A Portfolio of Academic, Therapeutic Practice and Research work

Including an investigation into:

The integration of spirituality and religion in the training and practice of counselling psychology

By

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INTRODUCTION TO THE PORTFOLIO

This portfolio contains academic, therapeutic practice and research work submitted for the Practitioner’s Doctorate in Psychotherapeutic and Counselling Psychology. Since counselling psychology acknowledged the importance of the practitioner’s background in terms of personal qualities, professional experiences and socio-cultural positions as part of their training and practice (Woolfe et al. 2003), this introduction will firstly describe different aspects of my background and place them within the context of my choice of counselling psychology as a career. Secondly, it will provide a background to and links between the papers that follow and offer insights into the connections between the academic, therapeutic practice and research aspects of my training.

Background

As will be mentioned in the Therapeutic Practice section of this portfolio, I began keeping a reflective journal at the age of 14. This helped me become aware of my internal world and of my own views and feelings about events in my life. This journal-keeping laid the ground for the beginning of a self-reflection process that accompanied me throughout my life. I moved to London in 1997 to work as an air hostess, but I knew that this was a temporary job because my self-reflective side was not feeling completely fulfilled in that career. Being an air hostess provided me with an ability to focus on “the other” through three years of dedication to customer service. However, I knew that I was looking for a profession that would provide me with the sense of meaning and purpose that I felt when I wrote in my journal and when I connected to my feelings and to the feelings of others, both within my job and in my personal life.
Psychology training had been in my mind since the end of my A-Levels because I knew that it would have met those criteria. As I looked into different training options within psychology, I quickly became interested in counselling psychology because it recognized the importance of the link between self-reflection and effective therapeutic practice (Woolfe et al., 2003). This was quite similar to my life philosophy as I had always attempted to integrate the learning and insights from my personal experiences into my self-development.

Moreover, I became aware that the quest for meaning and purpose within my life was not just part of my own narrative, but it was also pervading western society as a whole, where many individuals seek meaning in different areas of their lives such as relationships, careers and the pursuit of new interests and hobbies (Caro, 2004). By watching this process around me, I became interested in how people create fulfilling lives and in how those lives could fall apart when those meanings become unavailable, perhaps through traumatic experiences, loss of a loved one and loss of a job, status or physical abilities.

During my undergraduate degree I developed an interest in Positive Psychology and in human strengths such as motivation, resilience, honesty, as tools to help individuals overcome difficult times (Linley and Harrington, 2006). In hindsight, I feel that I was going through difficult changes in my career and therefore I needed to create a positive meaning in my new career choices through researching Positive Psychology. I started thinking of therapy as a way to both enhance those qualities and personal resources and co-create the client's individual meanings of difficult times within the therapeutic relationship (Mahoney, 1980).

My undergraduate years have been an eye opener in terms of the creation of my own meaning and purpose because not only I had begun my career in psychology, but I also became interested in Buddhism and started practising Buddhist meditation. This created substantial meaning in my life because I felt a sense of connectedness between my own
personal development goals, my future career as a counselling psychologist and my meditation practice. This sense of connectedness between my personal, professional and spiritual practice goals accompanied me throughout my training and the choice of papers in this portfolio is aimed at reflecting this connectedness.

**Academic, therapeutic practice and research papers and connections amongst those different aspects of the portfolio**

The Academic Dossier signalled the progression of my development as a therapist. I started from an interest in Personal Construct theory and practice because I strongly believed in the “in flux” and continuous construction of meaning within each individual and also between client and therapist (Kelly, 1995). I then moved from this rather positive view of myself as a “good therapist” co-creating meanings with my clients to analyzing my own anxiety of wanting clients to get better. I shared some of those anxieties in my essay on reassurance in psychoanalytic therapy. In this piece I reviewed the different approaches to reassurance and provided an example from my practice of how reassurance helped me recognize therapeutic processes such as collusion with a client.

This piece marked one of the most important aspects of my development as a practitioner because I was able to observe how I sometimes could be quite critical towards myself and dismissed my negative feelings such as anger and sadness. Observing my process helped me to accept and contain both negative and positive feelings within myself and therefore it also helped in the work with my clients. The process of learning to stay with my own distress was also a result of two bereavements in my first and second year, which were very painful. In hindsight, I can see that these experiences were teaching me the validity of anger and grief and taught me how to tolerate my own distress. Again, I noticed a sense of connectedness between my personal life and my learning as a developing practitioner.
My third essay also symbolized an important stage of my development as a therapist because it illustrated my encounter with Cognitive Behavioural Therapy (CBT) (Beck, 1995), the notions of therapeutic effectiveness and evidence-based practice. The process of writing this essay also coincided with an increase in my awareness of the professional context where I worked. I learned about the importance of evidence-based practice within the National Health Service (NHS), and the requirement of therapists to continuously demonstrate the effectiveness of therapeutic interventions through research.

Since I enjoyed learning about and working in the NHS, I planned to gain as much experience as possible in a variety of NHS settings during my training. My choice of NHS placements in primary, secondary and tertiary care respectively in my first, second and third year reflected my plan of experiencing a variety of NHS therapeutic contexts where psychologists could be employed. In the Practice Dossier a description of those placements and of the learning that derived from working within them is provided. The Practice Dossier also contains the Final Clinical Paper, which links my personal and professional development with my counselling psychology training and practice. This paper describes the tension between positive and negative feelings that I began to resolve during training and gives an account of my currently ‘preferred’ therapeutic approach. It also clarifies the reasons for my current preferences and highlights the ‘in flux’ nature of those. The Final Clinical Paper also provides links between my personal development, my practice and my research topic.

A further link to be provided in this introduction is between my personal development and my research. As can be seen from the title of this portfolio, I devoted three years to research into the integration of spirituality into therapy. I viewed (and still view) both spirituality and religion quite broadly as an awareness of a sense of meaning and higher purpose within everyday life experiences and also as a set of guiding principles accompanying me through my life journey. I was motivated to research this topic because of my personal interest in and experience of spirituality and religion in my life. Having become aware of an increased interest in those topics in our Western society I was also
interested in how spirituality and religion could be integrated into therapy in order to help those clients who wanted to use spirituality and/or religion as a resource in their everyday life.

My first year’s research concentrated on Psychosynthesis, one of the first systematic attempts at integrating spirituality and religion in therapy performed by Assagioli (1965). I was interested in this approach because Assagioli not only promoted the integration of spirituality and religion in therapy, but also the integration of a series of principles and techniques from Psychodynamic, Person-Centred and Behavioural approaches (Firman and Gila, 2002). The integration of those approaches and of spirituality and religion into therapy sounded like a goal that I wanted to achieve by the end of my training and therefore I felt enthusiastic about reviewing psychosynthesis. Compiling the review was an interesting journey, although it required a high level of concentration and determination in order to fully digest and re-elaborate those concepts in an accurate and critical way.

The engagement into Assagioli’s integration attempt confirmed my enthusiasm towards the possibility and importance of the integration of spirituality into therapy. At this point of my training I was ready to explore other counselling psychologists’ opinions about integration. I wanted to investigate what key informants in the field, such as directors of counselling psychology training programmes, thought about the role of spirituality and religion in the training and practice of counselling psychology. I was very pleased with the insights gained from this research and therefore I decided to present my work in progress at the Quinquennial Annual Conference of the British Psychological Society (see the final section of the Research Dossier for details of this presentation). During this presentation I engaged in stimulating exchanges of ideas with my audience, which made me reflect on the complexity and breadth of my research topic. This complexity made me want to put together the current findings on integration combined with my qualitative findings in order to design a quantitative exploration of therapists’ attitudes towards spirituality and religion in therapy. I therefore embarked in my third year investigation
thinking that it would be less complex than the previous year. However, it was an enormous challenge to summarize all findings in the form of questionnaire items, although I felt a sense of achievement once I completed this task.

Another major challenge was to define spirituality and religion both within myself and in terms of operational definitions. Therefore, I attempted to maintain awareness throughout those three years about the difficulties in researching those topics due to lack of agreement amongst researchers about the definitions of those very broad terms (Suarez, 2005). Throughout the research process, I was aware of my “in flux” view of my personal development, training and therapeutic practice and I grew further away from the need to define spirituality and religion within myself because both clients’ and therapists’ definitions also might be changing as a result of their life experiences and religious/spiritual practice. I then adopted an open approach to those terms, which on one hand was helpful in researching different perspectives; on the other hand it made it difficult to converse with other professional about integration methods and levels.

Those language difficulties also created a tension in my practice within the NHS. I felt that it would be difficult to use spirituality and religion in my practice within the NHS setting without justifying my intervention with an evidence base. I felt that my approach would be judged as “not scientific enough”. However, this did not stop me from acknowledging and welcoming clients’ spirituality and religion when they raised them in therapy. In my third year I worked with two clients who had attended the Alcoholic Anonymous meetings, which adopt the 12 steps approach. One of the steps in this approach encourages clients to give up control and confide in a “Power greater than themselves” (Alcoholics Anonymous, 2001; p 568). Those clients were very aware of their spiritual and religious orientation and were able to use it as a resource in their personal development. One of those clients used prayer as a regular practice in his daily life, and I was able to validate his practice as an important aspect of his recovery from alcohol dependence.
The work with these clients gave me faith into the possibility of including spirituality and religion in therapy. Even though this might not currently form a substantial part of an evidence-based manualized treatment, it is essential to validate clients' experiences of spirituality and religion, as this means validating part of clients' internal world and the meanings that they might attribute to events, practices and possibly other aspects of their lives (Fontana and Slack, 2005; Richards and Bergin, 1997).

Concluding comments

In conclusion, this introduction linked the meanings, motivations and personal experiences that drew me to training as a counselling psychologist. It also introduced some of the challenges that I faced throughout my development as a practitioner and how those influenced the focus of my academic work. It presented the reasons for my interests in spirituality and religion in therapy and the difficulties that I encountered around both personal and operational definitions of spirituality and religion in research, training and in my practice within a NHS context.

To conclude, throughout this portfolio, I strove to convey the extent to which this training has contributed to building the foundation for a continuous process of learning. This process started with training and encouraged me to keep discovering both my strengths and weaknesses, and work on those in order to keep developing as a practitioner, as a researcher and as an individual.
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Suarez, V. (2005b) The integration of spirituality into therapeutic practice: a grounded analysis of the views and experiences of therapists with a deep interest in spirituality. In V. Suarez, A portfolio of academic, therapeutic practice and research work including an investigation of the integration of spirituality into therapy. Submitted to the University of Surrey in partial fulfilment of the Degree of Practitioner’s Doctorate (Psych D) in Counselling Psychology.

INTRODUCTION TO THE ACADEMIC DOSSIER

The Academic Dossier contains three essays. The first essay examined how identity development can be understood in terms of Personal Construct theory and therapy. The second essay explored the topic of reassurance in Psychoanalytic therapy and the third essay discussed the effectiveness of Cognitive Behavioral Therapy for the treatment of anxiety disorders.
Essay 1:

How can identity development be understood in terms of Personal Construct theory and therapy?

This essay will firstly place Personal Construct Theory (PCT) in the context of different approaches in order to demonstrate that PCT incorporated several aspects of present and past identity development theories. It will then review some of the literature that adopts a PCT approach to the study of identity development and briefly highlight the advantages and disadvantages of using this approach in theory and practice. It will conclude with an overall view of the literature reviewed and with some implications of the use of PCT approaches in the practice of counselling psychology.

Different approaches to identity development

The growing interest in the study of identity development has been attributed to our contemporary concern with identity issues (Baumeister, 1987). This historical perspective has however failed to explain individual differences in identity (Kroger, 2000). Structural and stage approaches (Erikson, 1968; Piaget, 1972) have contributed to highlighting the main challenges that many individuals face throughout the lifespan. Nevertheless, they did not succeed in identifying the contextual variation that may impede or undermine identity development (Kroger, 2000). In order to compensate for this lack of contextual variables, socio-cultural approaches emphasized the importance of looking at identity development in terms of changes in culturally defined roles and statuses (Shotter and Gergen, 1989).
Levinson (1996) subsequently integrated the socio-cultural approach into what has been defined as a psychosocial perspective. His position held that individual psychological and biological factors, together with social factors, play a salient part in developing and maintaining one’s identity. In order to make the picture more complete, narrative approaches to identity (McAdams, 1996) have incorporated all of the above mentioned aspects of identity, as they encouraged people to tell stories about their lives to bring many diverse elements together into an integrated whole, in order to provide a sense of continuity to their life experiences.

Most of these theories focused on particular aspects of identity development or they considered identity to be important only at particular life stages such as adolescence (Erikson, 1968). Conversely, constructionist (Kelly, 1955), social constructionist (Burr, 1995) and process (Breakwell, 1996) approaches to identity development have considered identity as an ever changing aspect of development, always in flux and in the process of defining itself throughout the lifespan. These approaches contrast with the previous views of identity as developing at certain life stages and occasionally being revised according to role changes. According to these theorists, identity is constantly evolving while we grow as individuals within a determined social and cultural context (Burr, 1995).

Kelly’s (1955) approach to identity development has been chosen as a topic for this essay because it seems to incorporate both the stages approaches to identity development and the social constructionists’ and identity process theories. Kelly’s PCT approach to identity also laid the foundations for subsequent research and re-elaborations of his constructionist ideas. Therefore it seemed to be important as a basis for contemporary developments in constructionist philosophies of identity theories and psychotherapeutic implications that derive from those theories (Winter, 1992).
Personal Construct theory's approach to identity development

PCT was born in the 1950s in the midst of a series of debates about psychology as a science (Gross, 2003). Kelly’s theory (1955) suggested, at this very controversial time in the infancy of psychology, that each human being acts as a scientist, continually taking in information and testing the validity of hypotheses in order to construe ideas of its world. Kelly based his theory on “constructive alternativism” (Winter, 1992, p.4), which poses that “all of our present interpretations of the universe are subject to revision and replacements” (Kelly, 1955, p15). He thought that just like psychology as a science, every person is in a continuous process of development from the moment that they were born, and they attempt to achieve increasing understanding and clarity about themselves, others and the world around them (Kelly, 1955).

Kelly (1955) described the continuous process of transition that occurs when each person attempted to anticipate the events and reactions of an ever-changing world. He spoke of anxiety that manifests whenever there is a threat to the person’s core structure that forms and maintains this person’s identity (Winter, 1992). Such threats could be caused by changes in the environment or changes of roles in the person’s life. Kelly defined “role” as “a part one plays as if one’s life depended upon it” (Kelly, p 894) and anxiety as an inconvenient change to the usual construct system within which the person normally operates (Kelly, 1955). He posed that when anxiety is experienced, a revision of this construct system is needed in order to produce a more adaptive response to a new set of events. In this sense, revisions can actually happen on a daily or momentary basis and produce changes to the person’s identity (Winter, 1992).

If we bear this continuous review of one’s identity in mind, it becomes less meaningful to divide people into stages of development such as childhood, adolescence, adulthood and old age (Bannister and Fransella, 1986). PCT sees a person in psychotherapy as involved in personal development as much as a growing child. The word ‘development’ is actually perceived as misleading, as it implies that one is moving towards a final destination, as
opposed to the perpetual movement that PCT attempted to convey (Bannister & Fransella, 1986). As Siegel & Holmgren (1983) cite from Langer’s (1970) work, identity development is perceived as:

“a process of increasing differentiation and specification of the organism’s relatively global organisation, coupled with a process of progressive centralization and hierarchic integration of the more individuated systems so that progressive equilibrium is achieved” (Langer, 1970, p.85).

This definition of identity development is explained in terms of individuals’ tendencies to both change and preserve stability, which involve discontinuity, continuity and synthesis. As a result of these processes, the individual organizes and revises ways of coping with new experiences (Siegel & Holmgren, 1983). This view is very similar to Piaget’s concepts of assimilation and accommodation (Piaget, 1971) referring to child development. In fact, Piaget and Kelly (1955) shared their ideas of development as a continuous process of transformation, where cognitive structures keep evolving as a function of these processes (Fransella, 1995). However, Piaget saw such processes as linked to age, unlike Kelly, who perceived them as ongoing throughout life (Neimeyer & Neimeyer, 1987; Salmon, 1970). Despite this substantial difference, the two shared the focus on the importance of the individual’s view of the world. However, while Piaget mainly concentrated on the child’s cognitive development, Kelly extends the focus on the child developing as a whole person. Kelly held that children change as a result of their own efforts to understand the nature of their worlds. Similarly, O’Reilly (1977) described children as “scientists holding theories about their world which provide ways of acting toward events” (p.78). Therefore, in PCT, the child is viewed as an experimenter and identity development as a perpetual experiment (Edwards, 1985). However, the emphasis is not only on the individual, but also on the meaning that the person imposes onto events (Yardley & Honess, 1987).
Kelly’s theory holds a series of corollaries, which cannot all be addressed in this essay. However, an example of the most relevant one to identity development will be provided. Kelly outlined a series of assumptions within his choice corollary (Kelly, 1955). Firstly, this corollary stated that we choose certain things and not others, and that is how we come to be different. Secondly, it argued that we make these choices according to meaning and to our existing construct systems. Such choices determine the structure and degree of complexity of our systems, and define our individual ways of coping with different situations. In turn, the way we deal with situations reinforces our tight and/or loose construing of events. When we construe tightly our views are fixed and logic, while when we construe loosely, our views are more open and vague, and therefore less articulate and loosely related. Kelly concluded that our identity development is therefore shaped by the styles we apply the most when confronted with events. Ideally, a balance between tight and loose construing would ensure sufficient creativity and stability for each individual (Bannister & Fransella, 1986). However, research shows that this balance is not always accomplished (Morris, 1974).

Research and therapeutic applications of PCT

Substantial empirical work has concentrated on analysing the structure and meaning of individual’s construct systems through the use of the Repertory Grid (RG) technique, one of the most widely used research tool in PCT research (for a full description of this method, please refer to Fransella & Bannister, 1977). This method allows researchers to access and analyse, in as much detail as the participant is comfortable with, people’s construct systems, their ways of coping with particular life events and consequent changes to their identity. Given the implicit nature of this tool and the high amount of data that it usually generates, research in this area has mainly adopted qualitative methods of analysis and in most instances a case study approach (Neimeyer & Neimeyer, 1987).
For instance, Smith (1990) followed a client through her pregnancy and the transition to motherhood, exploring the relationship between this event and her identity. This method allowed the client to become aware of her implicit theories around pregnancy and motherhood and to compare initial grids (as soon as pregnancy started) with the two middle ones and the final one (after pregnancy). This study carried implications for the validity of the RG as an effective tool to investigate identity changes and encourage reflexivity in research participants.

Additional work used RG not only as a research tool but also as a therapeutic intervention. Through the analysis and comparison of the relationship between constructs, the client has the opportunity of gaining awareness of his/her construing and of the core constructs that form his/her identity (Neimeyer & Neimeyer, 1987). Much of this process is viewed as a negotiation between the client’s and the therapist’s construing, just as much as the client’s construing is a negotiation between societal influence, events, and his/her core constructs (Edwards, 1985; Burr & Butt, 1992). In this sense therapy is viewed as a process of reconstruction, in which clients re-tell their stories and negotiate the reconstruction of events and their meaning with their therapists (Fransella & Dalton, 2000).

PCT suggested that there are some core role constructs in every individual, which contribute to identity development. When these core role constructs are confronted with changes, role reconstruction is needed, as conflicts may arise within a person’s construct system and/or in their identity (Winter, 1992). An example of this can be found in Furnell’s (1985) case study of a married man who was in the process of developing his gay identity. It followed a RG approach in assessing the changes in this person’s identity during the encounters with three different men. From the three grids it emerged that each of these three relationships contributed in different ways and at different points in the process, to empower the participant during significant identity changes. These changes occurred gradually and only when the person was ready to take up the challenges that each relationship presented. The whole process viewed the threat to his roles as a father
and a husband, and simultaneously saw him increasingly involved in building friendships in the gay community. Some crucial role reconstructions took place in this study, which again confirmed the sensitivity of the RG in picking up on specific individual appraisals of events.

However, as Fisher and Savage (1999) pointed out, it is important to pace RG interventions and related challenges to core role constructs, according to the degree of anxiety and threat likely to be involved. It is necessary at times of changes, to maintain a sense of the known self and identity in order not to eradicate one’s core constructs altogether. In Leitner’s (1987) case study, the researcher/therapist was presented with M., a man in his early thirties. An analysis of his RG at the beginning of therapy revealed M.’s several identities. He reported feeling seven different people throughout the day and was also unsure of his sexual orientation. In addition, he showed little capacities for emotional closeness as well as recounting a rather confused view of the world. In this case challenging of role construing had to be preceded by the provision of a warm environment where such roles could be clarified, tested, changed or abandoned. Leitner (1987) reported that viewing construing as a process was the main ingredient for initiating the reconstruction. However, before initiating the process, the therapist spent a considerable amount of time containing the client’s emotions and carefully negotiating role experimentation.

Role experimentation has been regarded an effective therapeutic tool in identity development processes. It is not only used by the client in PC therapy, but in some cases it is also used by the therapist, who may choose to enact a particular role to elicit role reconstruction in the client. Soldz (1987) did so with Ms K., who had a history of short and transient relationships with others and often fled from relationships when they became too emotionally demanding. Shortly after the start of therapy, Ms K. decided to leave therapy stating that she was not getting what she wanted; therefore there was no reason for her to stay. Two years later, after the therapist enacted a series of carefully
chosen parts, Ms K. not only stayed in therapy, but also managed to work through difficulties in close relationships and work relationships without any rupture.

**Implications of PCT in theory and practice and conclusions**

As the above reviewed literature showed, PCT could be a useful tool both in research and therapeutic contexts and in the understanding of identity. It addressed identity both in terms of process and in terms of role changes, which could be compared to the stages theories of identity development. However, PCT is mainly applicable as an idiographic approach, and therefore it is difficult to generalize its results to the wider population. Its main tool, RG, only provides a cross-sectional view of one’s construct system and fails to pick up on the ongoing nature of identity development process, unless repeated several times during the course of therapy (Furnell, 1985). Nevertheless, RG is a very flexible tool, which can be applied to a variety of contexts. For instance, in an educational context, studies on the teacher’s constructions of pupils’ learning revealed the inadequacy of the learning environment, which appeared not to provide enough space for children’s creativity, but actually imposed teachers’ views onto pupils’ ones (Edwards, 1985).

In therapy, RG has encouraged professionals to step away from standardised diagnostic tools and to explore the individual and unique chain of construing that led to certain behaviour patterns (Bannister & Fransella, 1986). Nevertheless, this rather open and flexible approach to therapy has exposed PCT to a series of criticisms. PCT has been described as repeating and combining different aspects of Existential, Humanistic, Psychoanalytic and Systemic approaches (Winter, 1992).

In fact, its personal construct philosophy could be associated to existential-phenomenological therapies in its focus on the meaning that each individual makes of events. PC theory could also be compared to Psychoanalytic therapies in its emphasis on the reciprocal roles of self and others in defining one’s identity, and to humanistic approaches for its attention to the importance of containment of the client prior to challenging core role constructs.
PCT has also been criticised for being a purely cognitive approach, which only concentrates on the cognitive aspect of constructs and identity development and it does not sufficiently emphasize the role of emotions within the constructs (Fransella, 1995). Despite these criticisms, Kelly (1991) and his numerous followers suggested that theorists, therapists as well as clients are all construers, and therefore they should continuously review their theories and recognise the active and evolving nature of human beings. Therefore, there are no fixed and/or pre-established ways of dealing with or theorizing about human distress and identity development. As therapists and counselling psychologist we should continuously review our ways of being with clients, which “can be as varied as the whole human repertory of relationships and techniques. It is the orchestration of techniques and the utilization of relationships in the ongoing process of living and profiting from experience that makes psychotherapy a contribution to human life” (Kelly, 1969, p.223).

This continuous revision of our work and the encouragement for clients to also become reflexive and carry out ongoing reviews of their construing and identity makes PCT approaches particularly suitable for the study of identity development, and it constitutes the core principle of how identity development is understood in PCT terms. Although there are many PC therapists in the UK, this approach is not mentioned very often in counselling psychology research. This might be due to the complexity of PCT and its mainly idiographic applications which have been mentioned above (Fransella, 1995). However, Breakwell, (1986; 1996) has elaborated some aspects of PCT, and also the social constructionist views of identity development have some clear references to Kelly’s theory (Burr, 1995). More recently, re-elaborations of PCT have appeared in the literature on the construction of disorder (Neimeyer and Raskin, 2000) and in the Positive Psychology movement (Mahoney, 2002), as well as in narrative constructions in therapeutic contexts (Dimaggio et al, 2003). These re-elaborations stressed the developmental principle of constructivism, and in particular the self as socially embedded. Human development and identity development is seen as a lifelong process
and as a result of the co-creation of realities between individuals and society. It is promising to encounter PCT in recent literature and it is hoped that its recent applications will be an encouragement for counselling psychology practitioners and researchers to apply its principle and methods, as well as embracing its theoretical assumptions.
References


Essay 2: Reassurance in psychoanalytic therapy

This paper will examine different views of reassurance in psychoanalytic therapy. It will firstly define reassurance according to some of the past and current psychoanalytic literature. It will then argue that both the analyst and the client inevitably seek reassurance in the psychoanalytic situation, often through unconscious collusive arrangements, in which the client shows resistance to change of habitual role relationships and the analyst feels that his role corresponds to his internal phantasies. Ways in which this can be both beneficial and harmful to the therapeutic process will be considered through the illustration of case material from my practice. Reassurance will then be conceptualized in terms of the effect of countertransference and projective identification, and as such, argued as an important dynamic of the analytic process. Finally, emphasis will be placed on the importance of a holding environment (both for the therapist and the client) and on the establishment of a common language between the therapist and the client for appropriate reassurance to take place.

Definitions of reassurance

The concept of reassurance in psychoanalytic therapy was first introduced by Martin (1949). Although he argued that reassurance is “to free from fear, anxiety and terror”, he quite appropriately pointed out that anxiety is a symptom that is unresponsive to reassurance. For example if an agoraphobic client is scared of going out, saying to him: “everything will be alright, there is nothing to be scared about” is not going to reassure him at all. Martin (1949) argued that anxiety symptoms are actually nature’s way to mitigate anxiety, and therefore analysts should not remove the symptom, which indeed might be temporarily reassuring for the patient, but understand what is behind it.
Martin’s theory was thoroughly embraced by Ingram (1997), who provided an extensive account of his views on reassurance. Ingram (1997) reported that Martin distinguished between three types of reassurance: the first is false reassurance, in which the client is reassured that the symptom will go. This may provide temporary relief, however, even if the presenting symptom is removed, the anxieties will manifest themselves in more complex ways, as the inner unconscious conflicts that caused the symptom were ignored. The second type of reassurance is superficial or defense reassurance. This occurs when therapy is aimed at getting the client back to functioning without the symptom, after understanding what specific purpose the symptom was serving. Ingram (1997) saw this type of reassurance as superficial as it failed to address the wider picture of the client’s pathology.

The third type of reassurance is seen as the goal of all therapies, and specifically as the goal of analytic therapy. This is the ability on the analyst’s part to bear the client’s pain and distress, without recurring to false reassurance that is quite common such as “we’ll cross that bridge when we get to it” or “no use in crying over spilt milk” or “try not to think about this and you’ll feel better”. Those phrases can often be experienced as dismissive and therefore not reassuring at all. Ingram (1997) reflected upon how those quick modes of reassurance can be similar to medication, which can be experienced as quite reassuring by some clients, but as extremely dismissive by others.

Ingram (1997) highlighted four main elements that characterize the reassurance process: The first consisted of the reassuring effect of being listened to by the therapist. The second was about the therapist’s encoding of the client’s distress through words or metaphors, which also can provide reassurance. The third was the interiorization of the analytic dialogue, in which the client internalized the way in which the analyst talked to him/her in therapy and begins to talk to him/herself in the same way outside therapy. The fourth reassurance element consisted of the therapist’s attempt to make sense of the meaning and purpose of distress/illness/symptoms/events in the client’s life. Those four elements can provide reassurance to the client as the therapist is able to process his
distress and give it back to him in a more palatable way. Psychoanalytic theory and practice holds that this “giving back” takes place through delivering interpretations (Bion, 1962; Stratchey, 1969; Feldman, 1993).

**Dynamics of reassurance**

It has been recently pointed out that there are several ways in which both the therapist and the client seek reassurance in therapy (Frayn, 2004). Feldman (1993) provided a comprehensive illustration of the dynamics that play a major role in the reassurance process. He viewed this process in terms of projective identification and countertransference phenomena. Projective Identification (PI) is seen as one of the ways in which the client reassures himself when a psychic or external event has disturbed his equilibrium. The analyst’s response to PI could also be quite reassuring when the analyst unconsciously colludes with the client. This is because it is less anxiety provoking for the analyst to collude and unconsciously enact the role that he has been induced into by the client. Consequently, the client has an unconscious phantasy of feeling able to control the analyst from within (which in itself can feel very reassuring) and can continue to experience one-ness with the therapist, rather than face the rather unpleasant pain of experiencing two-ness (Karlsson, 2004).

Klein (1946) originally identified the desire of the baby to enter the mother’s body in order to control her from within, which arises in early infancy. She highlighted the importance of early paranoid and schizoid anxieties and consequent defense mechanisms that activate both during infancy and later adulthood. She defined PI as one of those defense mechanisms, which consists of the avoidance of unwanted parts of the ego by forcing them into the object (Klein, 1948; Segal, 1973).
Britton (1989) called the type of reassurance that the client feels through replaying old and early relationship patterns “oedipal illusion”, where the patient strives to restore the state that he has lost either through phantasy or by attempting to draw the analyst into a familiar enactment (Britton, 1989; p.23). Feldman (1993) distinguished this type of reassurance from the capacity of the analyst to think for himself, separately from the client. In his paper he provided a brief description of a client who felt threatened by the prospect of the analyst being able to think for himself. This challenged more familiar and comforting versions of the pair involved in the repetitive enactment of earlier object relationships. Once the client saw that the analyst could have a relationship with both objects without “killing” one of them, he could internalize this dynamic, leading to greater personal integration of different parts of himself and consequently to greater reassurance.

The role of collusions and their reassuring components: a case example

Heinman (1950) emphasized the importance of the analyst’s emotional response to the client as “one of the most important tools for his work. Countertransference is an instrument of research into the client’s unconscious” (Heinman, 1950; p.82) and therefore the analyst should not ignore countertransference feelings. More importantly, she added that the analyst’s unconscious understands the one of his client. I certainly found in my practice that this was true, particularly in the instance of a client who presented with non-organic sleep disorder. She had been in once-weekly therapy with me for two months, and presented as quite emotionally flat in her interactions with me. During the first sessions I found myself feeling very drowsy and whilst reflecting upon this during supervision and realized that she possibly disowned the part of her that wanted to put her feelings to sleep and therefore projected it into me so that I consequently felt sleepy during sessions.
A similar PI occurred when she disclosed to me that she wished she could have given her husband another baby. The week before this session I had a dream that I was pregnant. She had earlier said that she never remembered her dreams at all, so I thought that my dream was an unconscious projection of her wishes into me, as she felt that she had kept her wish inside her for a long time. Moreover, I noticed that same week that every time she came into the session, she put her fur jacket on her lap and occasionally stroked it during session, possibly symbolizing her much wanted baby. It seems that although I had not consciously made the connection between the jacket and the baby, my unconscious had communicated with hers, hence my dream of being pregnant was explained.

This example demonstrated the important role of unconscious verbal and non-verbal communication within the analysis (Frayn, 1998). Certainly in the work with this client I had difficulties in recognizing my role in the therapeutic relationship. During times of confusion about my role I became aware that there might have been a collusion between myself and my client of the kind that Karlsson (2004) described as a "resistance between the therapist and the patient in which the transference and the countertransference become interlocked in a tacit agreement to avoid a mutually phantasized catastrophe" (Karlsson, 2004; p.568). I was possibly unconsciously colluding with my client for a while before I realized what role she induced me to play in our interactions. This was probably quite reassuring for both the client and for me until I became aware of a vicious cycle that made us both stuck in the same interactions. In hindsight, I conceptualized this as what Steiner (1993) called "psychic retreats", where the analyst’s mind becomes entangled with the client’s mind in a collusive interaction where understanding would cause too much pain and therefore it is safer, more gratifying and certainly reassuring to act out familiar scenarios (Steiner, 1993; p. 204).

This might happen when the client’s issues collude with the therapist’s blind spots, which might have never been dealt with during his/her own analysis. Resistance is therefore the result of the interaction between the roles that both the therapist and the client cast each other to play (Sandler, 1976). Although enactment of any role that clients induce
therapists to play is to a certain extent inevitable (Frayn, 1996) and can be useful to understand the therapeutic process, self-inquiry on the therapist’s part should take place in order to prevent enactment from impeding therapeutic progress. Summers (1997) argued that as analysts we should attempt to understand enactments rather than prevent them. However, she continues, failing to verbalize the client’s non-verbal behaviour corresponds to violating the analytic boundaries because although the client might be temporarily reassured, he might also be prevented from the variety of experiences that may be critical to the realization of self development such as “dependence, temporary merger, silence, angry outbursts, the expression of rage, play, being alone in the presence of another” and, I add two-ness, in Karlsson’s terms (2004; p. 570).

With my client I felt that we were stuck in a vicious cycle. I felt that it was difficult for her to let me in and this was enacted through her talking incessantly during sessions. She complained that her husband did not listen to her, and in fact I found myself “switching off” quite often while she talked, possibly in a similar way to her husband. I interpreted that she might find it difficult to find space to think about her feelings in her current life, and that I could feel that this was going on during the sessions as well, when she found it difficult to stop talking and stay with silences. I found silences difficult as well, so I feel that we were caught in a tacit collusive arrangement of filling the session with words, and not allowing each other to reflect on our feelings in this process.

I felt that through this tacit collusion, I did not allow myself to feel what she was projecting into me, whilst she continued not to experience separateness. In following sessions I seemed to have more space for interpretations, and I interpreted that she might feel that, like her husband, I won’t listen to her, but she denied this by saying that she thought I do listen to her, and she wished that her husband listened so attentively too. In later sessions she stated that for the first time she remembered a dream and told me about it, but it was towards the end of the session so we had no time to think about it and make sense of it together. This, however, was the first time that I felt that I was allowed into her inner world, even though for a short while.
In the first part of the therapy with this client, I unconsciously colluded with her not listening to herself. She projected onto me the part of her that did not listen to her feelings, which made me ‘switch off’ and feel drowsy during sessions. This example shows how the analyst can have a somatic manifestation before comprehending a conscious emotional experience (Matthis, 2000). This projection made the client experience false reassurance in the sense that she could get rid of her unwanted role that she had always been used to play, and control it within me. This process, in a Winnicottian sense, possibly provided my client with a holding environment and a transitional space (Winnicott, 1958) where this illusion could be used as a start of communication between me and the client. I unconsciously felt that this client was quite concrete at the beginning of therapy and therefore she needed such initial reassurance to start trusting me. Similarly to my client, Summers (1997) argued that too much collusion makes the infant overwhelmed and helpless, and does not allow the experience of rejection and discontinuity, while too little does not permit the achievement of agency.

Later in the therapy and after supervision I reflected on the feelings that she induced inside me and was able to give them back to her through interpretations. Before this happened, however, I found it extremely difficult to recognize the effects that PI had on me. This is because there is still a part of me that tends to avoid difficult feelings. Therefore I was confused as to whether what I was feeling was a product of the PI or a residue of my issues. Feldman (1997) reassuringly pointed out that the analyst also needs reassurance and that role shifts can be disturbing for the analyst too. He brought an example taken from Klein’s work, in which Klein did not wish to play an undesirable role with one of her clients, and this role therefore got projected onto someone else. He then emphasized the importance of colleagues’ support and supervision for the analyst to become conscious of such processes.
With my client, I felt that she slowly allowed me into her inner world, and that this felt quite painful for both of us. On my part, I had to shift from being the dismissive part of herself (or her dismissive husband) to learning to bear and tolerate her unwanted feelings and to give them back to her in a more digestible way. I had to allow myself to experience those feelings without acting them out, hence, resisting the rush to resort to a hasty interpretation as soon as there was a silence in the session. As Carpy (1989) appropriately put it, those hasty interpretations would have not moved us further, as the client was not allowing me in yet. Therefore, in those occasions I allowed the space to be there for us to both experience it and I kept on listening and taking in her material.

Carpy (1989) affirmed that the client consciously watches how difficult it is for the analyst to bear his material without acting it out. This is a reassuring process because, in this way, the client introjects the ability to tolerate feelings, which he observed in the analyst. Therefore, the analyst’s toleration of PI and countertransferential feelings can produce psychic change. I believe this happened with my client, who later allowed herself to dream, hence allowed herself to bear, remember and process her own feelings, although it will probably still take a while for her to allow herself to fully process them in the therapy room.

**The reassurance of sharing psychic space and creating a “microdialect”**

The ability to share psychic space is not an easy task for all of our clients. Spero (1999) argues that most patients come to therapy with very fragmented psychic space, which means that they hardly ever had the experience of sharing. This may prevent them from being able to “represenalize” (p.172) the phenomena that are talked about in therapy. To those clients, what the analyst does or says is often not meaningful and therefore what is not there needs to be named and encoded, possibly through the transference. This can be a reassuring process for some, but also a very threatening experience for others. If the process takes place, however, the client might be able to interiorize the therapeutic dialogue, as described above in Ingram’s (1997) third element of the reassuring process.
During the interiorization process a new element is created within the therapy, which may be compared to the analytic third (Ogden, 1994) and, as Spero (1999) named it, is similar to a microdialect, or new analytic object. This consists of a new type of language that only the therapist and the client understand as a result of sharing a common psychic space. This creates an internal symbol of the client-analyst pair in the client’s mind can act as a container in the often frightening journey to the “freedom to relate” (p.173). However reassurance is not given by those symbols or microdialect interiorization per se. Reassurance comes from “the deeper ‘thickness’ of psychic interiority that the analytic couple finds themselves capable of utilizing and presuming in increasingly more complex refiguration of their relationship” (Spero, 1999, p 174).

As I read this quote from Spero (1999) I became conscious of my experience of my personal therapy, where I realized that my therapist and I had created a set of common expressions and images from our dialogue, which I often found myself thinking about or writing about in my journal. Until now I was not conscious of the extent to which this provided reassurance for me, and I am still not sure about the dynamics of this particular reassuring process. What seems to be clear, and what I aimed to illustrate through this paper, is that the ability of the analyst to bear the patient’s distress, encoding it and giving it back in an understandable way provides the patient with an invaluable amount of reassurance. This lays the basis for the establishment of a psychic space, and in Winnicottian terms, a space that allows psychological growth (Winnicott, 1965), and possibly the creation of a private microdialect, which is an enriching and reassuring experience that I wish to everybody, clients and/or analysts.
References


Essay 3:

The effectiveness of Cognitive Behavioural Therapy for the treatment of anxiety disorders

This paper will provide evidence for the effectiveness of Cognitive-Behavioural Therapy (CBT) for Anxiety Disorders (AD). Given the variety of therapies that come under the umbrella of CBT, this essay will firstly outline the core common features of all these modalities. It will then highlight the main theoretical elements of CBT that have been found to be particularly effective for the treatment of some AD, and examine the evidence for and against the use of CBT as the main therapeutic approach to treat them. Since AD can be of various nature, this essay will also identify the interventions that have been found to be effective in treating common symptoms of AD and pinpoint some controversies about their theoretical bases and applicability to individual cases. In the light of these findings, this essay will conclude with an overview of the literature reviewed and with future research directions.

Theoretical bases of CBT and difficulties in defining CBT

CBT first emerged in the early 1960s with Albert Ellis’s (1962) text on the links between reason and emotion in psychotherapy. It was not until the 1970s that the first major CBT texts appeared (Meichebaum, 1970) and laid its guiding theoretical bases (Dobson, 1988). However, its theoretical origins date back to the philosopher Epictetus, who suggested that people are not disturbed by events, but by “the view that they have of them” (Woolfe, Dryden & Strawbridge, 2003, p.161). In fact, all CBT approaches share the assumption that cognitive activity affects behaviour and therefore by modifying thoughts and thought-processes the desired behaviour change will take place (Dobson, 1988).
The main task of CBT is therefore to change maladaptive beliefs about certain events or behaviours, which produce undesired effects in people’s lives (Beck, 1995). Although such a general definition applies to most CBT treatment modalities, it is very difficult nowadays to provide a definition of CBT that will encompass most branches of its variations. According to Ellis, CBT “has become so integrative today that it almost belies its original name” (Ellis, 2003, p.225). Although most CBT therapies share the use of cognitive and behavioural techniques, they also often include more experiential, interpersonal, existential, and humanistic methods.

Despite this, some of the techniques employed in some variations of CBT can be very different. For instance Stress Inoculation Training can consist of exclusively coping skills training, while problem-solving techniques can adopt more interpersonal cognitive therapy strategies (Dobson, 1988). The description of all these techniques goes beyond the scope of this paper, therefore the reader is referred to Dryden and Golden (1987) for a detailed account of those procedures. However, it needs to be emphasized that the main differences within CBT protocols lie in the application of those methods to different presenting problems, at different times during the therapy, and with different client groups.

Conversely, the main common feature of CBT therapies is the aim to change beliefs and behaviours through affecting four interacting elements: the physiological, the emotional the cognitive and the behavioural aspects, which are believed to be reciprocally interconnected and to affect the client’s beliefs. The first two aspects will be the main focus of this paper as they are particularly important for the treatment of AD (Woolfe, Dryden and Strawbridge, 2003).
CBT for anxiety disorders

Although medication is usually the first line of treatment especially in severe AD, it has been demonstrated that pharmacological treatment does not eradicate symptoms and it often has a delayed effectiveness (Basco et al, 2000). CBT has been demonstrated to be a more effective choice than medication treatment in several studies (Van Balkom et al, 1998; Bower and Stein, 1998). A plethora of research and meta-analytic reviews found it to be extremely effective in the treatment of AD (Durham and Allan, 1993; Jones and Menzies, 1998; Fecteau and Nicki, 1999; Butler and Beck, 2000) and to have superior outcomes in comparison to other approaches such as psychodynamic psychotherapy in therapy with AD clients (Hoffart and Martinsen, 1990).

Nevertheless, the wide evidence for the effectiveness of CBT in comparison to other approaches may be due to CBT being one of the most extensively evaluated treatments, as very few other studies on the effectiveness of other treatments for AD have been carried out to date (Wiborg & Dahl, 1996; Delmonte, 1995; Shapiro, 1995; Kabat-Zinn, 1990). Amongst those, only relaxation training has been found to have as long lasting effects as CBT (Taylor, 2000). However, it cannot be assumed that reports of clinical trials results (on which CBT evaluation are mostly based) will necessarily translate to routine clinical practice (France and Robson, 1997).

CBT for AD rooted its theoretical bases in learning theory (Bandura, 1977). In accordance with the principles of learning theory, it can be easily understood how fear and anxiety can be learnt and internalized. According to this theory, some stimuli, perceived as a threat, can trigger anxiety, emotional changes and physiological reactions such as increased heart rate, hyperventilation and changes in body temperature. This appraisal pattern can be applied to other situations that may be similar to the original stimulus, which can result in a generalization of anxiety responses (Basco et al, 2000). This chain of events may lead to the development of an AD. For instance, if one has a fear of elevators stemming from being trapped in one in the past, the fear may be
triggered by other enclosed spaces that may look like an elevator. A common coping
mechanism is the avoidance of the stimulus that causes anxiety responses. In several
cases the stimulus generalization can restrict people’s lifestyles and cause high levels of
emotional distress. This often happens in severe cases of Obsessive Compulsive Disorder
(OCD), Post-Traumatic Stress Disorder (PTSD), Panic disorder (PD) and Phobias (ICD-
such emotional distress can lead to a distorted view of reality because in times of distress
people tend to make information-processing errors that lead them to view events as more
negative than they might actually be. Bearing in mind the CBT’s theoretical assumption
that thoughts can influence action, if perceptions are incorrect, than behaviour will be
equally inappropriate and possibly unhelpful.

Interventions’ aims and theoretical bases

There are several types of interventions that have been found to be useful in the treatment
of AD. Their goals are generally aimed at reducing anxiety symptoms through a series of
behavioural and cognitive interventions. Relaxation training for instance, consists of
using existing materials available in book or video stores to induce a state of muscle
relaxation. Clients learn to recognize and release muscular tension in a systematic way
through controlled breathing techniques and progressive muscle relaxation methods. This
technique has been found to help PTSD, OCD, PD and phobias, but only in conjunction
with additional cognitive aids (France and Robson, 1997).

Another extremely powerful method in CBT for AD is exposure training. It is mainly
used in phobias, where the client is helped to gradually tolerate the feared stimulus to the
point of habituation (Foà & Kozak, 1986). Exposure is usually combined with a response
rehearsal plan, where the client is trained to react in a different way to the feared
stimulus. Similarly, if in OCD a client is compulsively drawn towards washing his/her
hands, a rehearsal of an alternative behaviour is carried out in the therapy room, in order
to prepare the client to tackle situations that could be anxiety provoking (France and
Robson, 1997). Such behavioural interventions are generally accompanied by cognitive interventions such as thought stopping and cognitive restructuring. Thought stopping has been found to be helpful because it allows the client to firstly recognise obsessionial or ruminative thoughts and subsequently to use a stopping tool to break the flow of such thoughts thorough diverting it into a more pleasant image. This initial strategy has been found to help clients to think about the irrational bases of their thoughts and to prepare them for cognitive restructuring (Basco et al, 2000). The main goal is to replace distorted thoughts with accurate, valid and more realistic ones, and the ultimate goal is also for clients to rely less on their emotional appraisal of events and more on their rational and logical evaluation of them. Many therapists choose to help this cognitive process through the use of daily logs or mood diaries to help clients work through their negative automatic thoughts. For examples of such diaries the reader is referred to Burns (1999) and Greenberger and Padesky (1995).

CBT has often been researched as an approach rather than as a set of techniques. Given the diverse number and nature of such techniques it would be useful to test the efficacy of the single techniques on particular cases or presenting problems. This would result in a more accurate understanding of the mechanisms that make CBT effective as a whole as well as in its specific methods (Dryden and Golden, 1987). In fact several controversies have been raised in regards to the origins of anxious thoughts and consequently about their related treatment methods.

**Controversies on useful aspects of CBT for AD**

Brewin (1996) held that CBT for AD provided new and more adaptive learning experiences through reducing dysfunctional emotions, and altering individual appraisals and thinking patterns. Foa and Kozak (1986) suggested that for instance, CBT for phobias works by changing the information in the fear memory. Bouton and Swartzentuber (1991) supported this hypothesis and argued that as soon as the memory is activated, the client and the therapist negotiate a new experience to replace the old
memory, which bears a new meaning, as opposed to the old meaning attached to the phobic memory. In contrast with this, Brewin (1996) sustained that this approach might produce a relapse if the client is confronted again with the old negative memories. He instead proposed to create new situations within therapy that match as much as possible the original learning experience, so that if the client is faced with similar experiences to the original one, the return of negative feelings will not be so surprising. Therefore, rather than creating new memories, CBT should limit the ease with which the negative memories are activated in the current environment.

In Generalized Anxiety Disorder (GAD) this is very difficult because negative memories are elicited by a number of stimuli and therefore there would be a wide range of potentially harmful situations. Brewin (1996) claimed that generalized representations can be altered through psycho-education, learning coping skills and examining the assumptions that underlie such anxiety mechanism and challenge them through the use of logic and behavioural experimentation (D'Zurilla and Goldfried, 1971). Although claims about the effectiveness of those CBT techniques are common, from a clinical viewpoint, it is important to know which procedures are effective with which clients, and under what conditions. This is because a technique may be effective for reasons that are different from those proposed by the theorist who originally developed such technique (Dobson, 1988). As mentioned above, the evidence for the underlying mechanisms that make CBT techniques for AD effective is controversial, which is not surprising, given the complexity of the causing and maintaining factors of AD.

Rachman (1993) noted that there are various ways of acquiring fear or anxiety. In cases where the fear is acquired either by direct exposure to aversive or traumatic stimuli and by vicarious experience, it can be consciously induced in the client and can be treated through straightforward cognitive approaches. However, Rachman argues that the fear or anxiety does not need to have a direct correspondence with a particular kind of underlying representation and it may be a combination of both conscious and unconscious representations.
Clients may have acquired symptoms in different ways and therefore they may require different treatment modalities. For instance, in a study by Van de Hout et al (1994) of patients with Panic Disorder and agoraphobia, it was reported that exposure therapy reduced avoidance but not panic, whereas cognitive therapy reduced panic but not avoidance. Moreover, some clients not only need skills training but also help with identifying the meaning of their phobia or anxiety (Beck and Emery, 1985).

Since AD are of such varied nature and aetiologies, it is very important to select the appropriate treatment choice that is matched with each of the client’s presenting concerns (Van de Hout et al, 1994). A very common problem in CBT for AD is in fact dealing with co-morbidity factors, as there often are a variety of cases grouped under the same diagnostic category. For instance, Salkovskis (1985) identified in OCD the tendency of intrusive cognitions to be accompanied by negative automatic thoughts, both reflecting the excessive responsibility for harm to self and others. A careful assessment and diagnosis is crucial to identify the main presenting issues and make mindful treatment choices.

Andrews (1996) drew attention to the excessive frequency with which clients report having experienced more than one disorder in their lifetimes to date. He suggested that there might be some common aetiological factors that aggregate in one individual to make him/her more vulnerable to a range of AD. Andrews proposed that CBT should therefore not work on the symptoms, but on the underlying vulnerability factors, which in turn will prevent relapse. Nevertheless, Brown and Chorpita (1996) argued that both general and specific factors to the individual, as well as longitudinal influences need to be considered for treatment choice. A multiple level of analysis needs to be carried out in order to capture the individual pathway that led to the development of the disorder, including the vulnerability factors, which however only constitute one aspect of the whole dimension.
The importance of individualizing treatment plans

From the literature reviewed it becomes clear that CBT can be an effective treatment, as it challenges unhelpful ways of reacting to anxious situations and provides them with more realistic and adaptive ways of processing events. Although it is unclear what mechanisms underlie its effectiveness, it emerged from this review of the literature that the co-morbidity of most AD may require a multiple level analysis of each individual case. Bouton and Swartzentruber (1991) noted that although CBT for AD mainly aims to relieve anxiety symptoms, there are several other emotions connected to anxiety that are often overlooked or not considered in the course of treatment. They identified guilt, anger, shame and sadness as complex and deeply rooted emotions, which often do not emerge through CBT techniques such as exposure therapy or skills training. Processing those emotions does not only consist of creating new and more adaptive cognitive structures, but it also needs to focus on working through traumatic memories and experiences.

Higgins et al (1985) suggested that negative emotions may be generated by discrepancies between ideal and actual self, which stem from specific memories. The role of memories of self-representations in triggering anxiety responses has also been emphasised by Klein and Loftus (1993). Their research suggests that such memories of self-representations are unique to each individual and their meaning need to be explored in a more individualized way, before proceeding to cognitive restructuring. This is because such memories and self-concept ideas may contribute to the current anxiety and may shed light on the client’s views about themselves and the world.

In a qualitative study by Clarke et al (2004), which analysed clients’ perspectives of change processes in cognitive therapy, it was found that understanding self representations, core beliefs and behaviour patterns was one of the most beneficial aspects of cognitive therapy. Although this finding was drawn from a small sample, it shows that an individualized approach to understanding the meaning of clients’ anxiety
and the self-concept discrepancies that underlie their symptoms constitutes a major strength of CBT. One of the criticisms of CBT has often been the lack of deeper level of analysis of clients’ issues. Although this might be done in clinical practice there is little theorizing around the deeper effects of the procedures that are applied in CBT therapeutic interventions and meaning-finding methods (Rachman, 1993).

In order to understand clients’ core beliefs it is essential to establish a working alliance (France and Robson, 1997). The quality of the therapeutic relationship can therefore be crucial in determining therapeutic outcome (Roth and Fonagy, 1995). As highlighted in Clarke et al’s (2004) study and advocated by previous research, another strong point of CBT was the collaborative nature of the relationship between therapist and client. In particular, the shared negotiation and representation of the client’s world, which was often written in a model format, was found to remain in the client’s memories even long after the treatment had ended.

The various influences that CBT has recently undergone have changed the purely technique-based nature of this approach into a more multidimensional and integrative paradigm. Although some CBT approaches remained purist in their treatment protocols, others, like for instance, Rational Emotive Behaviour Therapy (REBT; Ellis, 2003) and considered the inclusion of spirituality and religion, and the exploration of meaning of life and purpose in the therapeutic goals. Moreover, Schema Therapy (Young et al, 2003) introduced the use of Guided Imagery, Guided Rescripting of traumatic memories and Role Plays in mainstream CBT. Those variations have made CBT into a more individualized and diverse approach, as opposed to the applications of manual-based protocols.
Conclusions and future directions

This paper offered evidence for the effectiveness of CBT in the treatment of AD. It highlighted the difficulties in defining CBT due to the multiplicity of its variations and provided their common tasks of challenging clients’ beliefs/behaviour and implementing cognitive (and consequently behavioural) restructuring. Although the effectiveness of CBT techniques has been extensively evaluated, researchers are not clear about the underlying mechanisms that make CBT effective. Additional research should therefore shed light on what techniques/procedures work with which presenting problem and/or client group, so that there would be a more grounded reasoning around the elements that make CBT effective.

From the research reviewed it also emerged that it is extremely important to gain an understanding of the different meanings that clients attach to their anxiety. This might be done by working through clients’ emotions and traumatic memories at a deeper level than the one usually reached during CBT procedures. Despite CBT’s strong theoretical bases, future research needs to address further theorizing around the deeper effects of the protocols that are applied in some of its therapeutic interventions. The effects of integration of CBT with other approaches and the introduction of new techniques within CBT also need to be the object of further investigations, in order to establish the drawbacks and benefits of those new developments.
References


INTRODUCTION TO THE THERAPEUTIC PRACTICE DOSSIER

The Therapeutic Practice Dossier contains a description of my placements and of the range of client groups that I have worked with. It also included the Final Clinical Paper, which provides links between my personal and professional development in my development as a counselling psychologist.
Description of Clinical Placements

As mentioned in the introduction, I worked in three different NHS settings during the three years of my training. During the whole duration of those three placements, client work was closely monitored through supervision, the writing of process reports and client studies and through compiling a detailed yearly log book, which described my work with each client and the learning gained from observational opportunities, training and each placement experience as a whole.

During my first year, I spent six months working in a psychological therapies department, which provided a comprehensive range of primary, community and mental health services, all included in five specialist interventions: a Recurrent Depression Clinic, a Family Therapy Service, a Neuropsychology Service, a Psychotherapy Service and a Primary Care Service. My therapeutic work was carried out in the primary care service and my post was a split placement between a GP surgery and the psychological therapies department.

Length of therapy was from 6 to 12 sessions and I worked with clients who presented with mild to moderate anxiety and depression. I had two supervisors during this placement. My main supervisor was a clinical psychologist who practiced CBT, and my other supervisor was a chartered counselor who trained in Person-Centred Therapy (Rogers, 1951). I greatly appreciated having two perspectives on my work with clients because with my main supervisor I could concentrate on learning CBT techniques, while with my second supervisor I could concentrate on therapeutic process, which was the main learning to accomplish during the first year. Although it was difficult as a beginning practitioner to marry the two different approaches, I gained valuable insights from both supervision styles, as I was provided with a broader understanding of different ways of conceptualizing clients’ concerns.
This placement was an excellent opportunity to familiarize myself with the NHS culture, which seems oriented towards an enduring process of improving itself through changing policies to provide better services. I participated in monthly seminars and journal club meetings and to Clinical Governance meetings, which took place in order to update all staff on National Institute for Clinical Excellence (NICE) guidelines. I also learnt to liaise with GPs and other professionals such as clinical psychiatric nurses, clinical and health psychologists and family therapists. In the second part of my placement, I also became aware of the importance of working as part of a team, which I experienced as a great strength of the department where I worked.

In my second year I worked for ten months in a NHS Psychotherapy Department spread over two different sites, both part of two different hospitals sites. The Psychotherapy Department was staffed by 12 psychodynamically trained individual psychotherapists, amongst which there were one group therapist, one couple therapist and two consultant psychiatrists. I received Kleinian supervision (Klein, 1948) by two supervisors. My main supervisor was a clinical psychologist, while my other supervisor was a consultant psychiatrist.

I chose this placement because I wanted to gain experience of psychodynamically oriented and longer-term therapy. This placement was very challenging as I was immersed into the psychodynamic model immediately after spending six months practicing the CBT/Person-Centred approaches the previous year. Initially, this model was quite difficult to adjust to; however, with the help of supervision and reading I became increasingly familiar with this model and feel that I gained a good grasp of its principles. I particularly benefited from my two supervisors’ input. Although the type of supervision that I received was quite intensive as I was required to compile verbatim accounts of each client’s session and relate those in supervision, I greatly benefited from this close attention to process and from being able to be honest with them about my struggles in learning a new therapeutic model.
Through being open with my supervisors, I learnt to use supervision more effectively than in my previous year, when I possibly was trying to be “a good therapist”. I became more aware of my own processes that manifested in therapy with my clients, in the supervisory relationship and also during team meetings. The client group I worked with presented with more complex difficulties than the previous year. I worked with two clients with Borderline Personality Disorder, one client who regularly experienced psychotic episodes and one client with non-organic sleep disorder. The weekly client presentations by each of the very experienced team members were invaluable in learning about how to apply the model to the complex needs of each individual client. Those presentations not only made me reflect on links between theory and practice, but also on my own processes. I also presented twice during those large meetings, which enabled me to reflect further on those processes and integrate other therapists’ perspectives into my work with clients. Overall, this placement was extremely useful in terms of the type of clients, the length of therapy, and the model, none of which I had experienced before.

In my third year I spent ten months working in a NHS drug and alcohol service. I chose this placement because I wanted to gain experience of working within a Multi-Disciplinary Team (MDT) and of therapy with substance misuse clients. I worked within two large MDTs, which managed complex cases requiring a range of long-term interventions in conjunction with local care management teams, mental health services, voluntary organizations and other specialist agencies. I saw clients for a minimum of 12 sessions to a maximum of 36. I received CBT (Beck et al., 1993) supervision with a marked emphasis on Schema Focused Therapy (SFT) (Young et al., 2003). During this placement I not only learnt about CBT more in depth, but I also developed an interest in SFT. This therapy seemed to build a coherent link between my interest in Psychodynamic therapy and CBT because they both concentrated on childhood experiences and on the importance of relationships (including the therapeutic relationship) as important therapeutic tools (Young et al., 2003).
During this placement I also presented regularly in MDT clinical meetings and I learned to express my opinions and offer my psychological perspective on clients during those meetings. I also learned a great deal about the substance misuse client group and the challenges of engaging this client group in psychological therapy through different methods, such as Motivational Interviewing (Miller and Rollnick, 2000).

Finally, another aspect of my placements consisted of group work. During my first and third year placement I was involved in co-facilitating three therapy groups. In my first year I co-facilitated a 12 sessions Cognitive Behavioral Therapy group for depression, which gave me the opportunity to develop further my group skills. In my third year placement I was involved in the design and co-facilitation of a 10 sessions Assertiveness training group, which we especially tailored for abstinent clients within the alcohol service. I also co-facilitated an ongoing Motivational Interviewing group for clients who were still drinking and wished to explore or work on their motivation to stop. I felt that group work was a very important part of my training and possibly one that I would like to take up in my continuing professional development.

Overall, all of those placements posed incredible challenges on how I thought of myself as a therapist and offered me the opportunity to learn about the NHS, different client groups and presenting issues and about the supervision process as a place to explore and be aware of my own struggles and achievements.
References


Final Clinical Paper:
Linking my personal and professional development to counselling psychology theory and practice

This paper will firstly provide an overview of the personal path that led me to choosing counselling psychology as a career. Following from this, it will link my personal development to the main aspects of my professional identity as a counselling psychologist. It will offer details of the experiences that influenced the development of my views and opinions about the theory and practice of counselling psychology and illustrate my continuing professional development with examples from my practice. It is a premise for this paper that, in accordance with process approaches to identity formation (Breakwell, 1996), I see my identity as an ever-changing aspect of my development, and as such it is in flux and constantly in the process of defining itself throughout my lifespan and through my personal and professional experiences.

Background to my choice of counselling psychology as a career

I feel that my reflective nature manifested itself quite early in my life, and more specifically when I started keeping a journal at the age of 14. I have been writing personal process comments, poems and stories that accompanied me through most of my life. Fifteen years later, the content and style of this journal has changed significantly, and it acquired a spiritual nature soon after I started my undergraduate psychology degree. At this time I first connected with the world of Zen and meditation, which helped me to become increasingly aware of my internal world. Through meditation and writing in my journal I learnt to acknowledge my negative emotions such as anger and sadness, which were not always accepted during my upbringing. At this time I felt a need to balance those emotions with a positive approach, which also would give me the chance to acknowledge my strengths. This is when I became interested in the Positive Psychology (PP) movement, which was initiated by Martin Seligman (1991).
This movement identified a bias in psychological research towards investigating negative emotions and pathology rather than focusing on human strengths and values (Snyder & Lopez, 2002). Given this bias, a need was felt amongst a group of psychologists to shift from a pathology-focused approach to a more thorough perspective, which took into account not only mental/physical illness, but also human potentials, strengths, motives and capacities (Linley and Harrington, 2006; Linley et al., 2003).

My meditation practice tied in very well with my research interest in PP and with the discovery of my strengths. As I researched human qualities such as wisdom, honesty, motivation, awe, flow, hope, creativity, curiosity, tolerance, capacity for insight, initiative, capacity for intimacy, self-knowledge, compassion and resilience (Seligman, 2000), I also developed an interest in counselling psychology because it recognized the importance of individual qualities as they arise in each person’s social and cultural context (Woolfe, Dryden and Strawbridge, 2003).

After studying the principles of counselling psychology during my psychology degree, I recognized that the views and philosophy that it drew upon were particularly close to my reflective nature. I agreed with the importance that it placed on the scientist-practitioner’s model of psychology and simultaneously on valuing and respecting the individual in terms of their religion, culture and social background (Woolfe, Dryden and Strawbridge, 2003). I also agreed with the importance of the therapeutic relationship, which has been found to be one of the main ingredients of therapeutic effectiveness (Roth and Fonagy, 1996). Given the similarities between my views and the philosophy of counselling psychology, I started considering it as an option for my future career. Having already attended a counselling skills training course prior to my psychology degree, I was familiar with the three main therapeutic traditions, Person-Centred, Psychodynamic and Cognitive Behavioural Therapy (CBT) (Sanders, 1994), and therefore I wanted to choose a training route that would provide the opportunity to learn the theory and practice of those three main traditions.
I started my Psych D in counselling psychology with the intent to continue research into PP and promoting diversity as strength (Linley and Harrington, 2006). As I explored possible research topics with my supervisor, I recognized that most of the strengths that I had researched during my undergraduate dissertation could be included in the topic of spirituality. My conviction was that I could acknowledge my negative emotions and also learn about my own strengths and that this could be possible for clients and people that experienced distress. I was aware that learning about those strengths would not eliminate clients’ difficulties. However, it may help to view them as opportunities to develop and become more aware of themselves and to see that their personality was not only composed of their difficulties, but it also included their strengths, which could be used to overcome obstacles in their lives.

**My current practice as a counselling psychologist**

My training posed major challenges on the way I thought about therapy and about myself as a therapist. I felt that all the way through my training I worked very hard to find a balance between positive and negative emotions. Although I feel more able to stay with negative emotions as I am approaching the end of my training, this is a tension that I am still working on within myself, and, as my first supervisor mentioned, it will probably be a “lifetime challenge”. At the beginning of my training I found it very hard to slow down and stay with clients’ anger and sadness. Practising meditation helped me (and is still helping me) to slow down and develop awareness, acceptance, compassion and tolerance of both my negative and positive emotions, and to integrate both as part of myself. During training I became more able to acknowledge my anger and sadness without dismissing them. I feel that the awareness and containment of those feelings within myself made me more able to stay with clients’ negative feelings. Current findings also confirmed the association between the benefits of meditation practice and an increased ability to stay with difficult feelings (Nanda, 2005).
During the second year of my training I undertook intensive psychodynamic therapy training in the Kleinian approach (Klein, 1948). Klein’s work helped me to recognize my avoidance of negative feelings both in myself and in the therapeutic relationship with clients. Psychodynamic principles also helped me to connect with my internal supervisor (Casement, 1988) during sessions, and become aware of my own feelings and difficulties during the therapeutic process. This is very important in terms of maintaining my commitment to reflective practice. The psychodynamic approach still informs my practice because of its focus on process issues. I still use psychodynamic ideas such as transference, countertransference and projective identification to conceptualize dynamics within the therapeutic relationship and to recognize parallel processes between client sessions and both individual and group supervisory sessions. All those psychodynamic tools are essential components of my practice because they provide me with a richer formulation and explanations of processes that would otherwise be more difficult for me to conceptualize in CBT terms.

In spite of thinking psychodynamically, I feel that my current practice tends towards an integration of CBT blended with Schema-Focused Therapy (SFT) (Young et al, 2003) and Person-Centred (Rogers, 1951) approaches. I find that many concepts that are used in SFT have much in common with both the Person-Centred, and the Psychodynamic approaches. In fact, CBT techniques (Padesky and Greenberger, 1995) and elements of SFT have been successfully used in conjunction with Psychodynamic approaches in the treatment of Generalized Anxiety Disorder (Crits-Cristoph, 2002). I believe that several SFT concepts are similar to the psychodynamic concepts in that they see the therapeutic relationship as determined by historical components, which have significance in the here and now (Coren, 2001). For instance, with Mr K, a gentleman in his late 30s presenting with alcohol dependence and difficulties in controlling his anger outbursts, I recently used several Schema-Therapy interventions that had the relationship as the main focus. Mr K agreed with my formulation that being criticized terrified him and therefore he would often react angrily to people as an overcompensation strategy to cope with his feelings of defectiveness. I often observed and talked about instances when I sensed tha
he might see my interventions as critical. Those interventions were crucial in learning together about his reactions and triggers for his anger outbursts. During one of our sessions, Mr K had an angry outburst, which was quite difficult to respond to at first, due to my own difficulties with anger. However, my response to this anger episode consisted of firstly, bringing down the level of arousal, and secondly, reflecting on the parallels between the outburst in therapy and previous events, which turned out to be the most productive piece of work in the whole of our 24 sessions. This clinical example also illustrated how effective process and relationship-based work can take place in my practice whilst adopting a CBT approach.

I feel that working with triggers, beliefs and behaviour provides the client and me with a collaborative and structured approach to therapy, which I could not experience in psychodynamic therapy. I also use person-centred elements within the CBT approach, which I think are crucial in establishing rapport with the client. These mainly consist of the core conditions: unconditional positive regard, congruence, empathy, genuineness, and generally trusting that clients have the resources to grow and to develop coping skills (Rogers, 1951). I enjoy this open and collaborative aspect of both Person-Centred and CBT approaches. I feel that the CBT approach is closer to my direct and open personality than to what I experienced as a more covert psychodynamic approach. As a result of that CBT is my currently preferred therapeutic modality probably because I feel I can be more “real” in my relationship with clients. CBT also gives me the space to apply my personal skills in therapy such as meditation and relaxation techniques, which I currently use in my spiritual practice. In particular, I was able to apply the Mindfulness approach (Gerza, 2005) both in individual therapy and in the CBT for Assertiveness group that I co-facilitated with a clinical nurse specialist.

I also enjoy the fact that CBT, and within it also SFT, follow a particular structure in tackling the cognitive, experiential and behavioural aspects of therapy. I particularly enjoy the experiential aspect of SFT, which consists of Imagery with Rescripting and Historical Role Plays (Arnz and Weerman, 1999). I had the opportunity to practice those
techniques during my third year placement and in particular with a Mr N, a gentleman in his late 30s who presented with issues of childhood abuse (see the Attachment for enclosed details of this client study), for which the Schema-Focused approach has been found to be effective (Smucker and Dancu, 1999). I could see how powerful it was to provide a space where the client could be guided into repairing past traumatic experiences of abuse (Leahy, 2003; Smucker and Dancu, 1999; Young et al, 2003). As an important aspect of CBT is feedback about each session (Hawton et al, 1989), I asked Mr N for feedback on those imagery-based sessions. He reported experiencing relief from feeling in control over how he would have wanted past traumatic events to unfold. He also reported increased awareness of situations in daily life when the schemas identified in the imagery were triggered. The beneficial effect of imagery on a number of my current clients has made me develop more faith in the effectiveness of SFT.

However, as mentioned in the introduction, I do not see my current preferences as fixed. I hope to gain further training in Cognitive Analytic Therapy (CAT), (Ryle, 1990; Ryle and Kerr, 2002) as I have been very interested in this integrative therapy throughout the past three years. I also would be very interested in gaining further training in Systemic and Family Therapy (Hansen and Keeney, 1983), as I feel that psychosocial factors constitute a major influence on clients’ psychological development.

As mentioned in the introduction, I view my therapeutic approach inclinations as fluid and subject to changes with time, professional and personal experiences. I also think that it is quite important to adapt my approach to the clients’ needs. For instance, I began using CBT with Mr D, a client with whom I recently worked. Mr D was a retired man in his 60s who presented with alcohol dependence, high levels of anxiety and who scored extremely high on the Beck Depression Inventory (BDI) (Beck et al, 1961). He also presented with worries around serious debt problems following recent property investments. I offered 12 sessions of CBT to Mr D in order to help him become more aware of the triggers for his anxiety and depression. However, while reflecting on my practice and in supervision, I noticed that it was too difficult for him to engage in doing
homework assignments due to his high levels of anxiety and depression and to him experiencing insomnia, concentration difficulties and frequent catatonic states. Therefore, I switched to adopting a Person-Centred approach combined with behavioural exercises. I felt that the switch to a more Person-Centred approach was crucial in ensuring that this client felt understood and listened to and in helping him to move on from his depression and catatonic states. Moreover, the behavioural techniques began to give structure to Mr D’s low-activity lifestyle, hence providing him with a sense of achievement that he reported as missing since he retired. Mr D attended all the 12 sessions and although he still experienced hopelessness about the future upon ending therapy, he successfully completed an alcohol detoxification. He also managed to seek help for his financial situation and engaged well in his occupational therapy sessions. In choosing these interventions, I applied an integrative approach because I feel that the therapist has to be sensitive to and adapt to the client’s needs in order for the therapy to be effective (Lampropoulos, 2001).

While writing this paper, I became aware of the possibility that my current views on my preferred therapeutic approach might be influenced by the client group that I am currently working with and by the stage of my training. For instance, I feel that I worked with progressively more complex clients and therefore I became aware of the usefulness of drawing from different approaches in my practice and be reflective about the outcome of integration of those approaches with different client groups and presenting problems (Giesen-Bloo et al, 2006). Some clients had difficulties in engaging in therapy and consequently responded more readily to a very structured approach rather than to more open and unstructured approaches such as Person-Centred and Psychodynamic approaches, while others, like Mr D, can respond well to an integration of different approaches.
Research and practice links

My current therapeutic orientation and my integrative and holistic approach to clients' difficulties were also influenced by my research topic. As I researched spirituality and religion in therapy, I became aware of the transpersonal relationship in therapy with one of my clients (Clarkson, 2000). For instance, Miss P was a lady in her early 60s who had been experiencing a severe spider phobia for two years prior to her referral to the psychological therapies centre where I worked during my first year. Therapy with her lasted for 18 sessions and our therapeutic plan consisted of graded exposure treatment for phobias (Butler, 1989), which was the focus of our first 10 sessions. As she became more comfortable around spiders, Miss P began to talk about the role of religion in her life and started using Christian prayer as a coping resource in her life. It was difficult at first to know how to welcome her religion in therapy because I had little knowledge of transpersonal therapy and its applications. However, I felt that I took a holistic approach to this client's development through including all aspects of her development in our therapy, hence also her spirituality. I later learned that this holistic approach has been found to be a characteristic of the transpersonal therapy approach (Hutton, 2005). I was helped by my research on Psychosynthesis (Assagioli, 1993) to adopt a non-judgmental view that any religion or spiritual tradition can be integrated in therapy because they are part of the therapeutic endeavour of helping clients integrate their life goals with their personal and professional development.

Although I had researched Assagioli (1965) and became acquainted with some of his integration techniques, I felt that there was little guidance in the field of Counselling Psychology on how to approach clients' spiritual and religious issues. By completing my second year qualitative piece I wished to contribute towards helping practitioners to become more aware of their own stance towards those issues in therapy and in their training and wherever possible to integrate their spiritual/religious backgrounds into their practice of counselling psychology. In year three I undertook a quantitative investigation of those findings as I felt that a quantitative research would help ascertain their validity.
across different therapeutic approaches. My research throughout the three years not only
gave me the opportunity to develop both qualitative, quantitative and general research
skills (which will be useful in my future career as a counselling psychologist), but it also
enriched my practice because it opened my eyes to the presence of the transpersonal
relationship and its different manifestations in therapy (Clarkson, 2000). I felt that due to
the nature of my research topic, I attended to clients' spiritual awareness and to their
spiritual growth throughout my training, although this was rarely the focus of the therapy.
I worked with clients of different ages, backgrounds and spiritual/religious beliefs and it
was surprising to see how much of the therapeutic goals were often linked to their
religious/spiritual upbringing or to their discoveries about their personal philosophy and
life goals.

For instance, in my third year, I worked with Mr C, whose main presenting issue was
excessive eating and drinking. He was unaware of the reasons why he drank and was
referred to psychological therapy to explore those through 12 sessions of CBT. Following
Socratic questioning, Mr C attributed the main cause of his addictions to a lack of
purpose in life and he mentioned a need to subscribe to a religion in order to explore this
part of himself. In one of our sessions he became aware of trying to fill a sense of
emptiness with food and alcohol in order not to feel the lack of purpose in his life. He
reported feeling that if he stopped overeating and drinking alcohol, he would feel very
anxious and unable to be alone and he would not know what to do to comfort himself.
Given his need to feel comforted, after discussing this client in supervision and in the
MDT meetings, I tried some relaxation exercises in the session. Those helped Mr C to
become aware of the content of his anxious feelings and to offer him the experience in
the session that it was possible to stay with his feelings.
I felt that therapy with this client was very challenging because I experienced him as emotionally detached at times and I found that it was really hard to connect with him when this happened. However, when we did make a connection it was an invaluable one, which helped us progress and think of the best possible method to tackle his concerns. I continued therapy with this client using elements from the Mindfulness Based Cognitive Therapy (Teasdale et al, 1995), which helped Mr C to both connect with his feelings and adopt a non-judgemental attitude towards them. This clinical example illustrated how it might be possible to provide a space where clients feel able to bring their existential/spiritual crises. It also showed a way to possibly provide them with tools to become more aware of their feelings so that they will become equipped with ways of solving those crises once they know their origin and meaning in their lives.

**The influence of supervision**

Although the spiritual/religious aspects of therapy were not regarded as part of supervision during my training, I feel that the relationship with my supervisors has been one of the most important aspects of my training as a counselling psychologist. This is because I could work on difficulties within myself as I reflected on my difficulties in supervision. I became aware of my disinclination to show my doubts and weaknesses as a therapist, and I worked hard on pushing myself to show the insecure and not coping side of myself. I had two first year supervisors: my main supervisor was a clinical psychologist who mainly trained in CBT and my other supervisor was a chartered counselor who practised with a Person-Centred approach. It was very challenging to combine the two approaches because I was new to the profession and I had to integrate the academic pressures to learn about Person-Centred approach and the therapeutic relationship with learning and practising the CBT approach. Supervision helped me to contain my own anxiety about not being a "perfect therapist" and to learn about therapeutic process whilst paying attention to how this influenced the relationship and the therapeutic outcome. It also helped me to learn to establish a therapeutic relationship with a wide range of clients with different presenting problems.
The attention to process that I began to learn during my first year was very useful during my second year's supervision. I again had two supervisors, both practicing Kleinian psychodynamic therapy. I feel that I built on my learning not only about therapeutic process but also about my own process during this year. As part of the supervision, I had to compile detailed verbatim reports of clients' sessions. This was extremely time-consuming and very difficult at times; however, it made me increasingly more able to recognize my own countertransference reactions in the therapeutic space. Although I experienced this as a very intensive and at times very critical supervision process, I felt that I learnt a great deal about my fear of being criticized and my wish for clients to get better, which would sometimes manifest in the form of reassurance towards the client.

The attention to process was not the main focus of my third year's supervision, which was mainly formulation and skills-based. However, I retained my sensitivity to recognize and work on process issues both in supervision and in my client work. My supervisor practised SFT and CBT and therefore it took me a few months to settle back into the CBT approach and to learn about a new client group (substance misuse). Supervision helped me to learn about this client group and also to get used to the CBT approach after practising Psychodynamic therapy the previous year. This client group was particularly challenging due to their difficulties in engagement. I often adopted a Motivational Interviewing approach (MI) (Miller and Rollnick, 2000), which resembled some principles of Person-Centred approach (Rogers, 1951). Supervision was particularly helpful in learning how to use MI, formulating clients using a CBT and SFT approach and drawing from the formulation to devise appropriate therapy plans. It was also a place where I learnt a great deal about the role of psychologists in the NHS, which will be invaluable for the rest of my professional career.
Overall, I felt that the supervisory relationships helped me the most to see aspects of myself in relation to authority figures that I had not been aware of before. Although I identified an outwardly willingness to listen to and take in feedback, I felt that it was quite hard at times because although the feedback was delivered tactfully, I still felt criticized, especially at times when I felt insecure about my therapeutic skills. However, I was able, especially in my third year, to own up to my unhelpful patterns of thinking that I had to be the “perfect therapist”, and I have been able to learn more after I talked about this side of myself with my supervisor.

I felt that having had five supervisors in three years was quite helpful as I was exposed to a range of supervision styles and approaches. The group supervision at university was also very helpful in identifying common struggles among my cohort and learning from supervisors’ and other trainees’ styles and techniques. It was also very refreshing to see trainees’ and supervisors’ use of self in their therapeutic style. This made me reflect upon my own use of self and my internal supervisor (Casement, 1988). I felt that when I was stuck, I often called upon my own personal skills of openness and transparency and attention to process. Those also came to rescue when I was experiencing difficulty in the supervisory relationship. In my third year, I felt that it was hard for me to take in criticism from my supervisor because of some negative feedback that I had received from a video exercise at university. This was a really difficult but useful learning experience for me as I realized my difficulties in taking negative feedback and I worked through my insecurities as a therapist. At this time I felt that the course team was very supportive and also very normalizing of the impact that this difficult time had on my learning.
The role of personal therapy

It was very useful for me to attend personal therapy throughout the three years in order to work through those insecurities and difficulties. This felt like a safe environment where I could bring my own process about my personal and professional development. It was particularly useful during my first year when I was learning about myself as a person and as a therapist. However, it was also particularly distressing because my therapist suddenly died at the end of my first year, a few days after the first year’s viva exam. This was extremely painful and posed challenges on my ability to stay with my own pain.

In September of the same year I found another therapist, whom I have been seeing for the past two years. Although it was very hard to adjust to a new therapist at first, it helped to work through my grief. Therapy also helped during my second year, when my aunt died of cancer. Both of those bereavements were very painful and sudden, and the help of my therapist, family and friends was crucial through these difficult times. Those experiences were also very poignant because both of those bereavements happened at the same time as two of my clients’ bereavements. I felt that I was more able to stay with those clients’ grief, although it was quite hard to separate it from the pain I was experiencing. However, I feel that this strengthened our therapeutic relationship, especially in my work with Miss J. I recently received good feedback from a review meeting that my second year supervisor has recently had with her which confirmed the depth of the changes that occurred at that time during therapy.
Further thoughts about my training and practice

Political influences on the views of my practice as a counselling psychologist

My training as a counselling psychologist mainly involved work within the NHS. It is therefore likely that my inclination towards CBT might also have been influenced by the current demand for CBT therapists in the NHS. The NHS continuously demands for treatment effectiveness and outcome studies in order to make decisions for funding within different NHS trusts (Fonagy. 1996; 1999). Throughout my training, I learned about the requirement for psychologists to continuously demonstrate the effectiveness of the treatments that they provide. The evidence-based practice guideline could restrict the type of approaches that they will feel able to use in their treatment plans. However, I am not discouraged to apply learning from other approaches because this has proven to be effective in my practice and in CBT integration with other techniques, such as imagery and relaxation. This is an inspiration for me to continue the research into new treatments or adjuncts to treatment in my current workplace, as this is the only way to implement changes and keep the NHS updated with new developments within therapy.

I feel that the political aspect of my psychologists’ work plays an important part in promoting psychology services within the NHS (Benanti, 2006). Especially at this time when several changes are taking place in politics at a national but also at an international and European level (Milton and Legg, 2000) and health policies continue to change, it is important for me to keep up to date with those changes and remind myself that the promotion of psychological therapies in the NHS is vital in order to ensure service development and the growth of psychology within the NHS.
Reflections on my experience of training

During my training I familiarized myself with the research on transpersonal psychology, which highlighted the need for further research into the integration of spirituality and religion into therapy (Fontana and Slack, 2005). I am surprised that widespread phenomena like spirituality and religion, which are integral to most cultures from rites of passage to the worshipping of lamas, the Pope and bodhisattvas, to praying after natural disasters and terrorist attacks, is barely talked about in general psychology, and yet there is a wealth of literature on the subject in transpersonal psychology and related texts (Grof and Grof, 1990; Vaughan, 1986; Walsh and Vaughan, 1993; West, 1987, Wilber, 1983). Perhaps psychologists experience difficulties in integrating their work with the variety of spiritual and religious experiences. I certainly found that it was hard at times to link the learning within psychological training with my spiritual development. In fact I feel that the biggest challenge during this training has been to integrate my learning from daily life, personal therapy, spiritual practice, supervision and clinical practice and find creative ways in which they connected with one another at different levels. In hindsight, when there was no connection between those areas, I learnt to stay with the uncertainty. I sometimes waited for this connection to become clearer or created further space to generate new areas of learning within myself. My journal has been extremely important in bringing my learning together into one personal space. I feel that it has been a really fast learning experience, which made me realize how many connections there are between my personal and professional life. As Tholstrup and Shillito-Clarke (2006, p.33) mentioned in their recent paper:

“For many of us, Counselling Psychology is not just a job, it is a way of being professionally that is interconnected with every other aspect of our lives. Because we emphasize the use of self-with-others, counselling psychology practice requires intellectual, emotional, physical and spiritual involvement and reflects our values and relationships. It challenges who and how we are beyond what we do in a way that is markedly different from other professions”.

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Concluding remarks

As I reflected on the experience of writing this paper, I became conscious of the wish to have definite answers about my training and practice of counselling psychology. Nevertheless, I prefer to think of the end of this training as the start of a lifelong process of personal and professional development. This training encouraged me to continuously be aware of my own process and the ways in which this influences my practice. This is in line with my spiritual practice of meditation, which encourages me to continue my life tasks while being mindful of my thoughts and feelings. I look forward to the experiences that my profession will present me with and I wish to learn and develop from them. I also look forward to continuing my spiritual practice, which will continue to be an invaluable tool in maintaining and developing my self-awareness. I would like to continue my work in MDTs and keep on learning from different professionals as well as promote counselling psychology within the NHS. I also plan to put my enthusiasm into promoting and encouraging the development of other counselling psychologists in their training through teaching and supervision, as well as through presenting at conferences and undertaking research projects within my workplace.
References


INTRODUCTION TO THE RESEARCH DOSSIER

The Research Dossier consists of a literature review, one qualitative piece of research, one quantitative piece of research, and a poster presented at the Quinquennial Conference of the British Psychological Society in April 2005. The literature review examined what counselling psychologists could learn from psychosynthesis' attempt at the integration of spirituality into therapy. The qualitative piece explored perceptions of counselling psychology training programmes directors about the role, if any, of spirituality and religion in therapeutic practice and training. The quantitative piece investigated therapists' views of the role of spirituality and religion in therapeutic practice. Finally, the poster presents findings in progress of the qualitative piece.
An exploration of psychosynthesis as an approach for integrating the transpersonal self into psychological therapy: What can we learn as counselling psychologists and spiritually aware therapists?

This review will place psychosynthesis theory into an historical perspective by firstly providing a background to the integration of the transpersonal self into therapy. It will review the main pioneers’ endeavours to integrate the transpersonal self into therapy and take into account more recent integration attempts. Key elements of psychosynthesis theory will be introduced, compared and contrasted with other current and past integration attempts. Implications and difficulties in using psychosynthesis to integrate of spirituality into therapy will be considered. On the basis of this material, conclusions will be made on what we might learn from psychosynthesis’ stance on integration as counselling psychologists and directions for future research into the integration of the transpersonal self into therapy will then be provided.

Introduction

The recent increase of public interest in spirituality has given rise to an extensive body of research, which addressed the need for integrating spirituality into therapy (Greeley, 1992; Jakel, 2001; Jankowski, 2003; Karasu, 1999; Kirsting, 2003) and the different ways in which this integration may be achieved (Clarkson, 2000; Miller, 1999; Spooner, 2001; Suarez, 2002). Difficulties have been identified around the issues of defining spirituality because of the multidimensionality and subjectivity of this concept (Boadella, 1998; Suarez, 2002). The variety of integration methods and levels and doubts around their applicability to different therapeutic approaches and cultural backgrounds gave rise to controversies around integration (Coyle and Suarez, 2003; Daniels, 2002; Jankowski, 2003).
Despite the uncertainties that research has highlighted and the negative views that some therapists hold about clients' spiritual expression (Allman et al, 1992; Freud, 1927, Skinner, 1953), the integration of spirituality into therapy seems important to engage in both as a therapist and as a researcher (Hall and Hall, 1997) because of the beneficial effects that spirituality and religion have been found to have on the well being of some clients (Brown, 1994; Clemente and Saver, 1976; Davis and Smith, 1986; Fabricatore et al, 2000; Fallot, 2001; Townsend et al, 2002; Witter et al, 1985).

From recent qualitative research it has emerged that integration may also have a positive impact on the therapeutic relationship (Cortright, 1997; Grimm, 1994; Karasu, 1999; Whitehouse, 1999) because accepting and valuing clients' spirituality means accepting and valuing a salient part of their cultural context, and therefore improving empathic understanding of the client (Richards and Bergin, 1997). Nevertheless, the therapist needs to ensure that the client does not use spiritual practices as an avoidance strategy to keep away from dealing with his/her personal issues or with issues within the therapeutic relationship. Therefore, the use of spirituality as a therapeutic tool needs to be carefully considered and approached with an insightful, sensitive and self-aware stance (Shafranske, 1996; Tan, 1996).

Given the debates around the definition of spirituality, it is necessary to point out that in this review, in accordance with Assagioli's (1965) view of spirituality, the terms transpersonal self and spirituality will be used interchangeably because in Psychosynthesis those terms all encompassed different aspects of the transpersonal self, including religious, non-religious, spiritual, non-spiritual and transpersonal ways of seeing the transpersonal realm.
What is the transpersonal self?

Many eminent figures in psychology such as Jung (1991), Maslow (1973) and James (1960) recognised the benefits of integration of spirituality into therapy. Before considering their stance on integration, it is essential to define the transpersonal self. The term 'trans-personal' literally means 'beyond the personal'. Sutich (1976) quoted a letter from Abraham Maslow to Stanislav Grof (a key figure in transpersonal psychology research) defining the 'transpersonal':

‘The more I think of it, the more the word [transpersonal] says [...] beyond individuality, beyond the development of the individual person into something which is more inclusive than the individual person, or which is bigger than he is’ (p.16).

It seems that, according to this early definition, the transpersonal seeks to consider a level of development that goes beyond the individual person and reaches wider purposes than those confined to personal development.

Maslow (1968) named the transpersonal approach as the “Fourth Force”. Similarly, Assagioli (1965) claimed that transpersonal psychology and psychosynthesis drew heavily on the traditional psychological principles and techniques of the First Force (psychoanalytic approaches), the Second Force (behavioural) and Third Force (humanistic approaches) psychologies, while expanding these areas to include the study of transpersonal experiences (Anderson and Worthen, 1997). Assagioli (1965) first attempted to integrate elements from these different four forces into one theoretical system, which could be regarded as the first informal endeavour to integrate different therapies (Firman and Gila, 2002).
Some aspects of the transpersonal self appeared in several past psychological theories. Each of them implies some metaphysical assumptions, which in some instances are made explicit and in other theories they are not overtly stated (Tart, 1975). Current researchers valued the appropriateness of most of those definitions because all of them uncovered a different aspect of the transpersonal self and therefore they enriched the multidimensionality of this concept (Daniels, 2001).

William James (1960) first referred to a ‘wider self’ (p.490), which he defined as the source of religious experience. More generally, Maslow (1973) talked about a ‘highest self’, which he understood as the part of us that is ‘metamotivated’ by universal values and not driven by self-interest (p.327). Although Maslow introduced the ‘higher’ nature of the self that was later reconsidered by other researchers, he was criticised for ignoring the role of the unconscious (Daniels, 2001), which was highly emphasised by Jung’s viewpoint (1991).

Jung’s (1991) theory is nowadays highly respected for introducing a link between spirituality and psychoanalytic theory (Daniels, 2002). His theory on the transpersonal self is based on concepts such as the archetypes and the collective unconscious. According to Jung (1933), archetypes are predispositions to think, act and feel according to the memories and codes that are stored in the collective unconscious. The collective unconscious is said to be “above the person” and in this sense it may be viewed as a transpersonal concept (Daniels, 2002). However, transpersonal writers such as Assagioli (1993) and Wilber (1995) argued that Jung’s concept of collective unconscious is over-inclusive as it failed to distinguish between the higher self and the lower self processes.

In contrast with those approaches to the transpersonal, Assagioli (1965) and other writers (Wilber, 1993) made a clear distinction between the transpersonal experiences that might occur unconsciously at a lower self level (e.g., intellectual intuitions or inspirations) and the ones that are unconsciously or consciously perceived at a transpersonal level, which provide a sense of connectedness with one’s integrated self and the fulfilment of a higher
purpose. The latter may be better understood as peak experiences, of which Maslow (1973) talked extensively and Assagioli (1965) often refers to. However, there are other aspects of the transpersonal dimension that are important to introduce, because they highlight components of the transpersonal that had not been considered by Assagioli (1965).

**Recent definitions and organized theories of the transpersonal self**

A detailed definition of the wide range of elements that the transpersonal self can include is provided in each issue to date of Journal of Transpersonal Psychology, which began publication in 1969:

‘Meta-needs, transpersonal process, values and states, unitive consciousness, peak experiences, ecstasy, mystical experience, being, essence, bliss, awe, wonder, transcendence of self, spirit, sacralization of everyday life, oneness, cosmic awareness, cosmic play, individual and species-wide synergy, the theories and practices of meditation, spiritual paths, compassion, cooperation, realization, actualization and related concepts, experiences and activities’ (Sutich, 1969, p.14)

This definition provides a rather general view of what is the current focus of transpersonal psychology. Therefore it is important to review some of the current specific theories in order to highlight what contemporary practitioners regard as indispensable background to the transpersonal. Stanislav Grof (1988) provided a comprehensive view of the transpersonal self. His model suggested that we have access to three domains of the psyche: the *psychological*, which contains our biographical information; the *perinatal*, which represents the effect of birth experiences that affect us throughout our lives; and the *transpersonal* domain, which expands “beyond the limits of time and space” (Grof, 1993, p. 83). Grof (1985) asserted that the transpersonal self can be divided in three realms: 1) the expansion of consciousness *within* time and space reality; 2) the extension of consciousness beyond time and space perception; 3) the psychoid experiences, which
are not clearly mental nor physical, such as UFOs, poltergeists and synchronicities. Although Grof (1985) offered an original account of the transpersonal self, his claim that spiritual experiences can be influenced by birth experiences is highly controversial, as well as his inclusion of paranormal experiences in the transpersonal, which have both been highly criticised (Daniels, 2001).

An equally detailed and very well established model of the transpersonal is provided by Wilber (1993). As opposed to Grof’s model, which presented the three aspects of the self as if individuals can gain access to them at any stage of their spiritual development, Wilber’s is a progressive stage model, which described the access to the transpersonal realm as a journey. According to Wilber (1995), human beings evolve from a stage of subtle, where all transpersonal experiences are activated at a purely thought level, to a causal stage, where the sense of self is lost through experiences such as silent awareness or ‘blissful emptiness’, through to a non-dual consciousness or one taste stage, ‘where the object to be witnessed and the witness merge together’ (Wilber, 1995, p. 308).

Despite the internal consistency and coherence of Wilber’s account, which has been embraced by key figures in British transpersonal psychology such as John Rowan (2003), Wilber has been criticised for failing to provide clarifications around his metaphysical assumptions, which seem to rely heavily on Vedantic and Buddhist perspectives on the transpersonal self (Daniels, 2001). Moreover, Peggy Wright (1998) a feminist transpersonal theorist, criticised Wilber’s theory not only as ‘androcentric’ and ‘patriarchal’ in its assumptions, but also as insensitive to indigenous people’s spiritual experiences, which are not mentioned and perhaps dismissed as primitive (Wright, 1998, p 48). Wright suggested a model that incorporates both the feminine and the masculine value systems and also the experiences of indigenous people. She also advocated a need for integrating all the different perspectives on the transpersonal self.
Psychosynthesis and its stance on integration

All these approaches have greatly contributed to providing the transpersonal with different attributes and dimensions. Although other approaches including psychodynamic (Healey, 1993), CBT (Propst, 1996), existential (Mahrer, 1996) and systemic (Prest et al, 1999) therapies have attempted the integration of spirituality into therapy, most of them took a stance on either the implicit or the explicit approaches to integration. The implicit approaches mainly focus on the therapist’s awareness of a transcendent dimension within therapy, whilst the explicit approaches mainly aim to respect the diversity of clients’ spirituality (Suarez, 2002). It seems that psychosynthesis incorporated both of these approaches, as its stance valued both the therapist’s and the client’s awareness of their spiritual development.

Past and current therapies have often been criticised for privileging one spiritual and therapeutic tradition over another, hence limiting the broad range of spiritual orientations that clients might experience in therapy (Souza, 2002). As mentioned above, Assagioli attempted to incorporate most therapeutic traditions and previous ideas on the transpersonal into an organized theory (Somers and Gordon-Brown, 2002).

Assagioli (1965) and other researchers suggested that transpersonalism is not an approach but an experiential dimension of the therapeutic relationship (Clarkson, 2000; Rowan, 2003; Strohl, 1998). James (1998) added that such experiences involve the expansion of consciousness beyond the usual limits of the ego and personality and beyond the conventional limits of space and time. Whilst other transpersonal approaches deviated deeply into meditative and esoteric studies and into the exploration of the spiritual aspects of bodywork, psychosynthesis continued to emphasise the exploration of the unique transpersonal side to each person, not necessarily conforming to one particular religion or spiritual orientation (Hardy, 1987).
Although Assagioli (1965) claimed not to conform to any particular spiritual orientation, it seems that he used several tools from oriental philosophies in his work, such as meditation. In fact, psychosynthesists' achievement lied in translating the abstract teachings of some oriental philosophies into practical exercises and Western psychological theories. Despite Assagioli’s interest in Eastern philosophies, many of his current and past students claimed that his theories have clear connections with a number of traditions, including Christianity, Jewish mysticism, Hindu, Kabala, Shamanic as well as Buddhist traditions (Firman and Gila, 2002).

Psychosynthesists viewed the first therapeutic goal as personal integration, which is the creation of a harmonious personality. They claimed that through processes of disidentification from ego patterns and identification with the centred self, one could achieve a harmonious self. A harmonious self would then lay the basis to undertake the path of spiritual psychosynthesis, which consisted in integrating the higher self into other aspects of personality through dialogues with the transcendent dimensions of the self. This process involved applying what is learned through meditation, visualization, journal-keeping and spiritual group work in everyday life.

In contrast with other spiritual traditions, which proclaimed the need for cutting contact with the world in order to enter the transpersonal realm, psychosynthesis claimed that, in balancing different aspects of the self with the transpersonal self, one does not need to leave aspects of one’s personality behind. On the contrary, Assagioli (1965) believed that one could express qualities of higher consciousness in the everyday world because all aspects of the self are interdependent.
Psychosynthesis' model of the person

Many commonalities in psychosynthesis' views of the transpersonal self can be found with other theories. For instance, the concept that every individual is in a constant psychological and spiritual development of his/her potential, which originally belonged to humanistic psychology (Maslow, 1968) is also embraced by psychosynthesisists, as well as the presence of unconscious motivations highlighted by psychoanalytic theory (Freud, 1927). The relative differences, which are not fundamental, lied in the inclusion of aspects, factors and techniques that were not considered by other theories.

For instance, whilst in humanistic psychology it is believed that individuals retain their own ways of realizing their potential, which is facilitated through providing the core conditions during talking therapy (Rogers, 1957), in psychosynthesis self-actualization is actively promoted through the application of specific methods. Assagioli (1965) represented the different layers of the self through the egg diagram shown in Figure 1.

Figure 1: Assagioli's egg diagram

1. The lower Unconscious
2. The Middle Unconscious
3. The Higher Unconscious
4. The field of Consciousness
5. The Conscious Self or "I"
6. The Higher Self
7. The Collective Unconscious
Assagioli’s egg diagram offers a comprehensive view of the human psyche in its many aspects, and it is still widely used to illustrate the place of the transpersonal self within the other areas of the self (Somers and Gordon-Brown, 2002; Daniels, 2000). According to his view, the layers of the unconscious include: the lower unconscious, which consists of repressed and traumatic memories, basic drives, impulses and elementary psychological functions; the middle unconscious, which is formed by psychological elements similar to those of our waking consciousness and easily accessible to it. The higher unconscious carries our transpersonal experience whilst the collective unconscious, as also defined primarily by Jung, is the unconscious that carries archetypal experiences. This very structured view of the self has been highly regarded and is still widely used in current research on the transpersonal self (Daniels, 2000; 2002).

The self, in this map, is viewed as both the "I", a centre of awareness and will anchored within the personality, and the higher self, the centre of awareness and will anchored in the transpersonal dimension and accessing both personal and universal experience. The terms ‘higher self’ or ‘transpersonal self’ denote a distinct state of consciousness, whose main characteristics include purpose, wisdom, unconditional love and creativity.

According to psychosynthesis, when we are identified with the ego, the transpersonal self is repressed into the higher unconscious. However, there can be momentary awakenings to the consciousness of the higher self. For instance, when we are in our ordinary consciousness there can be a lack of purpose or wisdom, life may seem meaningless and we may only concentrate on our routine. At this moment, the transpersonal self may intervene to remind us of the higher purpose of our lives and our drive towards growth. The higher self may therefore act as our internal spiritual guide, to make us experience a sense of connection with a larger purpose and inter-relatedness with other human beings and the world around us.
Psychosynthesis saw the transpersonal side of the individual as connected and influencing the other sides of the personality and the outside world. Its fields of action begin from the self-training of each individual in conducting a fulfilling life, in order to extend the training to the education field, the therapeutic and the interpersonal field, or the field of human relationships, until reaching the professional, national and societal levels. In this sense psychosynthesis could echo some form of religious orientation in itself, as it provides a conceptual framework for most areas of people’s existence (Hardy, 1987).

This broad view of self-development reflected the teachings that Assagioli (1965) drew from Eastern traditions. Although he was able to bridge the gap between Psychology and Eastern Philosophies, his endeavour still presented complex esoteric language that might prevent many practitioners from engaging into psychosynthesis theory. Therefore it might be a useful attempt to render such esoteric concepts simpler and readily understandable to a wide range of practitioners, and not only to the ones that share his oriental philosophies background.

Examples of a simplification in integration attempts could be found in the development of a form of meditation that suited Christian religion, attempted by John Main (Del Monte, 1995) and Thomas Keating (1986). Their attempts demonstrated that the language barriers and gaps that may divide different traditions (as well as different therapeutic approaches), can be bridged by translating concepts belonging to one culture into ideas and practices that can be understood and used by people from different cultures and backgrounds (Anderson, 1997; Blanton, 2002). Thomas Keating (1986) in particular advocated that his knowledge of both Eastern meditation and Christian prayer, helped him to acknowledge that there are calming effects in both Christian and Eastern traditions that can help lay the groundwork for what he called ‘contemplative prayer’ (Keating, 1986, p110).
Keating’s (1986) rather synthetic endeavour could be advantageous if applied in adapting the teachings of psychosynthesis to different approaches and contexts, such as the NHS and other mental health and therapeutic settings, as well as other therapeutic approaches. However, prior to translating psychosynthesis spiritual teachings into more understandable ideas, it is important to conceptualise its core message about the development of different parts of the self, which in itself is another integration exercise, whose example and related difficulties could be useful to examine for future integration attempts.

The importance of personal psychosynthesis before reaching transpersonal awareness

Despite Assagioli’s (1965) emphasis on his ambitious transpersonal self-awareness project, it is important to mention that he acknowledged some difficulties in the integration of the transpersonal self into therapy. For instance, he recognised that it is not possible to reach the transpersonal level with all clients. Current views on the differences in the therapeutic relationship with each client have also highlighted the need for flexibility on the therapist’s part to adopt a different therapeutic approach with different clients (Clarkson, 1995; Roth and Fonagy, 1996). While other theories such as Grof’s (1993) did not assert the need to be psychologically healthy in order to fully be able to gain a transpersonal awareness, Assagioli (1993) claimed that it is essential to reach personal psychosynthesis before fully grasping, enjoying and learning from transpersonal experiences.

He pointed out that for many people the personal psychosynthesis, which consists of the harmonious communication within one’s consciousness and the adequate control of one’s impulses, is an immensely satisfactory therapeutic outcome. In his view, personal psychosynthesis is achieved through a series of techniques that aim to connect different parts of the self. The description of all these techniques goes beyond the scope of this paper and the reader is referred to Assagioli (1973) for a detailed version of them.
However, a general account will be given in order to provide a flavour of the extremely diverse, and at times eclectic, aspects of psychosynthetic therapy.

Personal psychosynthesis is achieved through a series of techniques and personal development stages. Some principles behind particular techniques resemble the more recently developed Eye Movement Desensitisation and Reprocessing Therapy (EMDR) (Parnell, 1997). In this sense, this technique can be seen as a precursor of modern approaches to the treatment of traumas like Post-Traumatic Stress Disorder (Parnell, 1996; Siegel, 2002). Other techniques resemble cognitive techniques of thought challenging and disidentification from physical urges and impulses. Others are very similar to Cognitive Behavioural Therapy’s (CBT; Beck, 1995) mindfulness and distraction techniques, which are currently quite popular in NHS settings (Brewin, 1996; Burns, 1999).

The shortcoming of using this technique-based approach, as it has been found in other technique-based approaches such as CBT, lies in the fact that it is usually therapist-led. Depending on the type of person and presenting problem, some clients might require a more technique-based and directive approach, whilst others might prefer a more open and non-directive stance in exploring their issues, and therefore either of these approaches might not suit all clients (Baillie and Rapee, 2004). Assagioli was aware of those differences and devised a structured approach for clients whom he thought would benefit from structure, and a more open-ended approach for clients who would respond better to a more flexible and creative process. An example of the mixture between structured and flexible approaches will be given below in a brief account of Assagioli’s theory of the will (Assagioli, 1973a).
The role of the will in personal and transpersonal psychosynthesis

Psychosynthesis theory with all its techniques cannot be thoroughly understood unless one becomes acquainted with the technique for the development of the will. The will is a crucial aspect of psychosynthesis, as it constitutes the main function of the self in all its layers, including the transpersonal. According to Assagioli (1973a), it is necessary to develop a strong will in order to actualize personal psychosynthesis because in the absence of the will one cannot decide or choose to use any of the techniques listed above or persist in one’s developmental process.

Assagioli (1973a) stated that no research had considered the will as a central aspect of the self, and he could not make sense of the reasons for this omission. He then formulated a detailed and structured stage theory of the will (see Assagioli, 1973a for a full account of this model). Although one could see the disadvantages of using a stage model (Bee, 1994), this apparently very static one actually required an enormous amount of flexibility on both the client’s and the therapist’s part because the client is invited to maximize the use of his/her creativity in order to adjust this model to his own personal resources. According to the client’s readiness and learning style, imagination and symbols-visualisation exercises are also used in order to train the client’s creativity (Moleski et al, 2002; Du Pont-De Bie, 1985).

Assagioli (1973a) made a fundamental distinction between different aspects of the will, which related to the different levels of the self. For instance, at the ego level, there is a lack of a coherent will. The various personalities are seen as in conflict as there are energies that pull them towards different directions, material purposes and polarities, which make goal definition a difficult process. The view of subpersonalities was later embraced by Rowan, who also sees the process of recognising those different personalities and when they present themselves in daily life, as an extremely enlightening stage of one’s growth (Rowan, 1990; 1999). Such lower aspects of our personalities, according to Assagioli (1965), are often only concerned with functioning sufficiently well in the world, often through satisfying imminent desires.
The will of the personal self is the freedom to choose and take action based on conscious decision. Assagioli (1965) stated that by knowing what our life goals are, we are more capable of directing our energy towards the pursuit of such goals rather than towards the satisfaction of material desires, which contributes to creating a more integrated personality. In contrast with the personal will, the transpersonal will leads the individual towards directing his/her energy towards positive goals, and motivates people towards experiencing meaning and growth in all their activities. The outlook of the transpersonal as a reminder of a higher purpose and positive goals is also shared by most theoretical orientations in transpersonal psychology that have been highlighted above. Perhaps, as Daniels (2001) suggested, psychosynthesis prepared the ground for theorising this aspect of the transpersonal self (Daniels, 2001).

Psychosynthesis’ view of the process of reaching a transpersonal self-development

A useful assertion that psychosynthesis made is that a portion of human beings will not be satisfied with personal psychosynthesis and with the outcome of being able to function harmoniously in the outside world, but will want to take their psychosynthesis to a higher level, hence the spiritual level. Assagioli was the first pioneer who described the possibility of ‘pathology of the sublime’ (Hardy, 1987, p.X), which is similar to the categorization of Spiritual Crisis that has recently become part of the DSM-IV (Hathaway, 2003). He believed that some disturbances occurred as a result of spiritual problems rather than psychological complaints (Boorstein, 1996). Therefore, he devised a range of techniques to expand one’s spiritual awareness in order to facilitate the synthesis of different fields of the psyche (Assagioli, 1970; 1973a; 1973b; Desoille, 1966; Gerard, 1964; 1967). He also mentioned that individuals usually have a natural tendency towards a spontaneous orchestration of meaningful parts of the self (Assagioli, 1976; Taylor, 1968).
**Religious ‘neutrality’ of psychosynthesis**

Assagioli (1965), in line with current researchers (Souza, 2002), overcame the contemporary debate on definitions of spirituality by purposely not providing a definition for it because he believed that psychosynthesis’ aim goes beyond defining the *spiritual* since agnostic as well as religious people can make use of his theory. His followers also described psychosynthesis as religiously neutral (Hardy, 1987; Whitmore, 2000). The underlying message is that there should be no unquestioned assumption about any religion or spiritual orientation. Conversely, the only guiding principle should be personal experience. Daniels (2000) asserted that this view was a clear precursor of the current phenomenological approach to spiritual experiences.

In this respect, psychosynthesis helped to remind practitioners that the focus is on the phenomenology rather than on the ontology of the experience, hence not on the verification of whether the experience is true or false but on the exploration of the significance that one attributes to the experience (Rowan, 1993; Wilber, 1983). In allowing all kinds of spiritual orientations, including agnosticism, into the range of transpersonal experiences, psychosynthesis aimed to enable individuals to have a wider range of choices and values in their lives, regardless of the origin of such values. It is understood however, that total neutrality cannot be guaranteed. Most thinkers and pioneers in psychology were inspired by different traditions. For instance, Freud was inspired by Greek tragedy, Jung found alchemy a useful device and Grof was inspired by Plato (Boorstein, 1996). In a similar fashion, Assagioli (1965), as mentioned above, was inspired by several spiritual and therapeutic insights. His theory was slowly and systematically built through a cycle of experiments and observations, and has been designed to continuously evolve itself and be in a state of constant flux. This is probably the reason why psychosynthesis is more readily understood through its set of techniques rather than through a system of theoretical assumptions.
Difficulty in defining transpersonal experiences

This ‘in flux’ aspect of psychosynthesis mirrors its principles through which spiritual development is attained. According to Assagioli (1965), there is not just one goal, but the continuous revision of one’s progress, achievements and acquired abilities will shape the transpersonal self, as well as the other integrated aspects of the self. He thought that through a cycle of crisis and stability, the process of growth unfolds and through making us break out of our comfortable routines, it expands our awareness of what it means to be human and helps us develop undiscovered talents and abilities. Assagioli (1993) affirmed that this cyclical nature of growth happens both at a personal and at a transpersonal level and is facilitated through a joint practice of awareness between therapist and client and through the exploration of what happens in the field of experience. However, Assagioli never raised the issue of the difficulties of describing transpersonal experiences with language, which often hampered current debates in transpersonal therapy and research (Whitehouse, 1999).

Perhaps as a pioneer, it was too early for him to think about this delicate issue and that he needed to provide a focus to this exploration through the employment of specific techniques. However, in line with current research, Assagioli (1965) emphasised the need for the therapist to have an awareness of his/her own spirituality whilst employing those techniques (Boorstein, 1996; Rowan, 2003). It becomes necessary at this point to introduce some of the methods that guided psychosynthesis’ exploration of transpersonal experiences.
Foundations of the techniques for spiritual psychosynthesis

Assagioli (1993) believed that one of the main tasks of transpersonal psychology was to bridge the gap between superconscious, transpersonal activities and conscious life. Since he proposed that there are several modalities in which transpersonal experiences occur, he thought that it was important to identify such modalities, the relationships between them, similarities and differences before studying their phenomenology. He also greatly encouraged research on the techniques that most enhanced such experiences and on the possible dangers and benefits associated with their applications. According to psychosynthetic theory, in the process of therapy and in daily life there can be several types of transpersonal experiences that need further exploration in order to enable the client to build their spiritual connection. None of those experiences can be explored unless the therapist holds a basic trust in the client’s ability to connect with his/her inner wisdom. In fact, most of the techniques employed in psychosynthesis consist of methods of exploring the peak experiences described by the client.

In this sense, psychosynthetic techniques do not appear directive. However, there are some of its transpersonal techniques that rely heavily on passages taken from scriptures such as the Divine Comedy (Alighieri, 1990), Plato, Kabbalah (the mystical Jewish tradition) and St John of the Cross (1960). Such techniques belong to the different traditions that Assagioli came to know throughout his life (Assagioli, 1973b). Their inclusion in his theory might therefore appear highly subjective and therapist-led. Due to the variety of such traditions, one of the main criticisms that his work has received concerns the lack of a basic, unitary and systematic framework for his techniques for spiritual psychosynthesis (Hardy, 1987). Hardy (1987) asserted that the origins of his theory are vague and often do not provide scope for discussion about the assumptions behind them. However, Hardy (1987) points out that their vagueness provided a

‘coming together of inner experiences and outer events, of the personal and the social, of past wisdom and present science, of psychotherapy and theology, in a way not precisely achieved by any other form’ (p.218).
The aim of using those techniques is to grasp the higher essence of the client’s concerns and reality. It is also crucial for the client to learn those skills because it constitutes a means to access the deep meaning of reality and to establish deep connections in interpersonal relationships (Ferrucci, 1983). Several of those, including imagination, illumination, revelation, inspiration, creation, understanding and interpretation, were also recognised by other writers in transpersonal psychology such as Rowan (1993), Wilber (1983), Hart et al (2000) and West (2000). Due to the limited space, it will not be possible to provide a description of the transpersonal techniques. For a more comprehensive account of those, the reader is referred to Assagioli (1965; 1973; 1993) or to http://two.not2.org/psychosynthesis/articles/index.htm/.

Other applications to attain transpersonal psychosynthesis

Assagioli (1965) promoted a continuous process of revision and improvement of psychosynthesis techniques in order to suit each different client’s inclinations and interests. For instance, the use of music to evoke transpersonal emotions such as a sense of connectedness with a person, with the world or with one’s higher purpose may suit a certain type of more creative/musical client. In fact, the use of music is now common practice in transpersonal psychotherapy (Sundararajan, 2000). Psychosynthesis also uses guided symbolism and meditation/prayer in therapy as well as the transmutation and sublimation of sexual energies. Such applications were surprisingly introduced early on in the work of Assagioli (1973) and have only recently been validated as therapeutic tools in various areas of psychology (Bergin, 1991; Haimerl and Valentine, 2001; Wade, 2000).

Assagioli (1973b) believed that the cooperation between therapist and client was vital for a successful outcome of these techniques. The therapist would have to tune into the client’s preparedness to enter the transpersonal realm and ensure that any transpersonal exercise would be initiated by the client’s awareness of transpersonal experiences and not by the therapist’s enthusiasm about entering that therapeutic realm. It is important to stress the importance of this in our practice as counselling psychologists and spiritually
aware practitioners as not all clients may be willing to explore their transpersonal self, or may not be ready for it (Clarke, 2001; Rowan, 2003).

Given the number of therapeutic, spiritual, literary and musical traditions that psychosynthesis was based on, its practice could appear quite fragmented and leave the reader unsure about the specific therapeutic aims of psychosynthesis. It is therefore useful to describe the stages that are normally used in this therapy:

0) Survival of wounding; 1) Exploration of the personality; 2) The emergence of “I”; 3) Contact with the self; 4) Response to the self.

Although the client’s self development might follow exactly this order, those stages were not seen as progressive (Firman and Gila, 2002). Assagioli claimed that the transpersonal self is present all along any of those stages, and can be invited into therapy according to the client’s preparedness (Firman and Gila, 2002). Although a detailed description of those stages will not be possible due to limited space in this review, the reader is referred to Firman and Gila (2002), who provide an exhaustive description of how therapy progressed according to each of those stages. However, a clinical example will be provided in order to illustrate the main characteristics of those stages. Firman and Gila (2002) provide a clinical example of Ellen, a single woman in her early thirties who was slowly and progressively moving from Survival of wounding (0) into Exploration of the self (1). She had been having continuous clashes with her manager at work, which caused her deep distress. At first, she experienced difficulties in understanding the reasons for her profound distress. However, after a period of time, she began exploring and accepting parts of herself that she had habitually avoided. As Ellen explored those parts of herself, she became aware of injustices at work. In therapy, she explored the meaning and purpose of current events in her life and started seeing her breakdown as a moment of self-realization.
During therapy she was also able to explore her options: whilst on one hand she wanted to leave her job, on the other hand she thought that maybe she should have stayed because perhaps she had to learn an important lesson in her life. Psychosynthesis helped Ellen understand that there were no right or wrong answers and that she had to understand what was right for her through the exploration and integration of experiences coming from her meditative practice, dreams, and current relationships. Ellen managed to put together all those experiences and especially the meaning coming from a dream to decide that it was time for her to leave her job. She had a dream that her house was on fire and that she escaped safely, but was left with nothing secure. From the integration of this dream and her meditative practice material she became aware of her pattern of always wanting to choose secure roots for fear of being abandoned both physically and emotionally. Although she had never been physically abandoned in her childhood, she could now connect with her early wounding of emotional abandonment, and slowly develop compassion and empathy with that part of herself. This connection then reduced her anxiety around her work and career questions and prepared her to successfully leave her job and build connections to find another one.

She then began to allow the emergence of “I” (2) to guide her in her decisions, which then directed her to make contact with her skills and parts of herself that she wanted to develop further in her future job. Ellen was able to maintain an openness to listen to the most profound parts of herself, including her ethical side, her meditation practice and her dreams, and integrate different messages coming from those different parts of herself through psychosynthesis (3).

This brief snapshot of psychosynthesis showed how the transpersonal self formed an overarching aspect of this intervention. The therapist also used in-therapy meditation, stages of the will and both cognitive and psychodynamic techniques to help the client recognize her unhelpful behavioural patterns and how she might explore them and change them.
Ellen succeeded to unify personal and transpersonal will when the therapist prompted her to ask herself two questions:

1. How would you feel if you were face to face with the Truth about your life?
2. What would the Truth say about your life in specific terms?

Those questions triggered dissatisfaction and regret, which Ellen connected to childhood experiences. For instance, leaving her job felt to her like she was betraying her boss because this is exactly how she felt when she left her family. As Ellen succeeded in developing compassion towards this lonely and helpless side of herself through her meditative practice, she was also able to leave her job and move into stage 4 of Response to self, during which she could connect with her helplessness and adequately soothe herself at difficult times instead of avoiding her feelings.

A variety of approaches and techniques can be noticed in this clinical example, which, however, does not provide an exhaustive account of all the techniques that might be used to integrate spirituality into therapy.

Advantages and disadvantages of using psychosynthesis and similarities to contemporary theoretical developments

Although the variety of psychosynthetic techniques may lead to difficulties in grasping a systematic development of Assagioli’s (1965) theory, the whole concept of synthesis is one of a great importance in the field of transpersonal psychology. On this matter, Hardy (1987) wrote:

‘The special achievement of psychosynthesis as a therapy is that it relates the soul and theology to the personality and psychology, and perceives personal and developmental patterns as a microcosm of larger social and historical patterns’ (p.221).
In fact, the concept of synthesis conveys that integration is possible within the self and therefore also within therapy. This message can be viewed as ‘wildly over-optimistic’ (Hardy, 1987, p.220) and its principles may resemble the current Positive Psychology movement (Snyder and Lopez, 2002). This movement invited psychologists to concentrate on people’s strengths, hopes and will to recover, rather than on the pathological view of their illness. However, as much as psychosynthetic theory, it does not dismiss clients’ crises or negative feelings, but sees them as an opportunity for growth and ego strengthening, rather than as a pathology to be cured.

Psychosynthesis’ optimistic views are also in line with current psychological approaches to the integration of religion into therapy. Similarly to Sweeney (2004), psychosynthesists claimed that integration should be viewed as a means to bring people to hope and good will. Finally, similarities can also be found with existential approaches, in the fact that personal awareness of what it means for the individual to be in the world is continuously revised and integrated in the self through learning from experiences (Van Deurzen-Smith, 1997).

**Overview of the theoretical and practical implications of using psychosynthesis as a method to enter the transpersonal realm**

It seems to emerge from the above analysis that psychosynthesis has been ahead of its time in several ways, and that there are several aspects of psychosynthesis that current practitioners in transpersonal psychology could consider including in their integration attempts (Mathers, 1994). Although its theoretical system can appear fragmented due to the variety of techniques employed in this therapy, the process of integration started by psychosynthesis has been indirectly embraced by current research (Shapiro, 1992). Assagioli’s (1965) use of imagination and visual imagery techniques could be integrated in the exploration of the dimensions of the transpersonal self. Moreover, his openness to different spiritual orientations reflects the current views of the need for a cross-cultural approach in transpersonal therapy, which was recently identified due to the variety of ethnic and religious backgrounds (Rowan, 2003).
Another contribution of the work of Assagioli (1965) lies in his emphasis on the therapist’s awareness of his/her own views regarding the transpersonal self and his/her own spiritual development. Without this awareness, therapists could run the risk of mistaking higher-self experiences with lower-self experiences, and therefore causing potential danger to the client’s development (Boorstein 1996). However, Assagioli (1965) also stressed the importance of firstly concentrating on the lower unconscious processes before resolving any distress arising at a transpersonal level. This is in line with Wilber's (1983) progressive model of developing a transpersonal awareness. Assagioli (1973) added to this progressive nature of transpersonal awareness the concept that psychological disturbances can occur both from repressed lower drives but also from the repression of the ‘sublime’, i.e., the unwillingness to accept our higher nature (Firman and Vargiu, 1996).

Using a psychosynthetic model may therefore help the practitioner to identify the origins of one’s psychological disturbances. As mentioned above, Assagioli (1965) believed that a clear identification of the origin of one’s experiences in therapy could be verified only through a scientific study of these experiences. This viewpoint is also true of current views on transpersonal experiences (Whitehouse, 1999). Although Assagioli (1965) failed to acknowledge the language difficulties that would constitute a barrier to researching such experiences, he recognised the need for a continuous revision of his techniques, therefore demonstrating the openness of a truly reflective practitioner.

Similarly to Assagioli, Clarkson (2000) and Whitehouse (1999) also acknowledged the dangers of a lack of revision of one’s therapeutic procedures. Clarkson (2000) identified the risks of many transpersonal approaches to be associated with ‘New Age stuff’ and therefore seen as unsafe and unscientific. It is however necessary to reach a common understanding of what we, as transpersonal and counselling psychologists, attribute to the term ‘scientific’, which may privilege pieces of research as valid as opposed to others, often only on the basis of the type of method used in the research. Despite those linguistical and methodological issues, it is necessary to concentrate on how to progress in the knowledge about the transpersonal. Therefore, it is necessary to concentrate on the
steps that need to be taken in order to facilitate further development in the field of transpersonal psychology.

An obstacle to transpersonal research is the difficulty in using words to describe transpersonal experiences. Regarding this, Assagioli preferred not to define spirituality and religion. Perhaps his reluctance to do so also compromised the coherence of psychosynthesis as a theory and made it difficult to bring together the multiplicity of its concepts into one unitary model. It would be hard, as researchers, to conduct research without working definitions, therefore an attempt could be made to strive for as much accuracy as possible while acknowledging that this type of research intrinsically carries language limitations (Whitehouse, 1999). Moreover, it has been highlighted that the lack of theory to back up our transpersonal interventions can be problematic, especially in the field of counselling psychology, where the theoretical basis of our interventions forms the foundations of our practice (Golsworthy and Coyle, 2001). Therefore, it is important to engage in attempts of researching and building theories on integration of the transpersonal self into therapy and also on the boundaries between psychological therapy and spiritual approaches, which can often be quite vague (Sweeney, 2004; Whitehouse, 1999).

**General overview and suggestions for further research**

This review has taken into consideration the theoretical and practical elements that psychosynthesis has provided in the development of transpersonal psychology and in the inclusion of the transpersonal self in the therapeutic process. Psychosynthesis contributed to the process of integration of spirituality into therapy through offering an open stance to any religious and spiritual tradition into psychotherapeutic practice. Moreover, the concepts of synthesis and of continuous revision of one's theory and practice are not only relevant in the developing field of transpersonal psychology, but in the whole of our professional development as counselling psychologists.
Further research into psychosynthesis will need to evaluate the different techniques and other aspects of this theory in the inclusion of the transpersonal self into therapy, in order to provide evaluation of the outcome of the wide selection of psychosynthetic applications. The variety of traditions that psychosynthesis drew from in devising its wide range of techniques reflects the myriad of psychotherapies currently available. As Assagioli (1965) and current writers in transpersonal psychology advocated, there is a need for integration of various theories of the transpersonal, in order to reach an agreement upon the different aspects of this concept (Daniels, 2002; Wright, 1998).

This review emphasized the importance in psychosynthesis of the therapist’s spiritual development in the practice of transpersonal psychotherapy. This means that both the therapist and the client may be embarking on their spiritual journey at the same time. One therefore might wonder about the implications of a simultaneous spiritual journey, especially if the therapist and the client differ in their spiritual orientation. On this matter, Boorstein (1996) highlighted the importance of contracting at the beginning of the therapy and being open about one’s spiritual orientation. Further research could explore the implications, risks and benefits of the therapist’s self-disclosure about his/her spiritual orientation.

Another question to be addressed would be about whether integration methods would have to vary according to the religion of the client. Perhaps we could learn here from psychosynthesis, which refers to spirituality quite generally and refused to define it whilst working with what the client brings to the therapy room. After all, as Rowan (1993) pointed out, transpersonal therapy is about ‘being’ and not ‘doing’. Moreover if one considers the 12 step programme and other HIV counselling programmes, they refer to a higher power, rather than to a specific religion or spiritual orientation. (Clay, 2003; Hopcke, 2004; Marcotte et al, 2003).
To conclude, it is one of the most important teachings of psychosynthesis to have introduced the transpersonal into everyday life. This confirmed that the transpersonal is a natural occurrence in human existence and therefore also in our practice as counselling psychologists. It is also a further call for therapist’s spiritual self-awareness and perhaps a call to implement the inclusion of transpersonal awareness also in the training of future practitioners (Brawer et al, 2002; Coyle and Brent, 2001; Prest et al, 1999; Robbins, 2003; Sorenson, 1997; Souza, 2002).
**Personal reflection**

The process of finding a specific topic for this research was quite lengthy because another student in the university had undertaken a similar research project last year (Suarez, 2002) and therefore I felt that I had to give a more specific focus to my interest in the integration of spirituality into therapy. As soon as I came across the work of Assagioli (1973a), I quickly became interested in this approach and felt that the marriage between psychology and spirituality had already happened a long time ago. The fact that it had passed quite unobserved pushed me to re-iterate the amazingly avant-garde ideas of the first ever attempt to both define the transpersonal and place it in a psychological framework. Perhaps my enthusiasm and positive attitude towards psychosynthesis coloured the exposition of this review in that I might not have been so inclined to emphasize the negative aspects of this approach to integration.

The plethora of material available on this topic made it difficult to incorporate all the different features of psychosynthesis and therefore I had to restrict the amount of reading that I would have liked to have done, given the limited amount of time and the tight word limit. As my reading progressed, I became very interested in this approach and began connecting with a friend who had been through this approach as a client. Although I found it very frustrating not to be able to learn about psychosynthesis in practice, I found a space to convey my enthusiasm about this topic with my friend, in my research supervision and in my personal therapy.

As I became more aware of the nature of the transpersonal relationship, especially through my reading, I noticed that I became more aware of the potential for transpersonal connections within the relationship with some of my clients. With one of them in particular I explicitly talked about the importance that she attributed to her spirituality in her life, which, I felt, strengthened our therapeutic relationship.
It is necessary to mention my spiritual background as this probably also influenced the exposition of this review. My spiritual background dates back to a very young age because I was brought up in a Catholic family in Rome, Italy. I felt that Catholicism was very strongly connected to my upbringing, whereby my sister and I were always encouraged to attend church regularly and go to the weekly lessons on Christian Scriptures until we turned 16, by which time we stopped attending, after our First Communion and Confirmation ceremonies.

Despite moving away from practising Catholicism, I felt that my spiritual journey was still progressing, through writing poems and reflections about explanations of events and phenomena in my life. I then kept contact with like-minded friends who felt awe and devotion, and sense of connectedness, especially whilst being in contact with nature and whilst having deep conversations. Looking back, I feel these were the first signs of some transpersonal experiences, But I did not label them in that way and felt that they were simply really strong emotions. Although I was not aware of what they were or where they came from, they gave me a sense of reassurance and provided meaning to apparently inexplicable events and unanswered questions.

Simultaneously, I became very interested in the numerous traditions that utilise meditation as their main spiritual practice, and after learning about some of them such as Zen Buddhism and Hinduism, I began practising Buddhist meditation daily. My current stance on religion and spirituality is very similar to Assagioli’s. I welcome, value, and integrate aspects of the traditions that I came into contact with throughout my life into my personal philosophy. I see my spirituality as in flux, hence constantly developing through the acquisition of new awareness. Like Assagioli, meditative practice became part of my spiritual and daily life. This created a sense of connection with the material that I reviewed and also with Assagioli himself, as he is also Italian and practised meditation throughout his life.
Researching psychosynthesis and writing about it was an incredible challenge of synthesis in itself. I was faced with the dilemma of the amount of textbook material to include, which, although essential to provide the reader with a thorough understanding of the topic, it required a lot of planning and concentration in deciding what to put in and what to leave out. However, the research process as a whole provided me with a space to reflect on my meditative practice, on my work with clients and on the integration of spirituality into therapy. It also provided me with an example of integration of different approaches, which is what I would like to achieve by the end of this course. It was therefore a very stimulating and transformative experience, in that it strengthened my commitment to my training and to the exploration of the integration of spirituality into therapy.
References


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Suarez, V. (2002) *Difficulties with integrating spirituality into therapy*. Unpublished manuscript submitted as part of a doctoral research, held at the University of Surrey, UK.


Appendix A - Notes for Contributors
Notes for Contributors

Counselling Psychology Review

Contributions on all aspects of Counselling Psychology are invited.

Academic Papers: Manuscripts of approximately 4000 words excluding references should be typewritten, double-spaced with 1" margins on one side of A4, and include a word count. An abstract of no more than 250 words should precede the main body of the paper. On a separate sheet give the author’s name, address and contact details, qualifications, current professional affiliation or activity, and a statement that the paper is not under consideration elsewhere. This category may also include full-length in-depth case discussions, as well as research and theoretical papers.

Issues from Practice: Shorter submissions, of between 1000 and 3000 words, are invited that discuss and debate practice issues and may include appropriately anonymised case material, and/or the client’s perspective. As with academic papers, on a separate sheet give the author’s name, address and contact details, qualifications, current professional affiliation or activity, and a statement that the paper is not under consideration elsewhere.

These two categories of submission are refereed and so the body of the paper should be free of information identifying the author.

Other Submissions: News items and reports, letters, details of conferences, courses and forthcoming events, and book reviews are all welcomed. These are not refereed but evaluated by the Editor, and should conform to the general guidelines given below.

- Authors of all submissions should follow the Society’s guidelines for the use of non-sexist language and all references must be presented in APA style (see the Code of Conduct, Ethical Principles and Guidelines, and the Style Guide, both available from the British Psychological Society).
- Graphs, diagrams, etc., should be in camera-ready form and must have titles. Written permission should be obtained by the author for the reproduction of tables, diagrams, etc., taken from other sources.
- Subject to prior agreement with the Editor, papers and other copy may be submitted as e-mail attachments. If you prefer to send hard copy, please include three copies of your paper, together with a large s.a.e. and a copy of the file on disk or CD-ROM.
- Proofs of papers will be sent to authors for correction of typesetting errors, and will need to be returned promptly.

Deadlines for notices of forthcoming events, letters and advertisements are listed below:

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All submissions should be sent to:
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Editor, Counselling Psychology Review,
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E-mail: h.sequeira@sgul.ac.uk
All submissions and correspondence should include e-mail address, where available.

Book reviews should be sent to:
Kasia Szymanska,
Book Reviews Editor,
Centre for Stress Management,
156 Westcombe Hill, London SE3 7DH.
How do course directors of UK counselling psychology courses perceive the role, if any, of spirituality and religion in therapeutic practice and training, and specifically in their counselling psychology programme?

There is a substantial lack of theory in the field of counselling psychology about the topics of spirituality and religion. Therefore, this study aimed to explore the views of key informants in the field (course directors of the British Psychological Society accredited counselling psychology training courses in the UK) on the role of spirituality and religion in the training and practice of counselling psychology. Four course directors were interviewed using semi-structured interviews. Interpretative Phenomenological Analysis (Smith, 1996; Smith et al, 1999) of the data provided insight into participants' accounts of different factors that influenced their views and experience of spirituality and religion in their counselling psychology training programme. Course directors consistently reported that time constraints and trainees' feedback and input played an important role in the inclusion (or exclusion) of spirituality and religion as discussion topics in counselling psychology training courses. Moreover, most participants felt a need for very broad guidelines on the inclusion of those topics in training courses, as a reflection of the openness to different frameworks that is characteristic of counselling psychology philosophy. Findings are discussed in terms of implications for training and practice in the field of counselling psychology and further research directions are provided.
Introduction

Over the last century many influential psychologists have written about the benefits of including spirituality and religion in therapy (Allport, 1950; Assagioli, 1976; James, 1902; Jung, 1973; Loewenthal, 2000; Maslow, 1970; Miller, 1999; Quackenbos et al. 1986) whilst many others seem to have neglected clients’ spiritual and religious issues in their practice (Fenchel, 1986; Freud, 1997; Hall and Hall, 1997; Skinner, 1953). An extensive body of research has documented the relevance of spiritual and religious issues in the work of counsellors and psychotherapists (Gallup, 1993; Greeley, 1992; Jakel, 2001; Jankowski, 2003; Karasu, 1999; Kirsting, 2003; Suarez, 2002; West, 1997; Wilber, 1979) and recent literature has identified a growing interest among contemporary therapists from different backgrounds in spirituality and religion and in ways of integrating those issues in therapy (Clarkson, 2000; Kurtz, 1999; Miller, 1999; Rowan, 1993, 2005; Spooner, 2001; West, 2002; Wilber, 1995; Wulff, 1996).

Despite this increased interest, researchers have engaged in several debates on the integration methods and levels and on their relevance to different cultural backgrounds and therapeutic approaches (Daniels, 2002; Jankowski, 2003). Perhaps some of the difficulties in integration have been due to the fact that researchers have not come to an agreement about the definition of spirituality because of its multifaceted and subjective nature (Boadella, 1998; Suarez, 2002). After a thorough review of definitions within the current literature, Kelly’s (1995) definitions of spirituality and religion were chosen for this research, as they seemed to encompass most aspects of both of these terms that have been so far identified in the current research (Suarez, 2002). According to Kelly (1995), spirituality refers to “a personal affirmation of a transcendent connectedness to the universe” and religion is the “creedal, institutional and ritual expression of spirituality that is associated with world religions and denominations” (p.4).
Although research has brought to light some uncertainties and pathological views that some therapists hold about clients’ spiritual expression (Allman et al., 1992; Freud, 1927, Skinner, 1953), therapists and researchers have engaged in the integration of spirituality and religion into therapy (Hall and Hall, 1997; Rowan, 2005) because of the beneficial effects that spiritual and religious practices have been found to have on the well being of clients (Brown, 1994; Clemente and Saver, 1976; Davis and Smith, 1986; Fabricatore et al., 2000; Fallot, 2001; Stephenson, 2005; Townsend et al., 2002; Witter et al., 1985).

Moreover, Lukoff (1998) affirmed that psychologists have an ethical responsibility to be aware of social and cultural factors that may affect assessment and treatment (Canter et al, 1994). Since the religious and spiritual dimensions of culture are among the most important factors that structure human experiences, beliefs, values and behaviour as well as illness patterns (James, 1958; Krippner and Welch, 1992), sensitivity to religious and spiritual issues is an important part of the cultural diversity competence of psychologists (Lukoff, 1998). Research has documented that integration may also have a positive impact on the relationship between client and therapist (Cortright, 1997; Grimm, 1994; Karasu, 1999; Whitehouse, 1999) because accepting and valuing clients’ spirituality means accepting and valuing an important part of their cultural context, and therefore improving empathic understanding of the client (Richards and Bergin, 1997).

While there has been a noted increase in the inclusion of spiritual issues in the training curricula of mental health professionals (Kelly, 1994, 1995; Lovinger, 1990; Miller, 1999; Pate and High, 1995; Richards and Bergin, 1997) and researchers have generated ideas about how to infuse the subjects of spirituality and religion into the core areas of counselling training (Burke et al 1999), many therapists do not address those issues in their work with clients (Kelly, 1995; Lukoff, 1998; Purpura, 1985). Some feel that they have not received relevant training to do so (Ellis et al, 1999; Lukoff, 1998; Shafranske and Maloney, 1996); others are bewildered by the conflict between the scientific perspective of psychology and the subjective and personal stance of spirituality and religion (Prest and Keller, 1993); others believe that religion and spirituality are best
discussed within spiritual and religious settings (Thayne, 1997). Furthermore, therapists’ own assumptions about spirituality and religion also affect the way they work with clients’ own perceptions about such issues (Frame, 1996). Rowan (2005) recently highlighted the need for training to provide a space to unlearn all the assumptions that therapists have about those issues, as opposed to learning skills on how to address those topics in therapy.

Kelly (1994) observed an increased openness to addressing those issues in the training of counsellors and psychotherapists. However, there seems to be a lack of research and guidelines around whether or not and how integration should take place. Some studies have addressed the ethical, professional and political implications of including spiritual and religious issues in the course syllabi and others have engaged in surveying different counselling and psychotherapy training directors about the extent to which those issues are included in psychotherapeutic training (Brawer et al, 2002; Cashwell and Young, 2004; Kelly, 1994; Young et al, 2002). Although such studies constitute an important step towards the initial stages of integration, they remain of a quantitative nature and failed to explore the reasons for the inclusion or exclusion of these topics in counsellors’ training. Moreover, they were carried out in American institutions and therefore they do not represent the views of those responsible for training in the UK, like for instance course directors of counselling psychology programmes.

Therefore, further research is needed around the topics of spirituality and religion in the field of counselling psychology. This is highly surprising, given the emphasis that counselling psychology’s philosophy places on the practitioner’s self-reflection, of which religion and spirituality can be part. As spirituality and religion often play an important part in the practitioner’s development (Shafranske and Mahony, 1996), it is necessary to engage in this exploratory study in order to provide an initial framework to which counselling psychology practitioners and trainees can refer when dealing with their own spiritual and religious issues and those of their clients.
In order to maintain the practitioner’s reflective stance, which is one of the highly distinctive characteristics of counselling psychology practice, there is a need in this field for guidance in handling spirituality and religion in counselling psychology training programmes. This study will therefore explore counselling psychology course directors’ perceptions of the integration of spiritual and religious issues in psychological therapy. It will provide a preliminary overview of the extent to which counselling psychology course directors in the UK feel that integration of spiritual and religious issues is relevant to counselling psychology training and practice.

Method

Participants

Having gained ethical approval (See Appendix A), course directors’ of the nine UK counselling psychology training programmes accredited by the BPS (British Psychological Society) were contacted via letter and given information about the study (see Appendix D). Four agreed to participate, 3 male and 1 female. Three participants identified themselves as White British and one as White. This participant’s specific ethnicity and all the participants’ ages will be omitted in case this information might make them identifiable within the rather small field of counselling psychology. The mean age was 45.2 (sd= 8.25), and the time they spent as course directors ranged from two to nine years (m= 4.75; SD= 2.12). All participants worked in private practice settings as well as holding their post as course directors. Although it would be useful for the reader to have information about each participant’s therapeutic approaches to have a more complete picture of their speaking perspectives, this information will not be disclosed in order to protect the course directors’ confidentiality, as again, it might make them identifiable to the reader. However, it will be useful for the reader to know that all course directors adopted an integrative approach in both their teaching and private practice. Data were collected through a semi-structured face-to-face interview method (see Appendix B for a detailed interview schedule).
**Interview Schedule**

The interview schedule firstly aimed to gather course directors’ views on the role of spirituality and religion in the training and practice of counselling psychology and details of specific course syllabi in relation to spiritual and religious issues. Current research has explored therapists’ perceptions of the difficulties and benefits of integrating spiritual and religious issues into training and practice (Cashwell and Young, 2004; Kelly, 1994, 1997; Polanski, 2003; Wiggins-Frame, 2001; Young et al., 2002). Therefore, questions related to this topic aimed to explore counselling psychologists’ views on this subject. Since clients’ interest in spirituality and religion is constantly rising (Aponte, 1996), psychologists often might play a similar role to spiritual directors and/or priests. Therefore, course directors were asked about what impact this might have on how they perceive their professional identity, including their views on the similarities and differences between a counselling psychologist and a spiritual director (D’Souza, 2002). Finally, the possible need for specific guidelines for integration was brought up in previous research and therefore course directors were also asked their views on this matter (Brawer et al, 2002; Constantine et al, 2000; Polanski, 2003; Prest et al, 1999; Robbins, 2003; Souza, 2002).

All participants signed a consent form (see Appendix E) prior to being interviewed and all interviews, which took place at each course director’s university office, were audi-taped and transcribed verbatim (see Appendix C for a sample interview transcript). The first interview was treated as a pilot. The course director’s feedback did not highlight any need for major amendments to the schedule, and the data from this interview was also used in the analysis. Feedback from the second interview suggested that the order of some questions should be changed. Therefore, in the last two interviews, questions 1,2 and 3 were asked at the end, rather than at the beginning. This feedback was very useful as it allowed the course directors to get comfortable with the interviewer through talking about their course, before being asked personal questions about their background.
Analytic Procedures

The researcher initially planned to use Grounded Theory (Henwood and Pidgeon, 1992; Pidgeon and Henwood, 1996) as an analytic method, due to the lack of substantial theory on this topic in the field of counselling psychology. However, this plan had to be changed due to the fact that only four out of nine course directors agreed to participate to the study, and such a low number of participants was not sufficient to carry out a grounded theory analysis. Therefore, data was subjected to Interpretative Phenomenological Analysis (IPA: Smith, 1996; Smith et al, 1999). IPA was used as it is concerned with developing an insider’s perspective (Conrad, 1987) on participants’ views and experiences and therefore it was suitable for the purposes of this investigation about the participants’ views of spirituality and religion in their training programmes.

Given the small sample, a case study analysis was thought to be suitable for this study. However, as the analysis progressed, a considerable number of common themes were found in every transcript, which suggested that a group level analysis would be more suitable. Moreover, a case study analysis would have required specific information about each course director, which would have made the participants more easily identifiable to the reader. Therefore, a group level analysis also assisted in reducing the amount and specificity of information about each course director.

The analysis involved examining the transcripts in detail. Whilst repeatedly reading each transcript, notes were made about points that were relevant to the research topic. These notes were then grouped together according to their similarities and given a title, or a “superordinate theme”. The researcher went back to the transcripts to ensure that such themes were grounded in the participants’ accounts by checking for evidence that would support each theme in the transcripts. Themes within each transcript were identified whilst making contrasts and comparisons and continuously going back to the raw data to detect any further connections between concepts.
Following this process of critically comparing between the themes and the data fit, a list of master themes and sub-themes was produced. IPA recognizes that the research product is the outcome of a dynamic interaction between participants’ accounts and the researcher’s interpretative framework (Smith et al, 1999). It is therefore necessary to reflect upon the researcher’s interpretative framework in relation to the research topic and the ways in which it may have influenced the analysis.

The researcher’s use of self in the analysis

The researcher is a trainee counselling psychologist who has a strong interest in spirituality. Although she was brought up as a Christian, she currently practises Buddhist meditation. Some of her spiritual beliefs resemble Buddhist principles, while others are in common with other religious frameworks such as Christian and Hindu religions. As a spiritual person, she might have given more importance to themes related to spirituality than to themes related to religion. However, she attempted to remain aware of her expectations and attributions that might have stemmed from her past experiences and assumptions throughout the analytical process.

Evaluation of the analytic process

The centrality of the researcher’s subjectivity means that the traditional method for evaluating research quality (such as reliability), which are based on the assumption of researcher’s objectivity and disengagement from the analytic process, are inappropriate in assessing this study. Therefore, the researcher employed other strategies in order to ensure the validity of this research. Firstly, interpretations of the material were grounded in examples (Elliott et al, 1999) and secondly, the researcher was deeply committed to presenting the material with coherence and transparency about her own interpretative framework (Yardley, 2000). Thirdly, in order to ensure that participants agreed with the way their views had been represented and reported, a copy of the research was sent to
them after completion of the analytic process and prior to submission of this research. Only one participant returned the draft and his feedback suggested that he was comfortable with the way his views had been reported. The other participants did not respond to my request for feedback on time before submission of this research.

In the quotations that appear in the next section, square brackets with three points indicate where parts of the transcript have been omitted. Three points in a row in round brackets indicate pauses in participants’ speech and underlining highlights when the participant particularly emphasized a particular word. All identifying information, such as names and locations, have been changed to pseudonyms or omitted to protect the confidentiality of the participants.

Analysis

A broad range of data was generated from the interviews. Table 1 illustrates the 8 emerging themes and their sets of sub-themes. Due to the word limit it will only be possible to explore 4 of those 8 themes in depth. Theme 1 and 5 (Differences between spirituality and religion and Working at a spiritual level) will not be explored in depth as they largely confirm previous research findings on respectively the differences between spirituality and religion (Zinnbauer et al, 1997) and the value of the transpersonal relationship in therapy (Clarkson, 2000).

Theme 6 (Background of the course directors) will also not be covered to maintain the confidentiality of the course directors. Theme 7 (Guidelines on the inclusion of spirituality and religion in training and practice of counselling psychology) is quite self-explanatory, as it reports that course directors did not feel the need for strict guidelines on the introduction of spirituality into the training and practice of counselling psychology.
Themes 2 (Factors that influence the presence or absence of spirituality and religion in C.P. training courses), 3 (Openness to different frameworks), 4 (Links between spirituality and reflective skills) and 8 (Future of spirituality and religion in counselling psychology) will be explored in depth, as it was felt that those themes carry particularly important implications for training and practice in the field of counselling psychology.

Table 1: Themes and sub-themes that emerged from the data analysis

<table>
<thead>
<tr>
<th>Themes</th>
<th>Sub-themes</th>
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| 1. Differences between spirituality and religion | - Religiousness vs spirituality  
- Spirituality as an expansive experience; spirituality as an attitude to life  
- Individuality of spiritual experiences and where people find them  
- Differences between spirituality and religion; religious bigotry  
- Differences of views between religion and psychology on the nature and causes of mental distress  
- Spiritual and existential issues overlap |
| 2. Factors that influence the presence or absence of spirituality and religion in counselling psychology. training courses | - Time constraints  
- Suggestions (and lack of them) from staff/students  
- Modules on cultural, lifespan issues open up discussions on spirituality and religion |
| 3. Acceptance of different religious and spiritual frameworks | - Importance of creating a climate of acceptance and validation of different religious/spiritual/moral beliefs  
- Our manual-based practice/training is conflict with the acceptance of different frameworks and with the spontaneity and vitality that are needed in our practice |
| 4. Links between spirituality and reflective skills | - Links between reflective skills and spirituality  
- Reflectivity has to go deeper than a spiritual/religious belief level  
- Reflective skills are needed to take clients to a higher level  
- Spirituality can encourage introspection  
- Spirituality can influence empathy |
|-------------------------------------------------|---------------------------------------------------------------|
| 5. Working at a spiritual level                   | - Research evidence for the relevance of spirituality and religion in therapy  
- Discussions on the transpersonal relationship  
- As psychologists we are supposed to have a breadth of ways of helping  
- Personal life experiences of spirituality and religion influence own practice |
| 6. Background of the course directors            | - Own background influenced own practice and current views on spirituality and religion  
- Background does not always influence and reflect the attitude of the course towards spirituality and religion |
| 7. Guidelines on the inclusion of spirituality and religion in training and practice of counselling psychology | - No strict guidelines, but only broad statements are needed  
- Including different dimensions would reflect the openness of our counselling psychology philosophy |
| 8. Future of spirituality and religion in counselling psychology | - Views on religious counselling trainings  
- Uncertainties in times of change  
- Curiosity about the effects of training on religious/spiritual trainees  
- Moving away from “the right way of doing therapy” |
Factors that influenced the presence or absence of spirituality and religion in counselling psychology training courses

- Time constraints

Three participants reported that it was difficult to make space for every topic in the curriculum, and that some of them had to be woven into other modules or workshops. This finding is consistent with past literature, which confirms that spirituality and religion do not often figure as a course component (Sansone et al, 1990; Shafranske and Malony, 1990). For example, Julie reported:

“I'm not sure... whether we spend all that much time exploring that [spirituality and religion]. There's room to explore that more than we do... as you're aware yourself on courses like that there isn't time to do everything... so it's a matter of how you prioritise that”

Not having a specific workshop on spirituality and religion was associated to the fact that “every time you put something in, you have to take something out” (Marc), which poses a dilemma as to what is most important for the trainees and their development, and also for what teaching they feel they need for a successful completion of their assignments. One participant reported that BPS and academic demands meant that spirituality and religion could not be placed in the curriculum, and that he expected this was true of most BPS courses.

Julie reported that the therapeutic model that prevails in each individual course might determine whether such issues are included or not. For instance, she reported that courses that have a Cognitive-Behavioural Therapy and skills-based orientation might not emphasise self-awareness and reflectivity as much as other courses, and therefore they might not incorporate reflection on spirituality and religion issues in their curricula. This raises the question of the extent to which coverage of spirituality and religion is
necessarily reflection-based, which has been raised in the literature (Polanski, 2003) and will be discussed in the section on the links between spirituality and reflective skills. Rob felt that simply putting spirituality on the course wouldn’t necessarily achieve its goal of making people reflect on their own spirituality. He commented:

“Sometimes I wonder if we make enough space for this...spirituality, sexuality, other than for the ability to come to lectures and write essays because for the hours they are in, they all do their very best, but they all seem very hurried to me, whilst sometimes spirituality and psychological growth need space”

Interestingly, some course directors thought that none of the BPS-accredited courses had any teaching on spiritual and religious issues. Contrary to this, one of the participants reported that in their programme there is a workshop on spirituality. He reported the challenges of introducing this workshop in the training curriculum and how this posed a dilemma about whether this would achieve its purpose of getting trainees to give some thought to this issue. The problem was the fact that “you can’t do it to people” (Marc) and therefore one does not have to have the pressure that “you had to come out [of the workshop] having all had a spiritual experience” (Marc).

It was noted by two course directors that if specific guidelines are included on one issue of diversity like spirituality and religion, this could create the need for including guidelines on all issues like for instance sexuality, race and other diversity issues. The dilemmas of what to include, how to include it, what to leave out, and also the issue of time constraints related to the limited number of sessions available was echoed by most course directors. The time issue might therefore be a symptom of counselling psychology courses being overloaded with issues to cover and not having enough time for reflection on them.
Suggestions (and lack of them) from staff/students/course directors

Most participants reported that trainees’ interests and feedback would often determine what is included in each curriculum. Marc reported that many trainees’ research interests in the topics of religion and spirituality made it part of the course and initiated the search for a suitable candidate to run a workshop on those topics. Similarly, Julie talked about the difficulty in making spirituality and religion part of the course despite the high number of religious students in the course. She reported that despite students’ bring the issues of spirituality and religion to discussions, the challenge of introducing these topics more formally in the curriculum would consist of how “to make it more relevant to what students are doing and to what they’re thinking about and what's important to them”, whether they are religious or not.

Unlike Marc and Julie, Steve reported that he had no suggestions from students and/or staff about introducing this topic in the curriculum and that he had no indication that “we had to do more or less to encourage spirituality and religion in the training”. Steve’s position echoed the other participants’ ideas regarding the introduction of these topics in the training. He reported: “There are a whole range of issues where potentially I can see it might help, some points where I can see it might hinder”. Rob echoed his position: “I think religion at its best helps you to do that [reflecting], at its worst it impedes that”.

Similarly, Steve felt that it might help people being more reflective, but also stop people from reflecting, as they might use their religion as the only way to explain their thoughts and actions, which would prevent them from reflecting further on themselves. Most participants were unsure as to whether introducing spirituality and religion in the training would help. Rob’s doubt was more focused around whether introducing those topics would match the ethos of the course. He also reports that working at a spiritual level requires a “heightened empathy”, and the only way of teaching empathy is by being empathic with students on an every day basis, and not necessarily in the form of a workshop or formal teaching. He concluded that it would be up to the individual tutors to
decide whether they wanted to introduce those topics, if they felt they were relevant to their session.

Another issue that participants identified as a determinant of whether spiritual and religious issues would come up in training is the degree of interest in those topics amongst trainees (Marc) and the religious diversity of each cohort (Steve). Course directors agreed that there was a general interest in the topic amongst trainees, which matches previous findings in other surveyed therapist training programmes (Kelly, 1994). However, the interest was not always translated into open discussions on the topic. For example, Steve reported that some trainees, who clearly defined themselves as Christian, preferred not to place too much emphasis on their religious background during discussions for fear of "potential negative stereotypes" about viewing things from religious perspectives.

- Modules on cultural, lifespan issues open up discussions on spirituality and religion

Most course directors reported that spirituality and religion often come up during discussions on lifespan and cultural issues such as death and sexual orientation. Julie reported that those topics come up on a daily basis during discussions on death and what death means for each student, and she comments on her hope that those discussions will result in learning experiences for students:

"I think...hopefully that [...] people become more aware of other people's views and learn things...I mean we do a module on lifespan and people mm.. do a presentation about their own journey through their life up to this particular point in time [...]... and I think a lot of issues to do with spiritual things come out of that in particular, they raise things, significant moments to them, things that happened in their lives which they felt were spiritual experiences, or with religion...their life may be... dominated by religious kind of rituals and religious
meaning through their life, so the significant events might be things very tied into
religion”

Steve also reported that spirituality and religion mostly came up during discussions on
death. Such findings are in line with current literature about the impact of death, which
has been found to elicit several existential questions of meaning not only in clients’ but
also in therapists’ lives (Alladin, 2005; Tehrani, 2005). He added that sexuality is also a
topic when often religion comes up because for instance, sexual orientation is “one topic
where religion and therapy might potentially clash”. He also reported that as well as
emphasising the cultural aspect of religion, discussions can stem from talking about
Clarkson’s (2000) work on the five relationships model. He comments:

“...We do try and do sort of basic cultural things and cultural awareness of people’s
religious and spiritual beliefs and we talk about the importance of those spiritual
beliefs to people, and not being prejudicial and not violating people’s beliefs
where possible and where you’re aware of them. Then you know, we talk very
generally about that, but the only place where we really have a specific series of
teaching sessions about potentially spiritual things would come under that...that
addressing the transpersonal relationship.”

Steve’s emphasis on the importance of cultural and self-awareness factors is also felt by
other course directors, and will be explored in detail in the next theme.

Acceptance of different religious and spiritual frameworks

- Importance of creating a climate of acceptance and validation of different
  religious/spiritual/moral beliefs

Most course directors recognised that due to the cultural diversity of counselling
psychology trainees, it was important to promote openness to different religious and
spiritual and moral beliefs. This openness confirms past research findings, which documented therapists' positive perception of spirituality and religion in training courses, regardless of whether therapists were religious or not religious (Gibson and Herron, 1990; Houts and Graham, 1986; Worthington and Scott, 1983). Most participants felt that a lot of emphasis was placed on encouraging trainees to check their assumptions and preconceptions about different topics, especially because not only trainees, but also clients come from a whole range of backgrounds and will not share their values and beliefs, including their religious and spiritual beliefs. This finding is in line with Corey et al (1998) findings on the importance of spiritual and religious values in counsellors' training. Julie commented:

"...in lectures and things you would make an effort to be aware and draw students' attention to different values and different religious ideas that would impact on therapy and the kind of work they're doing"

On a similar note, Steve reported that the message of openness was conveyed to trainees by the staff team itself, sharing their own assumptions and beliefs, which then encouraged trainees to also be open to sharing their views and feelings about a wide range of personal views. Steve reported:

"I think the important thing is that everybody felt comfortable enough to put out their bits, and they felt comfortable enough to say, "hey, I've been to a medium, in the same way as somebody feels comfortable to say to the group that they're gay if it's relevant for them to say that"

Course directors openly shared their views on spirituality and the extent to which it influences their lives. This modelled the importance of being aware of their stance on spiritual and religious issues, which they attempted to promote in their training courses. Rob described his spirituality as "an attitude to life rather than a tool", whilst Marc reported spirituality to be important for him, but he did not feel it was necessary to find
"a label for it". Contrary to Rob and Marc, Julie and Steve did not consider themselves as religious or spiritual. It transpires from the accounts that three participants’ personal experiences of religion, as opposed to spirituality, were not at all positive. Such experiences will not be described here in order to maintain the participants’ confidentiality. However, it is interesting to notice that such experiences did not reflect the attitude of the course director towards the positive impact that religion might have on trainees.

In fact, it seemed that course directors’ own negative and/or positive experiences of religion and spirituality did not affect the climate of acceptance that was created within the course around different religious/spiritual orientations. Steve reported that a clear demonstration of this openness was the presence of a minister on the course and the fact that this particular trainee and other trainees who were Christians were recently allowed to have placements in a Christian counselling service, as well as being required to have a NHS placement. Steve reported that this presented the trainee and the course team with both benefits and challenges, and that the latter were all successfully managed in this particular training programme.

It is difficult to theorize on the links between the participants’ personal experiences of religion and spirituality and the course’s orientation to these topics without revealing information that would make the course director identifiable to the readers. However, it can be noted that the link was not obvious. Contrary to Kelly’s (1994) finding that programme heads’ opinions influence the inclusion of spirituality and religion in the curricula, in this study, course directors’ religiosity and spirituality did not necessarily match the presence or absence of spiritual and religious issues in the course. This highlights the course director’s consideration of trainees and staff input on those topics.
- Our manual-based practice/ training is in conflict with the acceptance of different frameworks and the spontaneity and vitality that are needed in our practice

Participants felt that according to the philosophy of counselling psychology, as counselling psychologists we should be able to draw from a range of perspectives in our practice, and those would include spirituality and religion. However, they felt that this does not always happen due to the “manualized” (Marc) and “results-orientated” (Rob) features of our profession, which often miss the “vitality” (Marc), the “humanity” (Rob) of the therapeutic experience and the potential flexibility that counselling psychologists might use in their relationship with clients.

Rob suggested

“...a change in attitude towards the training, which should be much more towards the person as a human being going out to reach others, and that would change the zeitgeist, and the zeitgeist is results-orientated [...] I look forward if I’m still alive to a time when there will be a move to the other side of the cycle, perhaps when we’ll move back to that more reflective, other than this rather concrete way of being”

Research has also suggested a move towards exploring the human qualities of each therapist rather than only working on his/her skills (Aponte, 1996). Since past research has emphasised the central role of the relationship in therapeutic change (Roth and Fonagy, 1995), it seems that the vitality that course directors spoke about was seen as an added quality to and an enhancement of the strength of the therapeutic relationship. Course directors recognised the need for our practice to have a degree of humanity and personal quality to it, which are not necessarily related to therapeutic skills, but to the therapist’s own personal resources, which often are learnt through spiritual and religious paths. For example, Julie spoke of a particular trainee in her programme, who could use what she learnt through her religion in therapy with a particularly difficult client:
“this particular student was a very religious student and she felt that, she felt that her kind of tolerance that she learnt through her religious views and her empathy and those kind of things were enhanced because of her religion and helped her to listen to some of these stories cos people were talking about working with clients that had been abused, you know, severely abused and ritually abused...very very difficult material and she felt that if she hadn’t had her religion she would have found that very hard to listen to”

Marc and Julie described being open to clients’ different spiritual experiences in their own therapeutic practice. Rob described how he could work at a spiritual level with a particular client and how that helped him strengthen their therapeutic relationship. The ability to draw from different frameworks was also seen as a useful tool towards integration. Steve reported that it was very important in his development, not feeling pressured to decide for one perspective, but giving credit and considering different approaches. He reported that sticking to one therapeutic approach can very often be very similar to sticking to one religion and therefore trainees were very much encouraged to draw from different approaches in their therapeutic training and practice, hence demonstrating their flexibility and openness to different approaches.

**Links between spirituality and reflective skills**

Although course directors identified a possible link between trainees’ spiritual/religious awareness and self-awareness, they did not regard spirituality and religion as essential in order to have a good level of reflective skills.

“...so being spiritual can...if you attend to it can assist your reflectiveness. But equally I think there’s plenty of people that can do...that can demonstrate that they are reflective and they don’t have to conceptualise it spiritually at all...”

(Marc)
In terms of religion, Steve felt that it was important to point out that trainees should go further than their beliefs when being reflective especially whilst explaining an intervention that they might have made, and should not only explain it in terms of their spirituality and religion:

“I guess the thing where there might be more of a challenge would be that we wouldn’t stop at something like the level of a belief. Like if you were to say to somebody: ‘Why are you doing what you’re doing?’ Or when you’re thinking about an intervention that you’ve made, ‘why are you doing this?’ It wouldn’t be appropriate or enough to simply say something like, ‘I don’t know, this is the way it’s supposed to be, this is what God would say, or this is what the Scriptures tell us’..that wouldn’t be introspective enough..that would just be more..default,[....] it wouldn’t be their own awareness […], it tells you more about their own moral code that they’ve internalised rather than a clear reflection about how much authority they’ve decided to give that moral code..like where they draw their authority for their own decisions..and their own processes”

Nevertheless, all participants felt that reflectiveness can be enhanced by the use of spirituality. This is in line with current findings, which confirmed that spiritually competent therapists engage in the exploration of their own spiritual beliefs in order to increase sensitivity, understanding and acceptance of personal values and beliefs (Miller, 1999; Grimm, 1994). In accordance with this view, Steve felt that spirituality “can encourage introspection” because trainees that are spiritual are probably more used to an introspective way of being, possibly encouraged by keeping a spiritual journal or by meditative practices.
Similarly, Marc reported that being spiritual could help deepen one’s level of self-awareness. Rob recounted that spirituality informs not only his daily actions in terms of being altruistic and helping others but also his practice as a counselling psychologist. He reported that his learning from religious practice taught him about humility and “behaving in a loving way” and increased his “ability to experience deep pain and hopelessness alongside a client”. Rob described the role of spirituality on his practice:

“I suppose at heart I see a lot of potential problems to be spiritual and quite a lot of practical problems have a spiritual origin like competition […] and my clients have a lot of spiritual questions…And I think I have increasingly over the years gone on having more and more transpersonal moments, which seem to have gone beyond the core conditions”.

It was also reported that a very important part is played in the course by reflective documents and exercises and personal development groups and that very often spirituality and religion would come up in the reflexive documents. It was only hypothesised that spirituality and religion would be brought up in personal development groups, as staff does not have access to the content of those sessions. However, Julie reported that this most probably happened since such groups were set up to enhance personal reflection skills, and self-awareness, and therefore spirituality and religion would be very much part of those sessions.
Future of spirituality and religion in counselling psychology

Course directors seemed to convey a series of uncertainties around the future of spiritual and religious issues in counselling psychology training and practice. Such uncertainties were expressed on two levels. The first one concerned not knowing what is the best way to integrate them in training courses:

“So there’s something about..I think a strength that religion gives you.. which perhaps makes it easier to deal with some client issues but I’m not sure how we could work that into a training course, and we haven’t thought about that to be honest..that kind of relationship, and what we could do to enhance that, or how we can make use of that or how we deal with students who are religious and students who aren’t religious, we’ve never thought about that to be honest.”

(Julie)

On a similar note, Marc conveyed the difficulty in making the teaching relevant to all students:

“I think at the moment, my hope is that spirituality will be more woven into everything, for those trainees who know it or are in touch with it, mmm, I think it’s a huge conundrum as to what else can be done..mm, you know, some people go up in retreats, and some people don’t get the point of them”

Although Steve reported that there was no suggestion from trainees that there should be more spiritual/religious input, he thought that this could change in the future, due to the current high number of spiritual and religious trainees on that course. Rob also reported that at present no feedback from students had brought up a need for introducing more spiritual and religious issues in the course curriculum. However, he also felt that this might change in the future. Rob also reported noticing that an increasing number of religious students follow more religious counselling trainings and that this will continue
to happen, which might mean that such students would not therefore choose counselling psychology as a route to therapeutic practitioner status. Another kind of uncertainty that was discussed was around doubts concerning future changes in our professional identity. Julie felt that the advent of counselling psychology in the NHS brought up a number of issues that are presently being discussed in the field. She added that although it has opened doors for the employment of counselling psychologists in the NHS, it has also limited the breadth of our initial philosophy, which will maybe mean that spirituality and religion will not be able to be introduced in the relationship whilst working in NHS settings. However the hope that counselling psychologists could be the agents of change in the NHS therapeutic standards was also raised:

“I think at the beginning counselling psychology had a much wider scope and was more open perhaps to these kind of issues that you’re raising. [...] I think it’s a pity to allow ourselves to be restricted by organisations like the NHS. But I also think that the NHS is open to change in a way that it maybe wasn’t before. And maybe counselling psychologists can do that, can make some of those changes in there and I think government policy will support that because the government is trying to modernise the NHS anyway, particularly mental health. So anything that’s new and interesting I think will be received quite well” (Julie)

Overall, the results of this study suggested that course directors are in moderately strong agreement that spiritual and religious issues are an important training issue for the effective preparation of counselling psychologists. The ways in which those issues are currently woven into the training differed in each programme and was seen as subject to changes in the future, always according to trainees’ feedback and in line with BPS guidelines in terms of openness to different frameworks and individual backgrounds. Most course directors shared uncertainties around integration methods, which reflects current findings on the lack of training in counsellors’ educators around how to train therapists to deal with spiritual and religious issues in therapy (Young et al, 2002).
Overview

Limitations of the study

This exploration of key informants’ views on the inclusion of spirituality and religion in counselling psychology confirmed the importance of engaging in the process of integrating spirituality into training and therapy, which was also encouraged by current literature (Alladin, 2005; Tehrani, 2005). It also provided an initial framework for further investigations of this topic, which will need to be investigated on a larger scale.

Findings from this study were based on the views of course directors from four BPS accredited counselling psychology programmes. Therefore, the views reported here do not aim to be representative of all nine BPS accredited counselling psychology programmes course directors’ views. Moreover, only course directors of BPS accredited counselling psychology programmes were contacted, and therefore the other two courses that are not accredited were not included in this study.

If all BPS accredited course directors had agreed to participate to this research, it would have been possible to draw confident conclusions about all course directors’ stance on the role of spirituality and religion in training and practice. Nevertheless, the low number of participants meant that a diverse range of topics and issues could be included in the analysis and discussed in more depth. Such close attention to specific points raised by each course director is quite important at this early stage of the process of understanding this topic, particularly in light of the changes that are going to affect the philosophy of counselling psychology in the next coming years, which were mentioned by Julie.
Implications for training and practice in counselling psychology

An extensive amount of data was generated in this study. However, apart from the programme where there is a workshop on spirituality and religion, it is difficult to draw precise conclusions about the extent to which spirituality and religion are actually mentioned in the other three training programmes. In order to establish exactly what training programmes are doing to address those issues, other researchers carried out a content analysis of training curricula (Kelly, 1995; Young et al. 2002), which might also be needed for a more precise account of specific ways in which those issues are addressed.

Another issue needs to be raised. In BPS-accredited counselling psychology courses, the accrediting body respects each course philosophy, as long as the programme meets the accreditation criteria. This can give rise to very different training programmes, in which criteria are met in very different ways, hence the presence of a spirituality and religion workshop in one programme and not in others. Although it is important to respect each course’s values and orientations, it is also very important to be aware of such values and orientations, and take into account where they come from and how they came to be part of the course (Aponte, 1996). As it has been highlighted in therapy, unspoken views and values shape the therapeutic frame, and the same can be true of training courses, whereby unspoken values about spirituality and religion can shape the ethos of the training (Aponte, 1996). Not taking a view on these topics can also be seen as a moral value, meaning that it is not felt that those topics are important enough to be addressed (Grimm, 1999).

Course directors reported that there was not enough time to address those topics in their training programmes. Research highlighted that open discussions in training programmes encourage open discussions in practice, and therefore not addressing or overlooking those topics in the training may also make it difficult or unlikely to have discussions in our practice with clients and colleagues (Constantine, 2000; Miller, 1999).
Course directors were not aware of ways in which it would be helpful to effectively address those topics. As a result of that, those values might be ignored in therapy and training exactly because of the lack of training in dealing with them (Polanski, 2003). Therefore, counselling psychology training staff might need training themselves in address those issues before being able to handle those topics both in teaching and supervision (Constantine, 2000; Polanski, 2003).

One of the course directors' remarks about the need to change our training from results-orientated to addressing the human qualities of each trainee-therapist, might constitute the beginning of a form of training on the issues of spirituality and religion. By addressing the human qualities of each trainee, one might become more aware of any spiritual and/or religious features that these might have. It has in fact been suggested that therapists' awareness of their own stance towards spirituality and religion would be a good start for the recognition of any influence that those issues might have on their practice. This might also highlight any conflict that their views about social values, personal morality and philosophy about life might have with the therapeutic model/s that they are using (Aponte, 1996; Rowan, 2005).

Those findings do not necessarily mean that there should be specific guidelines on addressing spirituality and religion in counselling psychology training courses, but that each therapist should be aware of their own perhaps hidden assumptions on those issues. Some researchers believe that an individual and family spiritual assessment should be part of the client's initial assessment, especially if the client comes from cultures where spirituality and religion normally shape the values of their particular culture (Constantine, 2000).

I would add that in a society where value changes continuously occur, it is more important than ever that therapists provide a safe environment where clients can have the opportunity to explore their own values, which might also be related to spiritual and religious issues (Aponte, 1996). Moreover, as therapists we should interrogate ourselves
about the nature of our values in terms of our professional identity, especially at this time when changes are occurring that might affect the future of counselling psychology. Perhaps it would be useful to consider what these values are, not only in terms of spirituality and religion, but in relation to our role within and outside the NHS and other organisations.

This study carries a number of implications for practice and training in counselling psychology. First of all, the acknowledgement, from key informants in the field, of the validity, benefits and challenges in the inclusion of spiritual and religious issues in counselling psychology means that those issues are relevant to training and need to be considered in counselling psychology practice, similarly to any other diversity and ethical issues. Moreover, participants’ feedback about this research highlighted how difficult it might be for clients to talk about spirituality and religion in therapy and also for trainees to disclose their religious practices, due to fear of being judged through stereotypes and prejudices. Therefore, it seems important to point out the need to validate clients’ and trainees’ frameworks, whether religious or not, from the very start of therapy or training. Perhaps further research should address therapist’ and trainees’ views on the role of spirituality and religion in counselling psychology training, in order to compare and contrast the findings with the ones of the present study.
Personal reflection

Carrying out this research project was extremely challenging from a personal as well as from a professional point of view. Although my research question was quite clear from the beginning and required little amendment, my expectations of the findings when I first started compiling an interview schedule were possibly too theoretical. Perhaps I was looking for course directors’ political stance on religion and spirituality in counselling psychology as opposed to their views and feelings and their personal experiences. Initially my over-theoretical stance came out in the interview schedule, which I amended following my supervisor’s feedback. Once the interview schedule followed a more personal and meaning-based as opposed to theory-based approach to the topic of spirituality and religion in counselling psychology training courses, I was then ready to approach my participants, and this is when the personal challenge arose, because a month later, only two out of the nine participants that I had contacted both via letter and via email had got back to me. I felt quite disappointed despite being aware of the time pressures that course directors are under throughout the academic year.

I therefore decided to send a reminder of the invitation to participants via email, and two weeks later I received another response, so I carried out my third interview. It was mid-April and I felt under pressure because I thought that if the participants were not getting back to me I would have had to change my initial plan of using the Grounded Theory method to using Interpretative Phenomenological Analysis. In the mean time I was following up emails and letters with phone calls and voice messages, which never got returned. I then decided to carry out the rest of the interviews via email, so I sent the questionnaire via email to the remaining course directors. One of them got back to me saying that personal problems prevented her from participating, and another said that he had no time to participate, but that he could have forwarded the request to someone else within the BPS training committee. However, this person did not fit the criterion of course director of a BPS accredited counselling psychology programme and therefore I could not include him in this study.
At the beginning of May, since I had no further replies, I decided to give myself a
deadline because of the fact that I decided to give a draft of the research back to the
participants before submission, so I had to give myself enough time for the analysis and
the write up, as well as for any amendments I might have to make before submission. Just
before the deadline came, at the end of May, another course director answered one of my
calls and agreed to participate, so I carried out my fourth and last interview.

Although the recruiting process was quite disappointing, I greatly valued my research
supervisor’s support during this process and I used my time for the analysis and
processing of the material from the interviews that I had done. I also presented a “work in
progress” poster at the BPS Quinquennial Conference in April at Manchester University,
which was really helpful, as I received useful feedback from students and staff at the
conference (see the final section of this portfolio for details of this presentation).

The limited number of participants meant that I had to change my initial project of using
Grounded Theory and use IPA. Although I feel that I am quite good at managing my time
effectively, the analysis process was quite challenging in that I strove to give each
transcript an equal amount of attention. While I was interviewing, I felt that the
challenges consisted of the issues of power and confidentiality in my relationship with
the course directors. This came up in most interviews because I was a trainee counselling
psychologist going to interview course director about something that might be missing in
their training programme, which might have felt quite threatening. This could possibly be
the reason why some course directors did not participate. Perhaps they felt that they did
not have much to say about this topic or were not interested in its relevance. Perhaps the
fact that they did not answer could indicate that they might consider those topics are not
relevant to counselling psychology. However, this is only my speculation, as they might
have had other reasons, such as time constraints, for not participating.
Another challenge was the overlap between the research interview and a therapeutic interview, which I often felt, especially because participants talked about their very personal experiences of spirituality and religion. This also posed the problem of confidentiality within their role of course directors. Perhaps if participants did not have the role of course directors of counselling psychology training programmes, I could have included more of their personal material and how it influenced (or did not influence) their views on these topics. Despite confidentiality issues, I was deeply touched by the participants’ openness about their views of their own spirituality and religion, and I felt that the interviews enriched my understanding of the breadth of spiritual and religious experiences. The participants’ openness in sharing their spiritual/religious views gave me hope in integration at a training level because I thought that such openness could be modelled by course directors to their students.

Overall, it was a rewarding research process, in which I learnt more about individuals’ conceptualization of spirituality and religion. Since a substantial part of my spiritual and personal development consists of slowing down, I felt that the research process helped me in doing that by having to adjust my plans according to unexpected circumstances such as the low number of respondents. I felt that this increased my flexibility both as a researcher and as a spiritual practitioner, since I learnt to pace myself and enjoy each stage of the research process.
References


Suarez, V. (2002) *Difficulties with integrating spirituality into therapy.* Unpublished manuscript submitted as part of a doctoral research, held at the University of Surrey, UK.


Appendix A- Ethical Approval
07 March 2005

Ms Alessandra De Acutis
Department of Psychology
School of Human Sciences

Dear Ms De Acutis

How do course directors of UK counselling psychology courses perceive the role, if any, of spirituality and religion in therapeutic practice and training, and specifically in their counselling psychology programme? (EC/2005/04/Psych)

On behalf of the Ethics Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the submitted protocol and supporting documentation.

Date of confirmation of ethical opinion: 07 March 2005

The list of documents reviewed and approved by the Committee is as follows:-

Document Type: Application
Dated: 11/01/05
Received: 12/01/05

Document Type: Summary of the Project
Received: 12/01/05

Document Type: Information Sheet for Volunteers
Received: 12/01/05

Document Type: Detailed Research Proposal
Received: 12/01/05

Document Type: Interview Schedule
Received: 12/01/05

Document Type: Consent Form
Received: 12/01/05

Document Type: Your Response to the Committee's Comments
Dated: 14/02/05
Received: 15/02/05
This opinion is given on the understanding that you will comply with the University’s Ethical Guidelines for Teaching and Research.

The Committee should be notified of any amendments to the protocol, any adverse reactions suffered by research participants, and if the study is terminated earlier than expected, with reasons.

You are asked to note that a further submission to the Ethics Committee will be required in the event that the study is not completed within five years of the above date.

Please inform me when the research has been completed.

Yours sincerely

Catherine Ashbee (Mrs)
Secretary, University Ethics Committee
Registry

cc: Professor T Desombre, Chairman, Ethics Committee
    Dr A Coyle, Supervisor, Dept of Psychology
Appendix B- Interview schedule

SPIRITUALITY AND RELIGION IN COUNSELLING PSYCHOLOGY TRAINING AND PRACTICE: COURSE DIRECTORS’ VIEWS

Thank you for taking the time to participate to this research concerning your views and feelings about the role of spirituality and religion in the training and practice of counselling psychology, and specifically in your counselling psychology training programme.

I will ask you some open ended questions followed by some prompts for you to expand on any aspect of each question that you find most relevant to your views and feelings about this topic. If any of the questions do not seem relevant to you please explain why and move on to other areas of the interview that you may feel are more meaningful to you. Please feel free to use as much space as you like to answer the open ended questions. If there is anything that is unclear please do not hesitate to contact me via e-mail or on 01483 689 176. Please feel free to add anything you believe is important and is not included in the questionnaire.

The data will be transcribed verbatim. The researcher will use pseudonyms on the final manuscript and the data will be handled in accordance to the Data Protection Act (1998) and they will be destroyed once the study has been completed.

Since I will be asking questions about the specifics of your counselling psychology programme, some readers of the final research report might be able to identify the courses described in some quotations and so may be able to identify the speakers. As researcher I will do my best to protect your confidentiality, however, this may sometimes be difficult. Therefore, in order to ensure that you feel comfortable that you have not been left unduly exposed in the report and that your views have been accurately reported in the write up of this research, a copy of the draft report will be sent to you during the final stages of data analysis, prior to submission. It is your right to withdraw any information that you do not wish to disclose, and any quotation that you do not wish to be included in the report will be excised. It is also your right to withdraw from the study without giving a reason at any stage of this process. Every effort will be made to preserve participants’ confidentiality in any resulting publication, which will only proceed with the participants’ full consent.

This questionnaire is composed of three sections: 1) A background information section. This information is collected so that people who read the final report can know more about the participant’s speaking stance; 2) A questions section including 11 open ended questions and 3) A feedback section, where I would like to hear your views about your views and feelings about this research and this questionnaire.
1. Background information

1. Age

2. Gender

3. Ethnicity (tick):

A) **White**
   - British __
   - Irish __
   - Any other White background, please write in below

B) **Mixed**
   - White and Black Caribbean __
   - White and Black African __
   - White and Asian __
   - Any other mixed background, please write in below

C) **Asian or Asian British**
   - Indian __
   - Pakistani __
   - Bangladeshi __
   - Any other Asian background, please write in below

D) **Black or Black British**
   - Caribbean __
   - African __
   - Any other Black background, please write in below

E) **Chinese or Other ethnic group**
   - Chinese __
   - Any other, please write in below
4. Highest Educational qualifications (tick):

- None ___
- A-levels ___
- Diploma ___
- Degree ___
- Postgraduate degree/diploma ___

Professional qualifications:

_________________________________________________________

Professional association(s) by which you are currently accredited:

_________________________________________________________

Number of years as a course director in your counselling psychology programme:

_________________________________________________________

Other settings where you currently work:

_________________________________________________________

2. Questions

Background of the course director

1. I would like to start by getting to know how you got involved in working as a course director in your counselling psychology training programme (Prompts: what is your background as a therapist? What are your preferred therapeutic approaches that you used in your own practice at present or in the past?).

Course director’s own training and practice and personal development:

I would like to move on to asking about the impact, if any, of spirituality and religious issues on your personal and professional development.

2. How do spirituality and religion issues impact, or not impact, on your personal development? (Prompts: do you follow the precepts of a particular religion/spiritual tradition? Has the impact of those issues changed over the years or following particular events? Can you tell me about any sources of influence in your views? These might include professional and personal theories and
experiences, as well as individual, family, societal, religious, spiritual and cultural factors. How do you feel about your own approach to spiritual/religious issues?)

3. How do spirituality and religion impact, or not impact, on your professional development? (Prompts: have those issues ever presented in your practice? If yes, in what form? How did you deal with them, or how would you deal with them?)

4. Have any spirituality or religion issues come up in your practice as a counselling psychologist, with your clients and/or with your trainees? (Prompts: if yes, describe; if not, how come? How do you feel that the discussion of those issues was encouraged, or not encouraged? Any examples?)

Presence/absence of spirituality/religion issues in specific counselling psychology training programme

I would like us to move on to talking about your counselling psychology programme. Some programmes explicitly devote specific sessions to spirituality and religion, while in other programmes those issues are implicitly woven into other sessions and in some others those issues are not included for various reasons.

5. Has spirituality or religion ever been present in your counselling psychology training programme? (Prompts: if yes, in what form? How did the need for inclusion of those topics arise? What led to the inclusion of those issues in the training curriculum? How were sessions amended over time? If no, what, do you feel were the factors that did not make the need for the inclusion arise in your training programme? Did placement staff have an impact on this decision?)

6. How did you/staff and/or students respond to the inclusion of this topic in your syllabus? Or: how do you think you/staff/students would respond to the introduction of such issues in any shape or form? (Prompts: who originally took initiative for the inclusion? Or who would take initiative and how? For what purpose?)

7. What is your experience of spirituality and religion issues in other counselling psychology training programmes where you might have trained or that you have visited in the past? (Prompts: what is your experience of other training you might have attended elsewhere?)
Impact of introduction of spirituality and religion issues in the counselling psychology training and practice

I would like us to move on to the final part of this interview, in which I would like to get a sense of your views of the impact of the introduction of spirituality and religious issues on our training and practice as counselling psychologists.

8. Part of the counselling psychology manifesto is to encourage a reflective stance in training and practice. What do you think is the role, if any, of religious and spiritual issues in promoting this aspect of our professional identity? (Prompts: how would the presence/absence of spiritual/religious issues impact on our professional identity?)

9. How do you think the role of a counselling psychologist differs or overlaps from a spiritual director/adviser? (Prompts: how would you draw the boundaries in practice? Have you had any direct or indirect experience of this in your practice?)

10. I would like to move on to the impact of clear guidelines or of the lack of guidelines on spiritual and religious issues on our practice as counselling psychologists. What are your perceptions about the need or no need for specific guidelines about the inclusion of spiritual and religious issues in our practice and training? (Prompts: What do you feel should be the guidelines? On what bases should those guidelines be decided? Who should be setting those guidelines in the Division of Counselling Psychology?)

11. My last question is about the difficulties and/or challenges that you might have faced in making decisions about the inclusion or exclusion of spirituality and religion issues in your course curriculum. Of what nature were those difficulties? This may include financial and budgeting availability, timetable arrangements, staff availability, lack of interest and/or response from student/staff. (Prompts: How do you feel you have tackled those difficulties? Do you envisage any changes in the future in the light of those reflections?)

Those are all the questions I wanted to ask. Before the feedback section, please feel free to add anything on this subject which you find important to mention and I have not already covered in the questions. Thank you

Tape recorder off
3. Reflection on the interview process

How do you feel now?

How do you feel about these topics after filling out this questionnaire?

How did you find the questions?

Were they relevant to you or are there other questions that you would have liked to have been asked?

Is there anything I could have written to make this process more comfortable?

Is there anything you would like to add, or ask me?

Has there been anything useful or valuable about filling out this questionnaire that you can take away with you?

As mentioned above, once the data analysis process and write-up will be completed, I will send you a copy of the manuscript, so that you can ensure that your accounts have been accurately reported. If there are any changes that you would like to make, you will be able to do so and withdraw any information that you do not wish to disclose.

Thank you for taking part to this research.

Alessandra De Acutis

Counselling Psychologist in training

Dr Adrian Coyle
Research Supervisor
Appendix C- Sample Interview Transcript

I= Interviewer   N= Participant

I. The first question is about the role of spirituality and religion in your counselling psychology training programme, if there are any lectures or workshops cos some courses do have it other courses just weave it into issues in counselling psychology sessions, so I was wondering..

N. What we do..

I. Yeah

N. We don't have any modules or anything that is specifically about spirituality and religion, but as you say it tends to be weaved throughout most of the modules, we have a module on issues and ethics, we have a module on themes and settings, and mm quite often those topics would come up in those kind of modules, and because we are in the west midlands we have quite a diverse group of students in terms of race and religion, so even in normal discussions about anything there will be different views on people's different value systems and religions and so on so it tends to come up quite a lot in our course anyway and because we live in a multicultural community here and that's very strong in the university, then we are quite aware of different religious beliefs and practices and so on, and we make reference to those all the time in the teaching that we do anyway.

I. So it comes up quite frequently, amongst students and among staff or?

N. Yes, I think certainly among students and I think in terms of staff input so in lectures and things that staff will be giving you would make an effort to be aware and draw students' attention to different values and different religious ideas that would impact on therapy and the kind of work they're doing cos the main thing is for students to always be aware that clients can come from a whole range of backgrounds and will not share their values or their beliefs about things and they must always be open to that and check that out and be aware not make assumptions about people's, what people believe, and to always check their own prejudices and their own views all the time because quite often we don't think we have any negative views and we think we are being open and we think we are aware of other people's backgrounds and we're not really, so I think it's.. we are very keen on self-awareness on this course and we challenge students quite a lot on their views and their assumptions that they are making.

I. Ok.. do you think there was any response from students or staff any particular response among when these topics came up that you can think of, like any reactions or no reactions at all?
In terms of spirituality and religion, we have quite a few students choosing to do research in that area for their master and also doctorate pieces of research. So, I think there's a lot of interest, certainly in spirituality. And the idea that there is more happening in the relationship, within the therapeutic relationship than just things that you can explain, and that are within the theoretical models that people know, so there's an interest in the spiritual dimension. I think from students and I'm not sure whether we spend all that much time exploring that; there's room to explore that more about that than we do, as you're aware yourself on courses like that there isn't time to do everything... so it's a matter of how you prioritise that or where you can make it more relevant to what students are doing and to what they're thinking about and what's important to them, so there is an interest I think students are interested in spirituality. I think particular students who are for instance religious themselves, and we do get quite a lot of students who are religious, would see that as being a very significant factor in the way that they work as therapists, and they would then raise those things in discussions and so on. And we have had fairly heated discussions about religion. I think because we have Muslim students, and we have Christian students and other various other religious as well and you can be talking about things like for instance death, the rituals around death and the meaning of death and get very different views of what that means to people because of their religion and even arguments around (laughter) the relevance of that so I think those are the kind of reactions and those are the kind of things that come up on a day to day to day basis on our course.

I. And do you think there is any staff who had particular reactions, what was their reaction to those debates and discussions about different ways of seeing death for instance?

N. I think... hopefully that the post-effect is that people become more aware of other people's views and learn things. I mean we do a module on lifespan and people mm., do a presentation about their own journey through their life up to this particular point in time and they can present that however they want so they use quite creative means to present their life journey. And I think a lot of issues to do with spiritual things come out of that in particular, they raise things, significant moments to them, things that happened in their lives which they felt were spiritual experiences, or with religion, they may have... their life may be dominated by religious kind of rituals and religious meaning through their life, so the significant events might be things very tied into religion. So I think there's quite a lot that comes out in that way... I mean you're asking. I'm not quite sure in terms of staff... what are you...

I. Maybe some staff had some resistance talking about it. I guess my question comes from the secular psychology stuff. I was thinking maybe some of the staff found it difficult to talk about things.

N. Yeah, I don't know. I think for me, I can only say what it feels like for me, and I think not being a religious person, mm, it's sometimes quite it's not difficult, but if people have very rigid views, if students have very rigid views... and religion is a very important thing...
to them I think it's hard sometimes to accept that and sometimes there is a tension between trying to persuade students to be more open to things and for them feeling that there is some things that because of their religion they are not open to, and there are some things that they don't approve of and there are clients that they couldn't work with because there are issues that go against their religion, things like homosexuality or abortion or things that would certainly be difficult within a Christian religion, we've had those kind of issues before and I think personally I would perhaps get frustrated a little bit with some of that stuff.

I. So you feel that some of the religious students experience problems working with some clients because of their beliefs

N. Yeah

I. I'm wondering whether in some cases it helped rather than hinder their work, you said in some cases it doesn't help and I'm wondering if in other cases it helps...maybe in the reflexivity

N. Yeah, mm I think the spiritual dimension helps. I think some students are more keyed in...if we think about spirituality as being different from religion...some students are more keyed into a spiritual sense, and can work at that level and can bring clients to that level, and I think other students just can't do that...there is a difference, some people seem to have something else there which they use therapeutically. Mmm, but not everybody has that. So I think it can help think...We had a student who was doing...it was actually something like, it was research interviews with people about their...she was doing interviews with counsellors about trauma, about how counsellors had worked with very traumatic cases and how they felt about that. And the student who was doing that, the actual although it was research interviews, the sessions were quite similar to counselling sessions because these counsellors were telling her all of their stories and their stories, their problems and their feelings about these clients that were difficult for them to work with, and this particular student was a very religious student and she felt that, she felt that her kind of tolerance that she learnt through her religious views and her empathy and those kind of things were enhanced because of her religion and helped her to listen to some of these stories cos people were talking about working with clients that had been abused, you know, severely abused and ritual abused...very very difficult material and she felt that if she hadn't had her religion she would have found that very hard to listen to. So there's something about...I think a strength that religion gives you...which perhaps makes it easier to deal with some client issues but I'm not sure how we could work that into a training course, and we haven't thought about that to be honest...that kind of relationship, and what we could do to enhance that, or how we can make use of that or how we deal with students who are religious and students who aren't religious, we've never thought about that to be honest.

I. So there are some challenges there

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N. Yeah, probably, there probably are, I mean we certainly talk about spiritual issues and we talk about the kind of existential issues I suppose, more than spiritual ones, and and we explore that, we certainly have discussions about those kinds of things...mmm but more in terms of things like... how do people decide how to live their lives and what's relevant to them what makes meaning for them...how do they make sense of death, how do they make sense of what's right and what's wrong and so on...so they're not really spiritual issues as such, but they could be, and I think, we don't necessary move into the spiritual side, unless students pick that up and take the discussion that way

I. I was wondering whether...you know about counselling psychology encouraging reflectiveness or reflexivity, I never know which one it is!!

N. I think it can be both (laughter)

I. I was wondering whether you thought that spirituality and religion helped or didn't help that cos

N. I mean I think yeah, certainly we do encourage a lot of reflexivity or whatever the word is, and students keep journals, and they attend a Personal Development group here, so they are encouraged all the time to be thinking things through and to be reflecting on their experiences and how they feel about things and they find...I mean the feedback from students is that they find that very useful and very effective and that's probably one of the parts of the training that changes them more than anything else... The students will quite often say...my life is completely different now that I've done this course so there's some kind of...there is some reflexivity going on and some of that I think may be to do with religion if they're religious but not necessarily if...I think if you're not religious you wouldn't necessarily think about religion, but I think on a spiritual level that may be an opportunity for them to explore spiritual issues, which they wouldn't have done before, unless they'd been asked to keep a journal and unless they'd been encouraged to think about things in a different way and perhaps I can't say that for certain but perhaps the personal development groups that we run would encourage some of that spiritual discussions anyway because there's certainly a lot of personal material raised and discussed in those groups but because they're closed groups and teaching staff don't have access to what happens there, I can't say for certain what goes on in them. But we do ask students to write reflective pieces of work for course work and so on, and they will include quite often things that they feel have made significant changes to their life and they may be of a spiritual nature there, so...Yeah the more I'm talking about it the more I think we don't really know how relevant this is and how much it makes a difference to students' training...and whether there are people that are not spiritual and don't think about those things and begin to do that as they go through the course I don't really know if that happens, I suspect it might do.

I. That's what we're trying to find out through this research
N. Yeah, that's right

I. I guess one of the things I'm trying to find out is...Is this relevant? Is it not relevant? What do people think about it? And I guess I'm interviewing course directors cos you have a lot of experience in this field plus you've seen a lot of students and you have some influence in what goes in and what doesn't go in

N. Well I would imagine, I'm sort of guessing really but I imagine that courses which have a stronger reflexive component and emphasise self awareness and reflexivity more, would possibly have more of that influence or students would feel that more than courses which are more kind of CBT-based...so perhaps the therapeutic model...I know counselling psychology has a humanistic base and philosophy so that's there anyway, but I know that some courses are sort of more CBT-based and kind of rigid anyway in terms of techniques and skills, training students just to operate therapeutically and perhaps don't have so much time for this reflexive thinking and discussions about things so it may be related to that, it my be related to the way the course is designed and although we are very much concerned about self awareness and we do believe that at the end of the day students become therapists as a result of understanding themselves better than they did before and that, although you can learn techniques and you can learn skills what makes you a good therapist is self awareness and thinking about yourself and thinking about your clients, reflecting on that so that's what we try and promote with our trainees as they go through, so there is room for them to certainly think about spiritual issues but we certainly don't explicitly build it in, in that sense.

I. You said about other courses and I was wondering what is your experience of other courses you might have visited or trained in, what is your experience in terms of their approach to those issues of spirituality and religion.

N. Well I've got quite a lot of experience cos I'm on the training committee for the BPS for course accreditation, so I've visited quite a few counselling psychology courses and I've seen the documentation from quite a lot of courses, so I've probably seen most of the other courses that operate so I know what their structure is so their curriculum and what they actually teach and I have to say, I could be wrong...I don't remember seeing anything explicit about spiritual and religious matters on any course documents before but I could be wrong...but I would imagine, as we said at the beginning in general kind of issues type of modules they would cover things like religion...and certainly in multicultural themes, I know that's not the same as spiritual issues, but certainly if you have a module on multiculturalism then spiritual and religious issues would be in that. And I think some courses do have explicit modules on multicultural things. So I don't see it as something that is very common in counselling psychology training and it maybe implicit or maybe people don't see that that's something that needs to be part of the training at all.

I. So you just said that maybe it's not something that needs to be included so explicitly, and I was wondering about the difference between a spiritual
advisor and a counselling psychologist, cos you said earlier on about this student who could take her clients to a higher level and I was wondering about the differences that there might be between a psychologist and a spiritual advisor doing that

N. Yeah..I think that’s a very difficult question to answer really... I think there’s a lot of similarities between therapeutic work and spiritual advice, whatever that..well I assume you mean a priest or a religious person, yeah..I think there can be a lot of similarities there and I think quite often with clients they are asking for that, they are asking you to play that role and they’re quite often asking for advice they’re often asking: what should I do? And a religious or spiritual advisor might tell them what they should do, so certainly..and I’m not very sure about other religions.. but certainly in the Catholic Church I think priests would be very specific about what people should do and would give advice and would say: you know this is what you should do here..so I suppose as basically humanistic therapists we wouldn’t want to give advice, or we wouldn’t want to assume that we knew what somebody should do in their lives..so in that sense I think it’s different. But I think in the sense of using skills like empathy and trying to mm, be with somebody while they grapple with their problems of their life, which are often either existential or spiritual issues. So if people come, which they increasingly do, and say “I just don’t feel that I have any..I don’t have any sense of meaning in my life, nothing seems to mean anything anymore, there doesn’t seem any point to my life”, then I think that is a spiritual question, and I think we can’t give advice on that, we don’t have any answers to that, but we can listen to why somebody feels that that’s the case for them..and what it is that’s missing..and help them to kind of move into exploring that as deeply...I think this is the part of your question that’s difficult to answer..how deeply you can go into that with somebody..I think depends on a lot of factors. And maybe how spiritual you are yourself is one of those. But maybe it isn’t.

I. So it’s hard to say..

N. yeah, I’m not sure cos I think you could just be very skilled in listening and being empathic and still not necessarily be spiritual or have a spiritual element to that. So I don’t think it’s as clear cut as that. I mean as I say, we have quite a few students who are religious and I think they have been very good therapists and they’ve had something they’ve had a sense of calmness, there’s been something about them which is maybe particular to them being religious, which I think has made them particularly good therapists. But I wouldn’t say definitely that somebody who is not religious wouldn’t be like that as well, but there are people who would be, and it maybe something to do with experience as well, there are lots of different factors that might be involved in that and it may not just be the spiritual aspect. So I think, in answer to your question..in a vague answer to your question (laughter)

I. (Laughter)
N. I think there’s a lot of similarities, I think we can get ourselves into quite complex existential debates with clients and they may be of a spiritual nature as well, and I think some people can work within that and can offer clients something and I think other therapists can’t and would feel that would be very difficult to do and I think that if people have been trained, mm, to work in a more kind of clinical way, you know, similar to clinical psychology training, where they train very much just in skills and techniques and so on, they might find that difficult to do because they may not have explored themselves enough to feel comfortable going into those kind of realms I think. And if you take the role, if you see the role of the therapist as being one where you are superior, you know more than the client, or you’re the expert, or you can train the client to deal with their own issues, then I think you wouldn’t go into a spiritual dimension with them, probably. But these are vast oversimplifications here (laughter), but I think it’s something around that, maybe. It’s whether you see using yourself in therapy as important, or whether you don’t see that as an element of therapeutic work at all.

I. Mmm

N. I hope some of this helps

I. You’re really pointing out a difficult issue to define. Whether somebody needs to be spiritual or not...maybe a person doesn’t need to be spiritual, but at the same time it could be that it helps, but we don’t know about that.

N. Yeah...Although there is, I mean I know there’s quite a lot of research looking into this. And I know, William West at Manchester, that’s his kind of area. I must admit I haven’t read a lot of that stuff, but I should imagine that there is some kind of evidence, if you like, for the role of spirituality in therapy, what it means so, it might be worth looking at that (laughter).

I. Yeah, that’s what we’re trying to do (laughter) I think my next question is about the role of guidelines. There has been some research that put emphasis on guidelines...you know, maybe there is a need for guidelines on whether to include or not to include spirituality into therapy, and I’m wondering what you think about what the BPS should or should not do

N. So are you saying that there are guidelines at the moment

I. No, there aren’t at the moment

N. So would it be useful to have them?

I. Yes, would it be useful in your view?

N. Mmm, well, I don’t know...Well I think if there are...If there are...I think it’s hard to make specific guidelines to include things in training. I know that because the BPS
syllabus has just been re-written, and the kind of curriculum for counselling psychology has been re-evaluated and so on, and the trend in doing that has been to move away from specifics and to suggest more general areas, so that individual training courses can decide how they want to address that broad area, within their own specific philosophies and views and so on about therapy. So I think the idea, certainly from the BPS point of view, the idea of moving towards kind of very specific guidelines like "we'll all include something on spirituality", would go against the sense of where they would like counselling psychology training to be anyway. But having said that there is also something in the philosophy written in, which I can't quite remember. But it's something which has a spiritual feel to it which wasn't there in the past, and it's something about being aware of interpersonal factors and the whole range of what that could mean in terms of relationships between people. So it sounds a bit paradoxical I suppose, but I don't think it is. I think it's unlikely that there would be specific guidelines on that but at the same time I think, as counselling psychology has developed there is more acceptance now that there are dimensions around which are relevant to the work that we do, mm, and we should acknowledge those and we should, you know, do our best to kind of make sure that we tap into it in some way rather that there is no specific notions as to how we should do that or kind of remits that we should keep to. And I think that's probably because we are, we feel more secure in terms of our profession than we used to do in the past. I think, when our profession was starting out, if we'd said "Oh yes, we'll look at spiritual issues" I think people would have said "Oh, that sounds very.. that doesn't sound academic and it doesn't sound real enough, a bit kind of cookie, it's not something we should do if you're serious, it's not a serious thing. And I think because we are now stronger, we can be more risky about doing things that we might have not wanted to do in the early days. We had to try to show that we were serious and professional. We needed people to accept us as a serious profession and having issues like that might have jeopardized that maybe, whereas now we kind of feel safer about these things.

I. So how do you see the future in this?

N. Oh wow!

I. Yeah, another big question!!! (Laughter)

N. (Laughter) Yeah

I. Yeah, you said that there have been difficulties, maybe some challenges about the inclusion of spirituality and religion in debates, so I'm wondering how you see the future in relation to this and to the new developments within BPS courses that you've just mentioned.

N. I think it's difficult. At the moment there are lots of things that are changing which are going to affect counselling psychology in the future I think, and I feel that we're kind of at... almost a crossroads, although it may not be the point yet where we have to make a decision, but I think there's been a move for counselling psychology to follow clinical psychology and to become part of the NHS, and for counselling psychologists to work in
the NHS alongside clinical psychologists, even though our funding isn’t paid, and we’re not funded for our training, and so on. So a lot of counselling psychologists, and certainly on our course, nearly all of our students work in the NHS, both in placement and once they’ve graduated as well. And if you work in that kind of environment then I think it’s harder to work in a spiritual way, and I think those element are more difficult to bring in because the organisational culture is not open to these kind of things. But it’s not impossible and I know that there are people that work in that way even within an NHS structure. So I think if counselling psychology decides it’s gonna stay in that kind of role, and it’s gonna primarily see itself as part of the NHS, then we are gonna limit ourselves to what we can do and the way we train our students and the general scope of the way that we work. And in some ways that will be sad for the profession to do that. If on the other hand we take the view that we don’t have to allow the NHS to dictate what counselling psychology does, because after all they don’t fund our training and they don’t necessarily employ counselling psychologists in the same way that they employ clinical psychologists then we could offer therapy and do therapeutic work in a way that’s different from clinical psychologists, and we could open up a very different space for mm the kind of therapeutic work that happens in this country anyway, at the moment. And that would be a challenge but it might be a more interesting way to go.

And that might make more space within it for looking at those kinds of issues. And I think if you.. if you look back to when counselling psychology first started in this country, it wasn’t as close to clinical psychology as it is at the moment. And people had visions about counselling psychology as being something very different from that and not necessarily focussed on mental health and pathology and clinical populations, but looking in a way which we’ll probably call positive psychology, even though that hadn’t been invented in those days but, you know, looking at well being and helping people to find better ways to live their lives and doing other work, like working within organisations, looking at the ways in which people adapt to change, and how organisations promote structures to enhance the well being of their employees. I think at the beginning counselling psychology had a much wider scope and was more open perhaps to these kind of issues that you’re raising. And then because of the need to be accepted, it narrowed down and became much more rigid. And I think we’re now at the point where we have to look at that again and we have to say: is the direction that we find ourselves going in the one that we want to go in or should we actually just take a breath for a moment and say, no, let’s decide. So these conversations are already happening in lots of places I think, and it will be interesting to see in what way it goes from there. And I don’t know what my view is I mean I think it’s a pity to allow ourselves to be restricted by organisations like the NHS. But I also think that the NHS is open to change in a way that it maybe wasn’t before. And maybe counselling psychologists can do that, can make some of those changes in there and I think government policy will support that because the government is trying to modernise the NHS (laughter) anyway, particularly mental health. So anything that’s new and interesting I think will be received quite well. That’s my answer to your question..not a very concise one (laughter) but I don’t know.. but I think there’s a lot to think about.
I. It’s interesting to hear from you because you are part of a lot of different conversations, you know, in training committees; you also know a lot about courses and have looked at their documentations. So it’s a fresh opinion from you.

N. Yeah, certainly, well, it is what’s happening at the moment. As you say, I know that cos I’m part of a lot of different groups that are discussing this at the moment so it is definitely something that’s happening and the future of the BPS in a way is also up for discussion in terms of its role when psychologists become regulated by the Health Professions Council, which is another thing that’s happening. So there’s lots of change, and I don’t know where it’s gonna go or what’s gonna happen. But I think it will happen soon anyway.

I. Ok. The last part of this interview is more about your views as a therapist and as a course director. First of all I wanted to know how you got to become a course director and your views about therapy and or whether any spiritual or religious issues have come up in your practice as a therapist.

N. Well, I started..I wasn’t a counselling psychologist at the beginning I was an academic psychologist, and got interested in the therapeutic side. And in counselling I did some training. I did counselling masters and from there I kind of moved further into it and I had a job that was half an academic job and half a student counselling job. And I actually set up a student counselling service where I worked there. And then I came to work here and we had a postgraduate diploma in counselling here and I think, thinking about it in terms of spiritual issues and so on..I think that course probably had more of that spiritual dimension in it than the course that we run at the moment does, interestingly..I don’t know what that’s about, but it was a counselling course, it wasn’t anything to do with counselling psychology or the BPS or anybody. Mmm..So I taught on that for a while and then when counselling psychology developed we thought well we could set up a counselling psychology course, And mmm, it’s kind of developed and evolved and become a much stronger course over those years and it’s now a pretty good course I think really. I’ve always done therapy work..I’ve done therapy work in the NHS, in the early day I’ve even had time to do that..and increasingly I’ve done more private practice work. So most of my therapy work is done through private practice at the moment and I think possibly the kind of clients that I see in private practice would raise more issues which have a spiritual dimension to them, or an existential dimension to them, than clients that I used to see within an NHS context in the past. So I don’t know whether that’s just a different client population or clients that come for private therapy mmm have different kinds of issues, or different kinds of problems from people who are in the NHS system, I’m not sure about that. But I think I probably spend more time in client work looking at those kind of general kind of issues to do with meaning in life than I used to do in the past. Or it could be that that’s more interesting me than it used to do in the past and maybe I just hear that more from clients than I used to do, cos that’s...that’s always possible. In terms of religion and spirituality I’m not a religious person. I was brought up in [omitted for confidentiality reasons], that’s where I was born, and lived there for 18
years before I left. As you know, I’m sure, the religious situation in [omitted] is very
difficult and when I was there it was during the most difficult part of the troubles there
and there was a lot of violence, and people being killed and bombs and all the rest of it.
So I think it had a big impact on me in terms of religion making me feel that if religion
has the impact of people killing each other and having wars, and being very close to
witnessing all of that..then I really didn’t want to have anything more to do with that.
Having been brought up very religiously once I became an adult I suppose, and certainly
once I left home I’ve not been interested in religion and I was seeing religion quite
negatively really, since then. So I’m not a religious person, still not. My children were
not baptized in any religion but they did go to a Catholic school where they picked up a
little bit of religion for themselves. Since they’ve grown up, they’ve also become quite
negative about religion as well. So I’m definitely not religious, and probably more anti
religious than just neutral as well I think. Spiritual? I don’t know I think maybe as you
get older, or certainly for me, those things become more relevant, perhaps. I certainly felt
that when I was younger I didn’t think about spiritual things very much, probably
because..I would say because I was too busy, although that may not be the actual reason
for not thinking about them, but I look back on my... early adulthood as being very busy
and doing things, a very ‘doing time’ rather than thinking or reflecting time. And I
suppose I started doing that when I started training in counselling, when we were forced
(laughter), I suppose, to be reflexive, and had to do that. So I started thinking a little bit
about those kinds of issues and the meaning of things, and whether there is another
dimension to who we are, which doesn’t have to be religious, but it’s something more
than just the everyday awareness that we have. So I thought about it a little bit, but not to
a huge depth I don’t think, Until fairly recently, when I think, as your life changes as you
get older, and things are different...My children have just sort of gone to university so
they’ve gone out of my life in a way..and become their own people so that makes a big
impact on... Your life changes a lot when that kind of thing happens. As you think about
getting older , when you’ve got into that half of your life when you’re going downhill
rather than uphill, I think you begin to think what life meant, how much you’ve got left,
and what you want to do in that time, and whether you have reached the potential that
you might have had. So I think, as I’m getting close to 50, I’m beginning to think about
those things more than I ever did before, but certainly previously I don’t think I spent a
lot of time reflecting on that kind of stuff as it applying to me. I spent time reflecting on
those issues in relation to clients through my whole time as a therapist and I find that very
interesting, from a kind of philosophical point of view. I’m very interested in philosophy
and see psychotherapy as being really about philosophy at the end of the day. So I’ve
done that, but from a kind of cognitive position, an academic position, and that’s
interesting to study that, more than I’ve done it from ‘what does it mean to me?’ I
think...and I think this is as a result of being in an academic place and your life being
dominated by an academic environment really. It’s easier to analyse something from the
outside than to get into it..possibly. So yeah, I think that’s probably how I feel.

I. It’s interesting that you’re saying that it’s become more frequent that you talk
to those clients about meaning as it became more relevant to you..it happens
almost simultaneously..
N. Yeah, that’s where I am...and I think that’s true...the way that therapy goes depends on where you are, as much as it depends on where the client is so, it’s what we were saying before. Some people can take clients into a spiritual realm, because they’ve been there, they live in that realm themselves...and other people can’t because they don’t, they haven’t been there and it’s not somewhere they feel comfortable going with clients. So I think we do have that impact...which I suppose would mean that in training counselling psychologists, we should pay more attention to that...we should look on the impact of those issues in client work...how that makes people better therapists or different therapist..

I. Or not..

N. Yeah, or not... yeah

I. I think we’ve finished, but let me just check that I’ve asked you everything

N. Or it will be too late (laughter)

I. (Laughter) Yeah!

N. Well I hope your tape has worked..I wouldn’t want you to turn it on and there’s nothing on there.

I. I hope not..I think we can turn this off now and this as well and start our feeback session. I’m sorry to have got you to hold the mic, but as you say technology isn’t always on our side!! (laughter)
Appendix D- Information Sheet for participants

Alessandra De Acutis
Counselling Psychologist in training
Department of Psychology
University of Surrey
Guildford
Surrey GU2 7XH

16/04/05

Dear Dr...,.

I am a trainee counselling psychologist at the University of Surrey, conducting a research study which looks at counselling psychology course directors’ or deputy course directors’ views about the role of spirituality and religion in the training curricula for counselling psychologists.

The increase in public interest in the topics of spirituality and religion has highlighted a need for theory and guidelines in the field of counselling psychology around the handling of these issues in the therapeutic relationship. This study aims to offer an initial exploratory framework around the possibilities for integrating spirituality and religion into counselling psychology training curricula – including the possibility that course directors might not feel that spirituality and religion are important considerations in this context. I am very keen to obtain the views of course directors on this issue as I see this group as ‘key informants’ due to their major role in training counselling psychologists in the UK.

Those who volunteer for this research will be asked to take part in an individual interview at a location that is convenient to them (for example, their place of work). Interviews will last between 60 and 90 minutes and interviewees will be asked a set of questions about their views and experience of spirituality and religion in their counselling psychology training programme and in other programmes. I appreciate that not all programmes will accord explicit coverage to these issues and so I will ask about the circumstances and rationale surrounding both their inclusion and their non-inclusion. The interview will be tape recorded and transcribed verbatim. The researcher will use pseudonyms on the final manuscript and the tapes will be erased once the study has been completed. All data will be handled in accordance to the Data Protection Act 1998.

Since I will be asking questions about the specifics of your counselling psychology programme, some readers of the final research report might be able to identify the courses described in some quotations and so may be able to identify the speakers. As researcher I will do my best to protect your confidentiality, however, this may sometimes
be difficult. Therefore, in order to ensure that you feel comfortable that you have not been left unduly exposed in the report and that your views have been accurately reported in the write up of this research, a copy of the draft report will be sent to you during the final stages of data analysis, prior to submission. It is your right to withdraw any information that you do not wish to disclose, and any quotation that you do not wish to be included in the report will be excised. It is also your right to withdraw from the study without giving a reason at any stage of this process. Every effort will be made to preserve participants’ confidentiality in any resulting publication, which will only proceed with the participants’ full consent.

If you would like to take part in this research or find out more about it, please contact me by e-mail at psm3ad@surrey.ac.uk. You can also contact me and my supervisor Dr Adrian Coyle on a.coyle@surrey.ac.uk, or on 01483 686 896 or at the address given above, should you have any questions. I would appreciate if you could let me know whether you would like to participate to this research as soon as you can.

Yours sincerely

Alessandra De Acutis

Counselling Psychologist in training

Dr Adrian Coyle
Research Supervisor
Appendix E- Consent form

I voluntarily agree to take part in this study looking at my views on the integration of spiritual and religious issues in counselling psychology training and practice.

I have been given a full explanation by the investigator of the nature, purpose, location and likely duration of the study and of what I will be expected to do.

I understand that all personal data relating to volunteers is held and processed in the strictest confidence and in accordance with the Data Protection Act (1998). I have been informed by the interviewer of confidentiality issues and I give permission to the researcher to use the recording of this interview solely for the purpose of this investigation. I have been assured that the audiotape will be destroyed after the study will be completed.

I understand that I will be sent a copy of the manuscript prior to submission and that I will be able to change or withdraw any of the material that I do not feel comfortable sharing. I also understand that I have been given the opportunity to ask questions on all aspects of the study and that I am free to withdraw my consent at any time. I have been assured that confidentiality will be preserved in any resulting publication of this study and that publication will only take place with the participants’ agreement.

Participant

Name  Surname

Signed

Date

Researcher

Name  Surname

Signed

Date
Appendix F- Notes for Contributors
Notes for Contributors

Counselling Psychology Review

Contributions on all aspects of Counselling Psychology are invited.

Academic Papers: Manuscripts of approximately 4000 words excluding references should be typewritten, double-spaced with 1" margins on one side of A4, and include a word count. An abstract of no more than 250 words should precede the main body of the paper. On a separate sheet give the author's name, address and contact details, qualifications, current professional affiliation or activity, and a statement that the paper is not under consideration elsewhere. This category may also include full-length in-depth case discussions, as well as research and theoretical papers.

Issues from Practice: Shorter submissions, of between 1000 and 3000 words, are invited that discuss and debate practice issues and may include appropriately anonymised case material, and/or the client’s perspective. As with academic papers, on a separate sheet give the author’s name, address and contact details, qualifications, current professional affiliation or activity, and a statement that the paper is not under consideration elsewhere.

These two categories of submission are refereed and so the body of the paper should be free of information identifying the author.

Other Submissions: News items and reports, letters, details of conferences, courses and forthcoming events, and book reviews are all welcomed. These are not refereed but evaluated by the Editor, and should conform to the general guidelines given below.

- Authors of all submissions should follow the Society’s guidelines for the use of non-sexist language and all references must be presented in APA style (see the Code of Conduct, Ethical Principles and Guidelines, and the Style Guide, both available from the British Psychological Society).

- Graphs, diagrams, etc., should be in camera-ready form and must have titles. Written permission should be obtained by the author for the reproduction of tables, diagrams, etc., taken from other sources.

- Subject to prior agreement with the Editor, papers and other copy may be submitted as e-mail attachments. If you prefer to send hard copy, please include three copies of your paper, together with a large s.a.e. and a copy of the file on disk or CD-ROM.

- Proofs of papers will be sent to authors for correction of typesetting errors, and will need to be returned promptly.

Deadlines for notices of forthcoming events, letters and advertisements are listed below:

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All submissions should be sent to:
Dr Heather Sequeira,
Editor, Counselling Psychology Review,
Dept. of Mental Health,
St. George's University of London, Cranmer Terrace,
London SW17 0RE.
E-mail: h.sequeira@sgul.ac.uk
All submissions and correspondence should include e-mail address, where available.

Book reviews should be sent to:
Kasia Seymourska,
Book Reviews Editor,
Centre for Stress Management,
156 Westcombe Hill, London SE3 7DH.
Therapists’ views of the role of spirituality and religion in therapeutic practice: a quantitative analysis

This study aimed to investigate therapists’ attitudes towards spirituality and religion in therapy. Current research highlighted the benefits, drawbacks, and difficulties that therapists might encounter in the integration of spirituality and religion in therapy. Among those difficulties, research has identified possible links between therapists’ attitudes towards their spirituality/religion and their views on integration (Frame, 1996). Therefore, this study hypothesized that therapists’ spiritual/religious beliefs (or the absence of them) predicted their attitudes towards integration and that possibly the therapeutic modality might affect the decision to integrate (or not) spirituality and religion in therapy. Religious/spiritual beliefs were explored using five open questions and attitudes towards spirituality and religion in therapy were measured using an attitude scale especially designed for this study. Analyses showed that therapists who reported holding spiritual/religious beliefs were more likely to hold positive attitudes towards integration than therapists who reportedly held no spiritual/religious beliefs. Regression analyses highlighted further predictors of attitudes towards integration such as religious upbringing, the significance of current spiritual/religious beliefs both in everyday life and in practice, and the length of time as a therapist. The therapeutic modality was not found to be a significant predictor of attitudes towards integration of spirituality and religion in therapy. Results are discussed in terms of implications for practice and in relation to current literature on the integration of spirituality and religion in therapy.
Introduction

An extensive body of research has documented the relevance of spiritual and religious issues in the work of counsellors and psychotherapists (Greeley, 1992; Jakel, 2001; Jankowski, 2003; Karasu, 1999; Kirsting, 2003; Suarez, 2002). Spirituality and religion have been found to have beneficial effects on the well being of clients (Brown, 1994; Clemente and Saver, 1976; Davis and Smith, 1986; Fabricatore et al, 2000; Fallot, 2001; Loewenthal, 2000), because they can positively impact health, longevity, and recovery from physical and mental illness (Rippentrop et al, 2004; Townsend et al, 2002; Witter et al, 1985). Religious and spiritual practices can impact on health because they usually promote a healthy lifestyle, social support and a sense of purpose in individuals’ lives, which altogether can provide relief from anxiety, loneliness and depression (Levin, 1994).

From recent qualitative research it has emerged that the integration of spirituality and religion into therapy may also have a positive impact on the therapeutic relationship (Clarkson, 2000; Cortright, 1997; Grimm, 1994; Gubi, 2004; Karasu, 1999; Whitehouse, 1999), as accepting and valuing clients’ spirituality means accepting and valuing part of their cultural context, and therefore potentially improving empathic understanding of the client (Fontana and Slack, 2005; Lowenthal, 2000; Richards and Bergin, 1997).

Despite the positive impact that spirituality and religion can have both on clients’ mental and physical health and on the therapeutic relationship, clients’ spirituality is still rarely discussed in therapy (Fontana and Slack, 2005; Spooner, 2001). This might be due to a series of reasons. Firstly, the complexity of spirituality, religion and therapy and the lack of specific training in exploring and validating clients’ spiritual and religious issues might leave the therapist unsure about how to approach integration (Suarez, 2005b). Secondly, the therapist’s possible lack of knowledge about different religious/spiritual beliefs and stereotypes that both therapists and clients might hold about spirituality and religion could hinder their openness to discussing those topics in therapy. Clients might feel
reluctant to share their beliefs with their therapists because spirituality and religion might have not been validated as relevant to therapy. The lack of validation from therapists might mean that both therapists and clients might choose not to discuss those issues to avoid potential conflict between their possibly different stances towards religious and/or spiritual beliefs (Prest et al., 1999). Thirdly, the therapeutic context is a major factor that influences potential integration of spirituality and religion in therapy. Therapists who work in private practice might not experience the same time and results-orientated pressures as National Health Service practitioners, and therefore this might promote their willingness to integrate spirituality and religion in their interventions (Suarez, 2005a).

In addition to those difficulties, researchers are unsure about which integration methods and levels might be suitable to different therapeutic approaches and cultural backgrounds (Daniels, 2002; Jankowski, 2003). These methods range from technique-based approaches like Psychosynthesis (Assagioli, 1993; see the literature review within this portfolio for a detailed account of this approach), to more open approaches to clients’ spiritual experiences (Maslow, 1973; Jung, 1991) and to a combination of those two (Grof, 1985; Rowan, 1993 and Wilber, 2000). Some technique-based approaches use methods such as meditation, prayer, peak experiences, dreams and intuition to explore clients’ spiritual and religious development (Rowan, 1995); while the open approaches focus on each spiritual/religious experience to seek connections with current aspects of the individual’s spiritual/religious paths (Daniels, 2001). More recent research has also identified several levels of integration, which have been conceptualized by current researchers using a variety of models. Most of those models recognized conscious, unconscious and higher or transcendent levels of spiritual experiences and defined those using a wide range of concepts, which cannot be described in depth in this paper. For a full account of those approaches to and models of integration the reader is referred to the literature review in this portfolio and to Daniels, 2001; 2002; Grof, 1985; Rowan, 1993 and Wilber, 2000. Although none of those models alone have been found to exhaustively describe all aspects of integration, they all contributed to the depth and diversity of
research into spirituality and religion, and also to the variety of possible experiences in the integration process (Daniels, 2001).

A major obstacle to integration lies in the debates concerning the differences and similarities between spirituality and religion, their definition and their relevance to the therapeutic setting (King and Dein, 1998). Since some of the difficulties in integration have been due to the fact that researchers do not concur about the separations in the definition of spirituality and religion, it seems appropriate to introduce the definitions that will be used for this research. Kelly’s (1995) definitions have been chosen for this research because they encompass most aspects of spirituality and religion that have been so far identified in the current literature, and capture the multidimensionality and subjectivity of those concepts (Boadella, 1998; Suarez, 2002). Kelly carried out extensive research on counsellors’ attitudes towards spirituality and religion in therapy and has endorsed the need for therapists’ awareness of their spiritual/religious beliefs. His definitions have been widely used in research around the introduction of spiritual and religious issues in therapeutic practice and in the training of counsellors and psychotherapists (Kelly, 1994; Young et al., 2002). According to Kelly (1995, p4), spirituality refers to “a personal affirmation of a transcendent connectedness to the universe” and religion is the “creedal, institutional and ritual expression of spirituality that is associated with world religions and denominations”.

Studies on differences and similarities between spirituality and religion highlighted that spirituality is mostly described in personal or experiential terms and is often associated with mystical experiences and New Age beliefs (Zinnbauer et al., 1997). However, definitions of spirituality can vary from “a subjective experience of the sacred” (Vaughan, 1991, p105) to “that vast realm of human potential dealing with ultimate purposes, with higher entities, with God, with love, with compassion, with purpose” (Tart, 1983, p.4). Similarly, religion seems to be generally understood in terms of both personal beliefs and a commitment to institutional beliefs and practices (Zinnbauer et al, 1997). However, definitions of religion stem from “a system of beliefs in a divine or
superhuman power, and practices of worship or other rituals directed towards such a power” (Argyle and Beit-Hallahmi, 1975, p.1) to “the feelings, acts and experiences of individual men in their solitude, so far as they apprehend themselves to stand in relation to whatever they may consider the divine” (James, 1961, p.42). Religion can also often be associated with rituals such as church attendance or acts of kindness towards others, while spirituality can often be associated to more individual phenomena such as personal transcendence, ‘supraconscious awareness’ and meaningfulness (Spilka and McIntosh, 1996, p.95).

Despite the difficulties that research has brought to light and the pathological view that some therapists hold about clients’ spiritual expression (Allman et al, 1992; Dein, 2004; Freud, 1927; Skinner, 1953), the integration of spirituality into therapy seems important to research further, due to findings on the beneficial effects that integration can have on clients and on the therapeutic relationship (Dein, 2004; Hall and Hall, 1997; Suarez, 2005c). Suarez’s (2005c) investigation on clients’ views on integration suggested that clients benefited from being asked about their spirituality by their therapists as this both implied acceptance of this aspect of their lives and also identified spirituality as a potential coping resource.

Recent literature has not only identified a growing interest in spirituality and religion among clients but also among contemporary therapists, who promoted the usefulness of integrating those issues in therapy (Clarkson, 2000; Miller, 1999; Rowan, 1993, 2005; Spooner, 2001; West, 2002; Wilber, 1995; Wulff, 1996). While there has been a noted increase in the inclusion of spiritual issues in the training curricula of mental health professionals (Burke et al 1999; Kelly, 1995; Lovinger, 1990; Miller, 1999; Pate and High, 1995; Richards and Bergin, 1997), many therapists do not address those issues in their work with clients (Kelly, 1995; Lukoff, 1998; Purpura, 1985). This is mainly because of lack of relevant training, (Ellis et al, 1999; Lukoff, 1998; Shafranske and Maloney, 1996;) and also to the secular stance that some therapists take on their work, which contributed to separating spirituality and religion from the therapeutic setting.
(Lines, 2002; Prest and Keller, 1993; Thayne, 1997). Furthermore, therapists’ own assumptions about spirituality and religion also affect the way they work with clients’ perceptions about such issues (Frame, 1996). Rowan (2005) recently highlighted the need for therapeutic training to provide a space to unlearn all the assumptions that therapists have about those issues, as opposed to learning skills on how to address those topics in therapy.

Research suggested that one of the difficulties with integration is that therapists are generally less interested and less involved in spirituality and religion than their clients, and this might affect their reactions to clients raising spiritual/religious concerns in therapy (Miller and Thoresen, 1999; Newnes, 2001; Shafranske, 1996). The extent of therapists’ involvement in spiritual and religious issues may also be influenced by their choice of therapeutic model. For instance, although recent developments in Cognitive Behavioural Therapy (CBT) have demonstrated an increase in awareness around spiritual issues through the introduction of mindfulness-based cognitive therapy (Kabat-Zinn, 1994) and faith-assisted cognitive therapy (Gangdev, 1998), therapists who use psychodynamic and integrative approaches have been known to use spirituality and religion as a resource in therapy more readily than CBT practitioners (Christensen, 1999; Christensen and Rudnick, 1999; Cooper, 1999; Morvay, 1999; Rubin, 1999), whose work tends to be more structured and primarily focused on learning coping skills (Kainer, 1993; Kochems, 1993; Mahrer, 1996; Martin and Booth, 1999; Suarez, 2002).

Therefore, differences in beliefs about spirituality and religion amongst therapeutic approaches may be observed. Despite these potential diversity in attitudes, therapists from different therapeutic backgrounds have been investigating specific aspects of integration (Suarez, 2005a), and while their research has contributed to our understanding on this topic, it leaves the ordinary therapist who would like to integrate spirituality and religion in therapy without guidelines or tools on how to best achieve this (Suarez, 2005b).
Suarez (2005b) carried out a qualitative study to shed light on how therapists with a deep interest in spirituality and religion use those as therapeutic tools. From a Grounded Theory Analysis (Glaser and Strauss, 1967) a series of categories/issues were discerned, which formed the basis of a model (See Appendix B for a diagrammatic representation of this model). Those categories revealed difficulties in the integration of spirituality into therapy around contextual factors such as cultural differences between client and therapist, restrictions within the therapeutic setting and the impact that integration might have on the therapeutic relationship and on both client and therapist. They also raised differences between integration at a discursive or at an experiential level, which raised the issue of potential overlap between spirituality and therapy. It also became clear from Suarez's study that the therapist's awareness of their own stance towards spirituality helped them to work with their clients' spiritual issues. Despite those useful insights, the sample used by Suarez consisted of therapists who had a strong interest in spirituality and whose therapeutic approach was integrated with a spiritual framework. Therefore, it does not account for therapists who do not demonstrate a specific interest in spirituality. Moreover, her study focused primarily on spirituality and therefore those findings might not be transferable to religion.

Although research has not shown the therapeutic model to be a significant predictor of the integration of spirituality into therapy (Dein, 2004; Gubi, 2004), previous quantitative (Walker et al, 2004) and qualitative research showed that therapists believe that manual-based approaches such as Cognitive Behavioural Therapy (CBT) will be less inclined to include spiritual and religious issues in therapy than more unstructured approaches such as Psychodynamic and Person-Centred approaches (Karasu, 1999; De Acutis, 2005).
Research aims and objectives

There is a lack of research around the topics of spirituality and religion in the field of counselling psychology, despite the emphasis that counselling psychology’s philosophy places on the practitioner’s self-reflection, of which religion and spirituality could be part. As spirituality and religion can play an important part in the practitioner’s development (Shafranske and Mahony, 1996), it is necessary to engage in this exploratory study in order to provide an initial framework to which counselling psychology practitioners and trainees can refer when dealing with their own spiritual and religious issues and the ones of their clients. This quantitative study will therefore explore therapists’ perceptions of the integration of spiritual and religious issues in psychological therapy. It will provide a preliminary overview of the extent to which therapists feel that integration of spiritual and religious issues is a relevant tool in their practice. Since research has highlighted some differences between therapeutic models in approaching spiritual and religious issues (Walker et al, 2004), this study will also explore possible differences between therapists’ preferred approach (CBT, Psychodynamic or Integrative) and their attitudes towards spiritual and religious issues in therapy.

It is a common understanding among spiritually aware therapists that training therapists in becoming more aware of their spiritual and religious beliefs has a beneficial effect on therapists’ work with religious clients (De Acutis, 2005; Dein, 2004, Suarez, 2003). This is because therapists’ awareness of their own beliefs towards spirituality and religion will produce a more empathic and reflective response to clients’ spiritual and religious issues that might arise in therapy (Welwood, 2005). Therapists’ awareness of their own spiritual or religious issues might therefore influence their willingness and capacity to engage with clients’ spiritual or religious issues (Nanda, 2005). Meta-analytical research assessing differences between secular and religious therapists found that therapists’ religious faith was associated with increased use of spiritual techniques in therapy, perception of spirituality and religion as an important aspect of the therapeutic process and willingness
to discuss spirituality and religion in therapy (Walker, 2004; Walker et al, 2005). Moreover, research advocated that the nature of therapists’ spiritual and religious values affects therapeutic effectiveness in that it affects therapists’ multicultural competency (Grimm, 1994).

This study therefore aimed to assess therapists’ beliefs about their own spiritual or religious orientation and compare them with their views on the integration of spirituality and religion in therapy, as personal religious or spiritual attitudes have been found to be one of the most commonly identified factors that predicted the use of spiritual interventions in therapy, together with therapists’ theoretical orientation (Gubi, 2004; Walker et al, 2005).

**Research hypotheses**

1. It was hypothesized that beliefs about spirituality/religion amongst therapists will predict their attitudes towards integrating spirituality/religion into therapy.

2. It was hypothesized that practitioners who preferred integrative and psychodynamic models would hold more positive attitudes towards integration than CBT practitioners.

**Method**

*Design*

A cross-sectional survey design was chosen to investigate the differences between therapists’ own spiritual beliefs and their attitudes towards spirituality and religion in therapy. The two groups of therapists, 1) CBT and 2) Psychodynamic and Integrative, were tested on two variables corresponding to their own spiritual beliefs and their attitudes towards spirituality and religion in therapy.
Participants

300 therapists were recruited in accordance with Tabachnick and Fidell’s (2001) guidelines, which suggest that five participants for each questionnaire item are needed in order to have a sufficient sample size. 100 potential participants were randomly sampled from each of the three current professional registers: the United Kingdom Council of Psychotherapy (UKCP), the British Association of Psychotherapists (BAP) and British Association of Behavioural and Cognitive Psychotherapy (BABCP). The inclusion criteria for participants were the following: 1) they are currently registered with at least one of those professional registers; 2) they are currently practising psychotherapists; and 3) their practice is conducted solely in the private sector, with no links to National Health Service (NHS) provision. This final criterion recognizes that good research should be realistic about its resources. Given that the researcher is a trainee on a doctoral programme, which has a specific deadline for research completion and write-up, it was felt that an application to the Central Office for Research Ethics Committees (COREC) could impose a severe time restriction and that it would be more consistent with the time available to recruit outside of the NHS.

Materials

Following a thorough analysis of existing standardized questionnaires measuring attitudes towards spirituality and religion (Batson et al, 1993; Exline et al, 2000; Fiala et al, 2002; Gorsuch and Venable, 1983; Hall and Edwards, 1996; Hays et al, 2001; Hill and Pargament, 2003; Kass et al, 1991; Maton, 1989; Pargament et al, 1988; Pargament et al, 1998; Pargament et al, 2000; Ryan et al, 1993; Trenholm et al, 1998), none of the ones consulted were found to cover therapists’ attitudes towards spirituality and religion in therapy. Moreover, those questionnaires seemed to incorporate both religious and spiritual beliefs and none of them was found to be culturally sensitive enough to incorporate aspects of most religious and spiritual orientations. Hill and Pargament (2003) also found that many standardized scales measuring spirituality and religion were not universally valid and often only included aspects of religion that mainly related to
Judeo-Christian and Protestant traditions. In addition, most of those measures assessed religious coping as part of health-related research (Pargament et al, 1988; Pargament et al, 1998; Pargament et al, 2000; Ryan et al, 1993; Trenholm et al, 1998), as opposed to studying the meanings and functions of spirituality and religion of in people’s lives as an independent investigation (Hill and Pargament, 2003).

Therefore, a questionnaire was designed especially for the purposes of assessing therapists’ attitudes towards integration. Questionnaire items were generated from previously published research and in particular from the findings of both Suarez’s (2005b) and the researcher’s previous findings from qualitative research in this field (De Acutis, 2005). The 33-item questionnaire focused on therapists’ attitudes towards the role of spirituality and religion in therapy. It had a 6-point Likert response option ranging from strongly disagree to strongly agree. Participants’ feedback on the length and clarity of the questionnaire was monitored during the piloting. The questionnaire’s reliability was $\alpha = .75$ and the overall score ranged from 25 to 150, a lower score indicating negative attitudes and a higher score indicating positive attitudes towards spirituality and religion in therapy (see Appendix E for details of the questionnaire).

**Demographic Information**

Participants were asked details of their age, ethnic background and gender. They were also asked about their length of time as therapists and the model that they most utilized in their practice. Participants were also asked about whether they were raised with and/or they currently held any spiritual or religious beliefs and whether they belonged to a particular religious or spiritual group. They were requested to rate the significance of spirituality and religion in their everyday life and in their therapeutic practice on a 4-point Likert Scale ranging from 1= Very Important to 4= Not at all Important (see Appendix D for details of Background Information). The topics of those questions were thought to be relevant as they were found to summarize major aspects and possible predictors of therapists’ attitudes towards the integration of spirituality and religion into therapy and of
therapists’ attitudes towards their own spirituality and religion that were suggested by previous qualitative research (De Acutis, 2005; Suarez, 2005a; 2005b).

The questionnaire was piloted on a random sample of clinical and counselling psychology students in their final year of their doctoral qualification. 12 clinical psychology and 9 counselling psychology trainees completed and returned the questionnaires. Eight items were removed from the original questionnaire, as they were ambiguous.

Procedure

Participants were randomly selected from the current registers of the British Association of Cognitive Psychotherapy (BABCP), United Kingdom Council of Psychotherapy (UKCP) and British Council of Psychotherapy (BCP) websites, using a quota sampling strategy. Every tenth name was selected from each current register until 300 participants’ details were collected. If the email address contained the letters NHS this person was not contacted and the next person on the list was chosen. Participants were posted the questionnaire booklet and a research information cover sheet (see Appendix C for details), which explained the research focus and the inclusion criteria. Participants were asked to complete the questionnaire only if they felt the focus of the research would not cause them any distress. After completion of the questionnaires, participants were asked to return the questionnaire anonymously in the stamped addressed envelope provided. It was explained that the return of the questionnaire would be taken as consent to participate in the study.

Ethical Issues

Ethical approval was obtained from the University of Surrey Ethics Committee (see Appendix A for details). None of the procedures undertaken in this research were foreseen to cause any physical/psychological harm to participants. However, every effort was be made to accurately inform potential participants of the content of the questionnaire in the research information cover sheet and in the research questionnaire.
guidance sheet, to allow for informed choice in the decision to participate. Participants were informed that they could withdraw their consent at any time during the research process if they decided that they did no longer wish to participate to this research. The research information cover sheet provided participants with the researcher’s and the research supervisors’ contact details, should they wish to discuss any aspect of the research. It was explained that if participants wished to receive feedback on the research, in the form of a summary, they could provide their contact address on a slip provided with the questionnaire. It was made explicit that such information will be kept separate from the questionnaire responses so that the researcher would be ‘blind’ to participant names and responses.

**Analytic strategy and procedures**

Data from the returned questionnaires were coded and entered into a database using the Statistical Package for the Social Sciences (SPSS). The data was examined for normality and parametric assumptions and a series of t-tests were used to examine the differences between groups. A stepwise regression was also used to determine which factors most strongly predicted the therapists’ beliefs attitudes towards integrating spirituality/religion into therapy.

**Results**

**Sample Characteristics**

Of the 300 questionnaires posted, 48 (16%) were completed and returned. A further 150 questionnaires were sent five weeks later in order to widen the sample. Of those 150, 29 (19%) returned the completed questionnaires. Data from a total of 77 therapists (17.1%) could be analyzed. Of the respondents, 21 (27.3%) were male and 56 (72.2%) were female. Participants’ age ranged from 24 to 81 with a mean age of 48.47 (SD= 14.74). 73 (95%) of participants described themselves as White British. Three participants (3.9%)
identified themselves as Asian British and the remaining one (1.3%) as White European. In terms of therapeutic orientation, 17 (22%) participants reported adopting integrative approaches, 25 (32%) reported to use a CBT orientation and the remaining 35 (45%) reported practicing with a psychodynamic orientation.

Participants' length of time as therapists ranged from 1 year to 40 years, with a mean of 13.64 (SD= 10.34). Out of all respondents, 58 (75%) reported having had a religious/spiritual upbringing and 19 (25%) reported having been raised with no religious or spiritual orientation. In terms of current religious beliefs, 54 (70%) respondents reported currently subscribing to a spiritual or religious set of beliefs, and 23 (30%) participants reported not holding any beliefs about religion or spirituality. In terms of importance of religious beliefs in everyday life, Table 1 shows a summary of participants' response rates, demographic information and the importance they attributed to spiritual/religious beliefs in everyday life and in practice.

Data Screening

Data were checked for normality and skewness and all variables were found to be normally distributed. Missing data was treated with mean substitution. All participants answered the critical questions about their spiritual beliefs, which tested the independent variable, and therefore no participants were eliminated from the sample as a result of missing data. As a result of the high percentage of participants identifying themselves as White British, there was not sufficient numbers in this study to examine the relationship between ethnicity and attitudes towards the integration of spirituality and religion in therapy.
Table 1: Summary of Participants’ Demographic Information

<table>
<thead>
<tr>
<th>No of participants and response rate</th>
<th>No of Participants</th>
<th>Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>77</td>
<td>17%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>56 (72.2%)</td>
<td>21 (27.3%)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>Mean Age</th>
<th>Range</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>48.47</td>
<td>24 – 81</td>
<td>14.74</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>White British</th>
<th>White European</th>
<th>Asian British</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>73 (95%)</td>
<td>1 (1.3%)</td>
<td>3 (3.9%)</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Length of time as therapist</th>
<th>Range</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-40 yrs</td>
<td>13.64</td>
<td>10.34</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Spiritual or religious beliefs</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>54 (70%)</td>
<td>23 (30%)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Importance of spiritual/religious beliefs in everyday life</th>
<th>Very Important</th>
<th>Quite Important</th>
<th>Not Very Important</th>
<th>Not at all Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Important</td>
<td>23 (30%)</td>
<td>28 (36%)</td>
<td>14 (18%)</td>
<td>12 (16%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Importance of spiritual/religious beliefs in therapeutic practice</th>
<th>Very Important</th>
<th>Quite Important</th>
<th>Not Very Important</th>
<th>Not at all Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Important</td>
<td>14 (18%)</td>
<td>27 (35%)</td>
<td>21 (27%)</td>
<td>15 (19%)</td>
</tr>
</tbody>
</table>

Differences in attitudes towards spirituality and religion in therapy between “believers” and “non-believers”

Most participants scored highly in the attitudes towards spirituality and religion questionnaire, indicating overall positive attitudes towards spirituality and religion in therapy. The overall mean scores of the attitudes questionnaire was 94.90 (n=77; SD= 19.64).
An Independent Samples T-test was carried out to investigate differences between therapists’ spiritual and religious beliefs and their attitudes towards the integration of spirituality into therapy. Data analysis showed that participants who currently held spiritual and religious beliefs held positive attitudes towards spirituality and religion in therapy ($t = 6.14$, $df = 75$, $p>0.001$). Table 2 shows mean differences in scores between believers and non-believers. Further t-test analyses found that participants who had a religious upbringing had more positive attitudes towards spirituality and religion in therapy ($t = 2.85$, $df = 75$, $p>0.01$). Table 3 shows mean differences between therapists who had received a spiritual/religious upbringing and therapists who had a non-spiritual/religious upbringing.

Table 2: Mean scores of therapists who currently hold spiritual/religious beliefs and therapists who currently do not hold any spiritual/religious beliefs

<table>
<thead>
<tr>
<th></th>
<th>Therapists who currently hold spiritual/religious beliefs (N= 54)</th>
<th>Therapists who currently hold no spiritual/religious beliefs (N= 23)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitudes towards spirituality and religion in therapy</td>
<td>102.62 (SD= 15.56)</td>
<td>77.87 (SD= 17.62)</td>
</tr>
</tbody>
</table>

Table 3: Mean scores of therapists with a spiritual/religious and a non-spiritual/religious upbringing

<table>
<thead>
<tr>
<th></th>
<th>Therapists with a religious/spiritual upbringing (N= 58)</th>
<th>Therapists with a non-religious/spiritual upbringing (N= 19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitudes towards Spirituality and Religion in therapy</td>
<td>98.73 (SD= 18.09)</td>
<td>84.53 (SD= 21.08)</td>
</tr>
</tbody>
</table>
Predictors of attitudes towards spirituality and religion in therapy

A stepwise regression was computed in order to investigate the predictors of attitudes towards spirituality and religion in therapy. The best predictors, shown in Table 4, were found to be the significance of religion in practice, accounting for 61.8% of the variance, the significance of current spiritual/religious beliefs in everyday life, accounting for 3.3% of the variance, and the length of time as a therapist, accounting for 1.9% of the variance. The therapeutic model was not found to be a significant predictor of attitudes towards spirituality and religion in therapy.

Table 4: Predictors of attitudes towards spirituality and religion in therapy

<table>
<thead>
<tr>
<th>Variables</th>
<th>R</th>
<th>R²</th>
<th>Adjusted R Square</th>
<th>F</th>
<th>B</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Significance of spirituality/religion in practice</td>
<td>.789</td>
<td>.623</td>
<td>.618</td>
<td>123.88</td>
<td>133.83</td>
<td>.000</td>
</tr>
<tr>
<td>Significance of spirituality/religion in everyday life</td>
<td>.813</td>
<td>.660</td>
<td>.651</td>
<td>71.91</td>
<td>140.63</td>
<td>.000</td>
</tr>
<tr>
<td>Length of time as a therapist</td>
<td>.826</td>
<td>.683</td>
<td>.670</td>
<td>52.36</td>
<td>144.57</td>
<td>.000</td>
</tr>
</tbody>
</table>

Table 5: Mean scores of CBT and Other approaches (Integrative and Psychodynamic)

<table>
<thead>
<tr>
<th>Attitudes towards spirituality and religion in therapy</th>
<th>CBT (N=25)</th>
<th>Other approaches (Integrative and Psychodynamic, N=52)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>90.56 (SD= 19.47)</td>
<td>97.46 (SD= 19.62)</td>
</tr>
</tbody>
</table>
Table 5 shows the t-test performed to detect any differences between therapeutic approaches and therapists’ attitudes towards spirituality and religion in therapy. Results failed to show a significant difference between the two groups in terms of attitudes towards spirituality and religion in therapy (t = .474).

Discussion

Relationship between results and current research

This research aimed to investigate therapists’ attitudes towards spirituality and religion in therapy. It also aimed to shed light on the significance of the therapeutic approach and the possible role of other variables as predictors of those attitudes and beliefs. However, the findings must be viewed tentatively due to the small sample size.

Results confirmed the first hypothesis in that there was a significant difference in attitudes towards the integration of spirituality and religion into therapy between therapists who reported having spiritual or religious beliefs and therapists who reported not holding any spiritual/religious beliefs (“believers” and “non-believers”). There was also a difference in attitudes towards spirituality and religion between participants who reported having had a spiritual/religious upbringing and participants who reported not having had a spiritual upbringing.

The confirmation of the first hypothesis reinforced the view that therapists who hold positive attitudes towards spiritual/religious beliefs are more likely to welcome clients’ spiritual/religious beliefs in therapy. This finding reiterated the need for therapists to become aware of their attitudes towards spirituality and religion so that they will feel more able to manage clients’ attempts to integrate spirituality and religion in therapy (Welwood, 2005). These findings also confirm previous findings that therapists’ current spiritual/religious beliefs as well as their spiritual/religious upbringing could indirectly
influence the therapeutic relationship because they influence their attitudes towards integration (Fontana and Slack, 2005; Spooner, 2001).

The second hypothesis, that CBT therapists would be less inclined towards integration than therapists using integrative and psychodynamic approaches, was not confirmed. This is possibly because CBT has recently been incorporating spiritual tools such as mindfulness and meditation as tools for emotional regulation (Gerza, 2005). Further research also found that faith-assisted cognitive therapy is not incompatible with religion. Gangdev (1998) suggested meditation and mindfulness techniques borrowed from the Buddhist tradition as a method to help with obsessive thought stopping in obsessive compulsive disordered clients, hence he concluded that religion and cognitive therapy can be complementary. However, it is difficult to transfer Gangdev’s finding, which is specific to Buddhism, to the much broader and more diverse domain of ‘religion’.

The second hypothesis might have not been confirmed also because research shows that the therapeutic relationship rather than the therapeutic modality is the main predictor of therapeutic effectiveness (Roth and Fonagy, 1996) and this finding might be transferable to attitudes towards integration of spirituality and religion in therapy. This carries implications for practice in terms of integration, as integration might only take place if the therapeutic relationship allows this to happen in the process.

Additional results from the regression analysis highlighted further predictors of attitudes towards integration such as religious upbringing (already identified by t-test analysis), the significance of current spiritual/religious beliefs both in everyday life and in practice, and length of time as a therapist. It was surprising to find that therapists’ religious upbringing was a predictor of therapists’ positive attitudes towards integration because from previous qualitative research it emerged that religious upbringing often produced negative attitudes towards spirituality and religion in therapy. This study was therefore necessary to challenge this finding, which might have only been true to the participants interviewed (De Acutis, 2005).
The significance of spirituality and religion in practice accounted for most of the variance of therapist attitudes towards spirituality and religion. However, it is interesting to note that the regression analysis did not account for a very high percentage of the variance (3.3%) for the significance of spirituality and religion in therapists' personal life. This result possibly means that the two are closely inter-related and therefore the significance of spirituality and religion in practice might have accounted for a high proportion of the variance of the significance of spirituality and religion in everyday life.

The high percentage of the variance of the significance in practice indicates that therapists who find spirituality and religion significant in their practice are more likely to have more positive attitudes towards integration. It also reiterates the need for therapists to be aware of the extent to which they find spirituality and religion significant in their practice before thinking about integration. This finding also ties in with the length of time as a therapist as a predictor because it might be that it could take an extensive amount of therapeutic experience before therapists start thinking about the significance of integration and then possibly go ahead to considering integration as a viable or not a viable option.

The finding that length of time as a therapist is a predictor of positive attitudes towards integration is also in line with Suarez's (2005b) findings that therapists who had been interviewed had been practicing integration for a long time and had gained increasing understanding about the conscious and unconscious processes that were involved in the integration. However, although those spiritually oriented therapists had been attempting integration for many years as well as extensively written and taught this subject, they still had not reached (and possibly preferred not to reach) a fixed definition of what integration might be about (Suarez, 2003). This finding highlights the complexity and subtleties of integration, which have to be taken into account for future research on this subject.
Despite those complexities, this research was useful in testing some aspects of Suarez's model of integration of spirituality and therapeutic practice (Suarez, 2003, see Appendix B for details). For instance, the finding that personal spirituality and religion were relevant in the integration of spirituality and religion in therapy was confirmed in this study. Although every attempt was made to incorporate every aspect of Suarez's model (Suarez, 2005b; see Appendix B for details), only general statements can be made about the similarities between her findings and the findings from the present study, due to the quantitative nature of this investigation. Further research is therefore needed to investigate specific aspects of difficulties in integration, such as the contextual factors that might impinge on integration and its impact on outcome and on the therapeutic relationship.

Methodological drawbacks

This study provided a starting point to verify the extent to which therapists' attitudes towards religious and spiritual beliefs influence their attitudes towards spirituality and religion into therapy. This is an important step in research in this field because therapists are generally less religious than their clients and they are very likely to encounter religious clients in their practice (Dein, 2004; Miller and Thoresen, 1999; Newnes, 2001; Shafranske, 1996). Despite the usefulness of the findings within the present study, a series of drawbacks have to be acknowledged in regards to the sample size and the criteria used to measure attitudes towards spirituality and religion in therapy.

Firstly, the short-term nature of this research only allowed for a limited amount of time to collect data. This affected the sample size which made this study less statistically powerful than it might have been with a larger sample. Perhaps the low response rate in itself could mean that ordinary therapists are not usually interested in the topic of spirituality and religion in therapy. Higher response rate from Psychodynamic psychotherapists than from CBT and integrative could be an indication that the former are potentially more interested in this topic and consequently more willing to reflect on
the possibility of introducing spirituality and religion into therapy. A replication of this research or further research on this topic could shed light on the reasons for those differences in response rates.

Secondly, researching spirituality and religion as variables automatically creates operational definitions debates because therapists as well as clients might consider the two as very separate and attribute different values and meanings to each of those two constructs. This is inevitable as there are several definitions of both spirituality and religion and several therapeutic approaches and very often the borders between spirituality/religion and therapy are not simple to discern. In this study, Kelly’s (1995) definition was utilized as the operational definition of spirituality and religion. Although Kelly’s (1995) uses a very broad definition of those terms, the results from this study are still restricted to this definition.

Thirdly, the self-report nature of this investigation makes it difficult to attribute the results to the effect of the variables studied. Despite the high reliability and validity of the materials used in this research, factors such as social desirability, the small sample size and the cross-sectional nature of this design make it difficult to generalize results and to determine the directional relationship between variables.

Nevertheless, the design of the questionnaire attempted to encompass all possible views about the multifaceted concepts within integration. In hindsight, and provided that more time was allowed, it would have been useful to run a focus group and to have used the themes emerging from the analysis of its contents combined with the themes from previous research in order to design the questionnaire. Perhaps in the future qualitative interviews with ordinary therapists need to be carried out before constructing a questionnaire on therapists’ beliefs on spirituality and religion in therapy.

Unlike qualitative studies, this study was not designed to explore the possible characteristic of integration as a process, which probably needs further investigations
since therapists are still unsure and often reluctant to define the process of integration (Suarez, 2005b). Feedback from the participants in this study echoed those ongoing debates. Some participants were quite pleased with the idea of a quantitative investigation of this topic, while others found it very difficult to quantify their answers on such broad, complex, personal and evolving concepts. Perhaps in future studies a mixture of quantitative and qualitative analyses could be incorporated in this study by leaving blank spaces after each question in order to allow for personal views to be analyzed using a qualitative method such as Content Analysis (Krippendorff, 2004). In this way, a comparison between quantitative and qualitative results would provide a more detailed picture of participants’ attitudes towards this topic.

Conclusions and future directions

This research carries implications for practice in counselling psychology as it showed that most therapists who participated held positive attitudes towards spirituality and religion in therapy. This confirms the need to introduce training in handling clients’ and therapists’ spiritual and religious in the training and practice of counselling psychology, as demonstrated by previous research on this topic (De Acutis, 2005; Grimm, 1994; Walker et al., 2005). However, findings from this study have to be viewed while taking into consideration the small sample size and the low response rate, which could mean that ordinary therapists are not generally interested in the topic of integration.

Despite those limitations, there is a need for further qualitative and quantitative research on this topic. Firstly, it would be interesting to carry out the same investigation using an NHS sample, especially now that mindfulness and meditative practices have been implemented as part of CBT interventions within the NHS. It could be that therapists working within the NHS are able to devote less time to integration than participants in private practice and therefore results might be very different if this study was to be replicated using an NHS sample. Future research could also consider the role of organizations such as universities and NHS Trusts and their philosophies in promoting
therapists’ awareness on those issues and which are the best possible methods in which training could be effectively delivered within those organizations. This would help therapists develop an awareness of their own spiritual and/or religious issues and become increasingly sensitive to their clients’ ones.

Research has highlighted a dilemma of differentiating between a spiritual crisis (now listed in the DSM-IV as a category of mental health disorder; Hathaway, 2003) and a psychotic experience. This issue was only touched upon in one of the questions of the attitude scale in this study (See question 25 within Appendix E). However, this is a delicate and controversial issue that needs to be explored further in order to shed light on the aspects of psychological assessment that might establish those differences.

This study was designed to address only the views of therapists on integration. As Suarez (2005b) suggested, it would be useful to research therapist-client pairs to research potential differences in views and experiences of integration. This would help in establishing the helpful elements in integration from both client’s and therapist’s perspectives and identify their views on the role of therapy in encouraging (or not) their introspection on those issues. Therefore, although it is believed that spirituality and religion can be a very important part of both therapists’ and clients’ lives, it is still difficult for therapists to know how to practice integration in a useful and effective way.

Perhaps, as some therapists affirmed, defining the concept of integration and “put it in a box” would lose the essence of this extremely broad, personal and multifaceted and evolving aspect of clients’ and therapists’ lives (Suarez, 2005b). If one takes such a view it may be difficult to ever come to a fixed conclusion about integration. Nevertheless, it is important to engage in research on this topic in order to help therapists and clients to dialogue about this often overlooked subject. Therefore, research into therapists’ and clients’ views and experiences as a pair would shed light on unknown aspects of integration and how it might take place at a process level.
Until those topics will be further investigated, it seems still very important to retain the outcomes of this study and of previous research on integration. Those mainly emphasized the importance of therapists’ awareness of their attitudes towards their own spirituality and/or religion, their attitudes towards integration and the links between those two. This guideline could be very helpful in practice, regardless of the setting one works in, as awareness is vital not only for potential integration, but also for a safe and effective therapeutic practice.

Perhaps one could start by viewing spirituality as part of a holistic approach to client’s issues, where the divine might be experienced as any other part of the client’s life (Lines, 2002). In this way, therapists might be able to experience it as one side to clients’ personalities and accept it as a part of their personal life. However, this might not be the way that clients would want therapists to conceptualize their spirituality, and therefore it might create difficulties and misunderstandings in the therapeutic relationship. Nevertheless, this acceptance could constitute the starting point of all integration and also help therapists who would not normally discuss spirituality and religion with their clients to accept that this might be done without necessarily having to engage into debates about integration and considering integration as a therapeutic tool.
Personal reflection

This document will provide an overview of my thoughts and feelings during the process of designing conducting and writing this research project. It will also highlight how my experience of conducting this research changed my attitudes towards this topic.

As I approached the third and final year of my research I wanted to reach a conclusion about the extent to which contemporary therapists thought that spirituality and religion were useful and relevant tools in therapy. After exploring the work of Assagioli (1965) in my first year’s literature review, and after interviewing counselling psychology course directors in my second year’s qualitative piece (De Acutis, 2005), I wanted to investigate therapists’ thoughts and feelings about spirituality and religion in therapy using a quantitative method in order to capture as many therapists’ opinions as possible to test previous qualitative findings.

The design of the questionnaire was the most challenging part of this study because of the difficulty in integrating the current findings on this topic, three years of my research and summarizing the vast amount of information in main themes. On one hand, I felt a sense of achievement because for the first time I could see such a broad topic and indeed three years of my research summarized in 25 questions. On the other hand, I thought that this was a somewhat simplistic way of achieving my goal of investigating therapists’ opinions on the role of spirituality and religion in therapy. I felt that I was doing a disservice to my participants and that it would have been difficult to imagine the rationale behind the choices of my questions. Although some participants wrote that they found it hard to answer the questions using numbers, I was reassured to receive some positive feedback from other participants about the importance of giving attention to this often overlooked subject. Nevertheless, I was quite disappointed at the low return rate of those questionnaires, and perhaps this in itself highlighted a possible disinterest or difficulty among therapists in approaching this subject.
Despite the disappointment about the low return rate, I felt that my spiritual practice acted as a motivator that accompanied me throughout this research. I feel that my spiritual path has greatly progressed as a result of my three-year commitment to researching this topic. I have been practising Buddhist meditation for the past five years and I feel that during the past two years I have been meditating more regularly than in the preceding three years. Meditation practice helped me not only in becoming more aware of my own process during this research, but also in my work with clients and in my daily life.

My commitment to the Buddhist community has also grown despite the increasingly busy schedule that I had both at university and at my work placement. The growing commitment to my spiritual path might have influenced the research process by possibly giving me a positive bias towards the usefulness of spirituality and religion in therapy. However, it also helped me to face the many challenges throughout this year and renewed my motivation and involvement in my training as a counselling psychologist by providing me with resilience at times of difficulty.

A further motivator for conducting this research is that I noticed a growing number of trainee therapists at my university who are currently engaging in researching this topic from different and extremely creative angles. This made me want to discuss my research with those fellow trainees on a regular basis. I believe that those regular meetings also positively reinforced my belief in the benefits of integration of spirituality and religion in therapy.

Given those potential factors that might have contributed to a positive bias towards integration, I had to closely monitor the use of my language during both the design and the write up of this research. I had to contain my excitement about this topic and about feeling that my spiritual practice was greatly benefiting from giving attention to this research and from talking about my research with my fellow trainees and members of the Buddhist community.
A major contribution to my enthusiasm towards my research has been my current therapist’s ongoing validation of my learning in my spiritual practice and our continuous commitment to integrating my insights from meditation into my development both as a therapist and as an individual. In therapy, I was able to link aspects of myself that arose during meditation to the professional and personal struggles experienced during my training. For instance, I noticed that I could be a little harsh on myself during meditation if I did not apply the technique as rigorously as I wanted to. Similarly, I noticed that I could be just as harsh in my personal reflections on my client work and on my relationships. Therefore, I started practising compassion towards myself, which not only had a positive impact on my spiritual practice, but also on my therapeutic practice. My personal therapy was therefore the living proof that integration is achievable if both client and therapist are open to examining differences and similarities between therapeutic and spiritual practice material.

Overall, I feel that the research process helped me to challenge a possible positive bias towards the introduction of spirituality and religion in therapy and it also strengthened my commitment to my spiritual path, my research and my training as a counselling psychologist.
References


De Acutis, A. (2005) How do course directors of UK counselling psychology courses perceive the role, if any, of spirituality and religion in therapeutic practice and training, and specifically in their counselling psychology programme? Unpublished manuscript submitted as part of a Psych D in psychotherapeutic and counselling psychology, University of Surrey, Guildford.


Levin, J.S. (1994) Religion and health: is there an association, is it valid, and is it causal? *Social Sciences and Medicine, 38*(11) 1475-1482.


Suarez, V. (2005a) Difficulties with integrating spirituality into therapy. In V. Suarez, *A portfolio of academic, therapeutic practice and research work including an investigation of the integration of spirituality into therapy.* Submitted to the University of Surrey in partial fulfilment of the Degree of Practitioner’s Doctorate (Psych D) in Counselling Psychology.

Suarez, V. (2005b) The integration of spirituality into therapeutic practice: a grounded analysis of the views and experiences of therapists with a deep interest in spirituality. In V. Suarez, *A portfolio of academic, therapeutic practice and research work including an investigation of the integration of spirituality into therapy.* Submitted to the University of Surrey in partial fulfilment of the Degree of Practitioner’s Doctorate (Psych D) in Counselling Psychology.

Suarez, V. (2005c) Extending on the qualitative exploration of psychotherapists’ accounts of the integration of spirituality into psychotherapeutic practice by exploring the experience of clients who are in receipt of spiritually integrated therapy. In V. Suarez, *A portfolio of academic, therapeutic practice and research work including an investigation of the integration of spirituality into therapy.* Submitted to the University of Surrey in partial fulfilment of the Degree of Practitioner’s Doctorate (Psych D) in Counselling Psychology.


Appendix A - Ethical Approval from the University of Surrey
11 April 2006

Miss Alessandra De Acutis
Department of Psychology
School of Human Sciences

Dear Miss De Acutis

Therapists' views of the role of spirituality and religion in therapeutic practice: a quantitative analysis (EC/2006/03/Psych)

On behalf of the Ethics Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the submitted protocol and supporting documentation.

Date of confirmation of ethical opinion: 31 January 2006

The final list of documents reviewed by the Committee is as follows:

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<td>Application</td>
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<td>Research Proposal</td>
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<td>Appendix A: Suarez's (2003) Model</td>
<td>10/01/06</td>
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<td>Appendix B: Questionnaire 1</td>
<td>10/01/06</td>
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<td>Appendix C: Information Sheet</td>
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<td>Appendix D: Multidimensional Locus of Control Scale</td>
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<td>Appendix E: The Generalized Self-Efficacy Scale</td>
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<td>F: Background/Demographic Information</td>
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This opinion is given on the understanding that you will comply with the University's Ethical Guidelines for Teaching and Research.

The Committee should be notified of any amendments to the protocol, any adverse reactions suffered by research participants, and if the study is terminated earlier than expected with reasons.

You are asked to note that a further submission to the Ethics Committee will be required in the event that the study is not completed within five years of the above date.

Please inform me when the research has been completed.

Yours sincerely

Catherine Ashbee (Mrs)
Secretary, University Ethics Committee
Registry
Appendix B - Suarez (2003) model from Grounded Analysis of themes on the integration of spirituality into therapy
Diagrammatic representation of findings on the integration of spirituality and psychotherapeutic practice

Appendix C - Research information cover sheet

School of Human Sciences
University of Surrey
Guildford, Surrey. GU2 7XH
Department of Psychology
Tel: 01483689441
Fax: 01483689553

Research Supervisors: Dr Adrian Coyle and Dr Jason Ellis

9th January 2006

Dear colleague,

I am a final year Counselling Psychologist in Training at the University of Surrey and I am conducting research on therapists’ views of the relevance of spirituality and religion in therapy. As you might already know, research has demonstrated an increased interest in spirituality and religion amongst our clients, and therefore it seems necessary to research therapists’ views on those in order to obtain an overview of their attitudes towards them and possibly enhance their skills in dealing with the spiritual and religious issues of their clients.

Please only complete the attached questionnaire if you meet all the following inclusion criteria:
1) You are currently registered with the UKCP, or BAP or BABCP.
2) You are currently a practising psychotherapist.
3) Your practice is conducted solely in the private sector, with no links to NHS provision.

There is one questionnaire, with a total of 25 items. If you meet the above criteria, I would like to remind you that the return of the questionnaire will be used as a confirmation of your consent to participate to this study. Once you have read the questionnaire instructions, and only if you feel the focus of the research would not cause you any distress, I would then ask you to complete the questionnaire and return it anonymously in the stamped addressed envelope provided.

Should you wish to receive feedback on the research in the form of a summary please email me with your contact details. In order to preserve anonymity, the content of all returned questionnaires will be kept confidential and secure at all times and you will not be identifiable in any way in the write-up of this research. Should you have any questions regarding the above research please do not hesitate to contact me and/or my supervisors either in the department via telephone 1483 689 176 or via e-mail on psm3ad@surrey.ac.uk, j.ellis@surrey.ac.uk, a.coyle@surrey.ac.uk. Thank you for your time and participation.

Yours sincerely,

Alessandra De Acutis (Counselling Psychologist in Training)
Appendix D - Background/Demographic Information

Questionnaire N:

Age:

Gender:

Professional Qualification:

Length of time as a therapist:

Therapeutic model most utilized:

Present employment title:

Have you been brought up within a religious tradition?  
If so, which one?

Are you a member of a religious or spiritual group?  
If so which one?

What spiritual and/or religious beliefs do you hold, if any?

What is the significance of spirituality and/or religion in your everyday life?  
(Please circle)

Very important  Quite important  Not very important  Not at all important

What is the significance of spirituality and/or religion in your spiritual practice?

Very important  Quite important  Not very important  Not at all important
Ethnicity (tick):

C) **White**
   - British __
   - Irish __
   Any other White background, please write in below

D) **Mixed**
   - White and Black Caribbean __
   - White and Black African __
   - White and Asian __
   Any other mixed background, please write in below

C) **Asian or Asian British**
   - Indian __
   - Pakistani __
   - Bangladeshi __
   Any other Asian background, please write in below

E) **Black or Black British**
   - Caribbean __
   - African __
   Any other Black background, please write in below

E) **Chinese or Other ethnic group**
   - Chinese __
   Any other, please write in below
Appendix E- Spirituality/Religion and Therapy Questionnaire

Thank you for agreeing to filling in this questionnaire. Each of the 25 items below is a belief statement about spirituality/religion and therapy with which you may agree or disagree. Beside each statement is a scale, which ranges from strongly disagree (1) to strongly agree (6). For each item we would like you to circle the number that represents the extent to which you agree or disagree with that statement. The more you agree with a statement, the higher will be the number you circle. The more you disagree with a statement, the lower will be the number you circle. Please make sure that you answer EVERY ITEM and that you circle ONLY ONE number per item. This is a measure of your personal beliefs; obviously, there is no right or wrong answer. Please note that you can delete the words spirituality and religion in each question according to your opinions, preferences and beliefs.

1. Strongly disagree
2. Moderately disagree
3. Slightly disagree
4. Slightly agree
5. Moderately agree
6. Strongly agree

1. I think spirituality/religion and therapy can sometimes overlap
   1  2  3  4  5  6

2. I think spirituality/religion and therapy should stay separate
   1  2  3  4  5  6

3. I think spirituality/religion and therapy share similar values
   1  2  3  4  5  6

4. I think spirituality/religion and therapy share similar goals
   1  2  3  4  5  6

5. It is difficult at times to separate what is spiritual/religious and what is psychological in some therapeutic interventions
   1  2  3  4  5  6
1. Strongly disagree
2. Moderately disagree
3. Slightly disagree
4. Slightly agree
5. Moderately agree
6. Strongly agree

6. There are conflicts between therapeutic and spiritual discourses
   1 2 3 4 5 6

7. The way I was raised made me develop negative views on spirituality/religion
   1 2 3 4 5 6

8. My therapeutic approach does not favour the integration of spirituality/religion in therapy
   1 2 3 4 5 6

9. My work setting stops me from introducing spirituality/religion in therapy
   1 2 3 4 5 6

10. I feel that spirituality/religion helps me connect with myself during sessions
    1 2 3 4 5 6

11. Spirituality/religion can encourage introspection
    1 2 3 4 5 6

12. Spirituality and religion can improve therapists' empathy
    1 2 3 4 5 6

13. I would only discuss spiritual/religious issues if the client introduced them
    1 2 3 4 5 6

14. I feel I would respond in a non-judgmental way to clients' spiritual/religious beliefs
    1 2 3 4 5 6
1. Strongly disagree
2. Moderately disagree
3. Slightly disagree
4. Slightly agree
5. Moderately agree
6. Strongly agree

15. It would be useful to the therapy if my clients know of my spiritual/religious background  
   1 2 3 4 5 6

16. I feel I have the necessary training to discuss spiritual/religious issues with clients  
   1 2 3 4 5 6

17. Spirituality and religion should be a salient part of therapists' training  
   1 2 3 4 5 6

18. Every professional therapeutic code of conduct should include guidelines on handling spirituality and religion in therapy  
   1 2 3 4 5 6

19. Therapists need more training in handling spiritual and religious issues in therapy  
   1 2 3 4 5 6

20. Only spiritual/religious counseling courses should contain specific training on handling spiritual and religious issues in therapy.  
   1 2 3 4 5 6

21. Spirituality/religion are a salient part of what goes on between me and my client  
   1 2 3 4 5 6

22. My spirituality/religion helps me to connect better with my clients  
   1 2 3 4 5 6
1. Strongly disagree
2. Moderately disagree
3. Slightly disagree
4. Slightly agree
5. Moderately agree
6. Strongly agree

23. My spirituality/religion helps me connect with very difficult clients

24. Spirituality and religion can strengthen the therapeutic relationship

25. I would be able to tell the difference between a psychotic client and a client talking about a spiritual peak experience

THANK YOU
FOR PARTICIPATING TO THIS RESEARCH
Appendix F- Notes for Contributors
Notes for Contributors
Counselling Psychology Review

Contributions on all aspects of Counselling Psychology are invited.

Academic Papers: Manuscripts of approximately 4000 words excluding references should be typewritten, double-spaced with 1" margins on one side of A4, and include a word count. An abstract of no more than 250 words should precede the main body of the paper. On a separate sheet give the author’s name, address and contact details, qualifications, current professional affiliation or activity, and a statement that the paper is not under consideration elsewhere. This category may also include full-length in-depth case discussions, as well as research and theoretical papers.

Issues from Practice: Shorter submissions, of between 1000 and 3000 words, are invited that discuss and debate practice issues and may include appropriately anonymised case material, and/or the client's perspective. As with academic papers, on a separate sheet give the author’s name, address and contact details, qualifications, current professional affiliation or activity, and a statement that the paper is not under consideration elsewhere.

These two categories of submission are refereed and so the body of the paper should be free of information identifying the author.

Other Submissions: News items and reports, letters, details of conferences, courses and forthcoming events, and book reviews are all welcomed. These are not refereed but evaluated by the Editor, and should conform to the general guidelines given below.

• Authors of all submissions should follow the Society’s guidelines for the use of non-sexist language and all references must be presented in APA style (see the Code of Conduct, Ethical Principles and Guidelines, and the Style Guide, both available from the British Psychological Society).

• Graphs, diagrams, etc., should be in camera-ready form and must have titles. Written permission should be obtained by the author for the reproduction of tables, diagrams, etc., taken from other sources.

• Subject to prior agreement with the Editor, papers and other copy may be submitted as e-mail attachments. If you prefer to send hard copy, please include three copies of your paper, together with a large s.a.e. and a copy of the file on disk or CD-ROM.

• Proofs of papers will be sent to authors for correction of typesetting errors, and will need to be returned promptly.

Deadlines for notices of forthcoming events, letters and advertisements are listed below:

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All submissions should be sent to:
Dr Heather Sequeira,
Editor, Counselling Psychology Review,
Dept. of Mental Health,
St. George’s University of London, Cranmer Terrace,
London SW17 0RE.
E-mail: h.sequeira@sgul.ac.uk
All submissions and correspondence should include e-mail address, where available.

Book reviews should be sent to:
Kasia Szymanska,
Book Reviews Editor,
Centre for Stress Management,
156 Westcombe Hill, London SE3 7DH.
Spirituality and religion in counselling psychology: course directors’ views (work in progress)

Alessandra De Acutis
psm3ad@surrey.ac.uk
Counselling Psychologist in training
University of Surrey
Guildford
BPS Quinquennial Conference 2005
Background to this qualitative study

- Difficulties have been identified around the issues of defining spirituality because of the multidimensionality and subjectivity of this concept (Boadella, 1998; Suarez, 2002).


- Controversies around integration methods and levels (Suarez, 2002) and their suitability to different therapeutic approaches and cultural backgrounds (Daniels, 2002).
The need for course directors’ views on this topic

- The increase in public interest in spirituality and religion highlighted a lack of theory and guidelines around handling the topics of spirituality and religion in the field of counselling psychology.

- Counselling psychology course directors’ will act as key informants on the role, if any, of spirituality and religion in counselling psychology training programmes and practice.
Method

- Interpretative Phenomenological Analysis was used (Smith et al, 1999)

- Preliminary findings from initial data coding of the first two interviews will be presented as work in progress
Preliminary results: 6 themes

1. Differences between religiosity and spirituality and variety of spiritual experiences in clients and trainees
2. Manualised features of psychology miss the vitality of spiritual experiences
3. Making sure that the client knows that there is a space to discuss spiritual and religious issues
4. Restrictions of training programmes: time, space; dangers in both putting it in training programmes and omitting it; challenges in finding a suitable workshop leader/format
5. Different quality of self-reflection in spiritual people
6. Controversies around the need for professional guidelines on the inclusion of spirituality in counselling psychology training and practice
Quotations from themes

Quotations from theme 4: Restrictions of training programmes:

"The limitation of how much time you’ve got and what can be taught means that if we gave out a message that spirituality is really crucial and ‘make of it what you will’, is probably more important than ‘you have to do X many hours on spirituality’ because you would take the spiritual out of it”.

"My experience of spiritual issues is not one that can be taught [...] You can’t do it to people"
Concluding remarks from preliminary findings

- It seems that course directors perceive spirituality and religion as a potentially important part of trainees' development.
- There are uncertainties around both the need for including those issues in training programmes and their methods of delivery.
- There seems to be no agreement at this early stage of this research around the need for guidelines for the inclusion of spirituality and religion in counselling psychology, however, course directors' views on this topic might become clearer towards the end of this research or will need further investigation.
References


Suarez, V. (2002) Difficulties with integrating spirituality into therapy. Unpublished manuscript submitted as part of a doctoral research, held at the University of Surrey, UK.