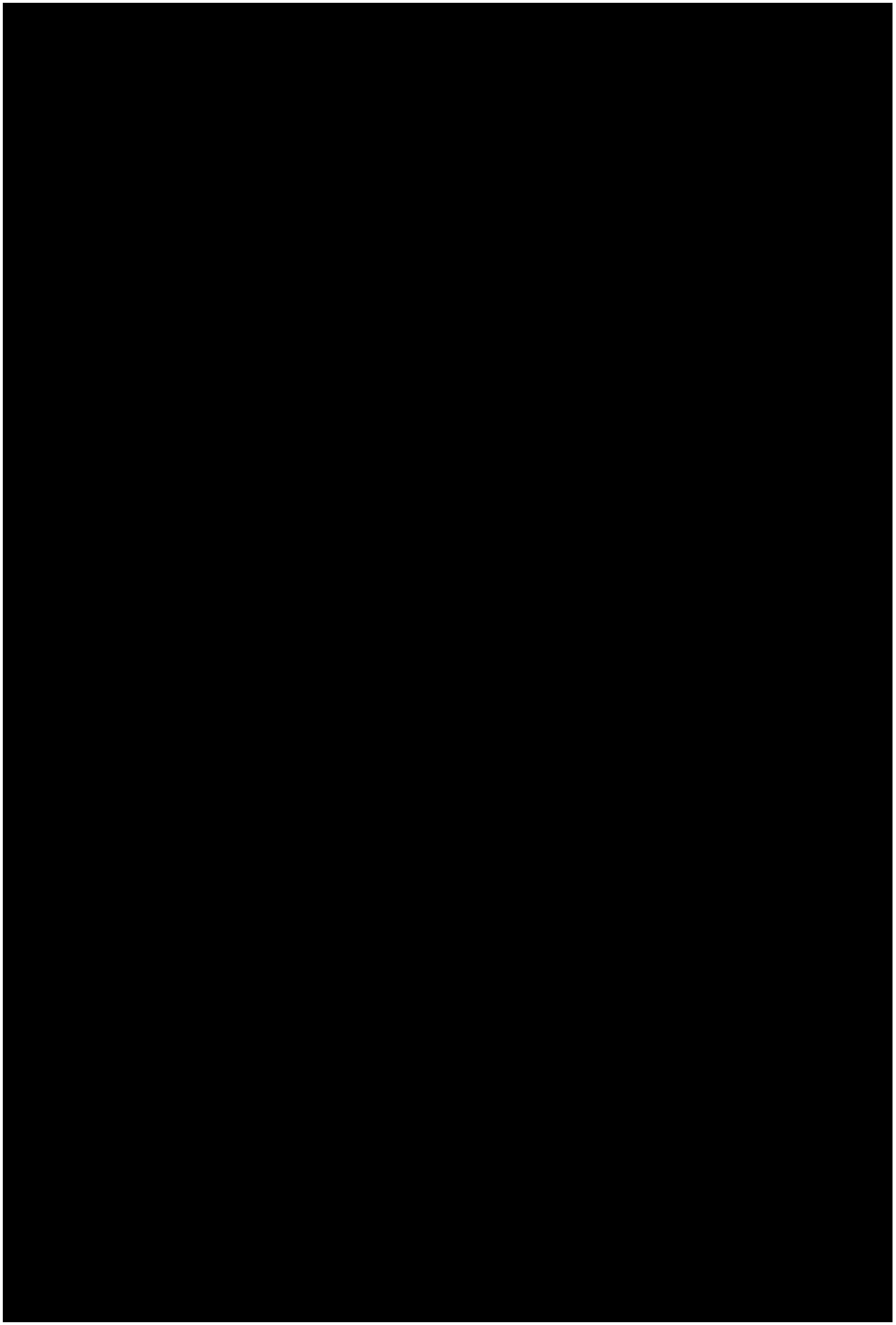


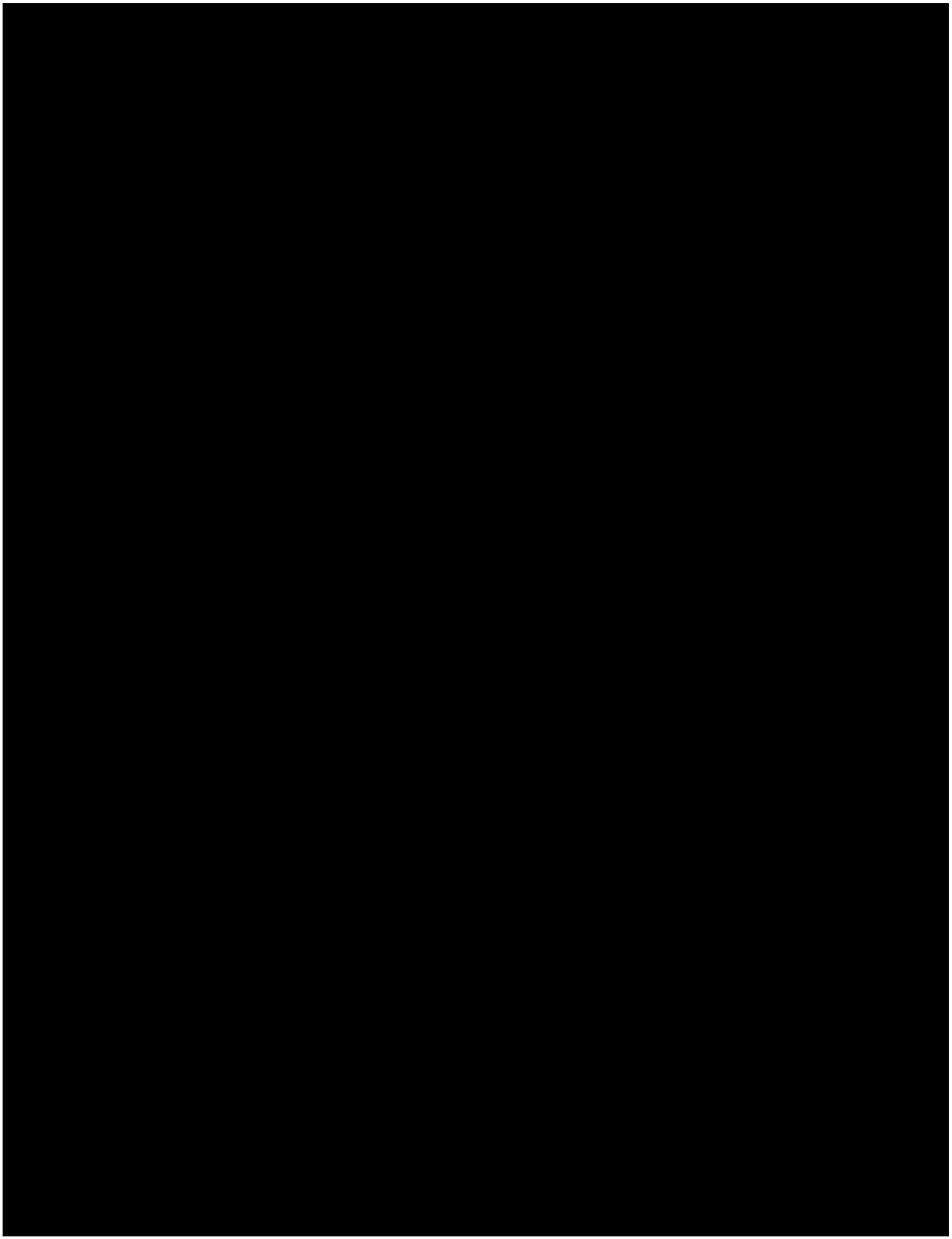


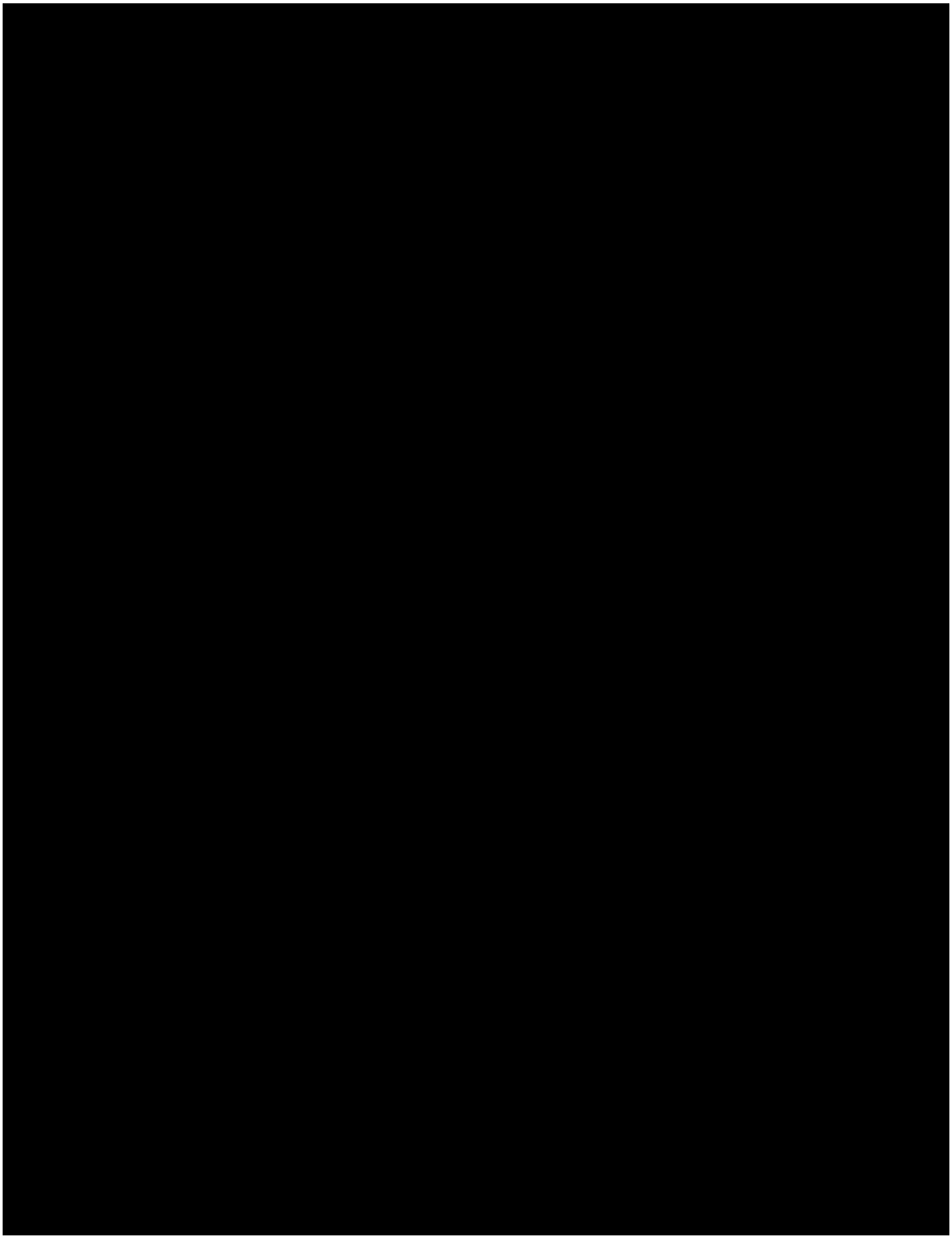


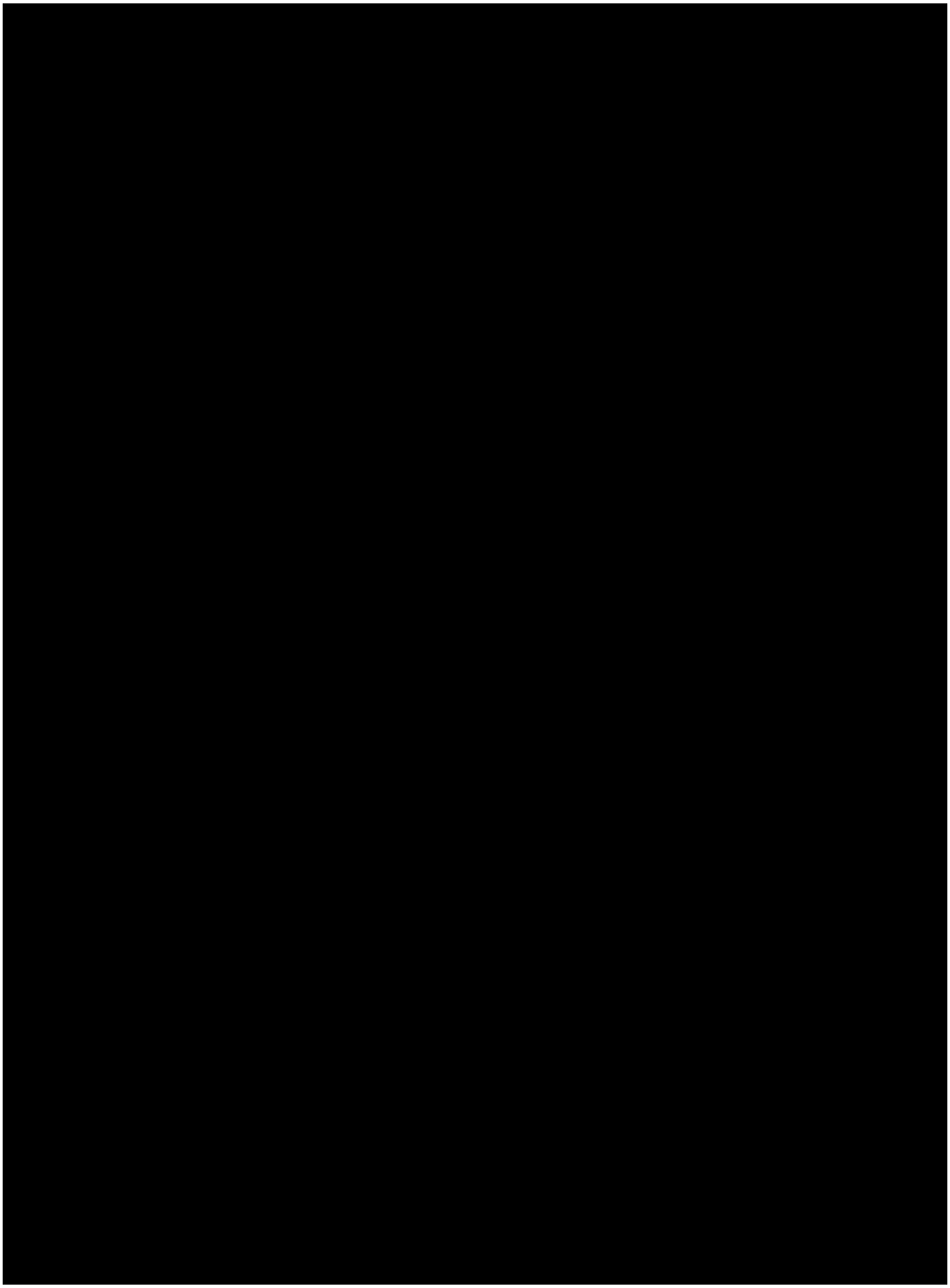


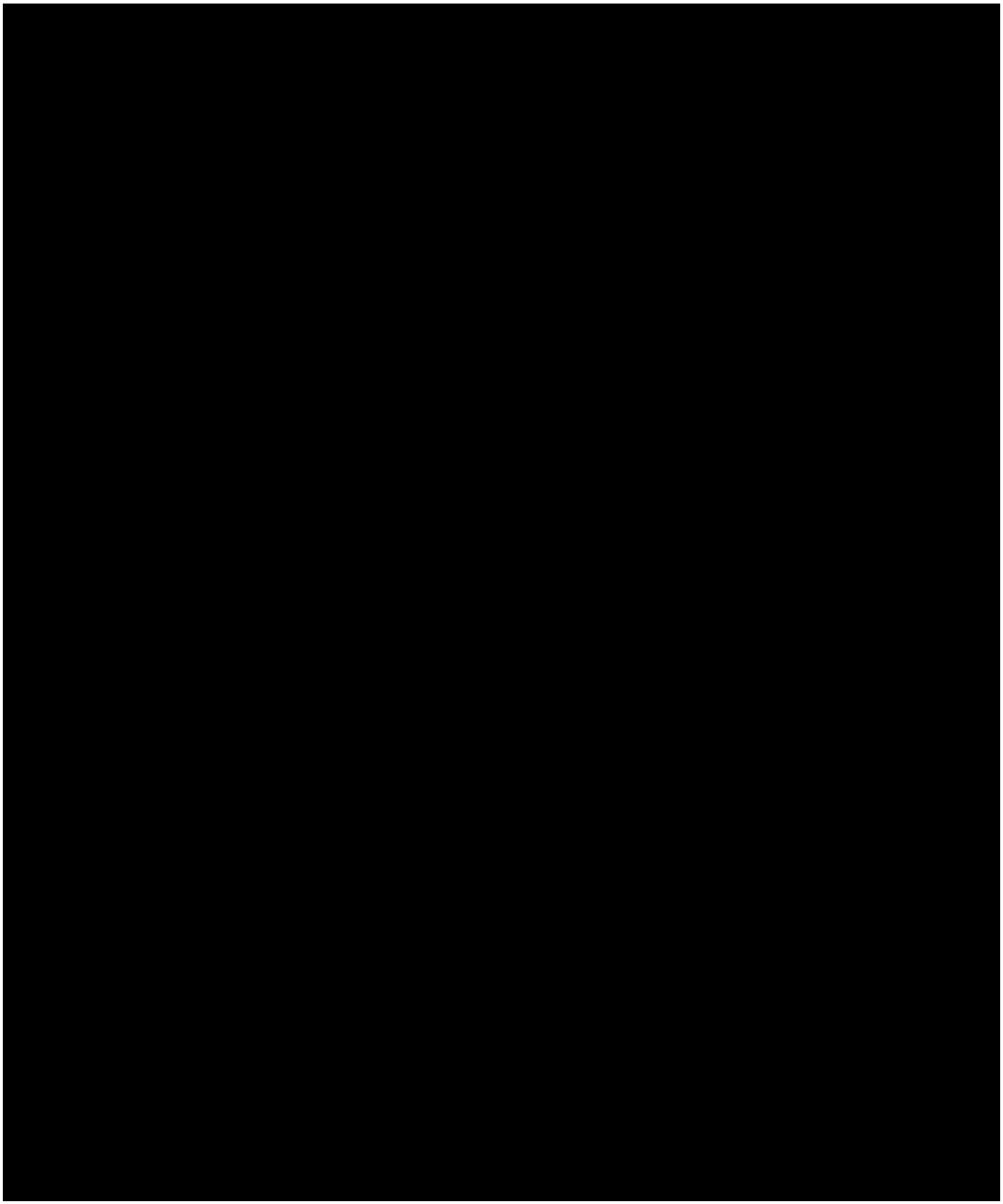


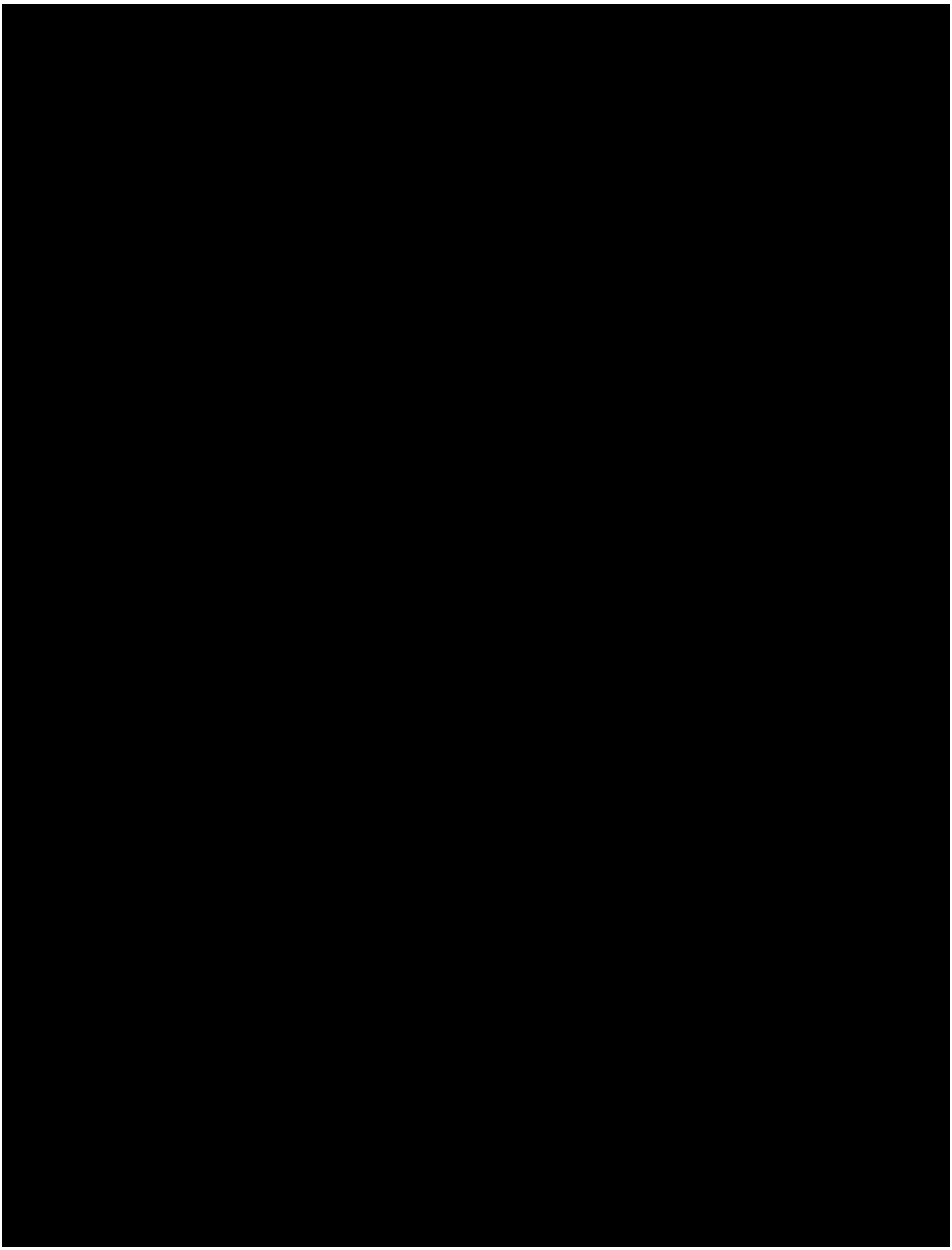


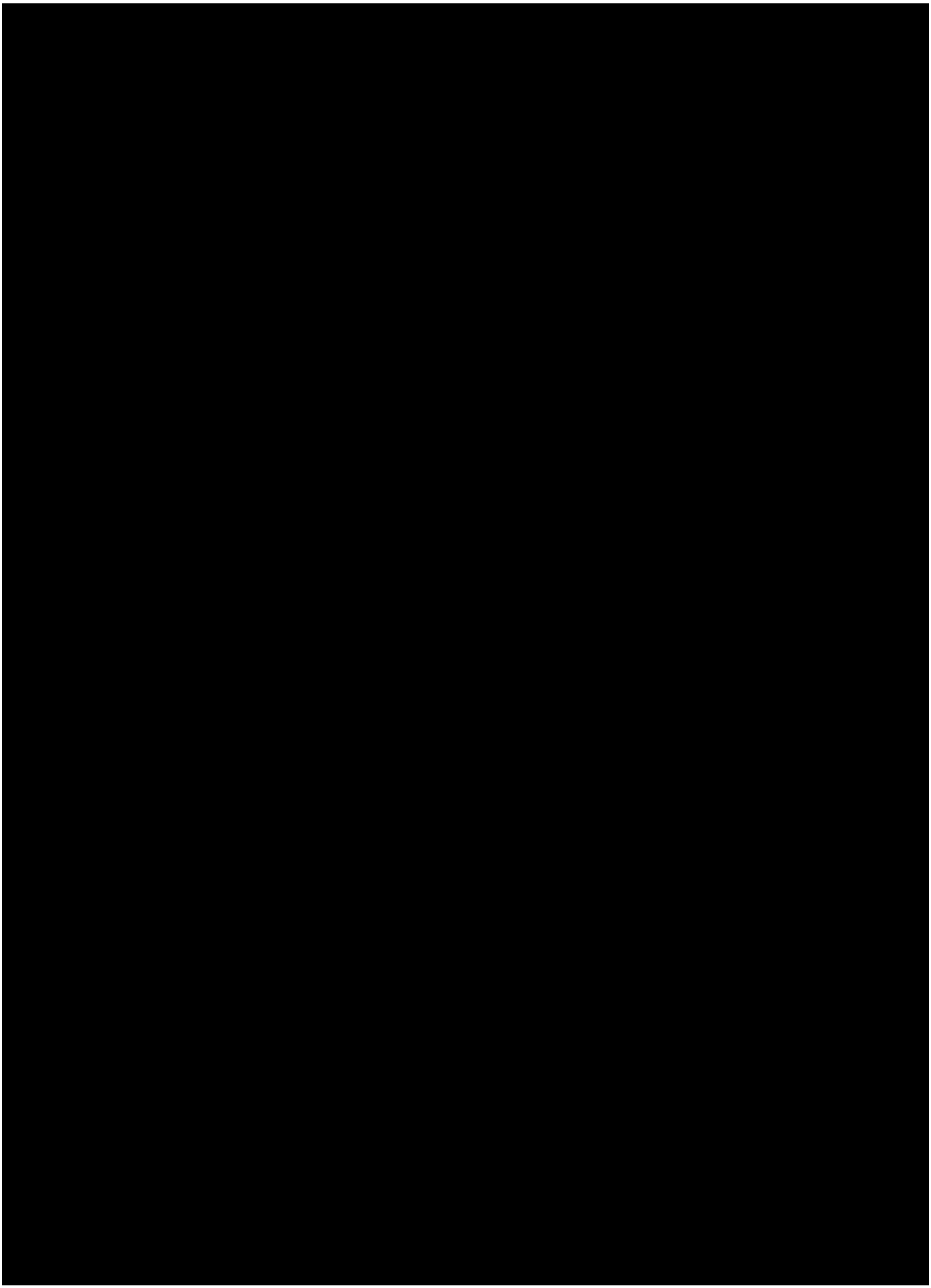


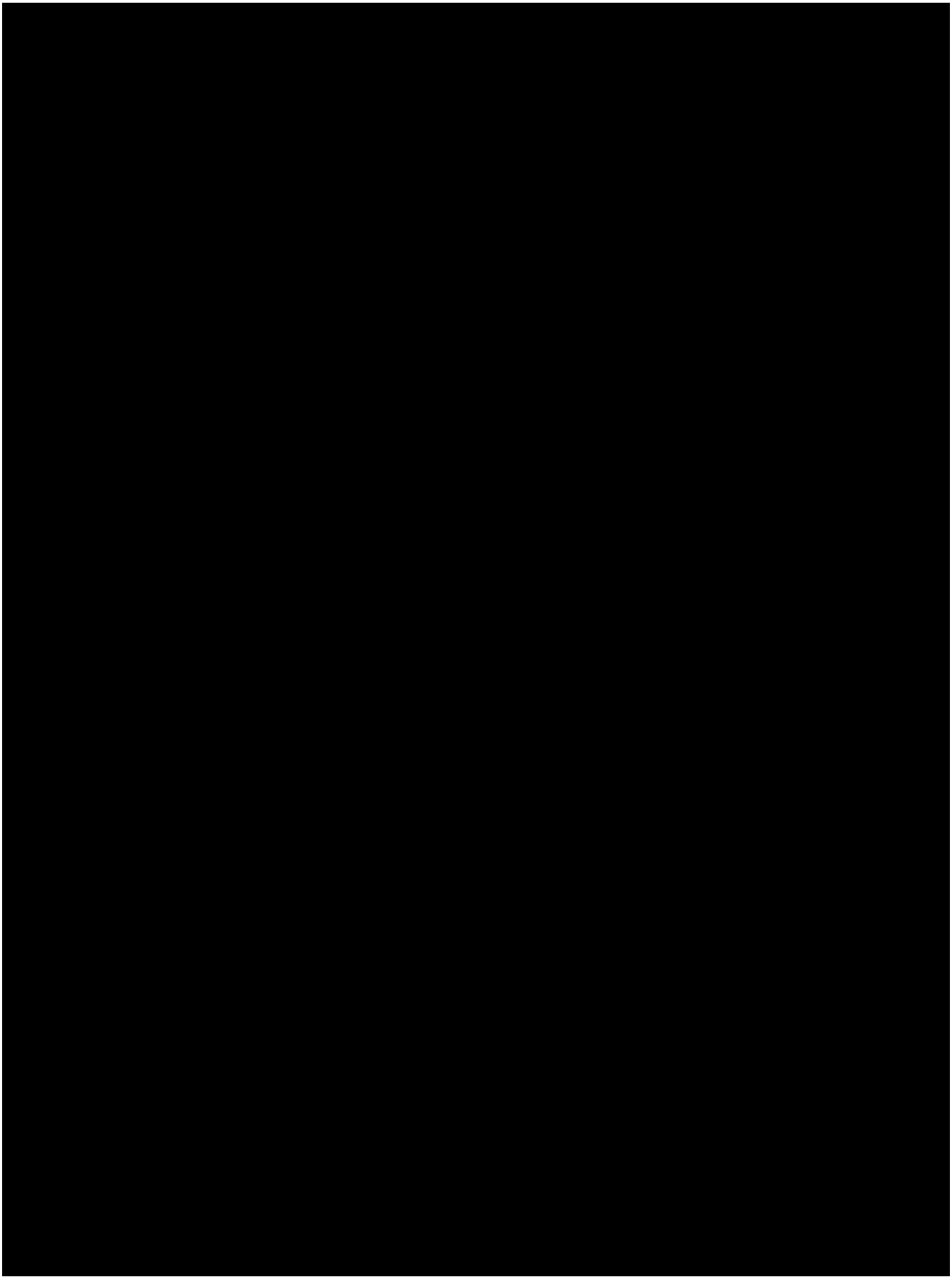


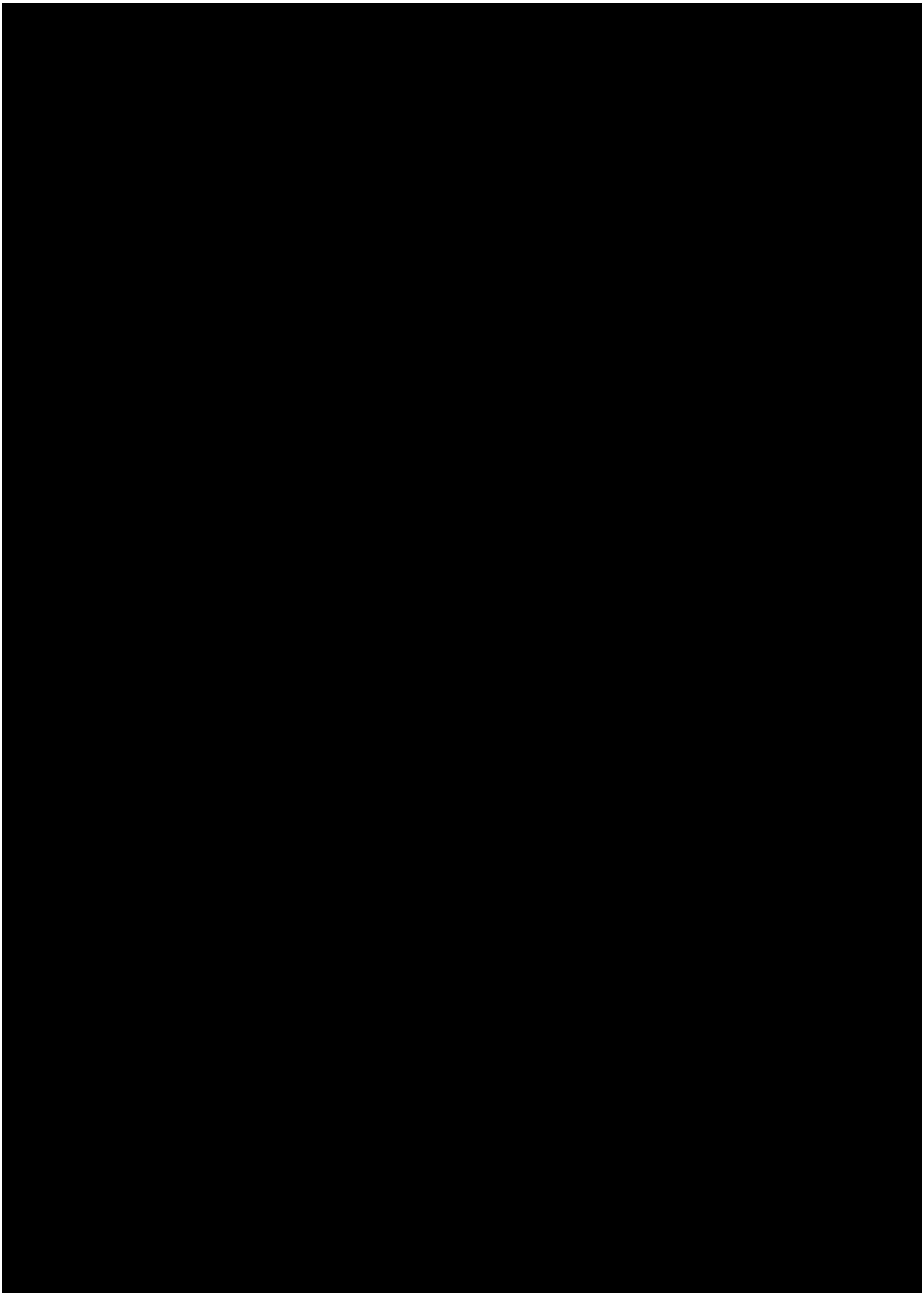


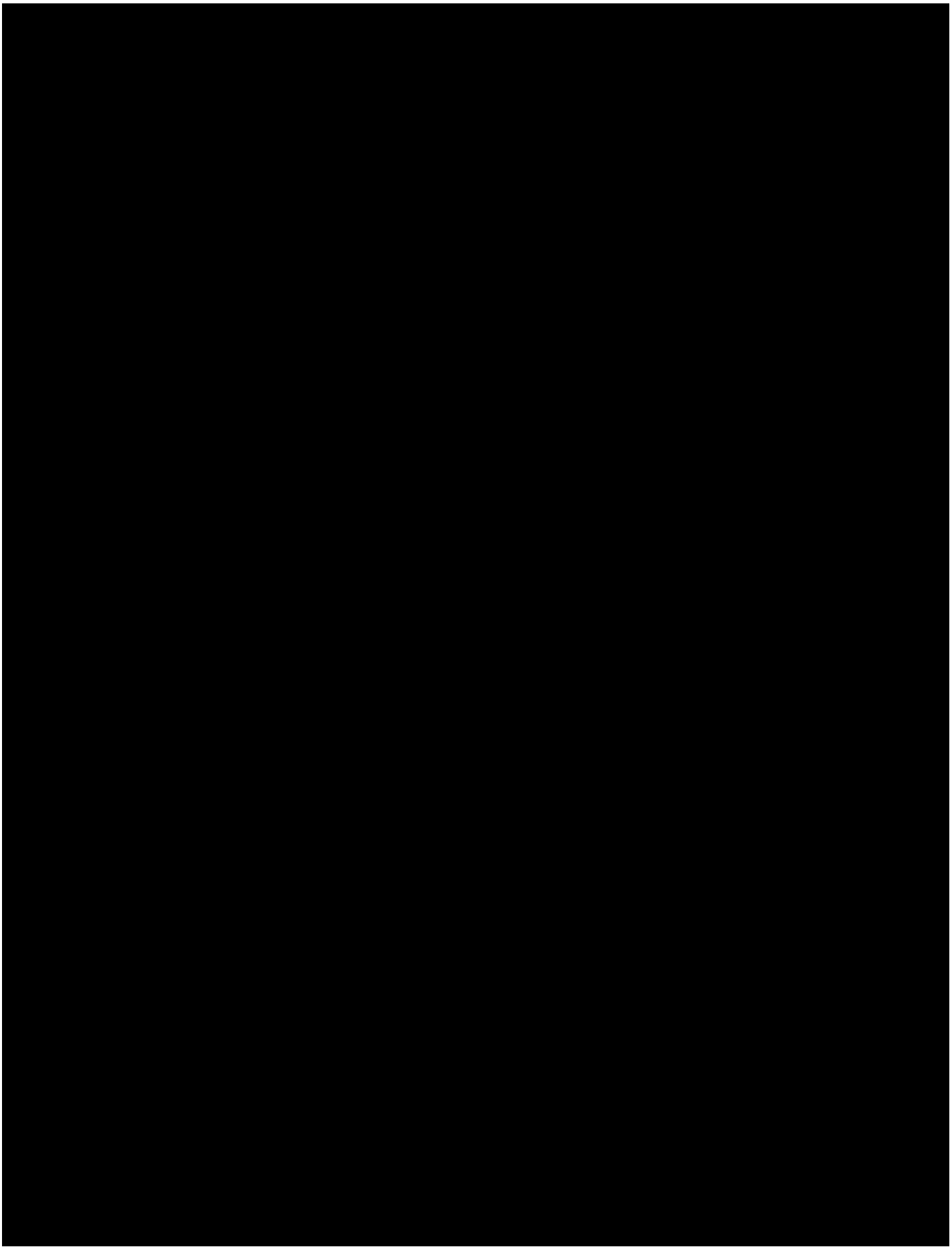


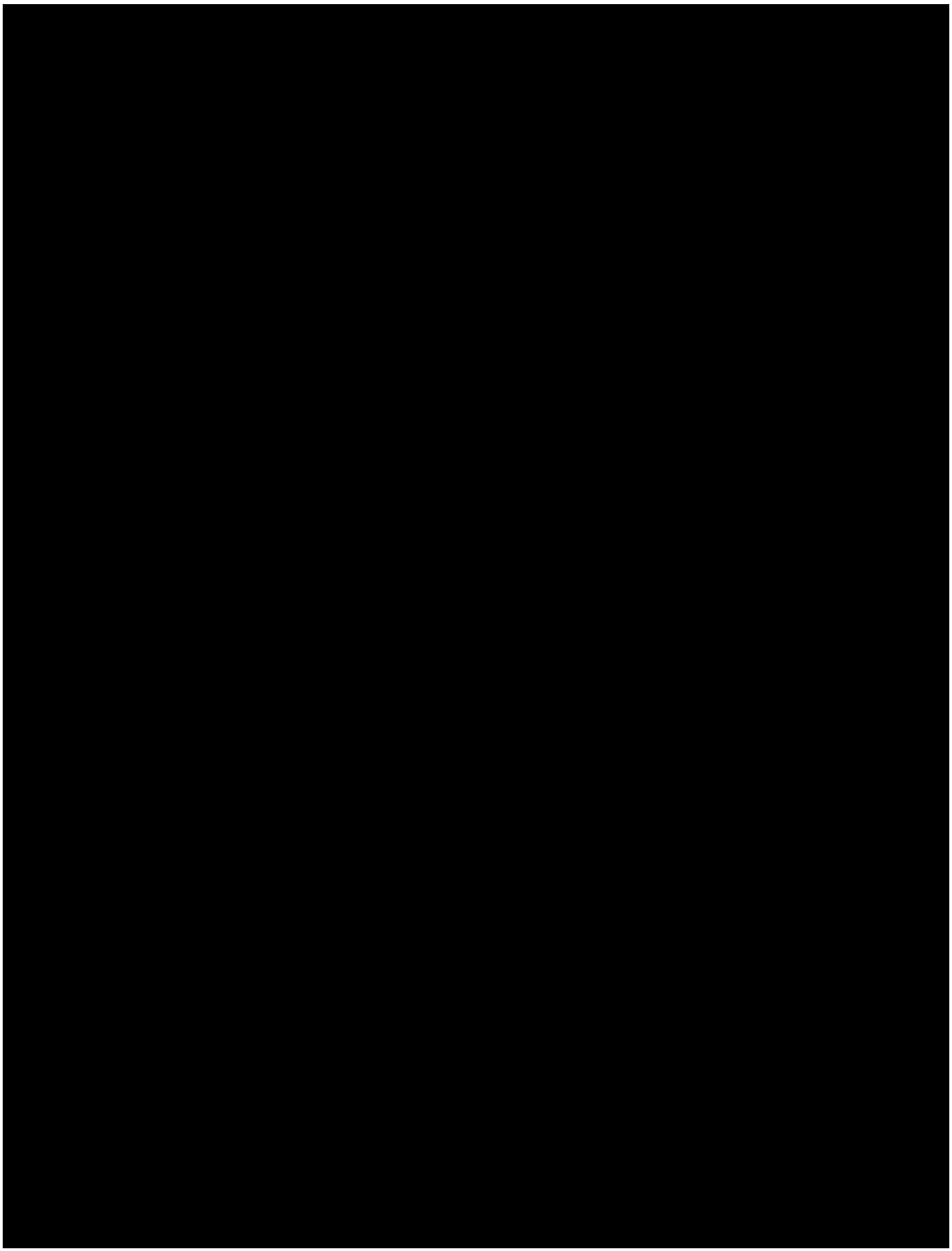












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