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Counselling Psychologists' experience of working with religious clients, what has helped and/or hindered their work, and what might benefit it: an exploration in the context of the historical relationship between religious faith and psychotherapy

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Linda M Tayler: M00338021

**New School of Psychotherapy and Counselling
Middlesex University**

Doctoral Thesis

Counselling Psychologists' experience of working with religious clients, what has helped and/or hindered their work, and what might benefit it: an exploration in the context of the historical relationship between religious faith and psychotherapy.

Date of Submission: 22/06/23

Word Count: 67,344 words

Declaration

I certify that this document, which I am submitting for assessment on this doctoral programme of study, is entirely my own work and has not been taken from the work of others, except and to the extent that such work has been cited and acknowledged within the text of my work and in the list of references.

Ethical approval

This research project was approved by the New School of Psychotherapy and Counselling Ethics Panel, of the Middlesex University Research Ethics Committee.

Dedication

This research project is dedicated to my parents, Joyce and E. Jacques Trainer, who loved, nurtured, guided and supported me throughout their lives, and for whom I will be eternally grateful. It is also dedicated to my two sons, Jeremy and Christopher Tayler, their wives, respectively Maura and Athanasia, and my four delightful grandchildren, Stamatis, Blanche, Ginevra, and Markos.

“My position is not that technique is irrelevant to outcome. Rather, I maintain that ... the success of all techniques depends on the patient’s sense of alliance with an actual or symbolic healer. This position implies that ideally therapists should select for each patient the therapy that accords, or can be brought to accord, with the patient’s personal characteristics and view of the problem.”

Jerome D. Frank, *Persuasion and Healing* (1991, p.xv)

Acknowledgements

My journey to the completion of my research project has been very long, convoluted, and at times, torturous, but at last the end of this part of my life is now in sight. So many people have encouraged and supported me throughout this journey, making it difficult to name a select few for the help that they have given me. My journey to the completion of this research project seems to have begun at birth, and continued throughout my life, my experiences, and my academic studies, all of which have shaped who I am and contributed to and enriched my doctoral thesis. I would particularly like to acknowledge the tutors and staff at Blackfriars College, Oxford University, Heythrop College, London University, and New School of Psychotherapy and Counselling, Middlesex University, for the teaching, support, and encouragement they have given me. When I narrow my focus specifically to my research project itself, the person who leaps to mind, and for whom I am truly grateful and feel blessed to have had in my corner, is Dr Lyndsey Moon. Dr Moon has been with me from the very beginning of my research project through to its completion. I am also truly grateful to have had Gina Wilson as my clinical supervisor and would like to acknowledge her support of my academic endeavours, and particularly of my research project. I would like to thank the existential psychotherapist, Anthony Stadlen, for his suggestions in the area of existential philosophy and psychotherapy. I would also like to acknowledge my research supervisors at the New School of Psychotherapy and Counselling for their invaluable professional insights and critiques of my work: Professor Digby Tantam, who enabled me to fine tune my research proposal; and Drs Simon Cassar and Ho Law who guided, supported, and encouraged me, as I progressed through the stages of my research. I have also appreciated the support of my friends Jyne Mills, Marcia Higgins, and Clive Sherriff, who have proofread portions of my research project, my two mentors, Dr Vincent Matthews and Debbie Gard, and my therapist, Dr Nigel Smaller. Last, but by no means least, I would like to acknowledge all the nine participants in my research project, without whom this doctoral thesis would not exist. I would like to thank them for volunteering to participate, for their commitment to my project, and for their openness and honesty.

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Preface

➤ The purpose and importance of this research project

Despite living in a secularised Western world, Counselling Psychologists will have many clients from diverse religious backgrounds whose religious faith is the central aspect of their life, that gives it meaning, that underpins their beliefs and values, and that is integral to the way they interact with life itself (Johansen, 2010; Koenig, King & Carson, 2012; Hawkins & McMahon, 2020). Further, research in recent years has demonstrated the positive benefits of religious faith to mental health and well-being and thus religious faith can provide valuable resources for people struggling with mental and/or physical health problems, or difficulties within their lives, resources that can be utilized by counsellors and psychotherapists (e.g., Walsh, 2012). Research has also demonstrated that some clients would like to address spirituality and religion within therapy (e.g., Vieten & Scammell, 2015). Despite this, there appears to be little or no training in working with religious clients, therapists appear to find it difficult to discuss religious and/or spiritual matters with those they work with, and few therapists themselves are religious (Plante, 2009; Verhagen, 2019; Schreurs, 2020). Given the significance of religious faith to so many people in Britain and the historically problematic background to the relationship between psychotherapy and religion, along with the potential beneficial effect of religious faith on mental health and well-being, it seemed important to find out about Counselling Psychologists' experience of working with religious clients, and what their training needs were, so as hopefully to be able to improve both their working experience, the experience of therapy of religious clients, and mental health outcomes (Cummings, O'Donohue & Cummings, 2009; Sims, 2009; Gubi, 2017).

➤ My relationship to this area

My interest in religion goes back to my childhood, as does my interest in psychology, though it has only been during my academic studies that I have developed an interest in the relationship between the two. I was brought up in a religious Christian family and my relationship with God and my Christian faith has developed and been enriched

experientially and academically over many years. With being raised in the Middle and Far East, I was blessed by being experientially exposed to many different religious faith traditions. All this has led to a deep interest in people's religious beliefs and practices. As a child, I was also interested in the motives for people's actions and the reasoning behind them, and the causes of the suffering I witnessed; this led to my interests in psychology, and in counselling and psychotherapy. I pursued these areas of interest separately and academically until more recently when I read for an MA Psychology of Religion.

During my Psychology of Religion studies, I was able to research the perception of the different religious faith traditions towards psychotherapy and the perceptions of the major psychotherapy traditions towards religious faith. From my research, I noticed that, in general, there was negativity towards psychotherapy within most of the religious traditions and negativity towards religion in the majority psychotherapy traditions (Koenig, 1998; Freud, 1927; Ellis, 2010). This situation seemed to me to be far from conducive to people of religious faith successfully accessing psychotherapeutic help and improving their mental health, something both the religious and the psychotherapy communities are concerned with (Koenig et al., 2012). Thus, in this research project, I attempted, in some small way, to contribute to improving this situation, including the working experience of therapists with religious clients, the experience of therapy of religious clients, and hopefully, in turn, mental health outcomes.

➤ **Structure of my doctoral thesis**

Following Foucault's (Kearney, 1994) archaeological methodology to uncover the hidden structures of knowledge, and in keeping with psychotherapeutic practice, it seemed important to me to excavate the past to be able to understand the present and see possible ways forward. Thus, in my doctoral thesis, I have taken a historical perspective throughout on the relationship between religion and psychotherapy from the early years through to the present, gradually narrowing the focus in my research to the current situation within the clinical work of Counselling Psychologists, namely, what has helped and/or hindered their work with religious clients, and what might benefit it. As with all narratives/stories, my doctoral thesis has a beginning, Part 1 - Background, a middle, Part 2 - Research, and an ending, Part 3 – Review.

In Part 1 - Background, I first explored the provision of therapeutic help with mental health difficulties down the ages through to the inception of professional psychotherapeutic services, to provide some insight into the relationship between religious faith and psychotherapy through time. After having explored terminology and related matters, I went on to explore the relationship between religious faith and psychotherapy in the developing psychotherapeutic traditions since their inception to the present, and then briefly examined the current Codes of Practice governing the psychotherapy professions, and the Diagnostic Manuals. Lastly, I carried out a systematic review of all the relevant recent literature, to ascertain what is already known in respect of my specific research questions, and what needed to be investigated further.

In Part 2 - Research, I narrowed my focus to the experiences of Counselling Psychologists in their clinical work with religious clients, to gain some understanding within this therapeutic community of the current relationship between psychotherapy and religious faith, and specifically what has helped and/or hindered Counselling Psychologists' work with religious clients, and what might benefit it. In this part, I provided my research aims and questions, details of the ontological and epistemological underpinnings of my research project, my methodology and method, and, lastly, my analysis and research findings.

In Part 3 - Review, I discussed my research findings, and provided my reflections and conclusions on my research in relation to my research questions and the developing relationship between religious faith and psychotherapy, along with some indications for the possible way forward.

Whilst the aim of my research was to gain a greater awareness of Counselling Psychologists' experiences of working with religious clients, I also hoped my research might benefit therapists' work with religious clients, the experience of therapy of religious clients, and mental health outcomes. Additionally, I hoped my research might eventually lead to a greater engagement of religious clients with secular therapy and contribute to improving the relationship between the religious faith communities, and the psychotherapeutic communities. My research questions flowed from my aims, and focussed tightly on what benefited and/or hindered my participants' work with religious clients, and what might benefit it.

Title:

Counselling Psychologists' experience of working with religious clients, what has helped and/or hindered their work, and what might benefit it: an exploration in the context of the historical relationship between religious faith and psychotherapy.

Abstract:

The experiences of Counselling Psychologists when working with religious clients, in the historical context of the relationship between psychotherapy and religious faith, were explored using Narrative Inquiry as the research methodology. The participants were nine qualified and practicing Counselling Psychologists of different ages and genders, from different cultural backgrounds, holding a range of different positions on religious faith, with one being a committed Christian, one loosely a non-conformist Christian, one a traditional Muslim, one belonging to a philosophical branch of Islam, one not religious but currently reflecting on religious faith, two agnostic, one spiritual but not religious, and one not religious but a Humanist; they were trained in five different training institutions in the South-East of England, qualifying between 2004 and 2021.

The findings established what had helped and/or hindered the participants' work with religious clients, and what might benefit it, as well as gained some insight into their perception of the similarities and differences between religious faith and spirituality, and the relationship between religious faith and mental health. Whilst the Counselling Psychologists worked well with religious clients, helped by their integrative approach to counselling and psychotherapy, together with their own life experiences, and studies, and in a few cases, religious faith Chaplains, they were hindered primarily by a lack of specific training in working with religious clients. They considered the work of Counselling Psychologists would benefit by the inclusion of a mandatory core module in initial training, as well as CPD activities, that covered working with this client group, and was taught by believing religious lecturers.

This research was limited to Counselling Psychologists and further similar research needs to be carried out with different groups of professionals working in the psychotherapeutic communities. It would also be beneficial for research to be carried out within the different faith traditions to gain their perspective.

Keywords: Counselling Psychologists, Psychotherapy, Religious Faith, Spirituality, Religious Development, Spiritual Development, Faith Development, Spiritual Direction, Mental health

Part 1 - Background

Chapter 1: Introduction

1.1. Setting the scene

Religion, along with death and money, is a taboo subject people avoid talking about, and it seems this may also be the case in counselling and psychotherapy. Yet religion and religious affiliation may be very close to the hearts of the people we, as counsellors and psychotherapists, see in our therapy rooms, and play a significant role in their lives, the choices they make, their values, and the meanings they attribute to their lives (Emmons, 1999; Plante, 2009). Even where clients are not themselves religious, religious imagery and/or religious cultural memes may influence their thinking and behaviour in ways they may or may not be aware of (e.g., Walsh, 2009). According to Ward (2014), in the secularised, increasingly non-religious/spiritual Western world, atheism seems generally to be assumed, as if civilised humanity has outgrown the primitive understandings and delusions of their forebears of long ago. Ward (2014, p.85) suggested that in many Western societies now, spirituality has become the counterbalance for the materialism of modern life, though religion per se, with its moral codes and rituals, remains, in the thinking of many today, the obsolete hangover from earlier unenlightened times, and an “obstacle to moral and intellectual progress”. In the sphere of counselling and psychotherapy, spirituality, and not religion, is now becoming a more acceptable discourse (e.g., Schermer, 2003). This separation of psychotherapy from religious faith, however, has been a comparatively recent phenomenon.

1.2 The historical relationship between psychotherapy and religion

For most of history, religious leaders took responsibility for the mental health and physical well-being of those within their communities and it has only been for the past approximately one hundred and fifty years, notably in the Western world, that a separate secular psychotherapeutic community gradually took over this role (Myers-Shirk, 2000; Ali, Milstein & Marzuk, 2005; Pargament & Saunders, 2007). Before 3500

BCE, the priests attended to the physical as well as the religious needs of their tribes, and sickness of mind and body was thought to be caused by evil spirits or the punishment of the gods, and even ancestral spirits in some communities (Koenig et al., 2012). The priest might say prayers, perform magical rites, or lay on hands to bring about healing. This practice was geographically widespread, for example, in the Ancient Near East and in north Africa, India and China (ibid.).

From 3000 BCE, evidence has also been found of shamans using hypnotism to heal the sick in northern Asia, and, as medicine developed, massage and drug treatment might also be used alongside religious treatments (ibid.). By 900 BCE, there is evidence within the biblical texts of a separation between priests and physicians, with each party being assigned their specific tasks, but this separation was not widespread, for example, within Buddhism (600-500 BCE), the Buddha is reported as giving authority to a religious ritual to heal the sick, and, within Islam (550 CE), a body of medical knowledge is attributed to the prophet Mohamed (ibid.). Even by the time of the Christian era, there appeared to be little distinction between the healing of the body, mind, or spirit, with the three being seen as interrelated; prayer and laying on of hands were used alongside medical treatments by priests who may well also be trained physicians (ibid.). The care of the physically and/or mentally sick was carried out by religious people within different religious traditions, for example, monasteries, or within hospitals especially established for this purpose by religious people (ibid.).

By the medieval period, in the Western world, the Jewish faith appears to have viewed 'madness' as having supernatural as well as natural causes, the Christian tradition seems to have seen no contradiction between the medical view of 'madness' and the existence of supernatural forces in the world, and Islam had a long tradition of compassion for the 'mad', whereas in Asia and Africa, 'madness' was still linked to possession by demons (Thielman, 1998). The major religious traditions from the medieval period pioneered the development of knowledge, including scientific knowledge, within institutions established by them, and provided support to and hospitals for the mentally and physically ill (Nelson, 2009; Koenig et al., 2012). In recent years, chaplains from many different faith traditions have been in evidence

providing physical, spiritual, and emotional support within, for example, general and mental hospitals, hospices, prisons, universities, and schools, and many religious leaders and lay people are also trained in psychotherapy and counselling (e.g., Groeschel, 1983; Atkinson & Field, 1995; Thielman, 1998; Ross, 2003; Gubi, 2017).

The early 'psychiatrists', a title first used in Germany in the 1880s, sought to separate themselves from religion and the religious establishments, and modelled themselves on other medical specialties, in their attempt to establish themselves as a scientific profession (Koenig et al., 2012). Psychology developed at the turn of the 20th century as a subdiscipline of Philosophy, a discipline which itself had traditionally been strongly associated with theology within universities, and still is in many cases; psychology, however, began to emerge as a separate discipline in the first part of the 20th century and sought to distance itself from both philosophy and religion, and modelled itself on the natural sciences instead (ibid). Psychotherapy also developed during this time, originally within the natural science sphere of medicine, as an aspect of health and well-being, but as a profession it has now expanded beyond these confines (ibid). The psychotherapeutic community saw itself as being radically different in its approach to therapy from the religious faith communities, as, 'unlike' these religious faith communities, it considered it was working in a scientific way (McLeod, 2003).

The attitudes of the psychotherapeutic community towards religious faith in the early days, some one hundred and fifty years ago, were often negative and reflected the hostility that arose during the Enlightenment between science and religion (Smith, 1998). At this time, religious faith was either largely disregarded at best by the psychotherapeutic community, or was viewed very negatively as often being the cause of mental ill-health (McLeod, 2003; Hathaway, 2003; Ellis, 1976/2010). These negative attitudes towards religious faith of the psychotherapeutic community were present at the inception of the three major traditions that developed in the mid to latter parts of the twentieth century, the psychoanalytic/psychodynamic, behavioural/cognitive behavioural, and the humanistic/existential (e.g., Freud, 1927; Watson, 1928).

Attitudes appear to be changing in recent years, however, and although, according to Archbishop Chrysostomas (2007, p. 3), "anti-religious sentiments" remain "entrenched

[...] in the health sciences”, Richards and Bergin (2005, p. 3), more positively, saw the “influence” of these earlier views as being “weakened” with “a more spiritually open *zeitgeist*” now prevailing. For example, a growing interest in psychotherapy and religion was reflected in the American Psychological Association devoting an issue of its journal *Psychotherapy*, to “Psychotherapy and Religion” (Koenig et al., 2012, p.33). This shift in attitude towards religious faith by the therapeutic community, however, currently seems more apparent in America rather than in Britain, and many religious faith traditions remain wary of the psychotherapeutic community (Koenig, 1998). In Britain, for example, West (2010, p.89), when Director of the Counselling Studies Programme at the University of Manchester, was shocked “to have witnessed some anti-Christian remarks made in the presence of [Christian] trainees [...] and could not imagine similar anti-semitic, Islamophobic remarks being acceptable”.

A further shift, concomitant with the secularisation within the western world and the diminishing in the numbers of people actively involved on a regular basis within the traditional religious faiths, has been an increase in the desire of clients “to address spirituality and religion in therapy” (Vieten & Scammel, 2015, p.7). Also, concomitant with this decline in the popularity of traditional religion, Jung (1933, pp.236 & 237) observed, has been that “neuroses grow noticeably more frequent”, and that “modern man has an ineradicable aversion for traditional opinions and inherited truths”. Jung (ibid., p.233) was equally critical of religious leaders and therapists for their failure to address the religious/spiritual needs of those who come to them for help: “both doctor and clergyman stand before them with empty hand, if not-what is even worse-with empty words”. Almost a hundred years ago now, although “fully aware of the fundamental difficulties which stand in the way of full cooperation”, Jung forcefully asserted: “It is indeed high time for the clergyman and the psychotherapist to join forces to meet this great spiritual task” (ibid., pp.235 & 249).

1.3 Religious faith: beneficial or harmful

The “perceived conflicts between science and religion”, according to Nelson (2009, p.43), “are mostly based upon philosophies of science that are problematic and have been rejected in contemporary thought”. Whilst this may be true, it is perhaps not these that concern the average psychotherapist or counsellor, but rather, whether the person’s religious faith is beneficial or harmful. Religious faith is a very powerful force that can “impose suffering on human life” and can “alleviate suffering”; it can be used to justify the murder of someone whose religious beliefs differ from yours, or for helping someone in distress. (Griffiths, 2010, p.2).

In the news are constant reminders of negative aspects of religious faith, for example, acts of terrorism, wars, political conflicts, as well as the sexual abuse of children or vulnerable adults by the clergy or other religious leaders, and abusive religious cults and/or relationships (Chrnalogar, 2000; Lalich & Tobias, 2006; Richards & Bergin, 2014). Whilst conversely, there are also reports of all the positive aspects of religious faith, for example, charitable acts, and disaster responses (ibid.). The religious doctrines of fundamentalist or ultra-orthodox religious communities which have caused physical and/or mental harm by being used to justify patriarchy, repression and control, abuse, prosecutions, and, in some cases, murder, have come to the attention of outsiders to these faith traditions causing disquiet (Chrnalogar, 2000; Nelson, 2009; Koenig et al., 2012; Richards & Bergin, 2014; Bidell, 2016). Further, the issues of birth control and abortion, fundamental personal freedoms that are part of everyday secular society today, may pose ethical problems to many different religious faith communities, although not to all, and is the cause of discord between the secular and religious faith communities (Chapman, 1999; Richards & Bergin, 2014).

In the news also, are the constant reminders of the controversies around gender issues and sexual identities and religious faith, with many faith traditions presenting as being rigidly sexually discriminatory and negative, often vehemently so, towards the LGBTQ+ communities and those not practising traditional gender roles and identities. Flowing from these attitudes and behaviours towards LGBTQ+ people has been their

classification by psychiatrists as mentally disordered, with reparative or conversion therapies being standard practice (Bidell, 2016). Higher rates of mental distress have been found in the LGBTQ+ communities in the US and in Britain, which are now being understood as minority stress (ibid.). The anguish gender and sexual discrimination and conversion therapies have caused the LGBTQ+ communities have led to very recent British Government action, and the creation of the *Memorandum of Understanding on Conversion Therapy* (MoU2) by twenty British health, counselling, and psychotherapy organisations, which aims to end the practice of reparative or conversion therapy (ibid.; BACP, 2021). Conservative religious beliefs led to anti-LGBTQ+ Ecclesiastic and common laws in the US and in Britain; these laws have only in recent years, and even as late as the twenty-first century, now been overturned (Bidell, 2016).

Whilst much research “demonstrates heterosexist attitudes and policies within religious groups”, there is also a growing body of research that shows that “many LGB people are able to make peace with their beliefs and sexuality, overcome guilt and feelings of betrayal, and find affirming spiritual groups and religious communities with whom they can connect” (Arnold & Brewster, 2017, pp.236-237). Further, there are those, even in more fundamentalist religious communities, that are challenging, on the basis of their scriptures, repressive and abusive practices; these practices can also be related to the cultural and social norms of societies, rather than just being an integral part of religious faith traditions, causing and/or adding to the difficulties (e.g., Para-Mallam, 2006; Burke, 2012; Ahmed & Amer, 2012; Malik, 2014; Sabia-Tanis, 2018). Moreover, growth, development and change are features of existence, and, in keeping with this, all religious traditions are continuously changing, and particularly so minority religions and new religious movements, for example, the development of LGBT Muslim groups (Singeler & Barker, 2022). This is a very sensitive subject, and acknowledgement of wrong and change is a slow and painful process that has a considerable way to go (Bidell, 2016).

Despite the enormity of what has happened in the past and still happening in the present and the harm that has and is being done on the basis of religious faith, there

does, however, exist a large body of empirical evidence that demonstrates spirituality and religious commitment, though not fanaticism, are associated with mental and physical health and well-being, along with positive social behaviour (Koenig, McCullough & Larson, 2001; Sims, 2009; Koenig et al., 2012; Vieten & Scammell, 2015). Notwithstanding, negative views towards religious faith, particularly the 'dogmatic' traditional faiths, do still exist in the psychotherapeutic community, though Buddhism today seems to fare better (Cummings, O'Donohue & Cummings, 2009).

In their extensive review of research from 2000 until 2012 into the relationship between religion and mental health, Koenig et al. (2012, pp.130-131) found that qualitative studies "almost uniformly indicate[d] that religion or spiritual factors play[ed] an important and positive role in well-being", and that "175 of 224 quantitative studies (78 percent) found positive associations between greater religiousness and well-being [...]; eight (4 percent) reported mixed findings [...]; two reported complex relationships difficult to interpret; thirty-eight (17 percent) reported no association; and two studies found a negative relationship". Methodological differences exist between these studies investigating religious faith, however, because of the different variables and different populations involved (Koenig et al., 2012).

Most research has been carried out on Christian populations, but some research, primarily using qualitative methods, has been conducted on non-Christian populations, though with variations in the quality of the research (ibid.). Again, from their extensive review of research from 2000 into the relationship between religion and mental health, Koenig et al. (ibid., pp.139-140) found in five studies "that religiosity is associated with greater well-being in Jews, and four reported no association"; however, with research carried out in Israel amongst Jewish people, "five out of seven reported positive associations". In all eight studies carried out in Muslim countries examining "the relationship between the degree of religiosity and well-being", Koenig et al. (ibid., p.141) found "statistically significant positive relationships", and one qualitative study carried out in Australia amongst Muslim Sudanese refugees, "emphasized the importance of religious beliefs in resilience and well-being". Similarly, in their review of research amongst Hindus, primarily in India but also in the US, they (ibid., p.142) found that "two

out of three studies report a positive relationship between Hindu religious involvement and life satisfaction or well-being”, and that two prospective studies amongst Hindus in India indicated “that Hindu spiritual interventions increase[d] well-being”. Studies “examining the relationship between religious involvement and well-being in Far Eastern populations, where significant proportions of the population are Buddhist or Tao”, according to Koenig et al. (ibid., p.143), “report more mixed results than in Christians, Muslims, or Hindus”: “Two out of seven studies find positive relationships with well-being, three find no relationship, and two find well-being either equal or lower than that found in Christians”.

Although the research evidence demonstrates in general that those with a religious faith have significantly better physical and mental health than those who are not religious, this is not to say that this is always the case, as whether religious faith is beneficial or harmful may depend on how a person’s religious faith is used, misused, or misunderstood by an individual or group (Koenig et al., 2012). For example, a person inadvertently may misconstrue or misapply religious beliefs and practices causing harm or may intentionally use religious faith to coerce or control others, and religious people with mental health difficulties, such as mood disorders or attachment issues, may distort religious beliefs and practices (Johnson & Vonderer, 1991; Chrnalogar, 2000; Griffith, 2010). Griffith (2010, p.8), for example, stated that “when a person already is depressed, religious beliefs can: irrationally amplify guilt, apathy, or self-hatred”; “escalate the intensity of intrusive thoughts in obsessive-compulsive disorder”; “transform delusion and hallucinations to dramatic and destructive ways among patients with schizophrenia or other psychoses”; and “have lethal consequences when used to justify suicidal or homicidal impulses”. Genia (1995, p.viii), speaking from personal experience, spoke of “how faith can be poisoned by negative childhood experiences”. Further, a person may join a religious faith looking for support and help because s/he is already experiencing mental health difficulties (Steidinger, 2018). The therapist with an understanding of what is normative within a client’s religious faith, will likely be better placed to judge whether the person’s faith is causing his/her mental health difficulties or is causing distortions to their religious faith.

Those working in the psychotherapeutic world with people who are experiencing psychiatric disorder symptoms, may find these symptoms are couched in religious language or imagery; this may lead professionals to conclude the person's religious beliefs and practices are the cause of their mental health problem, whereas often religious language is merely the medium for the communication of psychiatric problems, with religion itself not being the actual problem (Griffith, 2010). Again, the therapist with an understanding of what is normative within the relevant religious faith, will more likely look for the mental health problem being conveyed through the medium of religious language and not misconstrue that it is the religious faith that is causing mental health problems, whereas the therapist who is not so well informed, may see the person's religious faith as causing their mental health difficulties (Crowley, 2018).

There are also some aspects of some religious beliefs and practices, held dear by the adherents of that religion, that may be considered harmful by many of those not of that religious faith, for example, some extreme forms of asceticism (Smart, 1969; Bowker, 1997). Further, the religious language and religious experiences within many faith traditions may also seem very strange to the non-religious psychotherapist, such as, mystical experiences, speaking in tongues and spirit possession, and, in consequence, be interpreted as indicative of mental ill-health, "pathology, schizophrenia, or psychosis" (Happold, 1963; Bowker, 1983; Mbiti, 1989; Tobert, 2017, p.174; Crowley, 2018). Those academically researching such experiences refer to them as 'anomalous', signifying they are viewed as abnormal, whereas for many religious people and faith communities they are a normal part of their lives, providing positive insights and/or transformations (Cardena, Lynn & Krippner, 2000; Tobert, 2017). Differentiating between positive religious experiences and psychotic experiences which may present similarly may be difficult, though Tolbert has suggested (2017, p.183) the psychotic ones will have "a negative content or a deeply negative effect on the experient". Rather than accepting the secular view, religious people today "who were diagnosed with psychosis and schizophrenia are questioning their diagnosis and treatment" (Tobert, 2017, p.175).

Religious experiences, now often referred to as spiritual experiences, have been present in the lives of human beings since the beginning of time and often embedded

within the person's cultural religious traditions. Although the spiritual life of a person may be within the established religious traditions, it is also a very personal phenomenon; James (1902/1982, p.6), for example, in an array of different cultural settings, has explored the very many different religious experiences of the individual believer "for whom religion exists not just as a dull habit, but as an acute fever".

If religious faith has been present throughout time, and across cultures, and research for the most part has shown it to be beneficial to health and well-being, why then has it so readily been pathologized in a western secular world, and particularly, so it seems, historically and through to the present day, within the psychotherapeutic community? As the religious faith communities and the psychotherapeutic communities both desire the well-being of the people in their care, why are they, for the most part standing over against each other, rather than working together in tandem? Is it not time that Jung's (1933, pp.235 & 249) desire for religious leaders "to join forces to meet this great spiritual task" came about? It might be argued the psychotherapeutic community is endeavouring to supplant these long-established religious faith traditions with their own 'faith traditions', complete with beliefs and practices, dogmas, and laws, within their main approaches to psychotherapy, including the newer transpersonal ones (e.g., Meltzer, 1978/1998; Rowan, 1993/2005; Murphy, 2017; Dent, 2020).

Chapter 2 – Terminology and related matters

2.1 Worldview

According to Deurzen and Adams (2016, pp. 15 & 25), having a worldview is a fundamental aspect of being-in-the-world, and “[w]e cannot help but have certain beliefs and ideas about how everything in life fits together”, “to find meaning in life”. Apart from religious worldviews, different worldviews exist, such as: attitudinal, where the person may be disposed towards an optimistic or negative view; ideological, where sets of beliefs and values are used to describe systems of ideas that form the basis for political or economic policies, for example, capitalism, or socialism; philosophical, with different philosophical schools providing a set of answers to the fundamental life questions, for example, pluralism (Deurzen, 2009).

Olthius (1989, p.29) expansively defines worldview as:

A worldview (or vision of life) is a framework or set of fundamental beliefs through which we view the world and our calling and future in it. This vision need not be fully articulated: it may be so internalized that it goes largely unquestioned; it may not be explicitly developed into a systematic conception of life; it may not even be codified into a creedal form; it may be greatly refined through cultural-historical developments. Nevertheless, this vision is a channel for the ultimate beliefs which give direction and meaning to life. It is the integrative and interpretative framework by which order and disorder are judged; it is the standard by which reality is managed and pursued; it is the set of hinges on which our everyday thinking and doing turns.

Significant differences exist between the way religious people view the world and the way people who are not religious see things. This has implications for all who work in the psychotherapeutic professions. For example, in the psychotherapeutic sphere, ‘autonomy’ is valued as a fundamental human right/attribute/core value, whereas in the religious sphere, the religious person may be suspicious of the “pursuit of autonomy” as

they might view “laws and norms” as “God given” (Loonstra, 2016, p.1). Further, religious people may argue that a ‘worldview’ is a cognitive belief system whereas being religious is concerned with the spiritual dimension of existence, with religious insights and beliefs being spiritually discerned rather than purely mentally achieved (Schermer, 2003; Gubi, 2017; Dent, 2020). Within the Judaeo-Christian traditions, for example, both sound judgements and discernment are valued (*Proverbs* 3: 21).

Otto (1917/1958) in his very influential study of religion, argued the non-rational feeling aspects of religion are often overlooked due to the major part played by language in religious traditions, the sacred texts and discourses, religious instructions, and the tendency to focus on beliefs and practices, all of which naturally emphasize the conceptual over against the experiential. Whilst appreciating the ethical and rational aspects of religion, Otto (ibid.) highlighted how these can diminish, though not completely exclude, the experience of the holy, and it is these rational aspects, rather than the experiential spiritual aspects of religion that the non-religious person focuses on, whereas for the truly religious, the focus will tend to the experiential. Jung (1938/1969), for example, who saw religion as a sociological or historical phenomenon that was of profound psychological importance, later also drew attention to this in his definition of religion “as a numinous experience that seizes and controls the human subject” (Bhugra, 1996, p.3). Further, Laing (1967, p.115) argued “[p]eople did not first ‘believe in’ God: they experienced his Presence”, so experiential and relational, rather than cognitive. Traditionally, according to Nelson (2009, p.3), religion has been a term used to refer “to all aspects of the human *relationship to the Divine* or **transcendent** – that which is greater than us, ‘the source and goal of all human life and value’”. Religion, then, is fundamentally relational, experiential, and spiritual, with a numinous quality, rather than purely cognitive, and thus cannot be reduced simply to a worldview.

2.2 Religion

Many attempts have been made to define religion: some scholars have argued this term is used in the context of the necessary human response to a super-human power or God; others have argued the term is used in the context of the feelings evoked by this super-human power; and additionally, there are those who have argued it is used to refer to the ritual acts carried out in relation to the super-human power (Wulff, 1997). According to Koenig, King, and Carson (2012, pp. 37, 45-46), a definition for religion now generally agreed on by researchers, is that religion involves:

beliefs, practices, and rituals related to the transcendent [...] that may be held in private or public settings, but are in some way derived from established traditions that developed over time within a community. Religion is also an organized system of beliefs, practices, and symbols designed (a) to facilitate closeness to the transcendent, and (b) to foster an understanding of one's relationship and responsibility to others living together in a community.

Whilst this is a very clear definition and one that is of utility for research purposes, it fails to capture the numinous/spiritual aspect of a truly religious person's faith.

Fowler (1981, pp.4&14) preferred to use the term 'faith' to encompass religious faith and other non-religious belief systems: he argued 'faith' is "a person's way of seeing him or herself in relation to others against a background of shared meaning and purpose", whether religious or otherwise, is fundamental to human existence, "is not a separate dimension of life" but "an orientation of the total person, giving purpose and goal to one's hopes and strivings, thoughts and actions". Following Tillich (1957) and Niebuhr's (1960) perception of faith, Fowler (ibid., pp.4-5) spoke of faith as "a universal human concern" [...] for we are concerned "with how to put our lives together and with what will make our life worth living", and as the person's "ultimate concern", his/her quest for meaning, a quest that may be focussed on religion, partner, children, work, power, prestige, wealth, and so forth. Whilst Fowler's description of faith is more coherent with worldview than religion, it does draw attention to how all-encompassing a person's religious faith may be in his/her orientation to life.

In this research project, therefore, I drew on Otto, Jung, and Fowler's understanding and Koenig, King and Carson's definition by seeing religious faith as being the fundamental orientation of a person, experiential, spiritual, and relational, towards themselves, others, the cosmos, that is, the universe and all that is within it, and transcendent reality, as expressed by them within the religious tradition to which they are committed. A religious client, then, is someone who adheres to a religious tradition, although his/her orientation to that religion may vary.

2.3 Spirituality

Although previously the terms religious and spiritual were often used interchangeably and almost synonymously (Oman, 2013), today people may say they are spiritual though not religious; Sperry and Shafranske (2005) have noted this change in the public's perception. The term spirituality, however, is still found today delineated as an aspect of theology in Western academia (McGrath, 2011), though from late in the twentieth century, *spirituality*, according to Oman (2013, p. 28), "can be pursued not only within a formal religious tradition, but also *outside* of traditions". There has been a major shift, then, in the public's perception of the meaning of the terms religious and spiritual, which may now be seen as separate and distinct, particularly so within the psychotherapeutic community (Deurzen & Arnold-Baker, 2005; Nelson, 2009; Oman, 2013; Koenig et al., 2012; Stead, 2018).

As Koenig et al. (2012, p.37) pointed out, "spirituality is more difficult to define today since there are no commonly agreed on characteristics of spirituality, and the traditional definition of spirituality has been changing", a judgement echoed by others (e.g., Pargament, Mahoney, Exline, Jones & Shafranske, 2013). Beck (1986), for example, argued spirituality is a universal human quality, a quality that is not the sole possession of the religious, and that is characterised, for example, by love, gentleness, insight, understanding, and a oneness with self and the whole of the cosmos. Doyle (1992) saw spirituality as the quest for existential meaning, and Roof (1993, p.64), who takes a

humanistic perspective on spirituality, expressed the modern usage of the term, seen particularly within the psychotherapeutic field, as that which: “gives expression to the being that is in us; it has to do with feelings, with the power that comes from within, with knowing our deepest selves and what is sacred to us”. Sulmasy (2002, p.25) saw spirituality as being “about the search for transcendent meaning”, with “[m]ost people express[ing] their spirituality in religious practice”, and others “exclusively in their relationships with nature, music, the arts, or a set of philosophical beliefs or relationships with friends and family”. The Clinical Psychologist and psychotherapist Dent (2020, p.5) sees herself as spiritual, and whilst not describing herself as “belonging to a particular religion or group”, believes in “a Divine Source”.

West’s (2000, p.12) more comprehensively defined spirituality as:

A transient, extraordinary psychological event marked by feelings of being in unity and harmonious relationship to the divine and everything in existence, plus one or more of the following effects: Noesis, religiosity, loss of ego, time and space alteration, ineffability, affect change during the event, transformation effect and passivity, i.e., experiencing no control of the event.

Whilst Rowan (2018) thought Existentialists should have no difficulties with this definition, some Counselling Psychologists, from examples of the definitions of spirituality cited above, may not concur with his thinking. Gubi’s (2017, pp.10-11) definition might be more accepted by those who self-identify as spiritual, but not religious, as well as those who self-identify as religious. Gubi (ibid.), drawing on the work of other theorists, put briefly, argued that although spirituality “transcends final categorisation”, it “is ultimately about the search for meaning and fulfilment in life”, “the yearning within the human being [...] to become more in tune with one’s authentic self in relation to others and the world”, “the search for the ontological significance of life in order to make sense of life situations and derive purpose in our existence”, which “leads to the creation of a value system from which beliefs and standards emerge”; it “includes a sense of transcendence – the experience and appreciation of a dimension beyond self which can lead to expanding self-boundaries”. He (ibid. p.11) concluded his lucid and

lengthy discourse by stating that it was “this dimension to experiencing and faith [...] which is explored in counselling when a client’s spirituality is worked with”.

Whilst most Counselling Psychologists may concur with Gubi’s definition, as most are not religious, and his definition may be of some utility for their therapeutic work, West’s definition of religious faith seems to reflect the numinous spiritual quality of religion and spirituality, a quality that is missing from Gubi’s definition, and many of the other previously cited definitions (e.g., Beck, 1986); Doyle, 1992; Roof, 1993). In my research, I was interested in eliciting Counselling Psychologists’ experiences of working with ‘religious’ clients, to be able to answer my research questions: what has helped and/or hindered Counselling Psychologists’ work with religious clients, and what might benefit it. However, I was also interested in eliciting my participants’ understanding of ‘religious faith’ and ‘spirituality’, the relationship between the two and with mental health, as their understanding of these might have some bearing on my research questions; thus, a working definition of spirituality, along with a working definition of religious faith, was also necessary. Whilst spirituality is more difficult to define, for the purposes of my research, I used West’s definition of spirituality, as it seemed to me to be more coherent with religious faith and with spirituality, in that it signposts their more experiential, ethereal, and numinous aspects/qualities.

2.4 The relationship between religion and spirituality

Within academia and within psychotherapy, religion and spirituality may be seen as related though there may be differences in how this relationship is perceived (Sperry, 2012). Koenig et al. (2012, p. 46), from an examination of both Eastern and Western traditions, concluded: “Spirituality is intimately concerned with the supernatural, the mystical, and organized religion, although it also extends beyond organized religion (and begins before it)”. Some perceive the terms as being distinct yet overlapping, whereas others perceive spirituality “to be a broad term that includes but is not limited to religion”, and yet others perceive religion encompassing spirituality (Vieten & Scammell, 2015, p.3). According to Sperry (2012, p.5), Pargament (1997, 1999) understood the

“concepts of God, the divine, or the transcendent, [...] to be the common denominator of religious or spiritual life”. Gubi’s (2017) more recent discourse on spirituality, would seem to perceive spirituality in a similar way to Koenig et al. (2012, p.12), with it “extend[ing] beyond organized religion (and begin[ing] before it)”, in a way that may be more appealing to those who see themselves as spiritual but not religious.

Smith (1962/1991) has spoken of religions as having a

‘cumulative tradition’ [...] the entire mass of overt objective data that constitute the historical deposit [...] of the past religious life of the community in question: temples, scriptures, theological systems, dance patterns, legal and other social institutions, conventions, moral codes, myths, and so on; anything that can be transmitted from one person, one generation, to another, and that an historian can observe.

Whilst not precluding spirituality, what distinguishes religion, then, seems to be an “affiliation with an organization that is guided by shared beliefs and practices, with members who adhere to a particular understanding of the divine and participate in sacred rituals”, a shared sense and understanding of the spiritual dimension to existence (Vieta & Scammell, 2015, p.3). Spirituality appears to be foundational and of continuing fundamental importance to those of religious faith and the religious faith traditions. For example, Laing (1967, p.112) observed: “Certain transcendental experiences seem to me to be the original well-spring of all religions”, and whilst this may be true, transcendental experiences will also be the ongoing well-spring of many of the traditionally religious.

Whilst academics, after years of research and scrutiny, may have reached the above conclusions, the perceptions of counsellors and psychotherapists, and the wider public, may differ. Ross (2006, p.172), for example, has cited the results of a written exercise carried out within a counsellor training in which the students were asked to respond to “the words ‘religion’ and ‘spirituality’”; responses to religion were grouped under the three headings of religion as fear-provoking, belonging, and irrelevant, and spirituality, which proved more difficult to classify, was thought of as “[o]neness; stillness; angels; wonder; energy; light; personal; weird; confusing; warm feeling; something that happens

outside church; prayer". These views seem to be in keeping with the views of some Sociologists of Religion (e.g., Heelas, & Woodhead, 2005).

Heelas and Woodhead (ibid., p.1), for example, in their introduction to their book, stated: "The declining influence of religion – particularly Christianity – in western societies has been the topic of the study of religion for over a century, but in recent years the emergence of something called 'spirituality' has – increasingly – demanded attention", as if, it seems, spirituality is distinct from religious faith, and has only recently come into existence. They (ibid., pp.2&5) referred to this movement away from traditional religious faith as the "subjective turn" and argued this "enables us to sharpen the distinction between 'religion' and 'spirituality' by distinguishing between life-as religion and subjective-life spirituality". In their (ibid., p.3) view, this cultural shift is a movement away from, for example, deference to authority, "duties" and "obligations", "life-as", epitomised in the "established and 'given' orders of things which are transmitted from the past but flow forwards into the future", including within religion, towards a "subjective-life", complete, for example, with "states of consciousness", "inner conscience", and "sentiments – including moral sentiments like compassion".

Whilst this movement away from traditional religion is evidenced in Western society today and does need to be investigated, the conclusions drawn by Heelas and Woodhead, and their theories, appear subjective and simplistic, lacking the archaeological depth of the investigation of social phenomena exemplified in Foucault's work (Kearney, 1994). Their judgements, and particularly their distinction between religion and spirituality, with the aspects of spirituality seemingly being excluded from traditional religious faith, are unlikely to resonate with the truly religious today within these religious traditions or cohere with their attitudes or behaviour (e.g., see research findings below), nor with the truly religious in past years (e.g., Elizabeth Fry, 1780-1845; and Jean Henry Dunant, 1828-1910). They also seem to focus on the external aspects of religious faith and seem to take no cognizance of its experiential spiritual aspects, or its numinous and relational qualities; according to Koenig et al., the external aspects of religion are designed to foster what Heelas and Woodhead refer to as "subjective life spirituality" (Otto, 1917/1958; Bhugra, 1996, p.3; Heelas & Woodhead, 2005, p.5; Koenig

et al., 2012); indeed, as these external aspects can also be an external expression of the truly religious person's internal spirituality, then they can be spiritual in and of themselves.

This is not to say that you cannot distinguish between religion and spirituality, that is, the visible aspects of religion, and its subjective, spiritual, experiential aspects. However, just as there is an interrelationship between body/mind/spirit within the functioning whole of the person, though it might be pragmatically convenient to focus on one or other of these aspects of the person separately, so too is there an interrelationship between the visible aspects of religious faith and internal spirituality, within the functioning whole of the religious person. Spirituality, then, is an intrinsic aspect of the traditional religions and the truly religious person, though it can also be pursued outside of the religious traditions.

2.5 Orientation to religion

The person's orientation to his/her religion can vary and different ways of classifying this have been established by theorists and researchers in the field of the psychology of religion:

2.5.1 Intrinsic-extrinsic religiosity

Allport (1954) distinguished between extrinsic and intrinsic religiosity, a distinction that is widely accepted today (Wulff, 1997). Extrinsic religiosity is where the religious person is "disposed to use religion for [his/her] own ends", and for him/her "religion is instrumental and utilitarian" and provides for his/her need of "security and solace", "status and self-justification", and a social group (Allport & Ross, 1967, p.434). The extrinsically religious hold their respective creeds lightly or will selectively shape them to fit with their own needs, and thus they are focussed on self rather than on God. Conversely, the intrinsically religious embrace their creed, undertake to internalise and live by it, live their religion which is of ultimate significance to them, and have their own experience of

God or the transcendent (ibid.). For the intrinsically religious, their religion would also be spiritual.

2.5.2 Cognitive orientations

Rather than distinguishing between extrinsic-intrinsic religiosity, Allen and Spilka (1967) proposed two different cognitive orientations to religion, consensual and committed. With the consensual cognitive orientation, there is a tendency for the religious person to be dualistic, literally minded, narrow in his/her views, and withdrawn from normal everyday living. With the committed cognitive orientation, the religious person tends to be complex and open in his/her viewpoint, attends his/her place of worship more regularly than the consensual religious person, and is more world-minded and less likely to be prejudiced than the consensual. The committed religious person would more likely be a spiritual person also, more so than the consensually religious person.

2.5.3 Religion as a quest

Religion may be a quest for meaning in the individual's personal and social worlds (Wulff, 1997) and Batson, Schoenrade and Ventis (1993, p.169) augmented the extrinsic-intrinsic distinction by exploring the religious person's quest orientation, with an assessment of "the degree to which religion was a quest to which an individual's religion involved an open-ended, responsive dialogue with existential questions raised by the contradictions and tragedies of life". This religious questing may have a deeply spiritual aspect (cf. Groeschel, 2009).

2.6 Models of religious or spiritual development

People's religious faith will develop and change over time, along with their orientation to religion. Although the various grand developmental theories once very popular, such as those of Piaget and Erikson, are not so much in vogue today (Beard, 1969; Erikson, 1950/1995), there are, however, many developmental theories around religious faith

and spirituality, notably perhaps those of Groeschel (2009), Wilber (2017), and Fowler (1981) that warrant examination. Groeschel is popular in Christian religious circles, Wilber seems better known in psychotherapeutic circles, whereas Fowler is well known within the discipline of the psychology of religion, though also appreciated within psychiatry (Preet, Dell and Fung, 2018). These three theories represent respectively the views of a 'religious spiritual practitioner and psychotherapist', a 'non-religious spiritual theorist', and a 'developmental psychologist': a brief exploration of their theories provides a window on the area of religious/spiritual development. The work of the psychologist and clinician Genia (1995, p.viii), who follows Fowler's developmental stages, also warrants examination, as she demonstrates how people can fail to progress in their faith development, often due to negative childhood experiences causing them "to cling to outmoded or distorted beliefs".

Groeschel (2009, p.ix), a Roman Catholic friar and a psychotherapist, synthesised Roman Catholic, Eastern Orthodox, and Episcopalian spiritual development traditions and his own experiences, and delineated three ways of the spiritual journey: *The Purgation*; *The Illuminative Way*; and *The Unitive Way*: to assist others "to find [their] own place on the journey and to identify personal traits which, for a long time, may have been obstacles on the road to greater knowledge and service to God." Groeschel's *Spiritual Passages* is grounded within religious faith traditions, is relatively easy to comprehend, and can be understood and used beyond his own Catholic tradition by religious people from other religious faith traditions, and even perhaps by those who would see themselves as spiritual in the way West (2000) defines spiritual. The spiritual journey within *Spiritual Passages* is one of increasing self-awareness and healing, a journey that involves personal struggle and pain, and that is similar, in many ways, to the healing journey of those in long-term therapy.

The philosopher Wilber is more eclectic than Groeschel in his selection of material for his developmental theory. He (2017, p.xi) integrated "many important truths from as many disciplines as possible – from East as well as West", and, according to Schwartz (ibid., p.xii), Wilber, in the creation of his theory:

incorporates truths from a vast and disparate array of fields- physics and biology; the social and the systems sciences; art and aesthetics; developmental psychology and contemplative mysticism-as well as from opposing philosophical movements ranging from Neoplatonism to modernism, idealism to postmodernism.

Wilber (ibid., p.xv) argued “human development unfold[ed] in waves or stages”, from the first stage of the development of “a healthy sense of individuality, and then ultimately to experience a broader identity that transcends-and includes-the personal self”; he (ibid., p.xvii) provided a “comprehensive map”, an invitation to explore “the vast terrain of your own being and becoming”. Whilst Wilber does draw on some religious traditions, these traditions are generally the philosophical non-theistic ones, and he only gives a nod to theistic Christian mysticism (ibid.; Rowan, 2005).

Wilber’s developmental theory is more likely to appeal to those who self-define as spiritual, though not necessarily as West (2000) defines it, more so than those who would define themselves as religious according to Koenig et al.’s (2012) definition. With its “somewhat between 10 and 24 levels” (Rowan, 2005, p.59), and its complexity, it is quite difficult to comprehend, and it leaves you with the impression Wilber is creating a new syncretic philosophical non-theistic ‘spiritual religion’, complete with its own dogmas, that is in some ways, like various forms of Gnosticism (Honderich, 1995).

Fowler’s (Fowler, 1981, p. 161) ‘Faith Development Theory’, on the other hand, is relatively easy to comprehend, is not attached to any specific religious or philosophical tradition, but rather, speaks to the development of the person’s faith, his/her belief systems, religious or otherwise, and is based on his research in the 1970s using in-depth interviews to establish “the processes of developing identity and faith” across the lifespan from infancy. His theory is mainstream within the fields of psychology, the psychology of religion, and theology, is grounded in research, and whilst not perfect and in need of refinement, it has withstood the rigours of academic scrutiny over time (e.g., Streib, 2009).

Fowler’s theory, however, like Wilber’s, is quite cognitive, lacking the experiential, relational, and numinous qualities of religious faith and religious development, and it is

perhaps Groeschel's *Spiritual Passages* that, of all these theories, best epitomises these important aspects of religion and religious development. Notwithstanding this, Fowler (1981, pp.102-103) did make "a distinction between two kinds of reasoning", in regard to "both faith-knowing and the kind of moral-knowing which gives rise to choice and action", the first being the more cognitive "logic of rational certainty", and the second being the perhaps more spiritual "logic of conviction"; with faith, where the "logic of conviction" may be more apparent, this more spiritual type of reasoning "does not negate a logic of rational certainty", but can encompass it. Despite its shortcomings, then, as a model for religious/spiritual development, Fowler's theory does provide valuable insights applicable to this process.

In his Faith Development Model, Fowler (1981) set out a series of six invariant, sequential, universal, and hierarchal developmental stages that people move through at their own pace in the development of their faith, whether this faith is religious or not, with some people not progressing very far and few reaching the final sixth stage. Fowler (ibid., p.121) argued children between nought and two are at "a pre-stage" that is "largely inaccessible to empirical research", a stage of "undifferentiated faith", when "basic trust" begins to emerge and "the relational experience of mutuality with the one(s) providing primary love and care". The first proper stage, the Stage of "Intuitive-Projective Faith", which typically ranges from when children are between two and six/seven-years-old, "is marked by a relative fluidity of thought pattern" when the "imaginative processes underlying fantasy are unrestrained and uninhibited by logical thought", and children "can be powerfully and permanently influenced by examples, moods, actions and stories of the visible faith of primally related adults" (ibid., p.133). Transitioning to the second Stage of "Mythical/literal faith", which normally lasts until adolescence, is facilitated by being able to distinguish between the real and the unreal, and is a time when children accept the stories, beliefs, and practices of their faith community literally (ibid., pp149-150). Increasing reflexivity during adolescence facilitates transitioning to Stage three, "Synthetic-Conventional Faith", which is a stage of conformity within existing faith communities and alignment with significant others, and although structural and other changes may facilitate the transition to Stage four, many people remain within this developmental stage (ibid., pp.172-173).

Stage four, “Individual/Reflective Faith”, extends normally from late adolescence to early adulthood, and although it is a stage people may not reach, it is one where people critically examine their own belief systems in relation to those of others, and take “responsibility for [their] own commitments, lifestyles, beliefs and attitudes” (ibid., pp.182-3). Increasing awareness of the complexities of human life, may lead to transitioning to Stage five, “Conjunctive faith”, generally after mid-life, a stage where people are more accepting of paradox and the limits of logic, and their “commitment to justice is freed from the confines of tribe, class, religious community or nation” (ibid., pp.197-198). The rarely reached Stage six, “Universalizing faith”, is a stage where there is “the possibility of an inclusive commonwealth of being”, despite present discord and ruptures; it is a stage where the person is concerned with “the transformation of present reality in the direction of a transcendent reality” (ibid., pp.199-200).

Drawing on Fowler’s ‘Faith Development Theory’, Genia (1995, pp.viii,1) argued “that formative relationships with early caregivers exert a tremendous impact on the spiritual life of the individual”, and how, “[d]epending on the quality of these formative experiences, adults may develop highly evolved spiritual beliefs”, and a healthy spirituality, or “they may fail to progress beyond the magical and illusionary faith of early childhood”, and present in therapy with “outmoded or distorted beliefs, [...] unhealthy or destructive forms of faith”. Genia (ibid., p,11) noted the “deeply religious” tended not to use psychological services, lest their faith was disrespected, and that therapists mostly saw religious clients presenting with distorted religious faith; she argued this had led to “[t]he tendency to pathologize faith”. Working from within a primarily psychodynamic approach, Genia (ibid.) described the distortions of faith that can manifest within clinical work, and how to work therapeutically with clients with these presentations, to enable healing and spiritual development.

Spiritual development takes place, then, when the person engages with, and self-reflectively works through, aspects of him/herself, difficult life experiences and unresolved emotional issues, no matter how painful this might be, rather than by suppressing or ignoring these things or engaging in ‘spiritual bypassing’, which would lead to spiritual stagnation and/or religious/spiritual distortions. Spiritual bypassing is a

term first coined by the Buddhist teacher and psychotherapist John Welwood in 1984 to describe the tendency to use spiritual beliefs and practices to avoid this painful therapeutic/developmental process (Masters, 2010). The spiritual healing of the Catholic Groeschel's (2009) *Spiritual Passages*, appears similar to that of the psychotherapist, Genia (1995), and also of the clinical work of psychotherapists in general. Therapeutic clinical work would, logically it seems, tend not only to the resolution of the person's psychological difficulties, but also to his/her spiritual development and the normalisation of religious beliefs and practices.

2.7 Spiritual direction and psychotherapy

The boundary between the work of mental health professionals and the work of religious leaders within the religious faith traditions, is distinct, despite, their mutual interest in human well-being, and the inherent interrelationship of body/mind/ spirit, in the unity of the person. However, the boundary between spiritual direction, the preserve of the religious faith traditions, and psychotherapy, particularly with psychotherapy's increasing interest in spirituality, currently seems undefined and blurred.

Spiritual direction was the term originally used to describe how spiritual leaders, particularly within monastic communities, would guide, teach, and reprove their followers, in the interests of their spiritual development and growth (Atkinson & Field, 1995; Gubi, 2017). Religious leaders provide for the spiritual well-being of their adherents, and today, and certainly within the Christian religious faith tradition, the term "spiritual accompaniment" is preferred, "stressing the non-directive role of the spiritual director", though the two terms can be used interchangeably (ibid., p.12). Gubi (ibid.) describes spiritual accompaniment as "being alongside another in their spiritual journeying or quest", "for meeting another on a spiritual level", and "a 'way of being' for facilitating their journeying".

Counselling and psychotherapy have a rather different focus from spiritual direction. The *Concise Oxford Dictionary* (Sykes, 1982, p.831) defines psychotherapy as: "treatment of mental disorder by psychological means", a view of psychotherapy that many Counselling Psychologists and psychotherapists may not be comfortable with. The different psychological traditions vary to a degree in how they see psychotherapy, however, McLeod

(2019, p.14), who writes extensively on the nature of psychotherapy, put briefly, argued, in a way most Counselling Psychologists might concur with, that “[t]he potential outcomes of therapy can be understood as falling into three broad categories”: the “[r]esolution of the original problem in living”; “[l]earning”, in that “[t]herapy may enable the person to acquire new understanding, skills, and strategies that make them better able to handle similar problems in future”; and “[s]ocial involvement”, in that “[t]herapy can stimulate the energy and capacity of the person as someone who can contribute to the well-being of others, as an active member of society”.

Chapter 3 – Religious Faith and the Developing Psychotherapeutic Traditions

3.1 Counselling Psychology and the main psychotherapy and counselling traditions

The psychotherapeutic world abounds with different professionals all seeking to help those in distress and struggling with everyday life, such as, Counsellors, Psychotherapists, Clinical Psychologists, Counselling Psychologists, and Psychiatrists. All have their own trainings and professional organisations, and their own somewhat differing tasks, theoretical underpinning, and ways of working. Whilst the British Association of Counselling and Psychotherapy (BACP) resisted adding psychotherapy into its title for a while, as it did not differentiate between counselling and psychotherapy, there seems to be a tendency to view counselling as a more superficial exploration of the person's mental health or life's difficulties, with psychotherapy delving into the workings of the human psyche to bring about deep-seated, radical change (Douglas, Woolfe, Strawbridge, Kasket & Galbraith, 2016). Psychiatrists work in the medical arena and are primarily concerned with the diagnosis of mental illness, and the treatment and prevention of mental health difficulties, with Clinical Psychologists also working in this medical world to help people with their mental health problems. Counselling Psychologists are increasingly working within the medical world, but although they work in a similar way to Clinical Psychologists, they bring "a more intuitive, artistic and humanistic basis to psychology than provided by clinical psychology" (ibid. pp.5-6).

Counselling Psychologists use psychological and psychotherapeutic theory and research, and work to reduce distress and to promote the well-being of individuals, groups, and families. After their foundational training in psychology, Counselling Psychologists are trained in both counselling and psychotherapeutic theory and practice and apply all these in their therapeutic work. Whilst Psychiatrists and Clinical Psychologists today working within the medical sphere, will primarily use Cognitive Behavioural Therapy (CBT), Counselling Psychologists will normally be trained in a least two of the main approaches to counselling and psychotherapy.

Different approaches to counselling and psychotherapy developed during the twentieth century and historically these broadly have been the Psychoanalytic/Psychodynamic, Behavioural/Cognitive Behavioural, and Humanistic/Existential (McLeod, 2003). Although today, there is a proliferation of theories and approaches to counselling and psychotherapy, with new ones developing continually, these remain the main, foundational, and primary ones in which counsellors and psychotherapists are trained (ibid.; Douglas et al., 2016; Murphy, 2017). How do these traditions differ? Simply put: the Psychoanalytic/Psychodynamic tradition, which includes the somewhat later Object Relations School, is a very broad church dating back to Freud, that sees the roots of people's mental health difficulties within their early childhood; the Behavioural/Cognitive Behavioural tradition sees the roots of people's difficulties within their thinking and behaviour; the Humanistic tradition sees the need for a reparative therapeutic relationship to restore mental health and well-being; and the Existential tradition sees people's difficulties arising largely from a lack of meaning and purpose in their lives (Bor & Watts, 2017). Within all these traditions, attitudes to religious faith have varied depending on the individual theorists, and although these attitudes may affect Counselling Psychologists' clinical work today, some theorists have been more influential than others on the perception of religious faith and mental health and well-being.

3.2 Psychoanalytic traditions

3.2.1 Psychoanalysis

Freud's (1856-1939) theories were foundational for counselling and psychotherapy from the beginning of the profession, are still taught on counselling and psychotherapy courses, and thus continue to influence the psychotherapeutic community beyond the strictly psychoanalytic (Rizq, 2010). Freud's (1913, 1927, 1930, 1939) views led to traditional Psychoanalysis, at best, seeing religious faith as a 'repetitious', 'neurotic', and 'illusionary dependency feature of early childhood', and, at worst, as 'pathological', an 'obsessional illness' from which to recover (Zinnbauer & Pargament, 2000). For

example, Fenichel (1938) recounted how his patients' progression in their analyses led to them being freed from their religious faith, and Deutsch (1951) described how a patient's full recovery from mental illness was prevented by her retaining her religious faith.

Not all psychoanalysts, however, agree with Freud. The psychoanalyst, Meissner (1984, p.158), for example, a Jesuit and a professor of psychiatry, concluded that Freud's account of religion "can be seen as presenting critical insight into a narrow range of the dynamics of belief, artificially isolated from the full range and complexity of human religious experience". Further, Blass (2004, p. 617) has argued there has been a change in the perception of religious faith in the past twenty years within the psychoanalytic community and cited psychoanalysts such as Rizzuto (1979), Eigen (1988), Kakar (1991), and Jones (2002), as psychoanalysts who have understood religion "in the light of psychoanalytic theory (and especially through some of its recent developments) as a normal, healthy, positive phenomenon". This change has resulted in religious faith being seen as a normal, healthy and positive activity, providing the religious faith is not institutionalized with accompanying dogma and ritual, but is a deeply personal religion, "a kind of westernised Buddhism", as Blass described it (2004, p.621). In keeping with this, Fromm (1960), for example, along with other psychoanalysts in the US, was attracted particularly to Zen Buddhism; he approved philosophically "of its elimination of the split between self and object", and "approved especially of the positive value Buddhism sets on well-being" (Black, 2006, p.9).

Whilst there may have been some change in the perception of religious faith by some psychoanalysts, negative views remain. Casement (2006, pp.191-192), for example, remarked that it was "tempting for psychoanalysts to believe that they have been able to analyse religion away", as "they can quote Freud in support of their preference", and noted, after a particular incident, that he was troubled "that Freud's prejudice against religion was still so active" in psychoanalytic circles. Further, although Rizzuto (1979, p.8) sees religious faith in a positive light, she does describe God as an "illusionary transitional object", that may be forgotten in due course, or only called upon when needed to provide comfort. This view of God is likely to be perceived as patronising and

offensive to many religious people and fails to appreciate the numinous experience of the transcendent within different religious faith traditions. In her defence though, as in Jung's disputations with Buber, as a psychoanalyst she is only talking of psychic realities, meanings, and the way people utilize their religious objects, and not commenting on metaphysical transcendent realities (Stephens, 2001).

3.2.2 Analytical Psychology

Jung (1875-1961) disagreed fundamentally with Freud in several ways and broke away to form his own branch of psychoanalysis, Analytical Psychology (Papadopoulos, 2006). His views on religion differed considerably from Freud's, for, according to Main (2006, p.300), his later position was that "it is not the presence of religious symbols but their absence and the failure to respect and recognize their prospective nature that constitutes neurosis". Further, Heisig (1979, p.9) wrote "so central and decisive is the religious aspect of Jung's thought that it has become the turning point for sympathy with or alienation from Jung's life work". It is noticeable that Jung's work is not so readily referred to in counselling and psychotherapy circles, though Analytical Psychology continues to "advocate a religious attitude", "engage with the major traditional religions", and "remains a topical subject within theology, religious studies and the history of science" (Main, 2006, pp.315-316).

Although Jung originally sat, with his Analytical Psychology, within the psychoanalytic tradition, the writings of post-Jungians, whilst grounded firmly in Jungian thought (e.g., Hillman, 1996; Raff, 2000), seem to cohere more with the Transpersonal school within the Humanistic traditions (see below). Hillman (1996, pp.94&109), for example, spoke of how "mysticism unites visible and invisible", and how the thinking of many western people today is: "Maybe what comes from elsewhere will make me do crazy things; maybe the invisible world is demonic and should be excluded. What I can't see, I can't know; what I don't know, I fear; what I fear, I hate; what I hate, I want destroyed." Raff (2000, p.256) postulated: "there exists a self of the psychoid. By this term I indicate an aspect of God that seeks individual expression and union with a human partner".

2.3 The Object Relations School

Theorists and practitioners of the Object Relations School within the psychoanalytic tradition, that developed from Klein's approach (Gomez, 1997; Segal, 2004; Rizq, 2010), vary in their perception of religion, though their views generally range from the positive to the benign. For example, Klein herself, although very much a Freudian, "was indifferent to religion" (Black, 2006, p.9); Fairbairn (1927), though not strictly an object relations theorist but a psychiatrist and psychoanalyst with an interest in anthropology and who influenced Klein, distinguished between abnormal and normal religious experiences; Guntrip (1956; 1961), a minister as well as a psychotherapist, viewed religion as of value and an impressive human activity; and Winnicott (1953; 1963) saw religion as providing *transitional objects*, and though these were illusionary, they provided comfort. Winnicott has been very influential within psychotherapy and counselling, and his views may have adversely affected the perceptions of religious faith traditions, and particularly theistic ones, of many counsellors and psychotherapists beyond the bounds of the Object Relations school. Rizzuto (1979), for example, followed his thinking.

3.3 Behavioural and Cognitive Behavioural Traditions

Many psychiatrists and psychologists in the early years of the Behavioural/Cognitive Behavioural traditions (e.g., Watson, 1928; Skinner, 1948b, 1971, 1974; Vetter, 1958), had very negative views on religion and its relationship with mental health. Ellis (1976/2010, p.21), one of the leading and most influential people within the Cognitive Behavioural tradition, stated:

that unbelief, scepticism, and thoroughgoing atheism not only abet but are practically synonymous with mental health; and that devout belief, dogmatism, and religiosity distinctly contribute to and in some way are equal to mental or emotional disturbance.

These traditions more recently, however, have drawn on religious faith traditions in their construction of Mindfulness techniques, notably Mindfulness-Based Cognitive Therapy (MBCT) for use in psychotherapy, (Segal, Williams & Teasdale, 2013), and the Acceptance and Commitment Therapy (ACT) approach (Hayes, Strosahl & Wilson, 2012). These approaches are divorced from religion and Levenson and Aldwin (2013, p. 580), for example, referred to the Mindfulness of counselling and psychotherapy as “*utilitarian mindfulness*”, stating “it is not mindfulness as a spiritual practice but as a means to solve or cope with a specific problem”. Joiner (2017) went even further and argued that MBCT, along with Mindfulness-Based Stress Reduction, was a reworking of religious mindfulness in a Western narcissistic culture, and that it was delivered by ill-equipped mental-health professionals and others who cannot tell the difference between genuine and adulterated mindfulness; he called for a return to genuine, virtuous, and selfless mindfulness. Thus, the secularizing and commodifying of Mindfulness, and the severing of it from “its roots in Buddhist philosophy and soteriology”, as well as the contemplative and mindfulness practices of other religious traditions, and their ethics, has been criticized, and there are movements both within Zen Buddhism and Christianity, for example, to re-instate the religious dimension within Mindfulness practice (e.g., Rosenbaum & Magid, 2016; Stead, 2016, 2018; Draper, 2016; Purser, Forbes & Burke, 2016, p.vii; Tyler, 2018).

It is important to bear in mind, though, that there is a definitive fine line between spiritual direction and psychotherapy, and it seems to me to be to CBT’s credit, that it has not overstepped this line in the inclusion of Mindfulness, a feature of many religious traditions, into its therapies (Atkinson & Field, 1995). Whilst MBCT does need to address, and is beginning to address, its very real shortcomings, that MBCT is a-religious, means that those who come from differing religious traditions or none, can practice Mindfulness in a way that coheres with their own belief system, religious or secular (Purser, Forbes & Burke, 2016; Joiner, 2017). Further, CBT’s way of treating Mindfulness is in keeping with CBT’s development over the years: *First Wave* Behavioural Therapy was integrated into Cognitive Therapy to create the *Second Wave* CBT, and this development continued in the *Third Wave* CBT therapies, of Mindfulness and ACT, with what was perceived of as pragmatically useful being

integrated, and what was not, generally being dismissed or ignored. This indeed was how Robertson (2018) treated Stoic philosophy, which he saw as providing CBT's philosophical origins: to his discredit, he failed to acknowledge the thoroughly religious nature of Stoicism.

Even more recent standard CBT texts largely seem to ignore religious faith, for example, Wills with Sanders (2013) makes no mention of religious faith at all, and Kennerley, Kirk and Westbrook (2017), only briefly so, in a section headed "Holding beliefs that may be incompatible with CBT", where they argued for finding "a way of working with [and], without attacking the alternative [religious] explanation".

Though they themselves saw religion "as a potential resource", Germer and Siegal (2012, p.313) acknowledged the "long tradition of religious antipathy" within CBT, complete with "[s]tereotypic notions of religion as a pacifier, a defence, or a form of denial", and that this thinking was still "commonplace among mental health professionals". Similarly, Hayes et al. (2012, p.152) took a very positive view of the value of spiritual and religious traditions with their transcendent qualities, but also acknowledged that these are difficult issues "for empirically orientated clinicians", reflecting perhaps the continuing negativity towards religious faith amongst CBT practitioners; they argued for an openness towards religious faith traditions, without promoting them.

There have been signs within mainstream CBT very recently, however, of more positive perceptions of the religious faith traditions. For example, developed within CBT, for work with those suffering General Anxiety Disorder, has been the religiously enhanced *Calmer Life* programme, a programme that has proved effective; within this programme, clients were free to choose learning materials and exercises that were religiously informed or those that were not (Barrera et al., 2012; Ramos et al., 2014). More recently again, Knabb (2016) has developed ACT for Christian clients, and later an accompanying workbook (2017), and Rosmarin (2018) has addressed practically how to integrate spirituality and religion into CBT by clinicians, rather than leaving these matters on the periphery of therapy or excluding them altogether.

The attitude towards religious faith, in general with empirically orientated CB Therapists may remain negative, but there are those, it seems, and particularly within the *Third Wave* traditions, who are more open towards it and even more positive about its value. Despite this, where attitudes towards religious faith may be more positive with religious faith being more positively engaged with, it does seem that this may depend on the attitudes and beliefs of individual CB Therapists. Further, these movements towards a more positive attitude towards religious faith and a preparedness to incorporate it constructively into the therapeutic process, appear to be on the fringes of CBT, and are not so apparent within mainstream CBT literature.

3.4 Humanistic Traditions

These traditions, the Person-centred, Gestalt, and Transpersonal approaches, and Transactional Analysis, tend to hold an essentially positive view of the person, who is seen more holistically in terms of body/mind/spirit (Shaffer, 1978; Rowan, 1993/2005; 2005). Maslow (1908-1970), a highly influential humanistic psychologist, “was an opponent of theism”, though the highest point in his *Hierarchy of Human Needs*, and his talk of “the systematic pursuit of, and enjoyment of awe and wonder”, has a very spiritual and mystical feel (Wulff, 1997, p.605). Perceptions of religion and its relationship with mental health, according to Rowan (1993/2005), however, will depend on the knowledge, understanding and attitudes of individual therapists, as in other counselling and psychotherapy traditions. West (2000, p.28) argued therapists in the Transpersonal school were more likely to be positively disposed to religious faith and working within a person’s religious tradition, more so than the other humanistic schools, but that “those writing from a humanistic point of view tend to adopt a positive or otherwise neutral stance” towards religion. Rowan (2016, p.7), however, in a more recent book about Humanistic Counselling and Psychotherapy, wrote about spirituality, and briefly mentioned the “four Eastern philosophies” of Zen Buddhism, Tao, Sufism, and Tantra, but did not mention religious faith per se; it is interesting that he referred to these four as philosophies and not religions, a view that many might question.

Although Rogers (1902-1987), the originator of the Person-centred approach to counselling and psychotherapy, was estranged from his own Protestant Christian religious background, his religious background did influence his approach, and indeed, according to Walker (1956, p.89) he “is the successor to Rousseau [who observes] that every man comes from the hand of his Maker a perfect human being” (Kirschbaum & Henderson, 1989; McLeod, 2003). Thorne (1998) has related Person-centred counselling to his Christian spirituality, and the psychotherapist, Burrell (2021, p.199), has said that on her first counselling course, how Person-centred counselling “resonated with [her] because the core conditions appeared so similar to biblical principles”. Religious faith itself, however, is not mentioned in standard Person-centred books or even spirituality (e.g., Mearns & Thorne, 1999; Mearns, 2003). Thorne (in Mearns, 2003), a Christian, explored counselling and psychotherapy as a spiritual discipline, and said how Rogers, later in his professional life acknowledged this. For example, Rogers (1980, p.129), emphasising the importance of presence within the therapeutic relationship, wrote: “it seems to me that my inner spirit has reached out and touched the inner spirit of the other. Our relationship transcends itself and becomes part of something larger. Profound growth and healing are present”. In this later writing of Rogers (ibid.), there is no mention of the Judaeo-Christian religious traditions in relation to spirituality, but only Eastern philosophical traditions, such as Buddhism and Taoism.

Perls (1893-1970), the originator of Gestalt therapy, who had a Jewish religious background although not practicing his faith, was attracted to Zen Buddhism later in his career, and although he often made sceptical comments “about spiritual disciplines”, he seemed quite happy to make use of some religious practices, just as CBT has, for he interwove “Zen concepts and paradoxes into his teaching” (Clarkson, & Mackewn, 1993). Berne (1927-1970), the originator of Transactional Analysis (TA), also came from a Jewish background, and, as with handbooks on Gestalt counselling (e.g., Mackewn, 1997; Clarkson, 1999), classic Transactional Analysis books (e.g., Stewart & Joines, 1987) make no mention either of religious faith or spirituality. Despite this, more recently Tudor (2019) has taken issue with the separation of religious faith and

spirituality from psychology and has discussed the implications of this for Transactional Analysts and other TA practitioners.

The Transpersonal approach to counselling and psychotherapy, in contrast to the previous humanistic approaches, overtly from its inception, focused on the spiritual aspect of the person in therapy in a positive way, integrating many diverse forms of spiritual practices, including religious faith ones; its theorists determined to bring the traditional spiritual wisdom of the religious faith traditions to modern day people (Hillman, 1977; Rowan, 2005; Armstrong, 2006; Hartelius et al., 2013). There has also been a determined attempt within this approach to draw on theorists from other traditions, such as those of Jung, Psychoanalysis, and Psychosynthesis (McLeod, 2019). Psychosynthesis, for example, which incorporates 'spiritual techniques' into its therapy, recognised the importance of religious faith in human nature, but, with reference to the relationship between psychotherapy and religion, it takes a neutral position, and does not "appropriate to itself the fields of religion [...], nor attempt to give a metaphysical nor a theological explanation" (Assagioli, 1965, pp.6-7). Hardy (1987) acknowledged the indebtedness of psychosynthesis to the mystical traditions of East and West. The Transpersonal approach can be integrated easily into other approaches to counselling and psychotherapy, for example, Nuttall (2002) has detailed how he explored transpersonal themes within TA, and TA also encourages engagement in spiritual activities outside of therapy (e.g., Borstein, 2000). From a traditional religious faith perspective, on the downside is that many aspects of the Transpersonal approach have a New Age religious feel, for example the talk of the 'Higher Self' and 'the Subtle', and traditionally religious people may not be comfortable with this, along with many who are not religious (Rowan, 1993/2005).

3.5 Existential Traditions

Existential philosophers and psychotherapeutic practitioners have represented both extremes of the views on religious faith, although some have taken more moderate positions between the two. Kierkegaard (1944/2014), Buber (1923), and Tillich (1952; 1957), for example, came from religious faith backgrounds and explored this aspect of

human life in their writings in a positive way, whereas Nietzsche (1969), Sartre (1943; 1946/2007) and Camus (1955) viewed religious faith very negatively and argued against its being useful to human life; Jaspers (1932/1964), for his part, took a more moderate position questioning theology but valuing faith and arguing for a “living relatedness to the Transcendent instead of talk about such a relationship” (Roberts, 1957, p.265; Friedman, 1964; Deurzen, 2010). Roberts (1957, p.339) noted this difference of opinion about religious faith within Existentialism, saying that for Sartre Existentialism was Humanism, whereas for religious Existentialists “genuine human freedom is discovered only [...], in rapport or communion with the living God”. Laing (1967, p.108), in his exploration of transcendental experiences, speaks of them in terms of “experiences of the divine”.

Deurzen (2010, p.169), in a similar way to Fowler (1981), argued that “[p]eople cannot live without beliefs and values”, and with Adams (2016, p, 135) that people’s “assumption about the world and its future are based on faith”, with Existential faith “relying on the idea that the universe makes sense”. The focus in Existential psychotherapeutic theory and practice today, however, seems to be on spirituality as an important aspect of the person, with religion and its “naïve superstition”, “dogmas” and “paraphernalia” being viewed more negatively; psychotherapy also seems to be thought of as replacing religion as the arena for the exploration of spirituality (Deurzen, 2010, pp.3 &171).

Existential psychotherapy and religious faith have many interests in common: just as within the religious faith traditions, Existential psychotherapy is concerned, for example, with the meanings their clients attribute to their experiences, their values and life, their choices, and their responsibilities for what flows from these choices, and the expression of the spiritual dimension of the person, and will freely explore these within the therapeutic encounter (Deurzen, 2010). Although the spiritual dimension of the person, the *Überwelt*, seems to be the focus of Existential psychotherapy today, and not the person’s religious experiences, the Existential psychotherapist would likely be open to exploring these in a positive way (ibid.). Existential philosophy, and the Existential psychotherapy that developed from it, has been a “broad church” from its inception to

the present day, and an openness to the person's religious experiences remains a significant aspect of Existential psychotherapy (ibid.). Further, as can be seen at the New School of Psychotherapy and Counselling, many engaged in Existential psychotherapy training in that institution come from different religious faith backgrounds: this would seem to indicate both that religious trainees feel accepted and at ease there, and that this approach to counselling and psychotherapy is coherent with their own beliefs and values.

Despite Deurzen delineating the spiritual as one of four dimensions of the person and arguing for its place in Existential psychotherapy, Rowan (2018, p.224) took her to task for her "persistent tendency to veer off the spiritual and on to the philosophical". When Rowan (ibid.) investigated this further, he found the answer to his question about the position of Existential psychotherapy on spirituality was that "[t]here is no specifically existential approach to spirituality, because spirituality is just human". This begs the question as to whether there is any deep understanding of spirituality and/or religious faith amongst some Existential theorists and practitioners.

Existential therapy's openness to religious faith can be seen more recently in the inclusion in the *Hermeneutic Circular* (Nanda, 2021; 2021) twice in one year of articles about a therapist's own deep religious faith and, in this case, a faith within one of the traditions of Hinduism. In her second article, Nanda (2021, pp.16 &18), an Existential psychotherapist, thanked "the editor for his openness and sensitivity to [her] views", and went on to exhort Existential therapists "to be attentive to meaning, the subjective meaning of the sacred for each client, and to be fully respectful, even if it does not correspond with our own beliefs and thinking". Whilst there is clearly an openness to religious faith in the publishing of these two articles, it is interesting to note that Nanda still felt the need to exhort fellow Existential therapists to be respectful towards belief systems that differ from theirs, including religious ones.

3.6 Family and systems theory

Although Counselling Psychology training is distinct from Family Therapy training, Counselling Psychologists in their training may possibly be introduced to family and

systems theory. Family Therapy training does take account of the cultural background of the family, including its religious background, which is intertwined with the cultural background, in a way that the main psychotherapeutic traditions do not (McGoldrick et al., 2008; Walsh, 2012). Family Therapists' approach to the religious and spiritual dimension of the family appears exploratory, to gain understanding, rather than being judgmental, though, in practice, attitudes towards religious faith may also depend on the individual personal views of both teachers and therapists.

3.7 Integrative and Pluralistic Counselling and Psychotherapy

An Integrative approach to counselling and psychotherapy has developed within the psychotherapeutic community that respects and utilizes the above different therapeutic traditions. Counselling Psychologists' training in psychology and at least two of the main approaches to counselling and psychotherapy has meant many of them work in an integrative way. A recent development within the Integrative approach has been Pluralistic Counselling and Psychotherapy (Cooper & McLeod, 2011; Wilk, 2014), and Counselling Psychologists' often integrative therapeutic practice may have led to them being at the forefront of this movement towards a pluralistic way of working.

According to Cooper and McLeod (2011, pp.7-8), a pluralistic perspective, which has a humanistic/existential philosophical basis, "can be defined as the assumption that different clients are likely to benefit from different therapeutic methods at different points in time, and that therapists should work collaboratively with clients to help them identify what they want from therapy and how they might achieve it". Further, Ersahin (2013) and Wilk (2014) have argued working in a pluralistic way better suits clients from different religious and cultural backgrounds, as it can adjust respectfully to their religious faith, when other approaches may not.

Counselling Psychologists, Feltham, and House (2017, p.332) observed, "typically embrace humanistic psychology principles (e.g., human goodness, resourcefulness, and potential)", and indeed may therefore be more open to religious faith and spirituality in keeping with humanistic counselling and psychotherapy. Bergin (1980) warned

though, of the marked differences in the value systems of theistic religions and clinical humanists, for example, self-sacrifice rather than self-satisfaction, and that these differences may inhibit the therapeutic relationship and the course of therapy. Thus, how psychotherapists work with people with religious faith may still depend on the attitudes and understanding of the individual therapists themselves, as well as their specific skills in this area, as much as on the approaches they utilise in their work. Given the history of the different psychotherapeutic traditions through to the present, there may be uncertainty amongst religious people, especially those from theistic traditions, about how their faith will be received, leading to a reluctance to seek therapy, therapy itself being inhibited and/or terminated prematurely.

Chapter 4: Codes of Practice and Diagnostic Manuals

In my attempt to gather and interpret all the relevant more recent literature to answer my research questions, I first examined the latest Codes of Practice of the various professional organisations that govern the psychotherapeutic professions. I also obtained copies of the American Psychiatric Association's *Diagnostic and Statistical Manual of Psychiatric Disorders* (2013) (*DSM-5*), and the World Health Organization's *ICD-11 Classification of Mental and Behavioural Disorders: Clinical Descriptions and Diagnostic Guidelines* (2022) (*ICD-11*), to review possible guidance for working with religious clients.

4.1 Codes of Practice

All therapists working professionally within the psychotherapeutic community are required to be members of professional organisations that regulate their work (McLeod, 2019). These professional organisations “ensure ethical standards of practice, and to achieve this objective both have ethical codes or guideline for practitioners, accompanied by procedures for dealing with complaints about unethical behaviour” (ibid., p.451). The ethical codes or guidelines have developed over time and “place on record a consensus view around the ethical issues and dilemmas in counselling and psychotherapy”, provide a forum to “systematically reflect on ethical and moral issues in an ongoing way”, and ensure the maintenance of a high standard of professional practice through their complaints’ procedures and support of practitioners, primarily to protect those accessing therapy (ibid., p.452). Ethical codes are difficult to formulate, different codes include certain things and omit others, they do not cover “*all* eventualities”, and they can prove difficult to interpret and/or apply in specific situations (ibid.). Therapists who are working professionally are required to notify their clients of the professional organisation/s they are members of and which ethical code or guidelines they work within (ibid.).

The professional organisations pertinent to Counselling Psychologists are: the British Psychological Society (BPS); the Division of Counselling Psychologists, a specific group within the BPS for Counselling Psychologists; the Health and Care Professionals Council (HCPC); and the United Kingdom Council for Psychotherapy (UKCP). Counselling Psychologists may also be members of other professional organisations, such as the broad church British Association for Counselling and Psychotherapy (BACP), and modality specific organisations, such as: the United Kingdom Association of Humanistic Psychology Practitioners (UKAHPP), the Society of Existential Analysis (SEA), the British Association for Behavioural & Cognitive Psychotherapies (BABCP), the British Psychoanalytic Council (BPC), and the Royal College of Psychiatrists (RCP).

4.2 Professional organisations for Counselling Psychologists

In its ethical code, the BPS (2021) exhorts its members “to use their own professional and ethical judgement as guidelines”, “to be aware of own biases”, and to recognise their own “ability to act ethically may be compromised”, for example, by “power, emotion, and the role of social norms, organisational pressures, and the role of group/self-identity” (p.4). This self-awareness on the part of Counselling Psychologists, would necessitate years of self-reflection and an awareness of their own values and belief systems, their own philosophy of life, and specific training in these areas.

One of the BPS’s guiding principles is “respect”, with this respect involving the recognition of “the inherent worth of all human beings”, and although it states that this should be “regardless of perceived or real differences”, it only cites “social status, ethnic origin, gender, capacities, or other group-based characteristics”, with nothing being said specifically about differences in values or belief systems (p.6). Similarly, with the BPS’s guiding principle of “competence”, where it says “members should not provide professional services that are outside their area of knowledge, skill, training, and experience”, given my experience of therapy training, I am left wondering how many Counselling Psychologists would have any deep awareness of their own values and belief systems, and biases, and sufficient knowledge and understanding of religious beliefs and practices, so as to make them competent to work with religious clients (p.6).

Further, the BPS provides a significant number of documents that give ethical guidance for working with many different client groups but provides no ethical guidance documents for working with religious clients. Within the BPS's Division of Counselling Psychology, there is a Spirituality Special Interest Group, formed in 2013. and open to trainee and qualified Counselling Psychologists with an interest in spirituality. This group "embraces difference and diversity within spiritual beliefs, experience and practices and promotes open exploration of a range of issues, relevant to counselling psychology, philosophy and practice", and, whilst spirituality is referred to primarily within its statement document, religious faith is also mentioned on three occasions (BPS, n.d.).

As with the BPS, UKCP (2019) stresses the need for registrants only to work therapeutically where they are competent to, but unlike the BPS, UKCP cites religious beliefs, along with cultural and political beliefs, in their injunction "[n]ot to allow prejudice [...] to adversely affect the way" their registrants relate to their clients (pp.3&4). UKCP also encourages the active consideration of "issues of diversity and equalities" as these impact on their work, and "the need for a continuing process of self-enquiry and professional development" in respect to these (p.4). The HCPC (2016) similarly exhorts its registrants to work "within the limits of their knowledge and skills" (p.1) but says nothing specifically about diversity save for the need to respect the dignity of clients, and the injunction not to allow personal views "to affect [...] professional relationships or the care, treatment or other services" that they provide" (p.5).

4.3 Additional professional organisations

BACP is a large umbrella counselling and psychotherapy organisation with many members. In its comprehensive ethical code, BACP (2018) stresses the importance of competence and the values, principles and personal moral qualities that underpin therapeutic work, along with the need to respect the dignity and diversity of clients, but, despite this, does not detail specific client groups, such as the religious, save for gender identity and sexual orientation. BACP, however, does have a Spirituality Division that seeks to "increase awareness of the importance of spirituality" and that sees spirituality

as encompassing “belief, faith, religion and other ways in which we might experience deeper connection to and appreciation of self, ‘Other’ and environment” (BACP, n.d.). This division provides a range of materials, trainings, and support, for guidance with working with belief, religion and spirituality.

The organisation for Humanistic counsellors and psychotherapists, UKAHPP (2018), for its part, affirms several basic human rights, including protection from “discrimination, harassment and victimisation”, cites religious belief, though no other belief systems (A.4.3). The organisation for Existential therapists, SEA (2019), has adopted the UKCP Code, with its careful attention to respect of diversity and differing beliefs, religious or otherwise. The organisation for Behavioural and Cognitive Psychologies, BABCP (2009/2017, pp. 6&10), both adjures its members “to treat service users with respect and dignity”, and not to allow their personal views “about a service user’s sex, age, colour, race, disability, sexuality, social or economic status, lifestyle, culture, religion or beliefs” to affect their work, and only to work “within the limits of [their] knowledge, skills and experience”. Whilst the organisation for Psychoanalytic psychotherapists, the BPC (2011, pp.3&7), makes no mention of religion per se, it stresses the need for competence in the work of its registrants, and “in all their professional work, value integrity, impartiality, truth and respect for persons irrespective of any variables”, and provides a sample list that includes “creed”. The professional organisation for Psychiatrists, the RCPsych (2014), is expansive in its exhortation that psychiatrists respect the rights of their patients, including regarding their “views, beliefs and priorities” (p.5). The RCPsych also has a spirituality group and has provided a freely available guide for the assessment of spiritual concerns (Eagger, 2009).

4.4 Diagnostic manuals

The American Psychiatric Association’s (2013) *DSM-5* takes cultural issues, including religious faith, seriously and provides a constructive way in its “Cultural Formulation Interview” to work within the conceptual framework of religious people. ICD-11 includes religion and spirituality within its section “Community, social and civic life”, under the

code “VW6Y Other specified community, social and civic life”, but neither lists it specifically nor says anything further.

4.5 Reflections

A review of the ethical codes of practice in Britain of the professional organisations of Counselling Psychologists shows variation in the attention paid to belief systems, including religious ones, with the BPS saying nothing about religious faith, and UKCP listing it, with the injunction to therapists not to allow prejudice adversely to affect their work. There is scant or no attention, then, paid to religious beliefs and some recognition that negative perceptions of the relationship between mental health and religious faith still exists, and the need to guard against it. This raises questions, such as: Do negative views of religious faith inhibit religious people from accessing the therapeutic help they need? Does it lead to premature withdrawal from treatment? Does this cause, in the worst cases, further distress? It is also surprising so little attention in general is paid to religious faith across all counselling and psychotherapy organisations, which along with spirituality, is attended to more within special interest groups within the organisations; this places religious faith and spirituality on the fringe, signalling, it seems, that these matters are not considered so centrally important.

Within *DSM-5*, an American document, more attention is paid to cultural differences and religious faith particularly, and some guidance is given as to how to work with religious clients. The WHO’s attitude to religion and spirituality seems to be reflected in their giving scant attention in ICD-11 to what to me is an important aspect of a person’s life, an aspect that would impact their physical health and mental well-being. Further, Hansen et al. (2006) found somewhat concerning evidence that ethical codes were not particularly influential on therapists’ perceptions and/or behaviour and that therapists did not practice what they preached. Working ethically is fundamental to working therapeutically, including within the very sensitive significant area of people’s religious faith, as additional damage and pain could so easily be caused to those already suffering.

Chapter 5: Recent research and writings: A narrative review of the literature

5.1 Method for carrying out my narrative literature review

For my narrative review of recent literature and research, I used both the 'snowballing' method, and a 'systematic' one. Firstly, for my snowballing method, I utilised the many books on the subject I obtained during my MA Psychology of Religion, obtained books published since those studies that I became aware of either through data base searches, searches within libraries, or word-of-mouth recommendations; I also searched the bibliographies and references of these books to obtain further relevant books, academic articles, and research papers. In addition, I searched the references of academic articles and research papers for further relevant books, academic articles and research papers.

My systematic database searches for details of current research and other relevant literature, involved searching Glyndwr University databases (PsycINFO; on-line library catalogue), and the bibliographic databases of the University of London Senate House Library and Middlesex University (PsycINFO; Psychological Abstracts 1887 – online; on-line library catalogue, APA PsychArticles, Wiley online, Sage Journals, EBSCOhost Humanities International Complete) along with Ethos, the British Library e-thesis online service, using the keywords 'psychotherapy and religion', 'Psychoanalysis and religion', 'Cognitive Behavioural Therapy and religion', 'Humanistic psychotherapy and religion'. I was also able to conduct some research on PEPWeb (Psychoanalytic Electronic Publishing on-line) and Google Scholar, again using the keywords 'psychotherapy and religion'. Whilst carrying out my online searches, I systematically examined each document I accessed to identify those relevant to my research questions, what helped and/or hindered therapists work with religious clients, and what might benefit it, for further detailed analysis. I carried out my search in this way to ensure that nothing was inadvertently missed that might prove relevant. I limited my search to from 1999 onwards in all cases.

In writing the narrative literature review, I used a narrative construction, in keeping with my research methodology and the structure of my doctoral thesis (Green et al., 2006; Ferrari, 2015). As Ferrari (ibid.) has said, “some issues require the wider scoping of a [Narrative Literature Review]”; this was the case with this doctoral thesis, as the specific research carried out was explored within the context of the historical relationship between religious faith and psychotherapy. Thus, I wrote the narrative literature review as a ‘story’, “identifying and summarizing what has been previously published”, in order that the reader would get a sense of the ongoing developing relationship between religious faith and psychotherapy through to the present, the background against which my research was carried out, and how my research was in continuity with this progressing tradition (ibid.). As there are differences between the research and writing carried out in America and in Britain, and to some extent the rest of the world, I have reviewed the literature from these geographical areas of the world separately, before reviewing books that may be useful to those who work with religious clients, books that have also been written within the context of the ongoing research and the developing relationship between religious faith and psychotherapy.

5.2 American research and papers

In America, now more than twenty years ago, Yarhouse and Van Orman (1999) suggested there needed to be more awareness of religion and its place in clients’ lives to provide effective treatment, and Zinnbauer and Pargament, in 2000, after examining four approaches to therapy, argued for a constructivist and pluralistic approach to counselling and psychotherapy, as this way of working would be flexible, and thus able to deal respectfully, ethically, and effectively with the different religious and spiritual concerns that may emerge in clinical practice. A year later, Worthington and Sandage (2001) urged therapists to assess for religion and spirituality, as religious clients seemed to want therapy that respected their religion, however, despite all this, Hathaway et al. (2004), and Walker et al. (2004), a few years later, found that psychologists did not routinely address religious faith or spirituality, despite seeing these matters as important to clients’ functioning.

When it came to psychotherapy and counselling training institutions, both Schulte (2002) and Brawer et al. (2002) found they provided little training in how to work with religion and/or spirituality, despite public interest in these. Unsurprisingly then, Aten and Henandez (2004) found few therapists had received training and supervision relevant to working with religion and/or spirituality, and, two years later, both Hage (2006) and Russell and Yarhouse (2006) argued for relevant training to work with religious clients. When it came to the therapists themselves, whilst Smith et al. (2007) and Wade et al. (2007) found some efficacy for religious/spiritual psychotherapy, Pargament and Saunders (2007) found that although clients would have liked to discuss their religious or spiritual concerns in therapy, therapists felt inadequate for the task. From the clients' perspective, Lukoff (2007) drew attention to the evidence that visionary spiritual experiences (VSE) were often beneficial to mental well-being, adding a new spiritual dimension to people's lives, an inner experience of connection to something greater than themselves, and a personal sense of the sacred and meaningful; he also helpfully differentiated between VSEs and psychotic episodes.

In view of the growing interest in America of integrating spirituality and religion into clinical practice, even if little, if anything, had changed, Plante (2007) proffered the ethical issues and principles that need to be considered, and Shafranske (2009), Hathaway and Tan (2009), Richards et al. (2009), Delaney et al. (2009), Dwairy (2009), and Duba and Watts (2009), went on to provide useful practical evidence of how different approaches could be adapted for use with religious clients. By this time there seemed to have been a growing openness amongst therapists to engage with religious faith and/or spirituality in their clinical work: Frazier and Hansen (2009) found religiously/spiritually orientated therapists were more likely to engage with religious/spiritual concerns, though not as often as might be expected, given the value they placed on them; and Post and Wade (2009) found therapists to be open to working with religious/spiritual concerns, and that the use of spiritual/religious interventions provided a useful and effective addition to traditional therapy for some clients. Post and Wade (ibid.) also provided an interesting discussion on the relationship between religion and spirituality.

By 2010, Hook et al. had found several religiously/spiritually orientated therapies to be beneficial to clients, though limited evidence at this time that they were more efficacious than regular therapy, and that the decision to employ them might be due to either client or therapist preferences. That same year, Kellems et al. (2010) found therapists with more religious/spirituality training felt more competent to work with religious/spiritual issues, and Cook and Wiley, in 2014, argued therapists should be more open to their clients' wish to include spirituality within their therapy, indicating, it seems, on ongoing reluctance to engage with religious faith and spirituality. Some evidence was now slowly becoming apparent, as more research was carried out, that actively engaging with religion and/or spirituality within therapy was beneficial. Pearce et al. (2015), for example, found psychotherapeutic interventions that explicitly integrated the spiritual and religious beliefs of clients were as effective, if not more so, than those that did not, and, following on from this to fill a gap, went on to develop manualised adaptations of CBT for use with religious clients within the five major religions of Christianity, Judaism, Islam, Buddhism, and Hinduism.

By 2016, Barnett was arguing lucidly for the need to address religion and spirituality within the therapeutic process and making practical suggestions; he also considered the ethical issues involved and argued for the need for multicultural competency and transparency. In the same year, Plante (2016), whilst acknowledging bias and prejudice still existed against the inclusion of spirituality and religious faith within therapy, argued for respect, dignity, and professionalism, and the use of the spiritual and religiously based assessment and treatment approaches that had proved beneficial. Sperry (2016), however, noted clinicians were becoming more sensitive to the spiritual and religious concerns of their clients, but argued that those clinicians without the requisite training and experience to work with these concerns, should refer on to those who were.

Further movements towards a more constructive way of engaging with religious faith within professional psychotherapy and counselling slowly became apparent. Lee Oh et al. (2017), for example, provided recommendations and considerations for professionals wanting to apply the ideas and practices of Buddhist counselling, and Zakaria and Mat Akhir (2017) noted a strong connection between the Islamic creed and counselling, and

argued that this 'should' be basic to Islamic counselling. Similarly, Chandrasa and Kuruppuarachchi (2018) illustrated the connection between Western psychotherapies and religious teaching within a Buddhist context, and Cohen (2018) illustrated how the inclusion of spirituality, as reflected in the various world religious traditions, is therapeutically beneficial. Although, according to Sutton et al. (2018), spiritually accommodated treatments do not outperform secular treatments on mental health outcomes, when researching satisfaction with Christian psychotherapy, they found the consideration of patients' perspectives and their attachment to God, accounted for much of the variance. A review of limited research by Danzer (2018) suggested the possible benefits of therapeutic self-disclosure of religious affiliation, but he also argued such decisions should be based on informed clinical and individual circumstances.

This movement in America towards a more constructive relationship between psychotherapy and religious faith seemed to gather momentum, with theorists drawing attention to both what was helping and what was hindering clinical work with religious clients, based on their research, along with them making practical suggestions about what could benefit it. Canady's (2019) study, for example, found the integration of spirituality with psychotherapy can be helpful for patients, and acknowledged a growing interest in spiritually integrated therapy, but recognized that few clinical methods existed for providing such therapy to patients with acute psychiatric conditions. Further, Farkas (2019) acknowledged the possible insecurities therapists might have with introducing spiritual practices into assessments and/or interventions and provided some simple tools and examples of how this might be done; and Rupert et al. (2019) argued clinical training in spirituality and religion was an important aspect of cultural competence and provided guidelines for addressing these intentionally within the therapeutic encounter. From a scoping review, Maximo (2019) argued clients had a right to autonomy and self-determination, cultural sensitivity, and practitioner competence, enhanced by sensitivity to spiritual and religious convictions.

Getting religious people to access psychotherapeutic services in the first place, however, may be a problem in itself for Matanovic (2019) found reluctance amongst the very religious to access these services, and a preference for seeking help from their

religious leaders instead, due to the perception of antagonistic attitudes between psychology and religion; she argued that those designing and providing psychotherapeutic services needed to be aware of this, and should design programmes that are more comfortable for conservative religious people. Getting religious leaders to relate constructively with the psychotherapeutic community, also seemed problematic. For example, in a qualitative study carried out in Portugal with eleven religious and spiritual leaders who were representatives of ten different religious affiliations, Freire et al. (2019) found that these leaders saw themselves as important agents in promoting and preserving their congregants' mental health, and aiding their recovery processes, but that this occurred without much referral to, or collaboration with, mental health professionals; they also discussed why and how psychotherapeutic relationships and clinical outcomes with religious/spiritual clients, would be benefited by a healthy collaboration between religious leaders and mental health professionals.

This reluctance to engage with professional psychotherapy on the part of religious leaders and the religious seems to have continued, on account, primarily, of concerns over negativity towards religious faith, and there also seemed to be something of a reluctance to engage with religious matters on the part of psychotherapists, due to an unsureness in this area. For example, when carrying out research in a New York outpatients' clinic, Rosmarin and Pirutinsky (2020) findings suggested religious and non-religious patients might benefit equally from therapy delivered by both religious and non-religious therapists, however, despite this, Dimmick et al. (2020) in a piece of quantitative research, found Latter-day Saint (LDS), commonly known as Mormons, clients, whether highly or less religious, preferred LDS therapists, though unfortunately no reasons were established as to why this was. Further, in their paper based on grounded theory research with eighteen Muslim psychotherapists from six countries, Rothman et al. (2020) noted that many religiously committed Muslims did not access psychotherapeutic services as they assumed the therapists would not engage with their religious faith and values in an open and informed way, and also that the participants, for their part, were concerned about going beyond their knowledge and expertise and straying into the realm of religious guidance; in view of this, they argued an approach to therapy was needed that explicitly valued and integrated Muslim religion's orientations

and commitments. In line with this recommendation, Pandya's (2020) article reported the results of a study examining the impact of online spiritual counselling for immigrants into America: he found this method of delivering therapy did prove effective when compared with a wait list control group, and suggested making refinements, notably by adding familiar spiritual tenets for Christian and Muslim couples, as these refinements, might benefit the therapy with people of these religious faith backgrounds.

Theorists going forward now appeared to be actively engaging with aspects of religious faith, and had the courage to do and say so, for example, Alton (2020) shared his psychospiritual model of therapy, which he described as a form of spiritual practice that helped clients experience healing from the sacred, and Plante (2021) argued that *Examen*, a five-hundred-year-old prayer for the end of the day, developed by St. Ignatius of Loyola, as with many other religious or spiritual practices, may be adapted to provide another tool for clinicians that might benefit their work with religious as well as nonreligious clients. Also, Sim et al. (2021), from a study investigating the process and outcome of spiritually integrated psychotherapies, with thirty-four Catholic therapists and three hundred and fifty-nine clients in Asia, Africa, Europe, and Latin America, argued their results suggested therapists should attend to spiritual concerns within psychotherapy; they found the spiritual interventions of encouraging personal prayer, affirming trusting God, and encouraging listening to the heart, to be widely used, as well as several others, and that the use of a moderate number of spiritual interventions was helpful, as it was associated with a decline in nonspiritual distress.

Religious leaders now also seemed to be engaging more with the psychotherapeutic community. Hirshbein (2021), for example, when investigating why psychiatry might cooperate with religion, found all the members of the Michigan Society of Pastoral Care viewed psychiatry's insights to be essential for pastoral care, and also that chaplains should stay students, and not practitioners, of psychotherapy. Despite these attitudes being more positive, Trusty et al. (2021) still found some clients reported experiencing negativity from clinicians towards religion, that could constitute religious microaggressions, and that this was negatively associated with the therapeutic alliance and therapy outcomes. In keeping with this, in a study with a hundred and fifty-eight

LBG Christian participants, that investigated the impact of clients' perception of therapists' humility on therapy, Kangos and Pieterse (2021) found therapists' cultural humility positively predicted psychotherapy outcomes; they suggested, in view of this, psychotherapy training included cultural humility, as this benefitted therapy.

Appropriate training for working with religious clients was now coming under the spotlight. Vieten and Lukoff (2021), for example, in a paper exploring spiritual and religious competencies in psychotherapy, argued, from research previously carried out, that whilst multicultural training was routinely included in doctoral training programmes, training in spiritual/religious diversity was a rarity; they usefully provided a rationale for including spiritual and religious competencies in training. Similarly, Abreu Costa and Moreira-Almeida (2021) found, that despite the efficacy of religion-adapted CBT having been demonstrated, many therapists had no knowledge of these protocols; from randomized control trials, they identified and described several religious adaptations that can help, for example, meditation or prayer, to aid cognitive restructuring, and using religious values and coping strategies.

What is the situation today? Sandage et al. (2022), when using a relational spirituality model of psychotherapy, found: most clients wanted to engage with spiritual, religious, and existential issues in therapy; this therapy was positively related to both spiritual and religious commitment, and questing; the clients' rating of the therapists' diversity sensitivity was related to progress in therapy more so than the quality of the therapeutic relationship; and the clients' spiritual well-being and struggles predicted their psychosocial functioning above that of mental health symptoms. Further, Thomas et al. (2022) stated how the inherent tension between religion and mental health was militating against establishing the most effective way to work therapeutically with religious people. Also, Plante (2022) noted religion and religious institutions received a substantial amount of negative attention in the press, rather than positive, and that therapists tended to be secular and non-religious, with little or no training on religious diversity, things which may contribute to a negative detrimental bias against religious faith; they called for a more balanced evidenced-based approach to integrating the engagement with religion within clinical practice.

Although rather dated now, in a study (Bilgrave & Deluty, 2000) carried out in America using a national sample of 237 clinical and counselling psychologists, 66% of therapists believed in the transcendent, 72% asserted that their religious beliefs influenced their therapeutic practice, and 66% that their psychotherapeutic practice influenced their religious beliefs. This study also found Christian beliefs to be associated with Cognitive-Behavioural orientations and Eastern and mystical beliefs to be associated with humanistic and existential orientations. In a survey (Delaney et al., 2013) of clinical members of the American Psychological Association resulting in 258 replies, 82% regarded religion as beneficial to mental health with only 7% regarding it as harmful, however, a disproportionate number of responders may have been religious, skewering the results. No similar statistics appear to be available in Britain.

Except in a few cases, the research carried out in America has been quantitative, rather than qualitative. During the early years of research, prior to Koenig et al.'s (2012) definition of religion becoming widely accepted and employed, no standard definition of religion and spirituality was used in research, and there was no clarity as to how religious faith and spirituality were related. Further, America, in these earlier years, was a predominantly Christian country and remains so, with most of the researchers, therapist participants, and also many of the client participants, coming from a Christian background, even though many of them might not be intrinsically and committed Christians (Wulff, 1997). Many of the researchers, along with the researched, would also be likely to come from a white ethnic background. These factors may have skewed the research findings, especially the earlier research, and limited their generalizability to all cultural and ethnic groups in America, and also those in Britain, where the ethnic and cultural mix is rather different, and culturally, Britain can be seen as being a post-Christian country.

Despite these possible reservations, the metanalysis of Hook et al. (2019), may go some way to allay methodological concerns. Hook et al. undertook a metanalysis of research carried out in America into religion and spirituality and its role in psychotherapy. They rigorously examined studies carried out between 1995 and 2016, including several metanalyses of earlier research; all the studies were quantitative save

for one that had a mixed method design; and they only included studies in their metanalysis they assessed to be valid and reliable. Hook et al.'s omnibus metanalysis was itself rigorously carried out; they controlled for bias and acknowledged the limitations of their research. Hook et al. (p.245) analysed data from 7,181 patients, most of whom had been diagnosed with a mental health disorder, and whilst acknowledging that most of these patients were Christian, patients from other religious faith traditions were represented, such as Islam, Judaism, and Tao, along with those who were classified as "general spiritual". Based on their metanalysis, Hook et al. (p.253) concluded that clinical practice: should "[t]reat religion and spirituality [R/S] as a potentially important aspect of a client's identity"; "[i]ncorporate a patient's R/S values and world view in psychotherapy as requested and where clinically indicated"; consider "R/S adaptations in psychotherapy"; "[t]ailor treatment"; "[f]ollow the client's lead when incorporating R/S beliefs and practices into psychotherapy"; and "practice respect and cultural humility when discussing patients' religious worldviews and practices", whilst being "sensitive to one's own potential biases about organized religion and to each patients' experience of the sacred".

5.3 British research and papers

The developing relationship between religious faith and psychotherapy has been rather different in Britain from how it has been in America, with research and writings being sparser, and with the focus being on spirituality and culture, in preference to religious faith, reflecting, it appears, a more secular country, and one where there is less interest in traditional religion, certainly amongst academics and professionals. In Britain, whilst some research has been quantitative, more qualitative research has been carried out than has been in America. Also, research in Britain has been more cross-cultural with the experiences of different faith traditions being explored, often by researchers within those faith traditions, and/or by researchers who were religious in an intrinsically and committed way (Wulff, 1997). Further, except for in a few cases, the research has been quite small scale. The research carried out into psychotherapeutic work with religious clients, and the papers that have been written have, it appears, had the positive

intention of trying to improve therapy for religious clients, as much as to explore and signal the relationship between psychotherapy and religious faith. As with the research carried out in America, the above factors need to be borne in mind when reading the research findings. The research and writings over recent years in Britain, however, do demonstrate the developing relationship between religious faith and psychotherapy, a slowly growing interest in religious faith, in a culturally diverse country, and point towards what is needful going forward.

Haque (2001), for example, pointed to a concurrence between psychology and religion and concluded that, despite historical animosities, the relationship between the two disciplines were increasingly cordial, and James and Wells (2003) concluded cognitive-behavioural mechanisms may be a factor in the relationship between religion and mental health, and positively that further research in this area might encourage therapists to engage with religious faith in their therapeutic work.

A reluctance and/or inability to engage with religious faith, however, appears to have continued, for, in 2005, Hayes and Cowie argued Counselling Psychology has spiritual experience, rather than religious experience, as a way of bringing about healing and emotional wellbeing in clients, although they acknowledged that its focus on spirituality had promoted interest in religious experience. Some researchers, though, have engaged constructively with religious faith in therapy, for example, Lee and Laube (2008) demonstrated the use of culturally congruent spiritual beliefs in the successful treatment with two clients, and a few years later, Kang (2010) actively addressed the place of religious faith within clinical practice, in a desire to engage British Hindus in therapy. He (*ibid.*) suggested, as many clients used spirituality and religion to make sense of who they are, that it would be useful if therapists understood the cultural backgrounds of their clients, and he went on helpfully to examine Hindu teachings and how these may influence Hindus with mental health problems.

Two years later, Psaila (2012) found many in the caring profession now considered spirituality to be fundamental to identity and human experience, and Mueller (2012) found Counselling Psychologists now placed value on the spiritual and religious beliefs of their clients but had to draw on their own personal experiences when their work

necessitated it, due to a lack of appropriate training and supervision. This growing interest in religious faith, eventually seems to have led researchers, writers, and practitioners to begin to draw very selectively on some of the practices of the religious faith traditions, though not their religious beliefs, notably in the construction of ACT (Hayes et al., 2012), and MBCT (Segal et al., 2013). In keeping with this, Watmough (2013) has noted the common features of MBCT and spirituality, though, interestingly, not religious faith per se.

When it comes to the value of religion, however, Black (2015) spoke of the irreplaceable nature of religion to society in its affirmation of values, such as justice, concern for the weak, respect for promises, and respect for speaking truthfully, within a forum where they can be remembered and discussed; he questioned their survival if this is not acknowledged within the psychotherapy world. Further, Pedroni (2015) has highlighted, with clinical vignettes, the importance of belonging to a religious community and the transformative power within the person and in their relationships with others, that is inherent in dialogues over intimate religious feelings. Despite these glimmers of positivity, the therapeutic world's continuing difficulty with religious faith is reflected in further research during the next few years. For example, Babak (2015), in a study of the needs of Iranian clients, argued therapists need to accept the role of clients' worldviews if psychotherapy is to be efficacious, and commented that Western psychotherapies are culturally biased; Lopes de Jesus (2016) found that there was a tension in the way religious Counselling Psychologists managed their religious identity within their professional environment and felt the need to protect their religious self from potential negative judgement; and Roberts (2017) highlighted the difficulties Counselling Psychologists can experience with religious therapeutic mis-attunement and helpfully suggested how to manage this.

Despite the continuing difficulties of the psychotherapeutic communities in Britain around the religious faith of clients, some attempts were made by a few researchers in ensuing years to address this issue. For example, Kada (2019) adapted CBT for the British Jewish community, as Pearce et al. (2015) had previously adapted CBT for religious clients in America, and Meades (2019) drew on the experiences of gay and

lesbian people, who belonged to the three different traditional religions of Christianity, Judaism and Islam, with a view to improving understanding of the intersection of sexual orientation and religion. Based on his research, Meades (ibid.) recommended greater cultural competence and awareness of religious abuse. In line with Meades' work, Naeem et al. (2019), after carrying out a series of qualitative studies, described a framework they developed for adapting CBT to a given culture, as CBT, along with other therapy modalities, is underpinned by Western cultural values.

Negativity towards religious faith, however, seems to have remained very present within the psychotherapeutic communities in Britain. Hunt (2019), for example, carried out qualitative research with four participants who were practicing Christians in their final year of a BACP accredited counselling training course, and found: they experienced significant anxiety when talking about their faith during training, as they were fearful of provoking negative judgements; they either tried to defend religious faith against negative perceptions, or avoided mentioning their religious faith altogether; and they all concurred they had had limited training around religious faith, and felt this to be a neglected aspect in their training. Whilst this research was very limited in scope, as only four practicing Christians were participants, it does draw attention to possible shortcomings in training, and negative attitudes, at least towards the Christian faith. Clearly, a further broader and larger study is necessary, one that explores the experiences of counsellors and psychotherapists in training from different religious faith traditions, to establish if the findings of Hunt's study represent a general problem.

Looking at psychotherapy from the perspective of the clergy, Rudolfsson and Milstein (2019), from a pilot study survey that applied the Clergy Outreach and Professional Engagement model in Sweden, called attention to how the clergy were often the first port of call for religious people for their psychological needs and argued there was a need for the clergy to be able to make referrals to clinicians, and for clinicians to have some knowledge and understanding of the responsibilities of clergy and religion. Accompanying, encouraging, and supporting people on their spiritual journey has been a major role and responsibility of the clergy and other religious leaders for millennia, and a possible overlap with the therapist's role can be seen in Clarkson's (2021) argument

for the spiritual understanding of the therapeutic journey to be included in clinical work, and of seeing the therapists' role as that of witnessing the client's soul's or spiritual journey, and finding mutual transformation.

Although little research on the work of counsellors and psychotherapists with religious clients has been undertaken in Britain, research has been carried out on working with difference and diversity. Lago, on his own or with others has written books on the subject (see below), but other research has also been carried out that can provide insight into working clinically with religious clients. For example, Thompson and Jenal (1994) found clients from minority groups were likely to be highly sensitised to the dominant discourses of the majority group, to which most therapists belong, and reflected in their responses and behaviours. They (*ibid.*) argued that where these responses and behaviours were experienced as negative, in that they were judgemental or non-accepting, or the therapist was anxious or avoided the issues related to the minority group, then these clients were likely to leave therapy prematurely. Further, Gelso and Hayes (2002) defined countertransference as the therapists unresolved conflicts and said that these would likely be negative and include the impact of the differences of clients on therapists, and Ligerio and Gelsom (2002) found negative countertransference to be associated with a poor working alliance and therapy outcomes. Turner (2016, pp.17-9) has drawn attention to how we are all "other, or potentially so", and thus we need to recognise and understand the impact this has on us. Della et al. (2021) have stated that although Western-based psychotherapies are beneficial to Asian patients, they are limited by their cultural applicability; they helpfully have provided guidelines for the cultural adaption of existing psychotherapies and/or for use in the creation of indigenous ones.

5.4 Other countries research and papers

Some research into religious faith and psychotherapy, and some writing on the subject, has been carried out in countries other than America and Britain. For example, when exploring how spirituality and religion interface with psychotherapy amongst Brazil psychotherapists, Vandenberghe et al. (2012) found, that although religion presented a

challenge, and that therapists needed to respect their clients' religion, and understand the influence of their own religious position on their behaviour, that religion provided cultural resources, and in Iran, Hassan et al. (2012) demonstrated no significant difference between CBT and Islamic-based spiritual-religious psychotherapy on reducing anxiety.

Further, a rather authoritarian and patronising attitude towards religious faith can perhaps be seen in Florence, McKenzie-Green and Tudor's (2019) research findings; they found from their research among psychotherapists in New Zealand that the psychotherapists themselves decided about what belonged to psychotherapy in relation to religion and/or spirituality, and what did not. More open and constructive attitudes, however, can be seen in both Keskinoglu and Eksi's (2019) and Liem's (2019) research. In Turkey, Keskinoglu and Eksi (2019) suggested the use of spiritual counselling techniques based on Islam in Islamic societies and have provided several Islamic techniques they consider feasible and of some utility. Liem (2019), who works in Australia, explored how forty-three clinical psychologists in Indonesia addressed spirituality and religion in their clinical work, using semi-structured interviews; he found the participants could not completely separate spirituality and religion from their therapeutic work, and also that they had appreciated collaboration with spiritual-religious healers, and favoured future collaboration.

Also, in Turkey, Kasapoglu (2020, p.219) developed a "psychometrically valid and reliable" attitude scale "for assessing counsellors' attitude towards spirituality in counselling interactions". In South African, Zoeliner et al. (2021) created a six-session intervention that combined empirically supported trauma-focussed psychotherapy with Islamic principles, which was, after specific training, delivered by Islamic leaders in war-torn regions of Somalia; this research found large, clinically meaningful effects, and the qualitative data revealed how well this therapy was aligned with the clients' Islamic faith. However, Mandelkowitz et al. (2021), in Norway, found that although psychologists in general were open towards spirituality topics within psychotherapy, despite being more likely not to be religious, they were hesitant to address them, and that they lacked competence to do so.

5.5 Books providing background information and guidance on working with religious clients and with diversity in general

Several books related to diversity and multicultural issues have been written in Britain, that can alert therapists to issues of difference, including religious difference, encourage greater sensitivity, and provide a greater understanding of appropriate ways to work therapeutically along with pointers to useful resources. For example, Lago and Smith (2010, p.13) spoke of how discrimination can be experienced based on religion along with “race, gender, sexual orientation, class, disability, [...] and age”, discrimination which leads to physical and psychological difficulties in life. They (ibid.), pp.18-9) argued therapists need to “bracket off” their attitudes and assumptions about their clients, to be available to them, to be able to listen deeply to the clients’ experiences and empathically respond in a sensitive way using anti-discriminatory and supportive language, and they also need to be open to all of the aspects of clients’ identity and able to facilitate their exploration of these. Further, they (2010, p.18) also argued therapists need to be open to all the multiple identities of their clients, rather than place them within their, to them, “strikingly obvious” identity, as there were likely to be many aspects of their identity that were invisible to therapists, including “sexuality, disability, class, spirituality, addiction, divorce and trauma”.

Lago (2011) has edited a comprehensive handbook on transcultural counselling and psychotherapy, and whilst the book does not overtly address religious faith, in the second part of the book, different beliefs systems, religious or otherwise, are usefully explored within different ethnic and cultural contexts. The medical anthropologist, Tobert (2017), however, in her exploration of cultural perspectives on mental wellbeing, provides a practically useful book that does overtly address cultural, spiritual and religious beliefs within different ethnic and cultural contexts, including what western academics refer to as anomalous experiences, and gives guidance on negotiating differing belief systems. Lago and Charura (2021), in a more recent book, on cultural differences within counselling and psychotherapy, have included a chapter, written by Burrell (2021, p.209), a black female Christian therapist, that specifically addresses religious faith; in this chapter, Burrell highlights the historic and continuing difficulties

between psychology and religious faith, and calls for culturally sensitive therapy and better training, and “a joined-up, respectful partnership between church and community services”.

Genia (1995, p.viii), who broadly followed Fowler’s (1981) developmental theory, has written a book that is of use to therapists wishing to understand and respond to clients “who exhibit unhealthy or destructive forms of faith”. An early comprehensive handbook on religion and mental health, written in America and edited by Koenig (1998), provides historical background material on the nature and presentation of religion, and academic research, before exploring religion and mental functioning, and then detailing mental health from different religious faith perspectives, all written by academics from within these religious faith traditions. This book provides very useful material for therapists working with diverse communities including the religious.

Also in America, Johansen (2010) similarly has explored working with religious clients in a practical way, and, although he works specifically within the Adlerian approach, he has provided useful insights into working with clients from the main religious traditions, for therapists in general. In Britain, Ahmed and Amer (2012) have edited a book that addresses counselling Muslim clients specifically, and in Greece, the Metropolitan of Nafpaktos Hierotheos (1994/2017) has written a book on Orthodox psychotherapy that provides useful information for therapists working with those from the Orthodox Christian community. In a book written in America again, and edited by Richards and Bergin (2014), there are chapters delineating how to work with religious clients within many different religious traditions. In Britain, Knabb (2016) developed ACT for Christian clients, and has since provided an accompanying workbook (2017), and Rosmarin (2018) has addressed how to integrate spirituality and religion into CBT by clinicians, rather than leaving these matters on the periphery of therapy.

Whilst addressing religious spirituality issues in general and providing material useful to therapists about the worldview of different religious traditions, Richards and Bergin (2005), in their book, written in America, also delineated explicitly how to carry out a spiritual/religious assessment of a client. Also in America, Pargament (2007), Aten and Leach (2009), Plante (2009), and Sperry (2012) similarly provided practical ways to

integrate spirituality/religion into therapy together with clear guidance in how to carry out a spiritual assessment, and Aten et al. (2011) highlighted the ethical issues involved in spiritually orientated therapy, addressed how to work with problematic spiritual and religious practices in therapy, and provided practical clinical techniques and applications. In Britain, Walsh (2012), writing within the family therapy milieu, saw spirituality as a dimension of human existence within the person and family, drew attention to its cultural dimension, and provided practical ways to work with spirituality/religious faith. In America, Prout and Wadkins (2014), in a chapter dealing with diversity, included a useful section on religion and spirituality, highlighting issues that may present in therapy that counsellors need to be aware and take account of.

Vieten and Scammell (2015) also provide practical ways in which to work with religious and spiritual diversity, guidance in knowing how to distinguish between spirituality and psychopathology, along with stressing the need for therapists to be aware of their own beliefs. Walker et al. (2015) have written a book specifically on how to integrate spirituality and religion into trauma work that also addresses the possible helpful and harmful aspects of religious faith, and although it does address a few spiritual and religious traditions within a range of racial and ethnic backgrounds, there is some emphasis on the Christian traditions. In a book exploring the “Ethical Considerations at the Intersection of Psychiatry and Religion, the editors Peteet, Dell, and Fung (2018, p.1) note that “PSYCHIATRY AND RELIGION/SPIRITUALITY SHARE A CONCERN TO HUMAN flourishing, individual beliefs and values, and social context”. This book provides practical and ethical guidance for working therapeutically, in a variety of different contexts, with religious clients, such as Cook, Gilvarry, and Hearn's (ibid., pp.150-156) chapter on “Addiction Psychiatry”; also in this book, is Griffith, and Magyar-Russell's (ibid., pp.43-59) exploration of “Unhealthy and Potentially Harmful Uses of Religion”.

Gubi (2017), in Britain, edited a book that drew attention to how therapists and spiritual directors within the religious community could learn from, and dialogue with, each other, and also provided some useful ways therapists could work with spirituality; in Germany, Verhagen's (2019) book addressed more broadly the growing accord between

psychiatry, and spirituality and religious faith, with suggestions for a more effective dialogue; and Schreurs (2020), who hails from The Netherlands, although her book was published in Britain and America concurrently, has more recently written an insightful and useful book on how to integrate spirituality/religion into psychotherapeutic practice, though in this book she also theorizes and then on occasion makes personal judgements on traditional religious faith traditions. Whilst Dent (2020), writing in Britain, focused on spirituality, her approach to working with spirituality within the therapeutic space, which may appeal more to those therapists who see themselves as spiritual rather than religious, could with care be used with clients coming from different religious faith traditions.

Books written within Psychology of Religion in American, where it is a significant academic discipline, such as the classic work written by Wulff (1997), Koenig et al.'s (2012) handbook of religion and health, Paloutzian and Park's (2013) handbook of religion and spirituality, and Cardena et al.'s (2000) book on anomalous spiritual/religious experiences, are valuable source books for therapists seeking to gain greater insights into religion and spirituality, their relationship to each other, and to mental health. Books written within the academic discipline of Religious Studies are also valuable to therapists wishing to learn more about the nature of religious faith in its various presentations, for example, Smith's (1962/1991) classic American work exploring the nature and development of religious faith, and Ling's (1968) book, written in Britain, which also explores the development of religion, details religions East and West. Also written in Britain, Watts' (2017) book similarly provides a useful exploration of psychology, religion, and spirituality. Of utility for learning about new religious movements are the Inform series of books, written and published in Britain, which have chapters written both by academics and the adherents of new religious movements. Examples of books in this series are one on African new religious movements in the diaspora (Adogame, 2014), another on new religious movements and counselling (Harvey et al., 2018), one on minority religions in Europe and the Middle East (Chryssides, 2018), and one on the transformations going on within new religious movements (Singler & Barker, 2022).

5.5 Reflections

In this narrative review of more recent research, clear differences between what has been happening in America and what has been happening in Britain have emerged, both in terms of the type of research that has been carried out and in clinical practice, along with some similarities. In America, within the robust academic discipline of the Psychology of Religion, researchers and theorists interested in the subject, have explored religious faith and spirituality in depth over many years, and have spoken into the relationship between religious faith and spirituality, and clinical practice. The research findings seem to have been heeded to a degree by the psychotherapeutic community, resulting in very slow but steady improvements in the relationship between the religious faith and psychotherapeutic communities, and some accommodation of religious faith and spirituality in clinical practice. The pace of change in Britain, however, seems to have been much slower with little to no accommodation being made of religious faith within clinical practice or improvements in the relationship between the religious faith and psychotherapy communities. In America, the focus has been on religious faith along with spirituality, which is seen as almost synonymous with it, whereas in Britain, the focus to date has been on cultural difference and spirituality, rather than religious faith, with spirituality seemingly having been separated largely from religious faith. How far can the wealth of findings of research in America be considered valid in Britain, and applicable to British clinical work, as so little research has been carried out in Britain?

Negativity towards religious faith, however, seems still to exist within the psychotherapeutic communities in both America and Britain, though it may be more prevalent in Britain, where religious therapists and religious people appear to be fearful and guarded within the secular psychotherapy communities. Despite this, there does seem to be a growing openness and interest in both America and in Britain towards religious faith and a desire to be trained better for clinical work in this area. In both countries, there seems to have been a call by researchers, theorists and clinical practitioners for appropriate training in working with religious clients, a call that seems not to have been much heeded, at least not in Britain, by the various training

institutions, with little to no guidance existing within the professional bodies about working with religious clients.

Although within many religious faith communities, religious faith leaders appear quite positive towards counselling and psychotherapy in general, and some collaboration with between the religious faith and psychotherapeutic communities has taken place with positive results in America, the psychotherapeutic communities in Britain seem not to have heeded the call for greater collaboration in the interest of improving the well-being of religious patients/clients.

In response, it seems, to continuing negativity towards religious faith, and a lack of accommodation of the religious faith of clients within clinical practice, some researchers/clinicians have developed their own approaches to therapy that take account of their religious faith, whilst others have sought to show how existing approaches are broadly in keeping with their religious faith, despite having been developed within a Western more secular culture.

What has this narrative review of the literature relevant to my research project revealed about what helps and/or hinders therapists' work with religious clients, and what might benefit it? In summary, what helps is: assessing for religious faith and spirituality from the outset; using approaches that have been adapted to the religious faith tradition of clients when clinically necessary; cultural humility; being accepting of difference; having respect for the clients' religious faith beliefs along with understanding clients' cultural backgrounds, including their religious faith traditions; engaging with the religious faith traditions leaders, and particularly their chaplains; and being able to draw on your own religious experiences. What hinders therapists is: a lack of knowledge and understanding of religious faith in its many presentations and its nature; an unsureness in engaging with clients' religious faith in therapy due to the previous point; a lack of appropriate training; and a fear of straying over into spiritual direction. What might benefit therapists' work with religious clients seems to be: appropriate training; a greater awareness of their own belief systems on the part of therapists and how these may impact clients; an awareness of how mental health problems may lead to unhealthy or destructive forms of faith; a greater awareness of spiritual and/or religious abuse and

how to work therapeutically with it; and a greater awareness of the body of literature available to help with therapeutic work with religious clients. From a narrative review of the literature, what also might benefit therapists' work with religious clients would be an appreciation of the value of religious faith to the individual and to society, and a greater collaboration between the psychotherapeutic and religious faith communities in the interest of the wellbeing of the people they care for.

Part 2: Research

Chapter 6: Preliminaries

6.1 Need for and focus of this research

Since secular psychotherapy took over care of those with mental health difficulties, traditionally the responsibility of the leaders within the religious traditions, the relationship between psychotherapy and religious faith has, from a narrative review of the literature, remained problematic, even though the tension between the two communities has begun to ease in the last twenty years or so, and particularly so in America. From a narrative review of the literature, it was also apparent there was a need for more understanding of religious faith amongst therapists, and how to work therapeutically with religious clients, for the benefit of both client and therapist. This research seemed to be particularly needful in Britain, where little research into working therapeutically with religious clients has been completed to date. Therefore, given the lack of research, this research project attempted to gain a deeper understanding of the experiences of Counselling Psychologists in Britain, what has helped and/or hindered their work and what might benefit it. I limited my research to the experiences of Counselling Psychology, as I was part of that community, even though I hoped my research would inform the wider psychotherapeutic community.

6.2 Contribution to the field

This project, then, should contribute to understanding the work of Counselling Psychologists with religious clients and their needs in this area of their work. It should also provide useful information for the training organisations responsible for training and continuing professional development, to enable them to provide suitable training for working with religious clients, and to the professional bodies governing the psychotherapeutic professions. I hope this research project will also go a little way to help provide a better understanding of the relationship between religious faith and mental health, contribute to better relations between the psychotherapeutic and religious faith communities, and improve therapeutic experiences for clients and therapists alike, and mental health outcomes.

6.3. Research aims

- To gain a greater awareness of the experiences of Counselling Psychologists working therapeutically with religious clients, what helped and/or hindered their work, and what might benefit it.

So as hopefully in some small way to:

- Eventually benefit therapists' experiences when working with religious clients, the experience of therapy of religious clients, and mental health outcomes
- Lead to greater engagement with secular therapy of religious people
- Contribute to the improving relationship between the religious communities and the psychotherapy communities.

6.4 Research questions:

- Are there any things that have helped Counselling Psychologists' work with religious clients?
- Are there any things that have hindered Counselling Psychologists' work with religious clients?
- Are there any things that might benefit Counselling Psychologists' work with religious clients?

6.5 Research

Research, according to *The Concise Oxford Dictionary* (Sykes, 1982, p.884), is a “careful search or inquiry”, an “endeavour to discover new or collate old facts etc. by scientific study of a subject”, or a “course of critical investigation”. Implied within this definition is that by means of research, existing knowledge is confirmed or justified as ‘true’, or new knowledge is established that is also justified and ‘true’. Thus, truth is that which is factually correct, but what is ‘true’, along with how you can judge something to be ‘true’, has been debated by philosophers down the centuries with no definitive conclusions being reached (Honderich, 1995; Deurzen & Kenward, 2005).

Four fundamental ways of establishing truth have been suggested, however, within the field of psychological research (Barker et al., 2002, p.11):

1. The *correspondence theory* of truth, the basis of realist philosophies, holds that a belief is true if it matches reality.
2. *Coherence theory*, the basis of rationalist philosophies, holds that a belief is true if it is internally consistent or logically non-contradictory.
3. The *pragmatist or utilitarian criterion* hold a belief is true if it is useful or produces practical benefits.
4. The *consensus criterion*, the basis of sociological theories of knowledge [...], holds a belief is true if it is shared by a group of people.

According to Barker et al. (ibid.), none of these ways of establishing truth are adequate in and of themselves, as all have serious philosophical and practical flaws, though taken together they all have some value; they suggest that “[o]ptimally, one would attempt to realize all four truth criteria in one’s research”; this was what I attempted in my research project. Further, when discussing establishing ‘truth’, researchers are concerned with the epistemological and ontological bases of their research, and differing positions can be taken on these.

6.6 Epistemology:

The term Epistemology comes from the Greek ἐπιστήμη, *epistēmē*, meaning 'knowledge', and *-logy*, coming from the Greek λογία, *logia*, , meaning 'a logical discourse'. Epistemology is sometimes referred to as the theory of knowledge and is the branch of philosophy concerned with the nature of knowledge, and how it relates to truth, belief, and justification. Thus, epistemology is concerned with such things as what it means to say we know or believe something to be true, and whether and how this knowledge or beliefs are justified (Honderich, 1995). Schwandt (2001, p.71), succinctly stated that epistemology is "the study of the knowledge and justification".

At the heart of epistemology is the question of how we acquire knowledge. Is knowledge innate and thus we just intuitively know something is true? Is knowledge deduced from reasoning alone, rationalism, or do we acquire knowledge by experience, empiricism? Traditionally, there have been four sources of knowledge, or justified belief: reason, sensation, introspection, and memory. All these potential sources of knowledge, and others that have been added later, have influenced the acquisition of knowledge within scientific research (Honderich, 1995).

Many different epistemologies developed within philosophy over the years, that have influenced the development of knowledge that is 'justified and true' within psychology and psychotherapy, a significant one being phenomenology (Honderich, 1995; Creswell, 2009; Atkinson & Tomley, 2011). Phenomenology derives from the Greek *phainómenon*, meaning 'that which appears', and at its inception, it was primarily a theory of knowledge, with knowledge of phenomena being achieved either directly or indirectly (ibid). Husserl founded the philosophical movement phenomenology in the early years of the 20th century (Husserl, 1954/1970), and Barker et al. (2002, p.76) have described phenomenology as "the systematic study of people's experiences and ways of viewing the world".

Phenomenology contends "experience consists of the reception of the worldly objects by the processes of consciousness to constitute what presents itself in awareness" and recognises "the experiential reality of meaning" as well as the

physical and social worlds (Polkinghorne, 1989, p.42). The phenomenological approach to research and the development of knowledge has sometimes been referred to as phenomenological-hermeneutic, due to its interpretative dimension, though phenomenology is descriptive rather than explanatory (Barker et al. 2002; Deurzen & Kenward, 2005). According to McLeod (2011, p.24), phenomenological research “requires a kind of withdrawal from the world and a willingness to lay aside existing theories and beliefs” in an investigation into, and a description of experience itself, on the part of the researcher.

Further epistemologies developed in the later part of the 20th century alongside phenomenology that criticised the existing empiricism and hypothetico-deductivism for failing to take account of the historical, social, and political context of the phenomenon under investigation and of the scientists who carry out research (e.g., Berger & Luckmann, 1966; Kuhn, 1970; Gergen, 1985). Feminist researchers also drew attention to how scientific theories largely reflected Western, middle-class, male ideology/thinking, which is presumed to be the norm, and failed to take account of different socio-political and historical contexts (e.g., Gilligan, 1982; Haraway, 1988). This has contributed to the rise of postmodern *social constructivism* which sees all knowledge as historically, culturally, and socially constructed in human interactions (e.g., Berger & Luckmann, 1966; Gergen & McNamee, 1992). According to Lynch (1996, p. 482), “postmodern views of knowledge” can take two forms: either that “there is no inherent meaning in reality and that any meaning in life is a human creation” or that “there is an objective meaning to life, but that our knowledge of it is always constrained by our social context”. These comments lead to ontological questions.

6.7 Ontology

The word *ontology* combines the *onto*, from the Greek *ὄν*, *on*, or in the genitive case, *ὄντος*, *ontos*, meaning 'being' or 'that which is', with the Greek *logia*, *λογία*, meaning a 'logical discourse', and ontology, which is distinct from epistemology, is the philosophical study of being. Ontology, a major branch of metaphysics, more

broadly, studies concepts that directly relate to being, particularly becoming, existence, and reality, along with the basic categories of being and their relations. If epistemology is concerned with the nature of knowledge, and how it relates to truth, belief, and justification, ontology is concerned with the nature of what we know (Honderich, 1995; Atkinson & Tomley, 2011). In research terms, the question is: What is the actual nature of what we are researching? Different answers, reflecting different ontologies, have been given.

The philosophical position of *realism* is where a researcher's approach to knowledge generation assumes there are psychological and/or social processes that exist, that they are real and can be identified, and seeks to obtain an accurate picture of some aspect/s of human psychology and/or the social world. There are strong and weak versions of *realism*, respectively '*naïve*' and '*critical*' *realism*. (Ponterotto, 2005).

The philosophical position of *constructivism-interpretivism*, is where human knowledge, meaning, perception, and so forth, are seen as a construction of evidence from the senses, and mental processes and structures within the person. Within this philosophical position, ontologically, reality is subjective and contextual: it is socially constructed within a social, historical, political, and personal context, and within the relationship between the knower, the participant, and the one seeking to know, the researcher (ibid., 2005).

Critical-ideological is a philosophical position that assumes a person's current experiences are "mediated by power relations within social and historical contexts", and which seeks "to disrupt and challenge the status quo" through "emancipation and transformation" (ibid., 2005, pp.129-130). Within this philosophical position, ontologically, reality is seen as being "shaped by ethnic, cultural, gender, social, and political values" (ibid. p.130).

6.8 My research epistemology and ontology

My research epistemology and ontology reflected my beliefs and values, and it turn determined my choice of methodology and method. As I wished to understand the experiences of Counselling Psychologists' work with religious clients, my research epistemology was phenomenological, and reliant on Husserl's (1954/1970)

'phenomenological-psychological method of reduction', as I attempted to note and set aside my existing theories and beliefs, and observe, listen, and attend to, and recount and describe my participants' stories and their meaning-making (McLeod, 2011).

Although my phenomenological methodology was descriptive, rather than explanatory, understanding, recounting, and then analysing my participants stories involved an interpretative element, for "all description is ultimately interpretation" (Valle et al., 1989; Manen, 1997, p.25). Whilst attempting to follow Husserl's 'phenomenological-psychological method of reduction', by setting aside my existing theories and beliefs, to be open to the emerging data in my research, I am cautioned by Heidegger's (1953/2010, p.35) contention that "the methodological meaning of phenomenological description is *interpretation*", and thus, that this is ultimately not possible, necessitating transparency in my research.

Although phenomenology can suspend or sidestep "ontological questions", my research was underpinned by "ontological constructivism" (Adams, 2018, p.xv). I recognise the existence of a world, social and physical, that exists independently of me, my perceptions, constructions, and theories, that I can only construct my personal understanding of the world, from my own experiences, and that therefore, my understanding is limited and just my understanding, my personal view of the world, that may or may not be shared by others. Ontological constructivism coheres with my beliefs: it recognises that a world, social and physical, "exists independently of our perceptions, theories and constructions, and that this world is not just a social world – its parameters are those of existence", and it also recognises that "we construct our understanding of this world from our own experience of it", and therefore, we cannot attain "a single, correct understanding of the world" (Ponterotto, 2005; Luft & Overgaard, 2014, p.12; Adams, 2018, p.xv).

Therefore, in my research project, I sought to access the experiences of several Counselling Psychologists about their work with religious clients, so as hopefully to obtain a more complete picture of the phenomenon under investigation. This led to my seeking to learn of their personal and professional experiences of religious faith, which, in turn, necessitated their telling their stories, and the creation of their narratives for analysis. The stories of the personal and professional backgrounds of my participants would provide insights into factors that influenced their experiences of working with religious clients.

6.9 Methodology

Carter & Little (2007, pp.1316-7) have argued that “epistemology, methodology, and method – should provide the framework for planning, implementing, and evaluating the quality of qualitative research”, and that “epistemology modifies methodology and justifies the knowledge produced”. The methodology flows from the epistemology and provides a theory and an analysis of how a research project will proceed, and, within a specific approach, an examination of its presuppositions, its fundamental principles, and its *modus operandi*. The methodology, in turn, justifies the actual methods used in a particular research project to gather and analyse the data that is used for the creation of knowledge. My epistemology and ontology together with the nature of the knowledge I sought to create, determined my methodology and the method I used to produce knowledge.

6.9.1 Quantitative or Qualitative Approach

Originally, research in Psychotherapy/Counselling Psychology, along with research in the Social Sciences in general, modelled itself on the natural sciences using quantitative research methods for the research to be recognized as ‘valid’. It is only comparatively recently that qualitative research methods have been viewed as valid ways of carrying out research in the social sciences for the development of knowledge.

The quantitative approach involves testing objective theories by examining the relationship amongst variables, usually with the use of surveys or experiments, to carefully elicit and measure numerical data that can be statistically analysed. The researcher tests theories deductively, endeavours to protect against bias, to control the research setting and looking for alternative explanations, and then endeavours to generalise and replicate the research findings. The qualitative approach, by contrast, with its focus on description and interpretation of meaning, is concerned with subjective experience, with exploring and understanding the meaning people attribute to human or social phenomena. It employs, for example, in-depth interviews, case studies, observation, and open-ended questions in its research. The researcher will generally enter a relationship with 'research participants' or 'co-participants' in the research project. Questions and procedures will surface in the course of the research process, data will typically be collected in the participant's setting, and the researcher will interpret the meaning of the data and will inductively build from the particular to the general. It is possible to use a 'mixed methods' research design that combines both the quantitative and qualitative approaches (Hill, 1989; Stiles, 1991; Creswell & Plano Clark, 2007).

The methodologies that stem from phenomenology are qualitative rather than quantitative, not that phenomenology is against quantitative research. Phenomenology considers that a quantitative research question requires a quantitative methodology and answer, whereas a qualitative research question requires a qualitative research methodology and answer (Giorgi, 2009). My research questions required a qualitative research methodology, as they were concerned with the subjective experiences of participants, and their meaning-making, and focused on description and interpretation of meaning, rather than explanation.

6.9.2 Choice of methodology

Several different approaches to carrying out qualitative research have developed from within the phenomenological approach to knowledge construction, for example, Grounded Theory, Descriptive Phenomenological Psychological Method, Interpretative

Phenomenological Analysis, Hermeneutic Approaches, and Narrative Inquiry (Barker et al., 2002; Willig & Stainton Rogers, 2017; Manen, 2016). My asking my participants to tell their stories of their personal and professional backgrounds and their experiences of working with religious clients led logically to my choice of Narrative Inquiry as a methodology, a methodology which can be underpinned by several philosophical epistemological and ontological positions (Ponterotto, 2005; Cresswell, 2009; McLeod, 2011; Willig, 2013). Narrative knowing is associated with everyday accounts of human behaviour, which seek to make sense of the events in a person's life, usually in the telling of a story to ourselves and/or others, and with their associated meanings. Further, the stories the authors told would be likely to convey more meaning than was consciously intended by them (Wells, 2011).

Narrative inquiry, then, seemed more suited to this research project which was concerned with Counselling Psychologists' accounts of their clinical work with religious clients, rather than Interpretive Phenomenological Analysis, which uses semi-structured interviews and analyses the data in terms of emerging themes or categories (McLeod, 2011, pp.147-51), Grounded Theory, which is interested in "an emergent set of categories", though researchers need to be sensitive to layers of meaning in the texts (ibid. pp.118-9), and Discourse Analysis, which primarily focuses on "the repertoires of discourse" that a person utilises and his/her "subjective position" (Barker et al., 2002, pp.86-7). Whilst these methodologies no doubt would have resulted in useful knowledge, this knowledge would have been likely to be not as rich or deep as that produced by Narrative Inquiry. Further, it is in the telling of stories and in reflections on them during this telling, that understanding, and insights arise that would not necessarily, or so readily, arise in other methodologies. I did consider the Descriptive Phenomenological Psychological Method (Giorgi, 2009), more deeply, and Manen's (2016) Hermeneutic approach more recently. I decided against these for the previous reasons and because neither, it seemed to me, would be able to provide answers to the research questions, so well as Narrative Inquiry would, something that might also be true of the other qualitative methods.

My use of Narrative Inquiry allowed for data to emerge, that is, the subjective experiences of Counselling Psychologists, that then was analysed. My analysis of the stories allowed for an exploration of layers of meaning in the texts, but it also allowed me to focus on the stories as a whole, the types of stories chosen, along with the type of language used, and the way the narrative was constructed, in the context of the participants' personal histories, therapeutic approach and training background, and socio-cultural background.

Narrative Inquiry was suited to the exploratory nature of this research project, given the shortage of any research in this field, particularly in Britain. It was also a methodology that emphasised the mutuality of the researcher and the research, and this also seemed appropriate for a researcher, trainee Counselling Psychologist, and participant, Counselling Psychologist. Together, in the telling of the stories and reflections afterwards, we were able to explore what has helped and/or hindered the participants work with religious clients, and what might benefit it. Knowledge and understanding, then, was co-constructed.

6.9.3 Narrative Inquiry

Narrative analysis originated in the humanities but is now also being used in a diverse number of disciplines, such as, anthropology, sociology, theology, and psychology. This development has been referred to as 'the narrative turn' (Reissman, 2008). As a methodology, it seems particularly suited to research in the field of psychology and psychotherapy for, as Polkinghorne (1988, p.x) pointed out, psychotherapists in their work are concerned with the "Narrative knowledge" of their clients, "with people's stories". Narrative Inquiry has developed into a research methodology that can include an analysis of content as well as process, unconscious as well as conscious meanings, and contextual power relations. These things are the grist of psychotherapy.

6.9.4 Definition of narrative

Definitions of narrative are many and varied and seem to depend on such things as the type of research being carried out, the phenomena under investigation, and the

audience for whom the research is intended (Hinchman & Hinchman, 1997; Andrews et al., 2013; Gerden, 2009). For this research project, I used Squire's (2012, p.48) definition as a working definition as it seemed most suited to my purposes. For Squire, narratives are seen as: "sequential and meaningful"; "definitively human"; "represent[ing] experience; reconstituting it as well as expressing it"; and "display[ing] transformation or change".

6.9.5 Narrative knowledge

In this research project, I jointly created knowledge with my participant and this knowledge was the product of the specific interactions and relationship between my participant and me, in a specific context and time. My participants were active contributors to the construction of the knowledge achieved in this research project. Following Ricoeur (1981), I adopted a hermeneutic of empathy or affirmation with my participants, along with a hermeneutic of suspicion, as I looked for layers of meaning within their narratives/stories. My participants were the experts on the phenomena of interest, they were the tellers of their stories, rather than responders to my questions (Smith & Osborne, 2015). My role was to facilitate their storytelling and to understand their life worlds from the perspective of their reflective meaning-making.

My research reflected the 'subjective knowledge' of my participants and not the 'objective' knowledge of science (Eaton & Smith, 2017). I was an active creator, as the researcher, of the knowledge and needed to be transparent about my own subjectivity to enable the reader/s to make judgements about my influence on the research and the knowledge obtained. This knowledge was different from the knowledge that would have been constructed with a different researcher with different participants in different contexts and times. I hoped, though, to be able to provide a window through which the reader/s could catch a glimpse of the landscape, and so gain some knowledge and understanding of the terrain that might reflect the broader terrain.

6.9.6 Strengths and weaknesses of narrative inquiry

The strengths of narrative inquiry include: it produces rich data; it allows for a deep and thorough investigation of the subject of the research project; it allows for the emergence and creation of new knowledge in a bottom-up way from which theories can be developed and tested in subsequent research; it provides subjective material/data in the participants terms, rather than the researchers; and it is useful for exploratory research when very little is known about the subject matter under scrutiny (Hayes, 2000; Barker et al., 2002; Elliot, 2005; Creswell, 2009).

Weaknesses of narrative inquiry include: the research findings are not generalizable; the data produced is open to differing interpretations depending on both the researcher and the type of analysis used; and this type of research can be very time-consuming (ibid; Craib, 2009).

The strengths of narrative inquiry played to the needs of this research project as it sought to understand and describe the subjective experiences of Counselling Psychologists when working with religious clients. The research was exploratory in nature and was not concerned with the creation of generalizable theories. By limiting the number of participants and by creating negotiated accounts, the project was both manageable and trustworthy.

Chapter 7: Method

7.1 Recruitment and participants

My intention had been to obtain volunteer participants for this research project by attending the Counselling Psychology conference, but with the coronavirus pandemic I had to employ several different ways to obtain my participants: I advertised in several Counselling Psychologists' Groups I was not a member of, and in several Counselling Psychology training institutions. I was also fortunate to obtain two Counselling Psychologists who had heard indirectly of my research and wanted to participate. In this way, I obtained a range of participants who fitted the inclusion criteria of being practicing Counselling Psychologists and having experience of working with religious clients. Nine participants in total volunteered for the project.

My participants differed widely in several ways. The ages of my participants ranged from twenty-nine to fifty-six years; eight self-designated as female, and one as male; five self-designated as White British, two as White Other, one as White European, and one as Pakistani British; and the cultural backgrounds of two was Asian, and of another two was European, with the cultural background of the remaining five being British. When it came to their faith positions, one was a committed Christian, one loosely non-conformist Christian, one was a traditional Muslim, one belonged to a philosophical branch of Islam, one was not religious but was currently reflecting on religious faith, two were agnostic, one was spiritual but not religious, and one was not religious but was a Humanist. My participants, then, ranged from being religiously committed, through to being loosely or nominally religious, to the agnostic and the non-religious, and there were those who saw themselves as spiritual, rather than religious.

My participants were trained in five different training institutions in the south of England, two in each of four training institutions, and one in another. The dates when my participants qualified ranged from 2004 to 2021, though seven of them qualified from 2015 onwards. The number of years practicing ranged from one year to seventeen years, but again a majority of five had been practicing for five years or less, with the remaining four having been practicing for twelve years or more. Seven of the

participants' approach to their clinical work was Integrative, although one of these was primarily psychoanalytic, one used Third Wave CBT in her clinical work, and the approach of one was essentially Existential/Phenomenological. All had been integratively trained.

[Small advert is included as Appendix A]

7.2 Ethical considerations

7.2.1 Informed consent

I worked within the ethical guidelines for research of the BPS (2014) and my training institute, New School of Psychotherapy and Counselling, from whom I received ethical approval for this research from their Research Ethics Committee. When participants had contacted me, I sent them an information sheet explaining the research and assuring them of complete anonymity; the participants also had the opportunity to question me about the project before agreeing to take part. The participants were informed at the outset that they could withdraw from the research project at any time they wished up until the analysis was completed. I obtained their written consent to be participants in the research project, for recordings of the interviews to be made, and for data to be collected, used, and disseminated for academic purposes.

[Participant Information Sheet, and Written Consent Form are included as Appendix B and Appendix C respectively]

7.2.2 Confidentiality

All distinguishing features were removed from the data so neither my participants nor their training institutions could be identified. I have refrained from providing detailed demographics in my research project in table form to protect my participants' confidentiality, as Counselling Psychology is a relatively small community, and it would be quite easy to deduce who my participants were from such information. I have also used simple English names as pseudonyms for my participants, rather than pseudonyms appropriate to their cultural background, again to protect them from the possibility of being identified. I apologise to my participants for this, but protecting their

confidentiality seemed to me to be paramount. All data is stored in a secure place (a locked cabinet) in accord with the requirement of the General Data Protection Regulation, 2018 and the New School of Psychotherapy Data Protection Policy.

7.2.3 Ensuring beneficence and non-maleficence

I treated my participants with respect and consideration and as equals who had generously agreed to help me by participating in my research and thanked them afterwards. Apart from providing for informed consent and confidentiality, in the debriefing period at the end of each of the research interviews, I ensured they had been happy with the process and had not suffered any distress from participating in the research.

[Debriefing Form is included as Appendix D]

7.3 Data collection

7.3.1 Unstructured interviews

I used unstructured interviews to obtain the narratives/stories of Counselling Psychologists about themselves and their work with religious clients. In view of the coronavirus pandemic, all the interviews with the participants were carried out online. My participants talked freely during the interviews, appeared to be at ease with the process, and expressed appreciation of being able to participate, as they had found doing so to have been quite illuminating for them. For my part, I had originally intended carrying out my research face-to-face, as would be normal with Narrative Inquiry, and I was conscious this had impacted the phenomenological depth to which I had been able to go. I found conducting the second interview, when my participants and I edited their draft narratives, practically difficult; in the normal way, I would have sat next to my participants whilst we together went through their narratives in a companionable way and made any changes they wished. Instead, I had had to send my participants their respective draft narratives, ready for their second online interviews, so that we could go through and edit them together. My participants seemed not to have been affected by this logistical struggle.

Prior to the first interviews, I had sent my participants the 'Participant Information Sheet', and the 'Consent Form' agreeing to be a participant in my research and giving me permission to record and use the research material for academic purposes. They signed and returned the consent forms prior to our first meeting.

Before the interview itself, I first apprised the participants of the nature of the research, that they could withdraw at any time they wished up until the analysis was carried out and answered any questions they had. I then obtained basic demographic information, including age, gender, ethnicity, religious/spiritual background and current position, training institution, and how many years they had been practicing, and modalities, employed, for reasons of transparency in the research, and to get a contextual understanding of my participants.

I realised after my first interview with my first participant that I should have spent longer explaining my research and the trajectory of the interview and rectified this with my later participants. I was conscious my anxiety about conducting interviews online, rather than in person, had interfered with the way I conducted the interview with my first participant, but was relieved this did not unsettle or inhibit my first participant, or render inadequate the data produced.

7.3.2 First interviews

This first interview itself was in three parts: it had a beginning, middle and end.

Part 1: Beginning – Personal and professional autobiographical story

I obtained my participants' personal and professional autobiographical story, using the conversational prompt: Can you tell me about yourself, where were you born and raised, and was religion part of your upbringing?

As the interview progressed, I relied on the aide memoires I had previously prepared, to ensure we covered the ground I needed, if my participants did not cover the territory naturally themselves. I found the aide memoires to be useful but also that the conversation did flow quite freely and only a light touch from me was ever necessary.

Aide memoires:

- Cultural background – religion part of this or not
- Current belief system, religious or otherwise
- Understanding of religious faith, how it compares with and/or differs from spirituality, and whether it has any bearing on mental health
- Training, where and why and in what modalities, and current way of working

Part 2: Middle - Counselling Psychologists' work with religious clients

In the main part of the interview, I obtained my participants' stories of their work with religious clients, by using the conversational prompt: Can you tell me about your work with religious clients? Has anything helped, or hindered your work, and what might benefit it?

Aide memoires:

- Does their work with the religious:
 - ❖ Differ from work with those who are not religious?
 - ❖ Influence their own belief system
 - ❖ Affect them – think; feel; how they responded:
defensive/engage/contradict; did it change them: in what way, if not, why not?
- Use of religious faith or spirituality within the therapeutic relationship, theirs and/or clients

Again, only light touches were necessary, as the conversations flowed.

Part 3: Ending – Reflections on their work, training and CPD

After this, I asked my participants to reflect on their work with religious clients, in relation to their personal backgrounds, training and CPD, and finally if there was anything they would like to add. I used the conversational prompt: Can you reflect on your work with religious clients, in the light of your personal and professional backgrounds.

Aide memoires:

- Usefulness of initial training to working with religious clients
- Training and CPD needs for working with religious clients

Again, only light touches were necessary, as the conversations flowed.

After the first interviews were finished, I asked how my participants had experienced the research process to debrief them and to ensure they were comfortable when our meeting ended. They said they had enjoyed the interviews, found them interesting and thought-provoking, and considered researching therapeutic work with religious clients was a useful project.

7.3.3 Recording and transcription

I recorded the interviews with my participants, using two digital recorders, as is standard procedure with in-depth interviews with Narrative Inquiry, (Wells, 2011, pp.37-8).

Recording the interviews: facilitated the construction of the transcripts and the negotiated constructions of the narratives/stories; ensured the accuracy of the narratives/stories; ensured no data was lost; facilitated detailed narrative analysis, and transparency in the research project.

After the first interviews with each participant, I created an audio file from the digital recording, contacted the transcriber who had been approved by Middlesex University, and sent the file to be transcribed, in a secure way. Transcriptions were returned to me also in a secure way. Occasionally, the transcriber could not discern a few of the words of my participants, so I listened to the recordings, went through the transcripts, made a few corrections, and was able to fill in most of the gaps. I checked anything I still could not discern with my participants to ensure accuracy.

[Transcription of Interview 1 is included as Appendix E]

7.3.4 Creation of draft narratives – The first analysis of the data

The creation of the draft narrative, my participants' stories, represented my first analysis of the data: "from the raw transcript text" to a story (Emerson & Frosh, 2004, p.33; Langdridge & Hagger-Johnson, 2013). To create the draft narrative, of my participants' experiences of working with religious clients, I followed the guidance of Hiles et al. (2017). I was surprised how light a touch this needed and how well the resulting narratives read, and how coherent they were from beginning to end.

I first created a second word document of the transcript to work on, to create the draft narrative. I read this transcript through slowly separating the material into 'paragraphs', as my participants shifted in their focus. I then removed what I had said, leaving only my participants' words. In a very few cases, this necessitated my inclusion of a linking phrase or clause, or the changing of a pronoun into a noun; all inclusions and changes were placed in brackets. Once the narrative had been separated into meaningful paragraphs, I removed any "short pauses, hesitations, and inflections, etc." (ibid., p.163), put in the headings for the three parts of the narrative, and corrected the punctuation.

The completed draft narratives consisted of my participants' words in the order they articulated them, verbatim, with only the addition, enclosed in brackets, of a few short phrases or a noun instead of a pronoun. I then contacted my participants to arrange for a second meeting to go through the narrative to verify its accuracy, to allow them to change, add and/or delete material, and particularly the editorial additions, and fully debrief them. Before the second meeting, I send my participants their 'Draft Narrative' in a secure way.

[Draft Narrative and Initial Analysis are included as Appendix F and Appendix G respectively]

7.3.5 The second interview

The second interview took place online, and together my participants and I examined their draft narratives, checking and correcting the document as we went, including the editorial material, and adding and deleting whatever my participants wanted. I then

asked if they were now happy with their narrative and if they had anything else they would like to add. Once my participants were content with their narratives, I carried out the research debrief by asking them how they had experienced the research process and by ensuring they were comfortable. After this second interview, I sent my participants the 'Debriefing Form' and a small thank you card and gift in appreciation of their time and trouble.

[Transcription of Interview 2 is included as Appendix H]

7.3.6 Negotiated accounts

Narrative Inquiry research is a joint venture of the researcher and the participant: the research interview involves "the joint construction of meaning" and the narrative created from the interview is also jointly constructed (Mishler, 1986a). Thus, the final narratives/stories of my Counselling Psychologist participants' work with religious clients were a negotiated construction. Creating a negotiated narrative, not only increases the validity and reliability of the data but also, and importantly, went some way to redressing the potential power imbalance in the research process when looking at personal stories (Emerson & Frosh, 2004). The resulting narratives that provided the data for analysis, were my participants' stories, the stories they had co-created with me, and that they had approved.

The overarching form/structure and content of the narrative, the beginning, the participants' personal and professional backgrounds; the middle, the participants' work with religious clients; and the ending, the participants' reflections on their work, in the light of their personal and professional backgrounds, their training, was constructed by me. I prompted my participants' telling of these three parts to their story and the general theme/content of these parts. My participants responded by then telling their stories in their own words in their own way, choosing the form and content by including some accounts and not others, and analysing, theorising, and meaning making in an ongoing way. The internal form/structure, content, and redaction of the material, their analyses, theories, and meaning making within their narratives, were created by my participants.

My participants in their telling of their story were not just recounting what had happened but were actively engaged in meaning making. Although the task of the researcher is to analyse the narratives, the data, the storyteller also employs “analytic techniques to interpret their worlds”, as they tell their stories, and therefore their stories are also analytical and theoretical in the telling (Phoenix et al., 2010).

My task as researcher was to understand further the form/structure of the narrative, the nature of the source/content material within the narrative, and my participants’ redaction in order to create a meaningful narrative, their analyses, and theories, and the overarching meaning of the narratives, in order to answer my research questions. The stories created in Narrative Inquiry are always co-authored, directly within the interview process and initial analysis, and indirectly through the researcher’s representing of the initial stories (Mishler, 1995). The participants in telling their stories are also engaged in the retelling of their experience, a representing of what happened from their perspective, and thus represented their interpretation of what was experienced (ibid.). Thus, my analysis of my participants’ stories of their experiences may concur with their analyses or perhaps might differ in subtle or more major ways. Further, other researchers carrying out the analysis of the narratives, may come to different conclusions from me, depending on their perspectives.

Although they analysed and theorised in the telling of their stories, and were party to the initial analysis, my participants were not party to the subsequent analyses. Some researchers (e.g., Polkinghorne, 2007) have argued for providing participants with the analysis of their narratives for clarification and confirmation that it accords with their understanding of their experiences. However, according to Wells (2011, p.118), there is no “agreement as to the utility” of doing this and indeed she has found from experience this can cause participants some disquiet.

For ease of analysis and reference, I numbered the paragraphs, and then the sentences within the paragraphs. So, for example, 1:2:3, refers to Part 1: Participant’s personal and professional background, paragraph 2, and sentence 3.

[The Completed Narrative providing the data for the analysis, and the Numbered Completed Narrative, are included as Appendix I and Appendix J respectively]

7.4 Second Stage of Data Analysis

7.4.1 Choice of data analysis method

There are many approaches to the analysis of narratives (cf. Andrews et al., 2013; Hiles et al., 2017), and one of the advantages of this form of research is analysis can be adapted to suit such things as the phenomenon under investigation, the data that has emerged, and the audience for whom it is intended. Having read widely and considered carefully, I settled on “Holistic/Categorical-Content/Form Analysis”, as well as “Critical Narrative Analysis”, as the most useful approaches for me to use to analyse the narratives obtained in my research project: the Holistic/Categorical-Content/Form Analysis approach is very comprehensive as it analyses narratives from four different perspectives, and Critical Narrative Analysis adds a further complimentary layer of analysis (Lieblich et al., 1998; Willig & Rogers, 2017, pp.170-171). I analysed each of my Participants’ narratives from all these positions in turn.

7.4.2 The Holistic/Categorical-Content/Form Analysis of Narratives

Lieblich et al. (1998, p.12) argued there are two main “independent dimensions” in the reading and analysis of a narrative, “the holistic versus categorical approaches”, and the “content versus form” approaches. The holistic approach examines the narrative as a whole, and then the sections of the text are examined in the context of the whole, whereas in a categorical approach, the text is taken apart and individual words that relate to a specific category are isolated and collected together with data from other narratives. With the content approach, the focus of the researcher is on the specific content of the narrative from the perspective of the author, “what happened and why”, and seeks to draw out the implicit meaning, their “motives” and “images”, whereas with the form approach, the researcher is focused on the structure of the narrative (ibid. p.p.12-13). These distinctions are subtle and interrelated.

For each participant in turn, as indicated by this analytic method, I first read the narrative several times, and then wrote my “initial global impression of the case” without reference to the narrative (ibid., p.62). I then analysed the narrative systematically from four perspectives, as required by this analytic method: a Holistic-content perspective; a Holistic-form perspective; a Categorical-content perspective; and a Categorical form perspective.

[Initial Global Impression is included as Appendix K]

7.4.2.1 Holistic-content perspective

I carried out the more detailed analysis of the narratives by looking at specific material, throughout the text and marking these in different colours and fonts.

[Holistic-Content Analysis is included as Appendix L]

7.4.2.2 Holistic-form perspective

My holistic analysis of the form of each narrative revealed the authors’ “personal construction of his or her evolving life experience”, and “identity, perception”, and “values” (ibid., p.88). Psychological research has drawn from the field of literary criticism, including the “consideration of narrative typology, progression of the narrative, and cohesiveness of the narrative” (ibid.). Four main narrative types are: the romance, where the hero of the story, faces and overcomes challenges to achieve his goal; the comedy, where the hero has the required social skills to overcome the challenges to the social order; the tragedy, where the hero is defeated by evil forces and cast out of society; and the satire, where there is a cynical view of the social order.

[Holistic-Form Analysis is included as Appendix M]

7.4.2.3 Categorical-content perspective

Analysing the narrative from a Categorical-content perspective involves several steps: the “selection of the subtext”; the “definition of the content categories”; “sorting the material into the categories”; and finally, “drawing conclusions from the results” (ibid.,

pp.112-114). In this analysis, the basis for the selection of material, sorting, and drawing conclusions, was determined by the research questions, what has helped and/or hindered my participant's work with religious clients, and what might benefit it. Also of interest, were the participants' views of religious faith, and the difference between religious faith and spirituality. I analysed all the narratives with respect to these.

[Categorical-Content Analysis is included as Appendix N]

7.4.2.4 Categorical-form perspective

Analysing the narrative from a categorical-form perspective involves looking for deeper layers of meaning within the stylistic features of the text, its linguistic features, and the emotions embedded within it (ibid.). The categorical-form analysis of the narratives revealed another layer of meaning that had not surfaced in the previous analyses.

[Categorical-Form Analysis is included as Appendix O]

7.4.3 Critical Narrative Analysis

This analysis required my sensitivity to my participants' "active construction of meaning in their lives" and involved noticing the subtleties of the movements between content and process within the narratives, how meaning was remade in the telling of their stories, and their identity positions (Hiles et al., 2017, p.171). In carrying out my critical analyses of my participants' narratives, I kept in mind the question: "*Why is this story being told in this way?*" (ibid.). Once I had carried out the Holistic/Categorical-Content/Form Analyses with my participants, I carried out the Critical narrative analyses drawing on all I had learned in the previous analytic processes, whilst holding in mind why the authors' stories were being told in this way.

[Critical Narrative Analysis is included as Appendix P]

Chapter 8: Findings

Using the “Holistic/Categorical-Content/Form Analysis”, as well as “Critical Narrative Analysis”, I analysed each of my participants’ narratives in turn (Lieblich et al., 1998; Willig & Rogers, 2017, pp.170-171). This analysis represented the second stage of the analysis of the texts. Each of these next six levels of analysis of each of the participants’ narratives provided distinct findings, which I have detailed below, and each analysis carried out in turn, facilitated the subsequent analyses. Finally, I summarized my findings in respect of my research questions, and presented them in simple diagrams, and, in keeping with my phenomenological approach, stayed true to the words of my participants.

8.1 Amy

8.1.1 Amy’s story – Holistic reading of the narrative

The overarching impression I had from my initial global reading of Amy’s narrative was that, in her view, her flexible philosophical religious faith and her minority ethnic background helped her in her work with religious clients, as did her Person-centred/Existential modalities, whereas the dogmatic religious beliefs and practices of her religious clients hindered her work, as did the lack of specific training in working with religious clients. She also thought that what might help her work with religious clients would be a better knowledge and understanding of different faith traditions, together with specific training in how to work with religious clients.

[Completed Narrative included as Appendix I, Completed Numbered Narrative included as Appendix J, and Holistic Initial Global Impression included as Appendix K]

8.1.2 Holistic/Categorical-Content/Form Analysis

8.1.2.1 Holistic-content perspective

Amy identified herself with her country of origin in Asia, taking her core values and religious faith, a branch of Islam (1:3:2; 1:4:4), from there, although she “also appreciate[d] and value[d] those Western ideologies as well” in Britain, her country of destination (1:3:4). She identified herself as “a bit in-between” (1:3:3) and considered her more philosophical Islamic faith tradition fitted both cultures (1:6:5-6). Amy’s professional identity is that of a Counselling Psychologist whose modalities were primarily Person-centred/Existential, although within the NHS she also employed third wave CBT (1:7:1,6&7).

Amy saw having her own faith background as helpful when working with religious clients, as this provided her with insight into the faith of others (2:8:1&4). She thought her experiences of belonging to an ethnic minority also helped, as it sensitized her “a little bit more about different people’s experiences and beliefs” (2:12:1&3). She found her Person-centred/Existential modalities also helpful (2:9:4), along with her being open to, and curious about, their religious faith (2:11:6; 2:13:4).

Amy observed from her experience, that therapists who were not religious found it more difficult to work with religious clients, as they found “it more difficult to hear the minds of the patients’ religious needs” (2:8:10). Reflecting on her own experiences, she also saw potential difficulties within therapy with religious clients due to differences in religious beliefs between them and cited a personal experience of this (2:10:3&4). The other things she found hindered her work with religious clients was a lack of knowledge about different religious faiths (2:13:4,6), and a lack of adequate training (2:13:7,10; 3:1:2). Amy spoke about the need for formal training in training institutions specifically about working with religious clients: “we now live in a multicultural, very diverse Britain, but there needs to be a least one module along [the] three years that is dedicated to working with, you know, different people from different backgrounds, religious or racial” (3:1:2).

Amy saw religion and spirituality as different but related, with religion involving beliefs and practices, and spirituality being more a “mentality” (1:6:1,2&4). Although Amy was aware she only saw religious clients who had mental health problems, and that possibly this may have skewed her perception, she saw a connection between religious faith and mental health problems (2:3:2-4). She did not seem to view all religions as causing mental health problems, thinking, it seemed, of her own philosophical Islamic religious faith, but only the dogmatic ones (2:7:1,5-6).

[Holistic-Content Analysis is included as Appendix L]

8.1.2.2 Holistic-form perspective

My holistic-form analysis of Amy’s narrative led me to view it as rhetoric. Amy’s rhetoric not only seemed to be directed towards me, but also towards herself: in reflecting on her work with religious clients, it seemed she needed to confirm to herself and me that she, the Counselling Psychologist, worked competently with religious clients, despite the challenges they presented in the therapeutic space. The rhetorical storyline Amy seemed to be proffering was that she, the hero of the story, worked well with religious clients, as she was religious but in a philosophical non-dogmatic way (Part 1), understood what it was like to hold minority religious beliefs, and used an appropriate modality that accepted difference (Part 2), but was hampered in her work, despite her own best efforts to educate herself, by the failure of the training institute to provide specific training for working with religious clients, and also by clients’ dogmatic religious beliefs and practices (Part 2 paragraph 13 & Part 3).

The emotional tone changed through a series of slight ups and downs throughout the narrative. In Part 1, Amy started in an emotionally secure way, confident in who she was, her beliefs and the way she worked as a Counselling Psychologist. Then there seemed to be momentary occasions of self-doubt throughout Part 2, as she considered the challenges of her work with religious clients (2:1), and then, as she reflected on her work further, she regrouped and reasserted herself positively regarding her work, and

so regained her confidence in herself as a competent Counselling Psychologist (2:3). By the end of Part 2, and in Part 3, she was back to self-belief about herself, and confident in her work.

Despite the slight undulations in her self-confidence about working with religious clients, the narrative progressed steadily and evenly as the plot unfolded in a horizontal linear way from its beginning, where the scene was set with who she was and how she worked, then to the middle, her work with religious clients and the challenges she met, to the end, the coup-de-gras, that any failures on her part, despite her best efforts to compensate for these, were to be laid at the feet of her training institution, which should have prepared her better for such work. The narrative is cohesive from beginning to end as it builds sequentially through clearly defined stages and objectives, and moves steadily to its climax (Lieblich et al., 1998, pp.89-90).

[Holistic-Form Analysis is included as Appendix M]

8.1.2.3 Categorical-content perspective

❖ Helped

Amy found it helpful to be **aware of a client's religious background**, which might be apparent in a referral, as it is seen as being connected to their presentation, though this might arise in clinical sessions (2:1,2&3). She found awareness was particularly helpful in her work in palliative care (2:11:2). Amy also found her **own religious background** helpful when working with religious clients, particularly as it is inclusive, as it enabled her to "hear certain things" (2:8:1,3&4; 2:9:1&4), and her **own minority ethnic background** to be helpful as it had sensitized her "a little more about people's experiences and beliefs", and helped her not to make assumptions (2:12:1-4). She also found it helpful to **talk to the Chaplain** after meetings about her client/s, as that seemed to enable her to see how things "could be interpreted differently" (2:8:9).

There were several ways of working with religious clients she felt were helpful: being **aware of** her own background, and **the differences between herself and her client, and the utility of holding these differences in mind** (2:10:9); **being curious about the religious faith of clients** (2:11:7); and **her Person-centred/Existential modalities** (2:9:4).

❖ Hindered

Amy's found her **concern not to denigrate** a client's religious faith when she could see it was hindering the therapy, hindered her work, making it difficult and challenging, as she did not want to "get into a conversation where you are, you seem to be denying, or somehow belittling their religious beliefs" (2:4:1&3; 2:5:2). She also added that a **client's religious views**, if they have a "**very fixed rooted view** about how things should be", which are causing their difficulties, hinder her clinical work as they "can cause a barrier" (2:6:2-4).

Amy observed she had noticed that **colleagues who were not religious, found it "more difficult** to hear the minds of the patient's religious needs", and thus this was a hinderance to their clinical work. She also thought a **client's perception that the therapist would not understand and/or respect his/her religious faith**, might "close down conversations", and thus hinder the clinical work (2:10:1-4).

Several other things that Amy considered hindered her clinical work related to a lack of something, that is, **insufficient details of a person's religious faith on an assessment form** (2:13:2), **insufficient knowledge about "different religions and different practices"** (2:13:4,6&7), and **inadequate training with regard to working with religious clients** (2:13:7,10-12; 3:1:2; 3:2:2).

❖ Might benefit

Amy considered two things might benefit therapeutic work with religious clients; **specific training – at least one module "dedicated to working with [...]" "different people from different backgrounds, religions or racial"** (3:1:1); and **this research project** (3:13:3)

❖ Difference and similarity between religious faith and spirituality

“I do think **religion and spirituality are different**. I think they’re **connected but there are differences**. I think spirituality ... when someone says they’re religious, you can, you can, you know, there’s **certain practices** that they will follow **in the name of that religious belief**. Whereas **spirituality is** more a sense, you know, that there isn’t somebody you always need to follow or ways of being, principles one can follow, it’s **more a mentality**.” (1:6:1.2.3&4)

❖ Religious faith, spirituality and mental health

Despite finding her own religious faith helpful to her work with religious clients and benefitting from the input of the Chaplain, Amy’s **view on the relationship between religious faith and mental health was quite negative** (e.g., 2:2:1&4). Further, even though she momentarily acknowledged she only saw religious people who were mentally unwell, and was aware she might be generalising, Amy considered there was “some form of **connection between**” being “**raised religiously**” and developing “**mental health problems**”, and she then went on to cite how people’s **schizophrenia “seem to be related to their religious views”** (2:3:1-8). She also considered religious faith to be causing people’s difficulties and noted how their **dogmatic religious upbringing “can cause more harm than help”** (2:6:3; 2:7:1&2,5&6).

[Categorical-content analysis is included as Appendix N]

8.1.2.4 Categorical-form perspective

A marked stylistic feature of Amy was her usage of ‘**so**’. It surfaced in Part 1 of the narrative but was very much in evidence throughout Part 2, occurred in Part 3, and seemed to be being used by her primarily to punctuate her developing argument and to signpost her view. Amy often seemed to use ‘**so**’ to point to her conclusion to the specific argument she has just discussed, and to assert it. ‘**So**’ is often used strategically by people as a justification for the statement that follows, to imply that the

statement has validity, even in the absence of clear evidence of that statement's validity. Occasionally, Amy did this, for example, **so** was used to assert and validify her negative view of religious faith: "**So**, there was this conflict [...] and it just kind of led [...] to OCD" (2:2:1&4); "**So**, [...] there seems to be some sort of correlation between religion and mental health [...]. **So**, often people who are diagnosed with schizophrenia [...] their ideas seem to be related to their religious views" (2:3:2&8)

Amy also used '**so**' statements to regain her equilibrium as a competent therapist, after she had considered things that had hindered her work, and her mood had dipped (e.g., 2:10:9; 2:13:4&5). She then went on to blame the training institution for any shortcomings she might have in this area (2:13:10). In addition, Amy employed '**so**' to point to a conclusion, for example: "**So**, those kinds of resources [...] more than formal training" (3:2:4); "**So**, yeah, hopefully more of what you are researching will come forward and actually make a difference in terms of practice" (3:3:3).

[Categorical-form analysis is included as Appendix O]

8.1.3 Critical Narrative Analysis

The Holistic/Categorical-Content/Form analysis revealed Amy to be actively making sense of her experiences, moving from content to process as she analysed and reflected on her unfolding life, to create the meaning in her story she felt comfortable with and a sense of her personal and professional identities. She moved between several identity positions: the sensitive philosophically religious woman who inhabited two different cultures, and the competent Counselling Psychologist. In the telling of her story, and her on-going meaning-making, Amy seemed to be demonstrating both to me, but primarily to herself, that she was this competent Counselling Psychologist and able to work clinically in an effective way with religious clients. She displayed a need to control the story, and to assign any shortcomings she might have in her work with religious clients to external factors, the dogmatic faith of some clients, and/or training institutions providing inadequate training, although she also displayed an unsureness in relation to working with religious clients.

[Critical Narrative Analysis is included as Appendix P]

8.2 Rosie

8.2.1 Rosie's story - Holistic reading of the narrative

From my initial global reading, throughout her narrative Rosie's humility and respect for the religious beliefs of others in her clinical work shone through. A marked feature within her narrative was her references to the chaplains of the various religious traditions who also worked in her place of work: Rosie seemed to have a close working relationship with them; she did not overstep her professional boundary or stray into spiritual direction, and the chaplains, despite some of them being therapeutically trained, did not overstep their professional boundaries either; and the close constructive relationship between Rosie and the chaplains appeared to be mutually beneficial, and also beneficial to the clients.

Although not practicing in any traditional way, the non-conformist Christian faith she was acculturated to within her maternal extended family, a religious faith tradition that would likely be viewed stereotypically as of the dogmatic kind, Rosie's Christian ethical beliefs and values were reflected in her choice of career and in her working practice. Rosie's openness to, and personal understanding of, religious faith seemed to have helped her in her work with religious clients, and, rather than seeing 'some of the dogmas of religious faith' purely as hinderances, she was able to work respectfully with or around these, sometimes with the helpful insights of the chaplains.

Whilst Rosie felt the integrative way in which she was trained prepared her for working respectfully with difference, she thought this training lacked any conversation about religious faith, something she felt it would have been good to have had. She did not consider it to be the responsibility of the chaplains to make up for this deficit.

[Rosie's Completed Narrative is included as Appendix Q]

8.2.2 Holistic/Categorical-Content/Form Analysis

8.2.2.1 Holistic-content perspective

Rosie identified herself with her mother's non-conformist Christian faith, for example, "I'd class myself as, like, non-practicing [...] Baptist" (1:3; 1:4:5; 1:11:8) and, although she was not regularly practicing by going to church each week, she still held "the beliefs and [...] use[s] them as [...] a loose guide" (1:11:1,8,11), and still believes in God (1:12). Rosie considered her upbringing to be "beneficial in just being open to seeing other ways", and, despite her mother's "faith [being] very present", the children "were always welcome to explore other areas that might fit better with" them (1:8:1&2). She thought "being able to be open and curious [...] and being encouraged to do so, was definitely helpful [to her] as a practitioner and as a person growing" (1:8:4). Whilst money was quite tight in her traditional family in her early years of growing up, she described it as a "lovely upbringing" and felt "very privileged" with how her parents encouraged getting "a bit more of a cultural understanding of the world" (1:1:7-8; 1:2:1&7-8). Rosie saw the difference between being religious and being spiritual was a matter of practicing and classed herself "between the two", "because its where [her] behaviour and beliefs are lying, without actively doing anything about it" (1:11).

Rosie chose her training institution because it was integrative, and although her work is primarily third wave CBT, she is integrative in that she draws on other approaches for understanding in her clinical work (1:13).

Within her current work setting, Rosie has found "religious beliefs" could "be a massive block sometimes for people's therapy", as, particularly, some of the programmes the clients are supposed to engage with are not morally acceptable to their religious beliefs (2:1-4). Rather than overriding their wishes, Rosie works with them and the relevant Chaplain, to find "more viable alternatives" (2:4:6-7).

In her current work setting, Rosie calls on the support of the Chaplains, who represent several religious faith traditions, for help and guidance, on a regular basis (2:5:1), finds their help "fantastic" (2:5:1), and uses the chaplaincy service in a similar way to how she

uses supervision (2:8:1-2). She finds the Chaplains “receptive” (2:5:7) and supportive (2:7:12), that “without their guidance and better knowledge”, she thought it “would have been really difficult, just to be able to know more” (2:7:13), and considered it “imperative to have that good relationship” (2:6:1), and appreciated “the close rapport” she had with them (2:24:1). Rosie has found the Chaplaincy helpful also in that there was “never a disagreement with” them, and they were “always of the same opinion” (2:18:7).

Rosie said: that until recently she had only explored a client’s religious faith when it had come up, otherwise it was “left in the background” (2:9:9-11; 2:12:5); that she experienced “nervousness” when exploring this “sensitive” area of a person’s life, (2:11:1-2); that “beliefs play a massive role” (2:12:5); and that it was “so important, to really try and understand how they view themselves and the world around them, cause that gives [her] [...] that implicit idea of their belief structure” (2:13:5). She thought that “you have to understand someone’s beliefs to understand someone’s behaviour” (2:30:3).

Rosie found it more difficult to work with non-religious clients when “instilling hope” (2:14:1) but found this easier with the religious as she could “tap into [their] sense of hope” (2:14:9). She has also found it more difficult in that the anti-religious will not avail themselves of the religiously based AA and NA support groups to their detriment, whereas her religious clients would (2:16). Further, she found she could utilise religious coping strategies with her religious clients, and get other help for them through the Chaplaincy, whereas these things are not available for her to use with her non-religious clients (2:15:7-8; 2:17). She did find it difficult with her religious clients though, when their religious commitments or support clashed with their therapy needs (2:18-20), and when her female gender was a stumbling block: she worked with the Chaplaincy, to find possible solutions to these problems (2:21&23). Rosie found it difficult moving between clients with different beliefs, and allowed space “to unwind” between them, despite time pressures (2:33:1).

Rosie found that what helps when working with religious clients was: “just respecting their beliefs”, and “keep[ing] [her] boundaries” (2:25:6); giving “them as much support to maintain their beliefs where possible” (2:25:6); “good flexibility” (2:27:1); and being

“respectful” (2:28:6). She has found working with religious clients to have been a beneficial experience: it has opened her up “to different ideas” and “new ideas” (2:31:1); she was now more “willing to sit with mess” (2:31:7-10); it has opened her “eyes to even understanding and even being open to understanding different religious beliefs, and how that impacts a person” (2:32:3); and has facilitated her growth as a practitioner (2:34:8).

Rosie found her training helpful for working with religious clients in that it was an integrative course, allowing for flexibility in working, and that it taught about working with difference (3:1). However, she felt her training lacked a more “explicit conversation about religion and how it might impact therapy, yeah, and how it might impact us” (3:2; 3:3:1), and, that although she had learned much from the Chaplaincy team, it was “not on them to teach” her, “to help make [her] feel comfortable as a practitioner” (3:4:1-4).

8.2.2.2 Holistic-form perspective

My Holistic-form Analysis of Rosie’s narrative broadly followed that of a ‘romance’, though not the romance of popular understanding. In Rosie’s story of her experiences of working therapeutically with religious clients, she, the hero, faced and overcame the challenges of this client group, aided and abetted by her faithful companions, the Chaplains, her trusty tools, which were the skills she had learned in her training that are now well honed, along with her knowledge and understanding acquired from childhood, and her personal moral qualities of respect, humility, courage, and openness, to achieve her goal of being the successful Counselling Psychologist.

Rosie’s story represented a “stable narrative”, as the plot was steady and progressed evenly to its completion (ibid., p.89). The narrative was cohesive; it was well-constructed with an on-going plot, peppered with interesting vignettes by way of illustrations of her prowess in skilfully facing and overcoming the challenges she met, that proceeded to her objective in a sequential and relational way (ibid.). The emotional tone throughout the narrative was very upbeat, with the hero being secure in herself and the successful achievement of her goal. The hero, Rosie, is presented as strong, insightful, and skilled, in the face of the failings of others, in this case, her training

institution, to provide what she needed to face the challenges she was to meet on her journey, with she and others, notably the Chaplains, having to make up for these failings.

8.2.2.3 Categorical-content perspective

❖ Helped

Rosie considered her **upbringing** to have been helpful to her work with religious clients, that it was **religious**, **“open”**, and **“curious”**, and that her **religious upbringing was “loose”** (1:8:1-4). She also considered her **wondering mind** to be helpful (1:9:2; 2:13:1-2). Rosie found **her training** helpful for being able to work with difference (3:1:1&4). Rosie found it helpful **to know her clients’ religious backgrounds**, **“their perspective”** and **religious ways of “coping”** (2:9:12; 2:10:5; 2:13:6; 2:14,5,16-18), and considered it important **“to dive into exploring” the religious beliefs of clients**. She also found the **“assessment process”** important (2:11:1; 2:22&23), and that **“respecting” the beliefs of religious clients** helped the most (2:24:4), along with **“support[ing] [clients’] belief** where possible” and **being “respectful”** (2:25:6; 2:28:6).

She found the different **Chaplains of the various religious faith traditions helpful to her understanding of religious clients** and used the service in a similar way to the way she used supervision (2:3; 2:5:1-7; 2:6:3; 2:7:1&13; 2:8:1-2; 2:18:7; 2:24:1; 2:28:4; 2:29:11). Rosie also found **“religious coping strategies beneficial”** (2:10,14&17), as well as the **support of the religious faith traditions** (e.g., 2:7&2:15:7-9).

❖ Hindered

Rosie found **religious beliefs could “sometimes be a massive block to therapy”** in her work within prisons (2:1:1; 2:4:2; 2:6:1-2), especially as there were sometimes **conflicting time commitments** (2:20). Her **“gender”** was also sometimes a hinderance (2:21-23). She also found the **lack of training** in working with religious

clients to be a hinderance to her clinical practice, “an explicit conversation about religion and how it might impact therapy, and how it might impact us” (3:2:10; 3:3:1).

❖ **Might benefit**

Rosie thought it would be “good to have **some specific training on the religious aspect of the person**”, “to start **naming and working with it more explicitly**” (3:5:1&3).

❖ **Difference and similarity between religious faith and spirituality**

Rosie considered the difference between being **religious and being spiritual** is in “the **practicing sense**”, “**holding the beliefs**” and using them “**as a loose guide**” (1:11:1). As she went straight on to talking about religious practices, for example, attending church, it seemed she also associated being religious with more visual practices, even though for Rosie, being religious appeared to be more internal and ethical, and related to belief in God (1:11:2-11&1:12).

❖ **Religious faith, spirituality and mental health**

Rosie made no positive or negative comment on the relationship between religious faith, spirituality, and mental health, though she saw her upbringing with its religious underpinning as “**beneficial**” (1:8:1), but rather just seemed to accept difference. For her, the hinderances to her clinical work that were caused by a person’s religious faith were practical issues, including her being a female when working with men (e.g., 2:2), or related to the technique a therapist wished them to employ being morally unacceptable within his religious faith tradition (e.g., 2:3:5).

8.2.2.4 Categorical-form perspective

Rosie’s narrative was free flowing, fast-moving and verbose, with her seemingly just articulating what was surfacing in her mind with one thought coming after another in quick succession, rather like ‘free association’, and without her stopping to analyse or

ensor her thoughts (Kahn, 2002). Rosie used the active forms of verbs throughout her narrative, indicating perhaps her sense of agency and confidence in who she was and in her clinical work (Lieblich et al., 1998). Her seeming confidence in her personal and professional identities may also have been why she felt no need to analyse or censor her story.

Although the holistic form of the narrative was linear, progressing from its beginning to its completion, within a structure created by me, the researcher, Rosie's content within this frame was not structured: she did not gather together all the things she found helped, hindered, and might benefit her work, but rather, these just came up within her discourse, as they seemed relevant to the telling of her story. For example, how her clinical work was helped by the Chaplains occurred many times within the recounting of her experiences of working with religious clients, and she did not articulate all the help they gave her in a systematic way in one place within her story (e.g., 2:5:1&4; 2:7:6-7; 2:8:2; 2:15:7-8; 2:18:7; 2:23:2; 2:24:1; 2:28:4; 2:29:11; 2:32:1; 3:4:1-4).

The repeated references to the Chaplains throughout her reflections on her experiences of working with religious clients, revealed just how much they helped her, how dependent she was on them, and appreciative she was of their input and support in her clinical work. That Rosie did not say anything negative about religious faith per se, could have been construed as avoidant, perhaps for reasons of not offending me, the researcher. However, given that she just seemed to articulate what was arising within her head without analysing or censoring the material, seemed very confident within her personal and professional identities, and clearly viewed many of the beliefs and practices of religious faith, her religious upbringing, and the support of the chaplains, as beneficial, this seemed an unlikely deduction.

8.2.3 Critical Narrative Analysis

In the telling of her story, Rosie seemed to want to show she was a very capable and effective therapist who was able to work well with religious clients. Within the pericopes of her narrative, she presented herself as a positive and proactive person who, when faced with difficulties, constructively and speedily sought solutions, either on her own or,

without any feelings of inadequacy on her part, from others. It was only when encouraged to pause and reflect on her personal and professional journey, in relation to her work with religious clients, that there was a momentary reference to anything negative, in this case, the lack of explicit training in working with religious clients in her initial training (3:2&4), despite her finding her training in general a really good preparation for her clinical work, and how “fantastic” it was (3:4:4). She quickly regrouped after this lapse into negativity, to solutions and envisaging how the training could be made perfect (3:5).

8.3 Mia

8.3.1 Mia’s story- Holistic reading of the narrative

Mia was brought up surrounded by various denominations of the Christian faith tradition and is herself married to a now lapsed Catholic. Mia attended a school that followed the church calendar, enjoyed the rhythm of the Christian year and being part of a Christian community, but is anti-religious herself, not liking the ‘enforced’ beliefs and rules. Mia saw religious faith as being about structures, and what you need to believe, whereas spirituality was about feelings around being connected to others and nature. Although she would not like to consider herself not to be spiritual, as she felt this spiritual connectivity, she had become a Humanist, as she had enjoyed being part of a community, and saw their values as essentially Christian.

Mia trained originally as a nurse, then as a Counselling Psychologist, and finally as a Psychoanalytic Psychotherapist. Her Counselling Psychology training was integrative, and although she sees herself still as a Counselling Psychologist, she mainly works psychoanalytically with long-term clients. Religious faith was not something she engaged with clinically, but if she became aware a client was religious during therapy, Mia had to work hard to bracket off her negativity towards his/her religious faith. Mia did not have any teaching around working with religious faith clients in any of her trainings, though did have training in working with difference in general, and gender and sexuality

specifically. She now would appreciate having some training in working with religious clients.

[Mia's Completed Numbered Narrative is included as Appendix R]

8.3.2 Holistic/Categorical-Content/Form Analysis

8.3.2.1 Holistic-content perspective

Mia had a very Christian religious background but not in any experiential way; she never attended Church on Sundays (1:1). Her mother, whose family were in Africa and were members of a reformed Christian church and religious, was not religious, and nor was her mother's second husband, although his work necessitates his being in churches on a regular basis (1:2-3&5). Her father, who was brought up within the Church of England, was religious, although his second wife was atheist (1:4). Mia herself was married to a now lapsed Catholic (1:6). Mia attended a school that followed the Christian church calendar (1:1), but she herself had never been religious, and had joined the Humanist Society, whose ideas she saw as "not that dissimilar to a basic Christian belief" (1:6:9), as "she felt like [she] wanted something, some kind of set of ideas that meant somethings to" her (1:6:8).

When considering religious faith and spirituality, Mia separated "feeling and structure" (1:8:1), saw religious faith as being "a bit more top-down", and needing to "believe in structure" (1:8:2), whereas she saw "spirituality as [...] the feeling one gets when one feels connected to something, or to another person, or the feeling one gets when one wants [...], or needs to create a set of rules or a sense of belonging, or something like that" (1:8:3). Mia did not want to say she was not a spiritual person, "because those feelings of connection to nature", were very important to her (1:8:5), but she did not "want to follow somebody else's rules about it", and this was what she saw as religious faith (1:8:7-8).

When she thought of religious faith, she thought of fundamentalism, and just accepting the rules of others (1:9:1), with this leading to “rigidity”, “unthinking”, a “lack of reflection”, and saw this in terms of the “superego” (1:9:2-3). She contrasted this with “mental health”, which she sees as about “having the capacity for flexibility and curiosity and growing your sense of self” (1:9:4). Especially from a Catholic position, Mia associated “shame” with religious faith, with shame being “the root of so much mental unhealth and unwell-being” (1:9:5-6).

Mia first trained as a specific kind of nurse, then went on to become a Counselling Psychologist, training in an integrative way, before completing lengthy training as a Psychoanalytic Psychotherapist (1:10-12). Whilst she still identified herself as a Counselling Psychologist and did work in that way, she now primarily worked as a Psychoanalytic Psychotherapist (1:13).

Mia was aware that in all her years of working therapeutically, she must have had many clients who were religious, however, religious faith had not been routinely mentioned or explored within her clinical work (2:1:2). On occasion, she had been “surprised” when a client suddenly said something about religion, as she had been unaware this was something that “was important to” him/her (2:1:3). However, Mia did work with a Catholic priest for a couple of years and wondered about how his religious faith would affect the therapeutic work, particularly as he came from “such a restrictive culture” (2:1:4-8 & 2:2:1). She stressed, in relation to his religious faith, that “**he** never brought it up”, “**he** never talked about it explicitly”, “**he** never” (2:2:2-4), but that during their therapeutic work, which she saw as going well (2:3:1), she “would be thinking all the time, where is this sitting with [his] religious beliefs?” (2:2:10). Reflecting after the therapy with him had finished, she questioned why she had not given voice to her wonderings (2:3:2): it seemed to her there was “this whole elephant in the room for” her but had “no idea whether it was an elephant in the room for him” (2:3:7). Mia was aware there were two belief systems in the therapy room but she felt quite unsure and conflicted when thinking about these matters (2:3:14-18). She thought her “work with religious clients may have been hindered” because she had not had “an opportunity to work through this” (2:4:1).

When reflecting in the interview, it occurred to Mia that she needed “a workshop” on the subject, and needed “to talk to religious people outside of the consulting room”, as she needed to work through her own “stuff” (2:4:1-2); she realised she had not “done enough of [her] work in a CPD workshop”, and needed “to go and think about” this “somewhere else” (2:4:4).

Mia could not think of what had helped her in her work with religious clients (2:5), but thought what might benefit such work would be a workshop outside of the consulting room, where she could talk with various religious people about her work, and “have a conversation with them about what they think is the difference between [her] belief system and their belief system” (2:6:2-5).

Mia was conscious her belief system impacted on her therapeutic work (2:7:1), that she probably had “a slightly negative attitude towards organised religion”, her “judgemental place” (2:7:3 & 2:8:2), and that this was why she had to take a moment and “just listen and try and understand what their belief system [meant] to them and try and put [hers] to one side” (2:7:7), to put her “judgemental biases to one side” (2:8:4). Although she had found getting “past [her] own feelings”, to connect “with the person”, “hard” and “difficult” work, Mia also described this as “the joy of the work for [her]” (2:9:12-15).

Working with religious clients prompted Mia to “think about religious faith” and spirituality: she thought people were “lucky to have” their religious faith, was aware this was something she did not have and was envious of them, and that this has led her to join the Humanistic Society (2:10:1-6).

Mia said her training was not useful to working with religious clients, although much time was spent thinking about sexuality and gender, and that this had hindered her work with religious clients (3:1:1-8). She thought what might benefit her work would be a CPD workshop (3:2:1), as so far in her clinical work what had helped her had been her own experiences of religious faith, as well as conversations with family members who were religious, rather than her training (3:3:1-3). Thinking about her work with religious clients during the interview had led her to become “aware of some of [her] own judgements and biases”, and that there was “a whole gap in [her] experience” (3:3:3-4).

8.3.2.2 Holistic-form perspective

Mia's narrative was more of a tragedy where, she the hero in the saga, was defeated, not by evil forces that cast her out of society, but rather by her own lack of knowledge and understanding, the result of no specific training to prepare her for working with those clients who were religious, and her own judgmental bias against religious faith. There was a feeling of pathos as the narrative proceeded in a downward way, "a narrative of decline", as she became increasingly aware of her difficulties with working with religious clients, to its conclusion that she needed further specific training in this area, to make up the deficit (Lieblich et al., 1998, p.90).

8.3.2.3 Categorical-content perspective

❖ Helped

Initially, Mia could think of nothing that had helped her in her work with religious clients (2:5), although right at the end of her narrative, she noted that her **own experiences of religious traditions gave her insights** (3:3:1).

❖ Hindered

Mia's focus instead was on those factors that hindered her work with religious clients: **not having had the space to work through her own "stuff"** in relation to working with religious clients (2:4:1&2); **"too many unanswered questions"** (2:4:6); **inadequate training in working with religious clients** (3:1:1&6); and, implied though not actively articulated, her **own "judgemental biases"** (2:8:4). Mia's not knowing how to bring clients' religious faith into the therapy space to explore this aspect of their lives, "I just **didn't know how to**", hindered her work (2:2:1-4&10-14; 2:3:1-11).

❖ Might benefit

In the absence of initial training in working with religious clients, Mia thought what would benefit her work with religious clients now would be a **"CPD workshop"** (3:2:2).

❖ Difference and similarity between religious faith and spirituality

Mia saw **religious faith** as being “**a bit more top-down**”, and **needing to “believe in structure”** (1:8:2), whereas she saw “**spirituality as the feeling one gets when one feels connected to something, or to another person, or the feeling one gets when one wants, wants to, or needs to create a set of rules or a sense of belonging, or something like that**” (1:8:3).

❖ Religious faith, spirituality and mental health

Mia’s view of **religious faith was very negative** and saw it as **adversely affecting mental health and well-being** (1:3,6; 1:9); she used words such as “**anti-organized religion**” (1:3:3), “**very over-organized, dominant, authoritarian religion**” (1:6:7), “**rigidity**”, “**lack of reflection**”, and “**unthinking**” (1:9:3). Whereas she looked at spirituality in a more positive way (1:8) and used words such as: “**connected to something, or to another person**”, or “**a sense of belonging**” (1:8:3).

8.3.2.4 Categorical-form perspective

Mia’s narration of her story was reflective and measured in its telling as she thought about her experiences of religious faith and of working with religious clients. In its telling, Mia described, analysed and evaluated her experiences, coming to rational conclusions, and in so doing, she constructed her identity and meaning along the way. She initially repeated her negative views of religion, using a plethora of very pejorative nouns, adjectives, adverbs, and phrases, such as “**over -organized, dominant, authoritarian**” (1:6:7), “**just accepting a set of rules**” (1:9:2), “**someone else’s rules**” (1:8:7), “**restrictive culture**” (2:2:1), and “**rigidity**”, “**unthinking**”, and a “**lack of reflection**” (1:9:3).

Mia seemed to realise, however, as she recounted and analysed her experiences of working with religious clients, that her views of religious people did not equate with her experiences, for she found that her Catholic priest client, for example, was reflective (2:2:18). There was shift in her story as she struggled with how her negative views of

religious faith had hindered her work with religious clients, leading to a detailed and lengthy exploration of the whys of this (2:3-9), that left her feeling “conflicted”, and conscious of the struggle she has had to set aside her “judgmental biases” (2:8:4), using words such as, “much harder” (2:8:3), “dig deeper”, “do that work to get past my feelings” (2:9:13). Mia also, in reference to the Catholic priest and her not having brought his religious faith into the therapy space, emphasized “he” as she attempted to shift ownership of responsibility for this to her client: “**he** never brought it up”, “**He** never talked about it explicitly”, “**He** never” (2:2:2-3).

8.3.3 Critical Narrative Analysis

In the telling of her story, it seemed Mia had wanted to demonstrate her very real therapeutic abilities, but this all fell apart. Mia was clearly committed to her therapeutic work, and had undergone years of training and psychotherapy, but an air of sadness built, as she incrementally realised her clinical work with religious clients had been hindered by her own negative view of religious faith, developed in her childhood and adult life, as well as the huge gap in her trainings about how to work therapeutically with religious clients. She went from initially feeling confident in her negative views of religion and her clinical work, to having her views shaken in her narration and reflection on her story of her experiences when working with religious clients, with, in the end, having the tragic realisation of her shortcomings in relation to religious clients.

8.4 Ben

8.4.1 Ben’s story- Holistic reading of the narrative

My initial global reading of Ben’s narrative left me very aware of his ongoing questing orientation to his search for meaning and spiritual understanding and growth (Bateson et al., 1993; Wulff, 1997), and how this was reflected in his long and convoluted personal and professional journeys. I was also conscious of how Ben brought all his rich experiences, together with his humility, openness, curiosity, knowledge and

understanding, to his therapeutic work with clients who were religious as well as those who were not, in, to me what seemed like a very constructive way. Ben was helped in his work with religious clients by his personal qualities, knowledge and understanding, though hindered by a lack of knowledge about different faith traditions, and how to adapt traditional psychotherapeutic approaches to different religious client groups. He had not found his initial therapy training useful to working with religious clients and had had to rely on his own experiences and learning. Ben thought that Counselling Psychology training might benefit from being expanded to include training in this area, delivered by teachers who reflected diversity.

[Ben's Completed Numbered Narrative is included as Appendix S]

8.4.2 Holistic/Categorical-Content/Form Analysis

8.4.2.1 Holistic-content perspective

Ben was brought up in England and in the Church of England traditional religious faith, becoming an altar boy at one time, although he recognized he was not “a very strong believer at the time”, but rather his religious practice “became a sort of the thing to do” (1:1). Ben’s beliefs changed in his teens, as he became interested in “martial arts” and their “spiritual elements”, and astrology (1:2:1-2&6). Although he was increasingly interested in spiritual matters, Ben decided to return to education, firstly by studying for his Psychology degree, then completing Counselling Psychology training, and several years later, his doctorate (1:2:8-1:3:1; 1:10:10). During these more academic years, Ben’s interest in spirituality continued; he completed various energy-based psychologies and CPD workshops that centred on spirituality and started “to bring those spiritual elements into the session”, elements that to some would seem “very wacky, weird, and strange, and not psychology based at all” (1:3:6-7&11; 1:10:12; 1:3:14). Ben’s spiritual questing continued as he “collected information that goes back to a central source”, and he held that “we are all part of something bigger”, “there’s a sense of being part of

something, someone, somebody, entity”, that “we all share that origin”, and “all our journeys in some way contribute to that” (1:5:6-9).

Ben’s problem with religious faith was that although “all religions share[d] so many similarities”, they were “fighting over which one [was] best”, something he considered “futile and promote[d] separation rather than a unified humanity”; he believed in “a common source for all religions” (1:6:1-4). He also had a problem with religious faith that became “too dogmatic”, as this led to “lots of the problems what we have in the world, rather than getting it together and agreeing that we share similar beliefs” (1:6:11). He acknowledged that “for some people [...], spiritual practices ha[d] to be something that has rules”, and that they “prefer to follow a rule-based system” (1:6:7-8).

Ben considered that “religious beliefs [could] have a bearing on mental health”, something he thought held true “with any firm or strict belief system” (1:7:1-2): “If there’s strict beliefs, and you fall short of those, then I think that can create lots of stress and disharmony within families and within, within your own mind” (1:7:5). Ben provided an example of this from his clinical work with a “young lad who came from a Jehovah’s Witness family” who had OCD (1:7:7-10), and concluded: “I think that any stringent belief system and any appraisal of yourself as being outside of that, or therefore not accepted by family, friends, society, whatever, I think that does cause mental health difficulties” (1:7:11).

Ben moved on in his narrative to describe in more detail his work with a woman who had been “very religious growing up and was having a bit of a crisis of faith”, and who was “very traumatized”, the result of “historic abuse and quite severe abuse” (2:1:1-5). He described how he worked with her sensitively and openly about her religious faith, and in an ‘unconventional way’, as they “linked [their] wrists”, so she, at her request, could “feel somebody’s heartbeat”; this was a “very moving” spiritual experience for both (2:1:15-26). This experience “opened [Ben’s] eyes a lot to spirituality”, and he considered that both his “openness, rather than feeling that [he] needed to close things down”, helped him (2:2:1&8), and that he had “a different alternative religious belief”, making it “easy to [...] go somewhere” (2:2:9). Further, he thought what facilitated the

therapy was going with “her faith [...], what she believes”, something he was happy to do (2:2:10-11).

The benefit of working in this way, was evident in another experience Ben had had working with a teenage girl “from a very religious family”, whom the NHS were considering “diagnosing [...] with schizophrenia” (2:3:1,5&7). This girl had reported “having an angel”, that was “comforting and soothing her”, whereas, against her wishes, Ben knew that “other people that [he] knew were trying to get rid of these hallucinations” (2:3:1&9-10). As with the above client, Ben explored her “belief and understanding”, in an accepting, and “non-judgemental, very basic Humanistic kind of approach”, and was happy to sit with unknowing and explore “her world, and understanding the resources she [had], which might be different to other people, but were still valid for her” (2:3:11-16). Ben saw spirituality as being “a great strength and a great source of resources for people”, and that it was needful to be “open, rather than closed and having rigid beliefs” (2:3:19).

When reflecting on the woman who had hallucinations, Ben thought the NHS assessment “questions would be prohibitive for anyone to explore spirituality” (2:4:1-5), and that “there might be a real mismatch in terms of solid strong faith, and then having a clinician who had no faith” (2:4:8). As Ben did not “know all the answers”, and is “continuing [his] quest”, and “finding [his] own journey, [his] own enlightenment, [his] own understanding”, he thought this would mean he was “open to explore [him]self [...], open to hear, understand and explore with other people” (2:5:3-5). In his assessments, he asked “more generic questions [...] that would include spirituality or religion” (2:6:1), adjusted his therapeutic work to take account of where people were with religion and spirituality (2:6:2-13), and tried to “be more intuitive” (2:6:14-15). Ben thought his “lack of understanding [...] of some faiths” might have hindered his work with religious clients, as he might have missed “some things” (2:7:1-10; 2:13:8) but needed “to be open enough and honest enough to say [this], and question and try and find out” (2:7:11).

Ben felt “more relaxed after” having “worked with clients” in a spiritual way, as “it feels more fulfilled, or whole, holistic in the approach” (2:8:2-3). He considered “every client change[d him]”, that “every client [was] sent to [him] for a reason at some point,

because there's as much learning for you as there is for them", and that "even [his] beliefs [had] definitely changed" (2:8:6-8). He found it "inspiring" that "more and more people are open to introducing spirituality into, into their therapy, and more and more therapists are introducing that as part of the work they do, just even having those conversations" (2:9:1). When reflecting on how it used to be in the 17th century, where there was a consideration of religion and spirituality amongst doctors in their work, he found it "a real shame that all of that, that seem[ed] so valid at the time, got lost" (2:9:4-7). He then considered "the thousands of years of understanding of belief and spiritual practices that are embedded in the East", and how "Western medicine that's a few hundred years old [...], rules the world" (2:10:1-2). He thought it "great that [Mindfulness has] been accepted" and argued to "need[ing] to do more spiritual based work as well" (2:10:5-7).

What has helped Ben with his clinical world, "is knowing that [...] there are other professionals who share [his] kind of self-exploration, self-discovery", and who recognized "the importance of it within the therapeutic field" (2:11:1). For him, it was about "just connecting with other professionals and exploring ideas together, exploring the research [...], sharing ideas that people are on, on the same page" (2:11:3). He recounted the movements he had seen in therapy towards spirituality: "SIG in EMDR UK", and "just knowing that you can ask about spirituality in an assessment without being ridiculed [was] a really important thing" (2:12:1&4). He noted that therapists are "now brave enough to ask about suicidality, and ethnicity, and culture in assessment", and argued "we need[ed] to develop confidence to do this for spirituality too" (2:12:6). He also argued therapists needed to adapt their approach to their work "to fit the religious and spiritual beliefs of the client" and "to tailor [their] treatment plan to their need", in a collaborative way, and recounted how he had accommodated the religious needs of a group of Muslim refugee children (2:13:1-7).

Ben did not think his "Counselling Psychology training prepared [him] for work with religious clients" (3:3:1), but that it was his "CPD, self-study, [his] own exploration", "extra trainings and [his] own self-discovery" that accomplished this (3:1:1; 3:3:6&13). He thought his Counselling Psychology training, with its focus on therapeutic modalities

conversely hindered his work with religious clients (3:3:7-11). He considered that “in terms of initial training and CPD” what might benefit working with religious clients would be “more diversity in teaching”, and “just thinking about the adaptations to the work [...] for different belief systems”, [...] “as well as understanding maybe in more detail [...], the core therapeutic relationship”, for we need “to include every kind of conversation and every kind of possibility, every direction relationship can take” (3:4: 1-3,8-12).

8.4.2.2 Holistic-form perspective

Ben’s narrative takes the form broadly of a romance, as he, the hero, faced and overcame life’s challenges, his long journey of personal and professional learning, to achieve his goal, his heart’s desire, that of becoming the spiritual person he longed to be, and being able to work therapeutically in a spiritual way. His narrative was progressive in that “it advances steadily”, albeit slowly, in a well-constructed cohesive way, with a clearly defined plot of personal and professional growth, and thus was a “narrative of progress” (Lieblich et al., 1998, pp.89-90). The hero in his lifelong spiritual questing moved from a position of unknowing, to the climax of being comfortable in his own skin, and happily sitting with unknowing, though conscious for him, that his journey of learning, growth, and development would continue throughout his life, and possibly into his subsequent lives.

8.4.2.3 Categorical-content perspective

❖ Helped

What helped with his work with religious clients, for Ben was “**openness**”, “**having alternative religious beliefs**”, and “**going with what the client says**” (2:2:8-12; 2:3:19). What also helped him was **being accepting** of a religious client’s beliefs for they are “valid for” him/her (2:3:11), being “**non-judgemental**” (2:3:12), being **comfortable sitting with not-knowing** (2:3:15-16), **not being “closed”, not having “rigid beliefs”** (2:3:19), and “**willing to explore [your]self**” (2:5:5). Further, it helped

him **“to be open”** and **“honest”** about not knowing about” a client’s religious faith, **questioning clients about their religious faith** (2:7:11), and **adapting therapeutic approaches** “to fit the religious and spiritual beliefs” of clients (2:13:1). Ben also said that his **“own self-study”**, his **“own exploration”**, his **“extra training”** and **“own self-discovery”** helped his work with religious clients (3:3:6&13).

❖ **Hindered**

What hindered Ben was sometimes his **“lack of understanding”** of a clients’ **religious faith** (2:7:1; 2:13:8). He also thought that therapy would be hindered if there was a **“mismatch”** between a clinician with no faith and a religious client (2:4:8) and **seeing religious experiences as psychotic** in some way (2:4:3-5). He considered his **Counselling Psychology training** hindered his work with religious clients (3:3:7), and the **lack of “diversity”** amongst the teaching staff (3:4:2-3).

❖ **Might benefit**

Ben thought that **“doing more spiritual work”** might benefit working with religious clients (2:10:7), as well as **“connecting with other professionals”**, **“exploring ideas”**, **“exploring research”**, in relation to working with religious clients (2:11:3) and **developing confidence** in working with religious clients (2:12:6). Ben also considered a **greater diversity amongst teaching staff** might benefit work with religious clients (3:4:6), as well as the **adaption of therapy** to suit religious clients (3:4:8).

❖ **Difference and similarity between religious faith and spirituality**

Ben did not have anything to say about the difference and similarity between religious faith and spirituality, but from his narratives, he did see **religious faith being a “rules-based” spirituality** that can become **“dogmatic”**, with his form of **spirituality being more open** (1:6:6-11).

❖ Religious faith, spirituality, and mental health

For Ben, “**religious beliefs can have a bearing on mental health**” (1:7:1). Religious faith per se did not cause mental ill-health for Ben, for example, he neither saw the religious faith of the religious woman he described nor the teenage girl’s belief in angels as deleterious (2:1-3), but he **saw having** any “**stringent belief**” **systems as causing** “**mental health difficulties**” (1:7:11).

8.4.2.4 Categorical-form perspective

A Categorical-form analysis of the text of Ben’s narrative revealed it was logical, coherent, and largely unemotional in the recounting of his experiences. There were no repetitions or digressions, as he recounted his personal and professional history and his experiences of working with religious clients. For the most part, he moved in stages from what helped to what hindered his clinical work with religious clients, and then to what might benefit such work. He used the active voice of the verb throughout, denoting a strong sense of agency, and his focus was more on spirituality, rather than religious faith, denoting his primary interest in this, with all the strong negative adjectives being associated with religious faith, such as “rule-based” and “dogmatic” (1:6:8&11), giving an indication of a somewhat pejorative attitude towards religion. All this seemed to reflect a person who was at ease with himself, confident both in where he was in his life, and where he was going, as well as in his personal and professional beliefs and clinical work.

8.4.3 Critical Narrative Analysis

Ben told his story from his identity position of being a mature spiritual person who was well-able to work effectively with religious clients. His identity position gave him the authority he needed to speak into the research topic. It seemed to me that he told his story in the way he did primarily to demonstrate this was who he was, as well as to get his message across, that spirituality was an important aspect of being human, and something that should be explored routinely within therapeutic encounters.

8.5 Sarah

8.5.1 Sarah's story- Holistic reading of the narrative

Sarah's family were from Asia, but she was raised and lived in Britain. She was a practicing Muslim and described herself as spiritual as well as religious. Sarah was integratively trained and currently worked in private practice with Muslim clients, clients from other faiths, along with those who were not religious. She considered people could be religious and spiritual, and religious and not spiritual, with those who were spiritual but not religious believing in some sort of higher power. Sarah also thought having a religious faith can both cause and alleviate mental ill-health.

When working with religious clients, Sarah worked within their faith traditions, and kept hers bracketed off, though she thought having a religious faith helped her in her work. She utilised clients' religious coping strategies where appropriate. She did not make assumptions, as even those from the same religious faith will differ in how they are orientated to it but explored their experiences of their faith with them. Sarah did find what could hinder her work with religious clients was when clients' religious beliefs were rigid. Sarah thought training programmes for Counselling Psychologists focussed too much on modalities when there should have been mandatory training for working with cultural and religious differences.

[Sarah's Completed Numbered Narrative included as Appendix T]

8.5.2 Holistic/Categorical-Content/Form Analysis

8.5.2.1 Holistic-content perspective

Sarah was "born and bred in London" (1:1:1), though her family came originally from Asia (1:1:4). Her family was Muslim, and she "made a conscious decision to practice" herself when a young adult Muslim (1:1:5-6; 1:5:1). Her training as a Counselling Psychologist was Integrative: "CBT, Psychodynamic, and Person-centred therapy", as

well as “some teaching on Existential, Humanistic, and DBT” (1:9:4&5). She now works integratively “privately from home”, although looking for “a job in the NHS” (1:10:1-6).

Sarah considered there to be “overlaps and many similarities between religious faith and spirituality”, although “some people say, our spirituality is completely different from religion” (1:2:1-2). For her, “religious beliefs are specific to a particular faith” (1:2:6), and “with spirituality [...], you are able to understand and connect with a higher being [...], some sort of higher universal power”, though she appreciated there would be “those spiritual people” who would not see it in this way (1:3:1-3). Those who were religious, Sarah said, “may not use this terminology”, but “would say “God”, “Jesus”, or the “prophet” (1:3:2). Sarah described herself as being a “spiritual person” (1:3:3), with spirituality for her being “really [...] able to connect [...] with life and the universe around us, being able to tune into certain energies that human beings emit” (1:3:4). She had always been “sensitive to people’s energies” since a young adult (1:4:1). As she “got older”, she “got into contact with more spiritual people”, those who were “not necessarily religious, because they [did not] subscribe to a particular religion”, but who were “spiritual in the sense that they believe[d] in a higher power and they believe[d] in trying to have purpose and meaning in life and connecting [...] with nature and world and life” (1:4:3-4). In conclusion, Sarah said she had her Muslim faith, but that she was “also spiritual in the sense that [she] tune[d] into energies”, and she also tried “to see things from different perspectives” (1:5:1-2). For her, you could “be religious and not spiritual, and religious and spiritual, because the spirituality is intertwined with religion”, and you could also “be spiritual and not religious” (1:5:5).

Sarah thought religious faith had “a connection with mental health in the sense that religion can” sometimes shape and influence “the way that you view or whether you even accept [...] mental health issues” (1:6:1-2). She said religious faith could “also deter people from seeking help”, as having mental health issues could be seen as a sign of having “weak faith” (1:6:3-6). Sarah also thought religious faith could cause mental health problems, when their faith “almost becomes obsessive” (1:7:5), and it gets “out of hand” (1:7:7), with there being “not much of a balance between being in the here and now, in this world, in this society, as well as you still continuing your religious

beliefs” (1:7:8). Sarah thought religious faith could also alleviate mental health problems, as religious people can draw on their religious faith to “build up their hope” (1:8:1-9).

Sarah had found what has helped with her work with religious clients of different faith traditions had been not making “assumptions as to their level of religiosity”, but, during assessment sessions, establishing exactly where they were with their religious faith (2:1:2-5). She considered “culture and religion” was “something you cannot exclude from therapy” (2:1:8) and needed “to be a part of therapy” (2:2:1). She also found it helpful to ask religious clients “what would be helpful [...] to incorporate or bear in mind” in their therapy (2:2:7), citing religious “coping skills” as an example (2:3:1-3). Later, Sarah cited an example of a traumatized refugee where they used his religious faith as a resource to “empower him in sessions”, and how she talked with him about several religious coping skills he could use (2:6:1-15). She had found clients’ religious faith “prevent[ed] them from committing suicide”, even though they might have suicidal ideation (2:7:3-9).

Sarah had found where clients’ “religious beliefs are very, very, strong and rigid, and their beliefs go against therapeutic interventions”, that this can hinder her therapeutic work with them with her having to take the time to “loosen the rigidity” (2:4:2&8). She had also found being female to be a hinderance with some religious men, as they would only work with men (2:5:1-3). Sarah was not sure she had had experiences where her work was hindered by the religious faith of clients, though knew other professionals where this had been the case (2:8:2). She had experienced religious clients being “initially” “reserved”, due to “the concept of therapy”, as it “is embedded upon Western principles”, and had found this a hinderance to her work with them (2:9:1-3). Sarah had noticed “having dialogues with clients” at the beginning of therapy, and “subtly [...] challeng[ing] their beliefs, but not in a confrontational way, and in a sensitive manner [...], trying not to be forceful”, [...] “building up the rapport, building up the client’s stability”, and that this, in her experience, had helped in every case to bring the clients round (2:10:1-5). Sarah had found the “very Westernised background to modalities” to

be a hinderance to working with some religious clients, and always did cultural adaptations, cultural adaptations that were not taught on her training course (2:11:1-4).

Sarah's work with religious clients differed from her work with non-religious clients; for the former, religious faith was an aspect of the therapy, whereas for the latter, it was not (2:12). When working with religious clients, she did not bring her faith into the therapy, but did draw on theirs (2:13). Her work with religious clients had impacted her in positive ways: it had enabled her to "see the beauty that diverse religions can bring" (2:14:6); it could "trigger" her, for example, to "give some charity" (2:14:9); and she had been amazed by "the sense of healing that religion can provide" (2:15:1). When confronted by a religious client's "really harsh principles", though she would not verbalise it, she wished "they didn't see it in that way, as it would help their healing so much more" if they did not (2:15:3-6).

When reflecting on her personal and professional backgrounds and her experience of working with religious clients, Sarah concluded that what had helped her was "actually [her]self" (3:1:1), her "doing the work in the sense of being mindful to incorporate their religious beliefs and actually inquir[ing] about it" (3:1:2), and being religious herself as this "makes it much easier" (3:1:4), and "knowing that everyone [was] different in their levels of religiosity" (3:1:8). What had hindered and disappointed her was that "there wasn't any emphasis or attention paid to culture and religion, and what it might look like in the therapy room" during training, and "what you need[ed] to do when working with clients" (3:2:2-3). She also remarked that when there had been an optional module on the subject, hardly anyone had attended (3:2:4-11). She thought it would be "challenging" for someone who was not religious to be mindful of religious faith or "to even know how to incorporate it" (3:2:13-14). Sarah found this worrying as "the clients [...] are all diverse", and Counselling Psychologists were "not actually being taught [...] to pay attention" to this (3:3:8). She felt that the training had "completely excluded people's [...] ethnicity and religion" (3:3:10).

Sarah thought the training institutes placed too much emphasis on modalities, but that whilst these were important, attention needed to be paid to "the demographics of the very client" therapists were "working with, the very person in front of" them, the "whole

person” (3:4:1-2). For Sarah, “incorporat[ing] [clients’] religion and their culture into therapy” made “the world’s difference” (3:4:4). She thought “training programmes” had a duty to “go back to basics”, “to incorporate [...] these as a core module [...], culture and religious clients from different diverse groups” (3:5:1-3). She thought there was no excuse for the current situation, and that it was “dangerous” (3:5:6&14). Whilst she acknowledged there were some CPD trainings that paid “attention to ethnicity as well as religion”, there were not many (3:6:1-10). These CPD courses were optional and Sarah emphatically concluded she did not think that training in these things “should be a choice”, but should be “mandatory” (3:7:4-9).

Sarah could not understand why even Christianity should be excluded when therapy was based on Western principles (3:8) and thought “the world of therapy” was really paying too “much attention” [...] “at times, to [...] clinical interventions, diagnosis, symptoms, and theories” (3:9:1). She considered these things to be important “but equally important is understanding the diverse clients that walk into the room” (3:9:7).

8.5.2.2 Holistic-form perspective

Sarah’s narrative took the form of a satire, where she, the hero, had a cynical view of the social hegemony within the field of Counselling Psychology, particularly the exclusion of any initial training for working with “culture and with religious clients from diverse groups” (3:5:2), something she considered “dangerous” (3:5:13). Sarah’s narrative progressed steadily to its climax, her denigration of Counselling Psychology training, and even the lack of adequate CPD.

The story was well-constructed as the plot moved through a series of clearly defined stages, in which Sarah described her personal and professional backgrounds, and her work with religious clients, what helped, what hindered, and what might benefit it, and moved towards the objective, the coup-de-gras, the disparagement of Counselling Psychology training with regard to cultural and religious diversity. The story began innocuously and emotionally neutral, but as it progressed, an undercurrent of anger built, as Sarah incrementally considered the reality of her experiences, and what this all meant.

8.5.2.3 Categorical-content perspective

❖ Helped

Irrespective of religious faith, what helped Sarah in her work with religious clients was: **not “mak[ing] assumptions** as to their level of religiosity” (2:1:3&6); **finding out what they believed** (2:1:4-7; 2:2:1-7; 3:1:2); **finding out what religious strategies to incorporate into therapy**, for example, **“coping skills”** (2:2:7; 2:3:1; 2:6:15); **religious “resources”** (2:6:12); **“having dialogues”** (2:10:1); **“subtly challenge their beliefs [...] in a sensitive way”** (2:10:1); **“trying [not] to be forceful”** (2:10:2); **“building up the rapport”** (2:10:5); **“building up client’s stability”** (2:10:5); **“cultural adapt[ions]” to modalities** (2:11:3); **drawing on clients’ religious faith** (2:13:1); **“her[self]”** and the way she works (3:1:1); **being religious herself** (3:1:3-4; 3:1:7-8); and **incorporating clients’ “religion” and “culture into therapy”** (3:4:4).

❖ Hindered

What hindered Sarah with her therapy with religious clients were: **“very strong and rigid [...] beliefs** that go against therapeutic interventions” (2:4:2); **conflicting religious and therapy commitments** (2:4:6-7); **being “female”** with some religious male clients (2:5:1); **religious clients being “initially [...] very reserved”** (2:9:1); **“Westernised background to modalities”** (2:11:1); **lack of initial training** in working with religious clients (2:11:3-5; 3:3:8-9); and a **lack of “ongoing training”/CPD** in working with religious clients (3:2:2; 3:6:7).

❖ Might benefit

Sarah argued there needed to be a **mandatory core module** about “culture and religious clients from different diverse groups” (3:5:2); therapists **“paying attention to demographics”** of every client (3:4:2); and therapists **“incorporate[ing] [clients’] religion and their culture into therapy”** (3:4:4-5).

❖ Difference and similarity between religious faith and spirituality

Sarah thought there were “**overlaps and many similarities between religious faith and spirituality**”, (1:2:1-2). For her, “**religious beliefs are specific to a particular faith**” (1:2:6), and “**with spirituality [...], you are able to understand and connect with a higher being [...], some sort of higher universal power**” (1:3:1-3).

❖ Religious faith, spirituality, and mental health

Sarah thought religious faith: had “**a connection with mental health**”, as it sometimes shaped and influenced views of mental health issues (1:6:1-2); could “**deter people from seeking help**” (1:6:3-6); and **could cause mental health problems**, when faith “almost becomes obsessive” (1:7:5), and it gets “out of hand” (1:7:7), with there being “not much of a balance between being in the here and now, in this world, in this society, as well as you still continuing your religious beliefs” (1:7:8). However, Sarah thought religious faith **could also alleviate mental health problems**, as religious people can draw on their religious faith to “build up their hope” (1:8:1-9).

8.5.2.4 Categorical-form perspective

Sarah’s narrative was characterized by “rational thinking” (ibid., pp.150-152), as she both described and evaluated her personal and professional backgrounds and her work with religious clients, and made “direct criticisms”, for example, of her training institution for the lack of preparation for working with cultural and religious diversity (3:3,4&5). Emotionality only appeared at the end of her narrative, when she became aware of the lack of training in this area, firstly by being “disappointed” (3:2:1), and then by becoming increasingly angry, as she reflected further on the lack of appropriate training. This building of anger can be seen in her repetitions of how hindering the failure of the training institution was (3:2:12; 3:3:8-10), but her criticisms and anger were then channelled constructively, but very forthrightly, in her suggestions as to what the training programmes “need to” do to rectify their failings (3:3:4:2; 3:5:1&2).

Throughout her narrative, Sarah took responsibility for her thinking and learning; this can be seen, for example, in her use of “I think” (1:2:1-2&6; 1:3:3; 1:4:1; 1:5:4; 1:6:1&7; 1:7:2; 2:1:6; 2:6:1; 2:8:1; 2:14:1&7; 3:2:2&14; 3:3:2,5&10; 3:4:1; 3:5:1&2) , “I would say” (1:3:1; 2:15: 2:15:3), “to/for me” (1:3:4; 1:4:9; 1:5:1; 2:10:5; 2:11:3; 3:1:1), “I found” (1:8:3); “I know” (2:8:2), “I’ve noticed” (2:10:1), and in her predominant use of the active form of verbs and the first person throughout her narrative, which also displayed her sense of personal agency and conscious awareness (ibid.).

8.5.3 Critical Narrative Analysis

After carrying out the Holistic/Categorical-Content/Form Analysis, Sarah’s narrative left me with a sense of her as being a very moral and reflective person, and someone who not only could work flexibly and effectively with religious clients of all faith traditions, but also someone who could teach others, and speak to the training institutions, about working with religious clients. Sarah’s story seemed to me to be being told to show how important it was to work sensitively within a religious client’s religious faith and to call for appropriate mandatory training in working with religious clients in training colleges.

8.6 Chloe

8.6.1 Chloe’s story- Holistic reading of the narrative

Chloe was born into a British family, though she did have one European grandmother. Her family were committed Christians and Cloe experienced her family as loving and accepting of each other, and of others who stayed with them when they needed help. Chloe could not remember a time when she did not believe, but there were two occasions in her life when she made an active commitment to her faith: when she was five years-old, and when she was in her teens.

Chloe trained as an integrative Counselling Psychologist, although she did not like the term integrative in relation to therapeutic work; in her work, she focused on the

therapeutic relationship, and drew upon what modalities etc. seem useful to her clients. She had worked in the NHS but now worked in private practice and runs a team of therapists in a church setting. In her clinical work with religious clients, drawing on aspects of their religious faith had helped her, but her work could be hindered by some religious clients' negative views, such as seeing God as judgemental. She thought it would be useful in training to have people of faith giving lectures.

Although Chole could see differences between religious faith and spirituality, for her, her Christian faith was both the external visible structures and beliefs of her church, as well as her internal experiential feelings. Her Christian experience had been positive, an experience of love and joy, but she was also aware that for others, their religious beliefs, or their views of God, could have a negative effect on their mental health.

[Chloe's Completed Numbered Narrative included as Appendix U]

8.6.2 Holistic/Categorical-Content/Form Analysis

8.6.2.1 Holistic-content perspective

Chloe was born and raised in England, within a Christian family where everyone was "accepted and loved and forgiveness was given and offered"; she "was brought up going to church each Sunday" (1:1:1-14). The family home was often filled with people in need of help, as well as missionaries from abroad (1:2:1-7). Chloe could never "remember not believing"(1:3:1), but there had been "two significant points in [her] life" (1:3:2), the first at a Billy Graham type rally when she was five years-old, when she "ran off" (1:3:3), and a second time, when she took responsibility for what she actually believed, "rather than depending on the kind of culture of [her] parents taking [her] to church and things like that" (1:3:10). Her father was a Baptist minister (1:1:7), and she was married to a Church of England minister (1:3:11).

Although people understood religious and spirituality in different ways (1:4:1), for Chloe spirituality could "be defined more by more of a kind of personal individual, perhaps

internal belief or faith, or sense of something beyond oneself that may not be very clearly defined”, and “tend[ed] to be more fluid and flexible and more to do with the individual and their perspective [...] and their own perception of what it is” (1:4:3-4). Whereas, for her, religious faith “tend[ed] to refer to [...] something that’s maybe a bit more structured, often there’s some sort of organisational aspect to it [...], a doctrine or a set of beliefs that has been passed down and in more of a kind of structural external form” (1:4:5-6). For herself, Chole would “marry the two”, though others might want to “separate them” (1:4:7). Her “own personal faith or experience or expression of Christianity would combine the two of them, so both internal and external” (1:5:3&4).

Chloe was aware there were “plenty of studies that show[ed] that religious faith does have an impact on mental health” (1:6:1), and cited a list of positives that includes “belonging to a community”, “purpose beyond oneself”, “beliefs about the afterlife”, “the sense of meaning that it gives”, and the “rhythms of life” provided by the structures (1:6:2-4). She also thought religious faith could “have a negative impact on mental health” (1:7:1), “depending on what people’s beliefs” were, and “how they conceptualise[d] or understand God” (1:7:2; 1:9). Her own experience of religious faith had been “that it has been very life-giving and joyous” (1:8:1, with its “overarching message” of “grace”, “love”, “joy”, and “a sense of unconditional love”, “being forgiven and restored” (1:8:3-6).

Chloe trained in several modalities when she trained as a Counselling Psychologist (1:10:1-7), but seemed to work in a pluralistic, rather than an integrative way, and placed “high value on the therapeutic relationship” (1:10:6; 1:11:6-9). She had worked in the NHS but now worked in private practice in a Christian counselling organisation, with mainly Christian clients, though also with some clients who were not Christian (1:11:1&4-5; 2:1:1:6&7).

In her clinical work, “as part of [her] assessment”, Chloe asked her clients questions about their faith, along with the usual things, “that kind of gentle exploring of [...] their view of God, and in relation to their struggles” (2:1:1; 2:2:16), and found this helped to “determine how” they could work together with regard to this (2:1:5; 2:2). With her religious clients, she used religious resources to help them (2:3-4). She found some

religious clients' psychologically unhelpful views had hindered her work and found it "hard in those moments to stay with a client and to know how to [...] question things in a way that [wa]sn't undermining" (2:5:2-4). In these cases, Chloe would sometimes ask: "Is there someone who you could talk to about this from within your church?", or by "somehow trying to partner" the client with "someone else who might be able to address that particular theological struggle", or by "looking at the impact that view has on them", and "if there's an opportunity to, to kind of gently or occasionally question or prompt, or perhaps a new way of considering it" (2:6:1-4). She found some religious clients "potentially almost hide behind" their "religious or theological perspective", rather than "sometimes really engaging with what is actually going on"; she found this particularly with "anger" and jealousy, and in her clinical work tried to help her religious clients to confront it (2:7:1-8).

Chloe had, during initial training, wondered if she "might have issues around certain moral activities that [she] would [...] not agree with", but this had not been the case (2:8:4-7), though what she had found difficult had been when she had been working with another Christian and had "felt like their perception [wa]s hindering them in some way" (2:8:8-9). Her work with religious clients might not differ from her work with non-religious clients (2:9:1), but "at other times, it [would] look distinctive" (2:9:8). However, Chloe did bring her "own spiritual religious perspective into [her] work [...] in the way that [she] view[ed] people, and [...] the desire that [she had] to embody, [...] in one sense, God's love for [her], that [she had] for that person" (2:9:3). This led her to "accepting them, valuing them, loving them, not being surprised when they are messy" (2:9:4). There had been ways in which Chloe had been challenged when working with religious clients, particularly when they had faced great suffering, but this had not changed her beliefs, though it had "challenged her faith" (2:10:1-13).

Chloe thought her personal background had helped her in her work with religious clients (3:1:1), as within her family she had "had a great awareness of mental health issues and the need and the importance of addressing them", as well as of witnessing both her parents engaging with this, and encouraging their two daughters to do so as well (3:1:3-8). Her personal background had given her "fundamentally an appreciation and value

for individuals, and [...] a particular heart for those who [were] struggling” (3:1:10). She saw “need within the church” due to the theological perspectives that “could lead people away from feeling like they can really address these issues” (3:1:11). She felt these things had helped her in her current clinical practice.

Chloe also thought “having a religious faith sensitizes [her] to religious clients” (3:2:1), but “wouldn’t say that someone who is not coming from a religious faith tradition would be inhibited in any way” (3:3:1). She had found her “professional training” to be “very anti-religious, pro-spiritual, but anti-religious training content context” (3:4:1). She said that at the time of her training, “spirituality was becoming increasingly trendy as a concept”, and she remembered “having some sort of seminars or workshops on spirituality and the potential value of it, and religion [being] pretty pooh-poohed” (3:4:4). She did not “think enough space or appreciation was given to some of the benefits of religious aspects” (3:4:5), and did not “think [she] was equipped necessarily to work with religious clients, and [wasn’t] given specific tools” (3:4:7); this left her thinking: “how can we, I suppose, really engage with someone’s spiritual or religious belief?” (3:4:7). This led her to complete her own research which had better equipped her (3:5:1-2), and enabled her to be “creative”, and “push [boundaries] for the well-being of [her] clients” (3:6:5). She did appreciate the questioning her training encouraged, and this had given her “the confidence to question the norms, like the expected norms” (3:5:7-10).

Chloe thought “inviting occasionally lecturers or people to give workshops who actually believed [religious] things themselves” during training might benefit working with religious clients (3:7:1). She thought it might also be useful to have “open discussions about ways in which it can help or hinder and exploring that in a kind of genuinely open-minded way, rather than kind of automatically resorting to a very clear distinction or delineation as to what can and can’t be included within therapy” (3:7:3). She also thought it might also help if people who “had spiritual religious beliefs” were “supported” (3:7:5), and “encourage[d] [...] to be able to cope [...], and to forge their own paths with this” (3:7:9). Chloe “felt it pretty scary to hold, to be a Christian at times” during training (3:7:6).

8.6.2.2 Holistic-form perspective

Chloe's narrative takes the form of a gentle romance in which she the hero, found her own way to overcome the challenges to her mission in life, to help others with their mental health difficulties; these challenges came in the form of antipathy towards religious faith within the psychotherapeutic community, and the reluctance of the religious on occasion to engage in therapy. She, the hero, identified as a Counselling Psychologist and a Christian, and as such, was able to understand and, work within, both the religious faith and psychotherapeutic communities. Chloe's narrative progressed steadily, in a well-constructed and cohesive way, as it unfolded through a series of events, to its conclusion, suggestions about how others' lives could be made qualitatively easier (ibid.).

8.6.2.3 Categorical-content perspective

❖ Helped

Chloe had found **“drawing from Christian resources”**, in the context of Christian counselling organisation, helped her clinical work with religious clients (1:11:10; 2:3:2-4; 2:4:1-7; 2:9:6). At assessments, she also found it helpful to **“ask questions about faith”**, and to **establish how much her clients want it to be an explicit part of the therapy** (2:1:2-4), to **explore the nature and impact of their faith** (2:2:1), a “gentle explor[ation]” of their “view” and “struggles” (2:2:16). Chloe found it helpful **to use CBT thought records** “to think about [...] an alternative or balanced thought or whatever” (2:3:1), and, in the face of conflicting beliefs, to **“question things in a way that is not undermining”** (2:5:4). She also found it helped **not getting drawn “into some sort of theological debate or discussion”** (2:5:5), but rather, in these situations, **refer onto someone in their religious faith community** who might help; when an opportunity presented to **“gently or occasionally question or prompt, or perhaps a new way of considering it”**, something she has found this helpful though “delicate” (2:6). When reflecting towards the end of her narrative, Chloe thought what had helped her in her work with religious clients was her **own personal background** and **“having a religious**

faith", as it "sensitize[d] [her] to religious clients" (3:1:1; 3:2:1&9); within "[her] family and the church, [she] had an awareness of mental health issues and the need and the importance of addressing them", as well as "not being afraid of them" (3:1:3&8). **Doing her own research** helped Chloe, and particularly learning to "**risk being creative**" (3:5:1; 3:6:5), and the **philosophy of questioning everything** learned in her training (3:5:4&7), as well as "**having a supervisor who was able to support**" her with "**these sorts of things**" (3:8:1).

❖ Hindered

Chloe had found her work to be hindered "**when people come**" with "**a view**" of God **she does not "think is correct" and is "really psychologically unhelpful for them"** (2:5:1-3; 2:8:8-9). She also found it hindered her work **when religious people cut the process short, due to their "religious or theological or spiritual perspectives, almost potentially hid behind that, rather than, sometimes really engaging with what is actually going on"** (2:7). In the NHS, Chloe found her own religious faith hindered her in that she was filled with "limitedness, disappointment, frustration sometimes", in that it seemed, she was **not able to draw on it** (2:8:1-3). In training, **not being "equipped [...]" to work with religious clients, and [not] given specific tools [to] really engage with someone's spiritual or religious beliefs**", hindered her (3:4:7).

❖ Might benefit

Chloe thought during training: "**inviting occasionally lecturers or people to give workshops who actually believed [religious] things themselves**" might benefit working with religious clients (3:7:1) and **having open discussions about what can help or hinder such work** (3:7:4). In addition, she thought "**supporting individuals who themselves have religious beliefs**", during training (3:7:5) and "**celebrat[ing] it, at times**" would be beneficial (3:7:9).

❖ **Difference and similarity between religious faith and spirituality**

For Chloe, spirituality could “be defined more by more of a kind of **personal individual**, perhaps **internal belief or faith**, or **sense of something beyond oneself that may not be very clearly defined**”, and “**tends to be more fluid and flexible and more to do with the individual and their perspective [...] and their own perception of what it is**” (1:4:3-4). Whereas, for her, **religious faith** “**tends to refer to [...] refer to something** that’s maybe **a bit more structured**, often there’s some sort of **organisational aspect** to it [...], a **doctrine or a set of beliefs that has been passed down** and in **more of a kind of structural external form**” (1:4:5-6). For herself, Chloe would “marry the two”, though others might want to “separate them” (1:4:7). Her “**own personal faith or experience or expression of Christianity would combine the two of them. So, both internal and external**” (1:5:3&4).

❖ **Religious faith, spirituality and mental health**

Chloe said: “There is plenty of **studies that show religious faith does have an impact on mental health**” and cited several examples of the positive impact of religious faith on mental health (1:6:1-4). She also thought **religious faith could “have a negative impact on mental health**” (1:7:1), “depending on what people’s beliefs” were, and “how they conceptualise or understand God” (1:7:2; 1:9).

8.6.2.4 Categorical-form perspective

Chloe’s narrative demonstrated rational reflective thinking that was unaffected by emotionality throughout, the ability to differentiate, seen very clearly in her discussion of the differences and similarities between religious faith and spirituality, and the relationship between religious faith and mental health (1:4-7), and, in the same section, an ability “to maintain simultaneous perceptions” (ibid., pp.142-143). Her use of the active tense of the verb demonstrated a perception of personal agency, as did her predominant use of the first person singular (ibid.). Chloe’s use of mental verbs, such as, ‘I think’, ‘I suppose’, ‘I was challenged’, ‘I wouldn’t’, ‘I can understand’, ‘I would say’,

'I don't like', 'I see', 'I know', in every paragraph throughout her narrative, also demonstrated a perception of personal agency, as well as conscious active mental processing (ibid.). What was also noticeable throughout her narrative, was Chloe's plentiful use of positive abstract nouns, and verbs, in relation to her own experience of her Christian upbringing and faith, such as, "accepted", "loved", "forgiveness" (1:1:14), and "grace", "love", "joy", "beauty", and "restoration" (1:8:3&6), pointing to her being very happy and at ease within her personal faith, as did her ability to present contrary views, whilst being secure in her own (e.g., 1:4&9; 2:5&6).

8.6.3 Critical Narrative Analysis

My feelings, after carrying out my Holistic/Categorical-Content/Form Analysis of Chloe's narrative, was very much the same as it had been after working through Sarah's narrative, a participant who was also orientated to their religious faith, albeit a different one, in an intrinsic and committed way (Allport, 1954; Allen and Spilka, 1967). Chloe's narrative had similarly left me with a sense of her as being a very moral and reflective person, someone who could work flexibly and effectively with religious clients of different faith traditions, and capable of teaching others about working with religious clients. It seemed to me that in the telling of her story, Chloe was trying to explain why she moved to working within a Christian counselling service with mainly Christian clients. Whilst there were very positive aspects to this move, as she was able to work with religious clients who may have been fearful of possible negativity towards religious faith, negativity that Chloe had experienced towards her Christian faith whilst training, there was also a sense she was almost trying to justify this move. Although the holistic form of her narrative, then, was primarily that of a romance, in parts, it seemed to be more of an 'apologetic', a reasoned defence.

8.7 Daisy

8.7.1 Daisy's story- Holistic reading of the narrative

Daisy's formative years were spent in two very different cultures: her earliest years were spent in a strongly Catholic area of Western Europe, albeit the religious faith of most there may have been extrinsic (Allport, 1954), and then she moved to an international area of Britain. Her immediate family were not religious, and neither was she. Today, she seemed torn between her non-religious scientific belief system and the religious/spiritual beliefs of other people. At present, she was considering her options. Daisy thought that whilst you could be both religious and spiritual, religious faith was more to do with specific beliefs and practices, whilst spirituality was more individualistic. She was aware of very many positive aspects of religious faith, but also that some people could be adversely affected by religion.

Daisy trained integratively as a Counselling Psychologist and had developed her own integrative way of working. She saw working phenomenologically as being helpful to her work with religious clients but had to learn how to work with this client group experientially over time, as her initial training was inadequate. Daisy felt very strongly training institutions should provide better training for working with diversity, including religious faith, where trainees could work through their potential biases.

[Daisy's Completed Numbered Narrative included as Appendix V]

8.7.2 Holistic/Categorical-Content/Form Analysis

8.7.2.1 Holistic-content perspective

Daisy attended Jesuit school in a country in Western Europe where she spent the earlier part of her childhood, where "religion [was] still [...] a part of their culture" (1:1:1-2). She relocated with her family to a very international area of Britain when she was "about eight or nine years old", and, being exposed to so many "different ethnicities, different cultures, [...] was a really eye-opening experience" (1:1:6-9). Her immediate

family were not religious, and religion ceased to be part of her life (1:2). Her “current belief system was a complicated one”: on the one hand, she considered “things are random, that there is no higher power manoeuvring situations or creating destiny or thing like karma”, but on the other hand, she was “sometimes [...] very envious of people who are religious or have spiritual beliefs because it add[ed] a different level of meaning, a different layer of meaning to life and understanding of hardships or difficult situations” (1:3:1-6). She was now “considering her options” (1:3:14).

Daisy considered “religious beliefs” to be “part of [...] larger religious institutions”, which had “specific rules and traditions and rituals” (1:4:1). She thought it “quite important to abide by those [...] rules in order to be [...] an accepted member of that belief system or that institution” (1:4:2), whereas “spiritual beliefs [were] a little bit more flexible, and [...] there’s no gatekeeper, no middleman” (1:4:3). Daisy thought “you [could] be religious and spiritual” (1:3:1), and where this was the case, then “somebody’s faith is a massive protective factor” (1:6:1). She also thought religious faith could “provide very significant meaning needed to process difficult things in life” (1:6:6), “a structure, and a framework, and boundaries” (1:7:1), “the sense of connection and community that [people] need[ed] for [their] mental health”, and “help with things like grieving” (1:7:2&3). However, she thought “certain beliefs [could impact] people quite negatively” (1:8:1) and cited two examples from her clinical work where clients had been harmed by their religious faith traditions (1:8&9). Daisy had found her “work with people who [were] religious caused [her] to question some things” (2:10:1), and that working with them had changed her as it has “softened” her position (2:11:1-2).

Daisy was integratively trained and had developed her own integrative way of working (1:10). She had found “taking a phenomenological approach” helped her work with religious clients, “ask[ing] a lot of phenomenological questions in order to make sure that [she was] not filtering what the client [said] through [her] own sort of cognitive and emotional processes, or [her] cultural knowledge, or [her] own [...] understanding of the world” (2:1:1-2). She found it “tricky” when clients “present[ed] with something that [was] outside of [her] Western understanding of things” (2:1:4), citing an example from her clinical practice of where this had happened, and how she had been concerned not

to “offend[...] their culture or their belief systems” (2:2:1-3). In her clinical work, Daisy had “had to figure out how to manage [...] those therapeutic relationships, because it [was] not [...] something that got taught at [her] training institution”, nor had there been any “practical advice, and how [...] you have these conversations with clients, or how [...] you bring these things up [...] in a non-judgemental way and [...] create an invitation to conversation, rather than [...] enforcing [your] own belief systems” (2:3:1&2).

Daisy thought a number of other things helpful to working with religious clients: “asking questions”; having “some information about” their “spiritual or religious belief system”; asking “open questions [...] from a place of curiosity”; being “deeply curious about the person sitting in front of you” and “how they understand the world”; thinking “about whatever feelings or thoughts [you] might have about the difference between the client and [your]self”, and asking religious clients to give voice to the things they think may be hindering the therapy (2:4:1-5; 2:8:5; 2:9:1&3). She found it difficult when clients were “making sense of something or creating meaning around an event in their life, and they [were] coming from a religious perspective” (2:5:1) and struggled “to stay with this” [...] “or staying with the client’s narrative and understanding that that’s useful for the clients” (2:5:2-4).

Daisy went on to say how it was important in clinical practice to be aware of the cultural courtesy aspect of religious faith (2:6:2-3), and to be “more mindful” of a client’s “religious background that [you] have little experience of” (2:6:6). Daisy said she was hindered by her lack of experience with religious faith in her clinical practice when she first started practising, but she had built up “an understanding of different religious beliefs over time” (2:7:1-2). Initially, she had to be careful not to say “the wrong thing” and not “to offend anyone” (2:7:4), or “do any harm” (2:7:3-4), and this “took [her] attention away [...] from listening and being there with the clients” (2:7:5). Daisy used the “belief system or spirituality” of religious clients in her clinical work and stayed “with the clients’ narrative and language” (2:8:1&6).

When Daisy reflected on her personal and professional backgrounds in relation to her work with religious clients, she said that overall, it had “definitely” been “life experiences that [had] helped [her] work with religious clients” (3:1:1), as well as “working with clients

over the years” and “understanding things from different perspectives” (3:1:3). She seemed not to be impressed with so very little time being assigned to learning about working with religious clients during her initial training: there was “very little opportunity for [...] unconscious biases to be reflected on”, and how to “bracket [your] own stuff” (3:2:1-12). She had had to learn through doing this, and it worried her that “large cohorts of students are qualifying with very little training in diversity” (3:2:13&15). Daisy felt very strongly that “diversity, including religion, [was] not an add-on” and that a “shift [...] need[ed] to take place in training institutions” (3:3:1&5).

8.7.2.2 Holistic-form perspective

The holistic form of Daisy’s narrative was closest to that of satire as she reflected on her work with religious clients. She, the hero, had faced real challenges when working with religious clients, due to the lack of preparation for such work during her initial training as a Counselling Psychologist; she had had to overcome these challenges by drawing on her own resources, learned within her personal background, and her previous social work, was very cynical about the existing social hegemony within the training institutions, and called for radical change. Daisy’s narrative was progressive as her thoughts crystalized, as she steadily moved forward to the climax, and it was cohesive with a well-structured and well-defined plot (Lieblich et al., 1998).

8.7.2.3 Categorical-content perspective

❖ Helped

Daisy thought her “**phenomenological approach**” to her clinical work, helped with religious clients (2:1:1), and her **asking phenomenological questions** to make sure she was **not “filtering what the client said through [her] own [...] cognitive and emotional processes, or [her] cultural knowledge or [her] own understanding of the world”** (2:1:2). Daisy had found it helped to have “**some understanding of the client’s [...] spiritual or religious belief system**” (2:4:1), to ask “**open questions**

[...] from a place of curiosity” (2:4:4), to think about the thoughts and feeling she had about “the difference between the client and [her]self” (2:4:5), “staying with the client’s narrative” (2:5:3; 2:8:6), and to understand that it is useful for him/her (2:5:4). She also thought it helped to accord clients “courtesy” (2:6:2), to “be mindful” of a client’s religious background, especially if it was one where she had little experience of (2:6:6), to “use their belief system or spirituality” (2:8:1), to be “very open” and “deeply curious” (2:8:2-5). Daisy had found “build[ing] up an understanding of religious belief systems” over time, had helped her (2:7:2), as well as “invit[ing] the clients to raise with” her “at any point in the therapy” when they thought she was not “understanding them” (2:9:1-4). Overall, Daisy thought what helped her in her work with religious clients had been her own life experiences, both personal and professional (3:1:1-4).

❖ Hindered

Daisy’s work with religious clients was hindered when a client’s culture and religious background was “outside of [her] Western understanding” (2:1:4). This work was also hindered by a lack of training at her training institute (2:3:1; 3:2:1-2:3:4), with “no practical advice” about how to have non-judgemental conversations with religious clients (2:3:2). Daisy had found herself struggling sometimes with a religious client’s meaning-making, due to her own belief system (2:5:1-4).

❖ Might benefit

Very strongly implied in Daisy’s narrative was that there needed to be a “shift” in what takes “place in training institutions” (3:3:5), with “diversity, including religion”, being properly addressed (3:3:4-10). She was clearly very unhappy with the current situation.

❖ Difference and similarity between religious faith and spirituality

Daisy thought “**religious beliefs**” were “**part of [...] larger religious institutions**”, which had “**specific rules and traditions and rituals**” (1:4:1) that people needed to “**abide by**”, “**in order to be [...] an accepted member of that belief system or that institution**” (1:4:2), For Daisy, “**spiritual beliefs are [...] a little bit more flexible**, and [...] **there’s no gatekeeper, no middleman**” (1:4:3). Daisy thought that “**you [could] be religious and spiritual**” (1:3:1).

❖ Religious faith, spirituality and mental health

Daisy considered religious faith could be hugely beneficial to mental health, for example, it could provide: “**a massive protective factor**” (1:6:1), “**very significant meaning needed to process difficult things in life**” (1:6:6), “**a structure, and a framework, and boundaries**” (1:7:1), “**the sense of connection and community that [people] need[ed] for [their] mental health**”, and “**help with things like grieving**” (1:7:2&3). However, she also thought “**certain beliefs [can impact] people quite negatively**” (1:8:1) and cited two examples from her clinical work where clients have been harmed by their religious faith traditions (1:8&9).

8.7.2.4 Categorical-form perspective

The Categorical-form analysis of Daisy’s narrative revealed logical, coherent and rational thinking largely devoid of emotion until the last part, when she considered the failings of the training institutions properly to prepare students for working with diversity, including people with religious faith (3:2&3), though even at this point, her thinking was reasoned and measured (ibid., p.142). Her ability “to maintain simultaneous perceptions” could be seen in her discussion of the similarities and differences between religious faith and spirituality, and in her discussion of the various merits and demerits of religious faith for mental well-being (1:4-9). Her ability to take responsibility for her thinking and learning could be seen in her use of the first person singular and the active form of the verb throughout the text, except for in one paragraph (1:7), where she

moved to the passive and primarily the third person (ibid., pp.142-4, & p.156). In this paragraph, Daisy was describing aspects of religious faith, that as a non-religious person, she had no direct experience of, and seemed to indicate a split between her speaking self, and the experience she was describing, and her emotional difficulty in describing these things, as she was “considering [her] options” (1:3:14) regarding religious faith (ibid., p.156). In her narrative, Daisy used intensifiers when she wanted to stress a positive aspect of her work with religious clients (e.g., 2:6:2, 2:7:2 & 2:7:4), seemingly to stress both the importance of these things, as well, as to show how competent she was with working with this client group, and, pro rata, de-intensifiers when narrating where she struggled (e.g., 2:6:1 & 2:7:3).

8.7.3 Critical Narrative Analysis

Daisy’s intention in telling her story of her work with religious clients in the way she did, was to drive home her message that the training institutions were failing the multi-cultural mix of clients within Britain today, by failing to prepare Counselling Psychologists for working with this cultural mix. Whilst her focus was on cultural diversity, she did see religious faith as an important aspect of this, and, in the telling of the details of her story, Daisy gradually became more aware, as she reflected, of how her own unreflected belief system, could easily adversely enter the therapeutic space, as could the unreflected belief systems of other Counselling Psychologists, due to inadequacies of training within the training institutions.

8.8 Bella

8.8.1 Bella’s story- Holistic reading of the narrative

Bella was brought up in the south of Britain, in a very nominally Church of England way. Her parents were not religious, and they did not go to church regularly, so Bella had little to no introduction to the experiential aspect of religious faith. Currently, although she had said she was agnostic, she seemed closer to atheist, but my impression was

she was not very clear about religious faith or spirituality, though acknowledged you could be both, or either, and that religious faith could be beneficial or harmful, depending on beliefs and contexts.

Bella was trained and worked integratively but in a relational way. From the form and content of her narrative, however, she seemed to be quite psychoanalytic in her way of being and working. Her narrative felt more like 'free association' (Kahn, 2002), rather than being logical and progressive, and her focus was more on her process, rather than content, until the last section when she reflected on working with religious clients, in the context of her personal and professional backgrounds. It was then the lack of appropriate teaching, and the opportunity to process her own beliefs in her training organisation, dawned on her.

[Bella's Completed Numbered Narrative included as Appendix W]

8.8.2 Holistic/Categorical-Content/Form Analysis

8.8.2.1 Holistic-content perspective

Bella "was [...] born and raised in South-East England" (1:1:1), "was christened" as a young child (1:1:2), and "went to a Church of England school" (1:1:8). None of her family went to church regularly, though she did go occasionally when at school (1:1:9-12). The family engaged in traditional funerals, she was married in church, her husband was "a Baptist", and she attended his church periodically at one time, enjoying various aspects of it, but feeling "uncomfortable" with some of the teaching (1:2:1-10).

Currently, Bella identified as agnostic, though she "would probably [describe herself] as a little bit more spiritual" (1:3:1-17), "Just sort of putting vibes in the universe [and] getting vibes back out of the universe" (1:3:10-11), "yeah, there's some sort of transcendent reality definitely" (1:4:1), "I think there's something that we can't explain" (1:4:5), "I think we can pick up on senses that, yeah, but beyond" (1:4:6). She saw "an element of spirituality in all religious faiths" (1:5:1), but that although religious faith

“offer[s] a beautiful guidance of maybe how to be a good person, or how to live your life in a meaningful way” (1:5:2), this does not “have to be tied to religion” (1:5:6). She also saw religious faith as requiring “belief” and a “leap of faith” (1:5:8&9). Bella digressed at this point to talking about her work with psychotic clients (1:6), before observing that some religious clients found comfort in their faith (1:7), and then noting, as she reflected on another religious client, that religious faith “can act as a catalyst for deteriorating mental health” (1:8). Bella then concluded after this: “definitely [...] some aspects of religious faith are really beneficial to people, but other things can in certain contexts be difficult” (1:8:12).

Bella was trained and worked integratively (1:9&10), but “predominantly [...] relationally” (1:9:2). Working within this frame, she found what helped her in her work with religious clients was “leaning into the intersubjective space” and “naming a process” (2:1:2; 2:4:4). When she “first started working with religion” she felt “those little prickles of shame coming up [...], all the not knowing, or should I know that”, and “feeling quite uncomfortable when religion was brought into the room” (2:1:5-6). She had “work[ed] with [her] own shame around not knowing the ins and outs of every religious belief”, and “also tackl[ed] the fear of saying the wrong thing” (2:2:6-7). For Bella, it felt “like you’re walking through a field of landmines”, and although “doing your best [...], you might put a step wrong” and “set one off and how bad that would be”; “[...] rather than trying to avoid landmines, [she] now always say[s]: ‘Well I don’t know that.’” (2:2:8-9).

As a non-religious therapist, Bella found it helpful to ask her clients to “help her understand a little bit about the religious context that [they are] in”, and, at assessment, she asked her clients if they have a religious belief, and if they were “practicing their spirituality” (2:3:2 & 2:2:1-3). She was aware all religious people would practice their religion differently and found it “very comforting” that she “could never know” this (2:3:5-6). Bella did not think she ever had training with how to work with religious clients (2:4:1) but had found it helpful when a lecturer advised, when you were aware you had made a mistake, “own the process, name the process”, and has found this has helped her (2:4:2-6). Bella then provided an example of her work with a religious client, which showed how she had been comfortable with sitting with not knowing, and how her client

had helped her to “understand the context that she was in, from that religious perspective” (2:5-6). She had found this work “challenging on a few levels”, and that it was “provoking [her] to think about things in a different way”, and “[took] it to supervision” (2:7:1-3). Her work with this client had made her feel “really conflicted” (2:7:5), and she had had to “put [her] feelings aside” and “understanding that it’s about working within the context that” her client was “in, irrespective of how much [she] would like her” to act in a different way (2:8:1-2).

Bella thought “religion [was] a layer that [she was] aware of” (2:9:1-2), and that it was “important to inquire about it, because it [was] part of their fabric of being in some way” (2:9:12). She brought “religious faith into the therapeutic space” and then, by way of illustration, described two examples of her doing this (2:10&11). Bella thought her “own belief system must influence [her] work with religious clients”, as her “systemic experiences, relational experiences, educational experiences, all kinds of influence” influenced who she was and how she practiced; she concluded you needed “to be aware of” how these “may be leading a narrative”, and “just check in with yourself and think, ‘OK, am I saying this because I feel like it’s in the best interests of the client, or it’s my own sort of personal position kind of seeping in” (2:12:1&14-18).

Bella found her work with religious clients had affected her deeply and had been “a really interesting process” (2:13:1&21), for example, she had found herself feeling “protective” of a client as she felt her “situation [was] unfair” (2:13:2-3), and she had been able to “empathise” with a client and has felt “angry for her” (2:13:10&18). Bella said she had “learned a lot of life lessons working with religious clients” (2:14:1): “to be curious and not be afraid to get things wrong”; “to ask”, even if she “might sound ignorant”; and not to pretend (2:14:1-5). She had also learned to be “more fluid”, and, although she did not “think [she] had experienced any kind of shift in terms of [her] own religious or [...] spiritual perspective”, it had “made [her] think about [her] own position [and] reconsider it” (2:14:6-8).

Whilst there had been training in one module around diversity issues, Bella acknowledged, that “religion” had not “really” had “much of a look in actually” (3:1:1-4). She thought it might be more helpful to have “discussions around it”, to have “a space”,

as “you need a space where you can be clumsy about it”, as “you need to work through it first”, a space to explore different scenarios and “where you could make mistakes” (3:1:1-4). Although Bella considered her training institution to have been “really good” in general, but not so with religion, and she did not think other training institutions had provided training for working with religious clients either (3:3:1-3). She wondered why: “Does it just feel like a dangerous topic, because it is always the forgotten topic?” (3:3:4). She appreciated there were other “hot topics” such as, “gender, race, ethnicity, the minorities”, but felt herself that religion was not “a dangerous topic”; after considering why, she concluded it “gets forgotten” (3:3:5-8).

Bella thought “what might have benefitted working with religious clients in training would have been naming it”, with “each trainee being encouraged to reflect on their own religious or spirituality”, and thinking about how this might influence their practice, with this interview being “the first time anybody ha[d] ever asked [her] that” (3:4:1-4). Bella thought “more need[ed] to be done in terms of encouraging people to reflect on that particular aspect of their life”, perhaps “like a kind of a group processesque”, but “with a little bit of containment and direction” (3:4:8-9). She said she herself “would have enjoyed some gentle encouragement and containment around [her] own position, how that impacts [her] practice, and then how to approach it with clients rather than just: ‘Are you religious, are you spiritual?’” (3:4:11).

Bella said her own experience of religious faith had “added a touch of familiarity”, “a slight touch of connection”, with “an element of openness and acceptance”, as “opposed” to her being “completely atheist” and not “open to hearing it or didn’t want to hear it” (3:5:1-11). Although she thought it should not “make any difference that people have no personal experience of religion or are not believers themselves”, but that “implicitly, it might [...] enter the room in some way”, and, although “it shouldn’t negatively affect your work with religious clients, [...], it may do”, even though “we may not be doing that intentionally” (3:6:1,3&7; 3:7:1&7).

8.8.2.2 Holistic-form perspective

Bella's narrative took the form of a romance, with she, the naïve hero, facing, struggling with, and overcoming, the unforeseen challenges she came upon in her journey, that had disturbed and unsettled her equilibrium. Her narrative was "stable" and "steady", as it progressed in a linear way, and although the plot was not "clearly defined" from the outset, as the narrator seemed uncertain of how it was going to unfold; it was "cohesive", however, progressing through a series of resolved events, to come to a clear, definitive, and 'satisfactory' conclusion (Lieblich et al, 1998, p.89-90).

8.8.2.3 Categorical-content perspective

❖ Helped

Bella thought that **"leaning into the intersubjective space"** and **"naming a process"** (2:1:2), **"working with her own shame around the not knowing the ins and outs of every religious belief"** (2:2:5), and **"tackling the fear of saying the wrong things"** (2:27), helped her in her work with religious clients, as well as **"ask[ing] about it with all client assessments"** (2:2:1). She also found it helped to **ask clients to help her "understand a little bit about the religious context" they were in** (2:3:2; 2:6:4), and **"naming [her] not knowing", "naming her process"** (2:3:4; 2:4:4), **being aware when your own "experiences may be leading narrative"** (2:12:14-16), **checking if what you are saying is in "the best interests of the client"** (2:12:17), and **knowing she "could never know" everything** (2:3:5-6). **Putting her own "feelings aside", and "working within" the client's context** (2:8:1), **taking the work to supervision** (2:8:3), and **being aware of the religious layer** (2:9:1-2), **having "a touch of familiarity" with religion, having an "openness and acceptance" of religion** (3:5:1&11), and **"inquir[ing] about it"** (2:9:12) have also helped Bella.

❖ Hindered

Bella did not address what had hindered her work with religious clients directly, but what had hindered her was often implied in her narrative: the **lack of specifically addressing how to work with religious faith when training** (3:1:1-4), **“not learning how to approach religion”** (3:2:1), **not learning “how to talk about religion”** (3:2:1), and **not having the space “to work through” some of the pitfalls** in working with religious clients (3:2:1-4).

❖ Might benefit

Bella thought that what might benefit therapists in their work with religious clients would be: **“naming it”** (3:4:1); **encouraging each trainee “to reflect on their on religious or spirituality”** (3:4:2&8); **“a group processeque” with “containment and direction”** (3:4:9); and **“some gentle encouragement and containment around [her] own position [and] how that impacts [her] practice”** (3:4:11).

❖ Difference and similarity between religious faith and spirituality

Bella thought “there’s an **element of spirituality in all religious faiths**” (1:5:1), however, she saw religion as requiring “a leap of faith” (1:5:9), and, that she “align[ed] with the language of spirituality more than religion” (1:5:15) indicated she saw them as being **qualitatively different**.

❖ Religious faith, spirituality and mental health

Bella thought that “definitely [...] **some aspects of religious faith** [were] really **beneficial** to people, but **other things [could] in certain contexts be difficult**” (1:8:12).

8.8.2.4 Categorical-form perspective

Bella did not come to this research project with a well-put together and coherent narrative in respect of work with religious clients, but rather explored her thoughts and feelings, in the context of her experiences, as she told her story, in a rational way, with evaluation as well as description, and displaying differentiation, personal responsibility, and simultaneous perceptions, as she progressed logically through distinct stages towards her final conclusions (ibid., pp.142-143). When talking about her experiences of working with religious clients, her self-conscious focus was on her process, rather than on content, though she did include some clear examples from her clinical work to illustrate what she was saying. Bella's self-conscious awareness of her mental processing, and her sense of personal agency, though, can be seen within the content of the narrative, and in her use, almost exclusively throughout, of the first-person singular of the verb, and the active voice (ibid.).

8.8.3 Critical Narrative Analysis

Bella presented as an empathic and competent therapist, and well-able to work with religious clients, once she had established how to do so, in the absence of any specific training. As she had not had the opportunity to work through all her thoughts and feelings about religion and spirituality, and their impact on mental health, or on how to work with religious clients in training prior to being let loose on them, in the telling of her story, she tried to make sense of it all, as she went along, moving gently between process and content. In her narrative, Bella's focus on process, provided a real sense of how it had been for her, and how she used her experiences in the best interests of her clients. This has led me to conclude the reason Bella told her story in this way was to show me exactly how it has been for her when working with religious clients, that she had had a real internal and practical struggle, and how she had managed to overcome the difficulties she experienced in working with this client group.

8.9 Emma

8.9.1. Emma's story- Holistic reading of the narrative

Emma's personal background was religious to a degree: loosely consensual, extrinsically Protestant Christianity, nominal and not experiential (Wulff, 1997). As an adult, she has had close contact with the Jewish faith, as her partner is Jewish, she lived in a Jewish area, and had Jewish clients, and she had had contact with Buddhism as an adolescent. My initial global reading of Emma's narrative, then, gave me a sense of her being surrounded by religious faith, intrigued by and interested in it, but more of an outsider. She identified as agnostic, saw herself as spiritual, and at present, appeared to be trying to understand and find her own way spiritually.

Emma was trained integratively, but now worked primarily in an existential way. Her 'religious' background appeared to have helped her in her work with religious clients, as well as her own search for understanding, but she did wonder if her lack of religious faith, meant she did not fully appreciate what the faith of her religious clients meant to them. Emma observed that her training institution had not attended to religious faith and would have appreciated having the space whilst training to explore this. I found it concerning that Emma knew of many non-believing therapists who would not work with religious clients, and non-believing people who would not see a religious therapist.

[Emma's Completed Numbered Narrative included as Appendix X]

8.9.2 Holistic/Categorical-Content/Form Analysis

8.9.2.1 Holistic-content perspective

Emma's "personal background probably was not traditionally religious", although religion was and is part of it (1:1:1): her grandmother's sister was religious, Lutheran Christian, and her grandmother nominally so (1:1:3-5); "one of her father's girlfriends [...] was very spiritual [...], more as a Buddhist" (1:2:1); she was christened and later confirmed,

though from convention, and not conviction (1:3:2-3); her “partner is Jewish, but doesn’t believe” (1:5:1); and she had “always lived in quite Jewish area[s]” and had Jewish friends and clients (1:6:1). Although she did not feel drawn to “studying existentially”, which she saw as not “very religious at all” (1:4:2), she decided to engage with “what fel[t] very foreign to [her], the existential”, and came “to like it”, seeing “parallels to Buddhist teaching” (1:4:3-6). Today, Emma “probably to make it easy, [...] define[d] [her]self as an agnostic” (1:7:1): she did not “not believe but [she was] not really religious” (1:7:2). “Buddhism really resonate[d] with [her], because it fel[t] like it’s about [her] building up something from inside of [her], and wanting to be a better person” (1:7:3), and, although she was not sure whether “higher power” was the right way to describe it, but she did “believe that there [was] some sort of purpose” (1:7:4).

Although she was not sure someone who was religious would see it differently, Emma did not “think there [was] a difference between being religious and being spiritual” (1:8:1-2). She saw religious people as wanting “to be part of something [...], to belong to something [...], to work together towards a greater good [...], and also to have something or someone to believe in to give their life meaning and purpose” (1:8:3). Emma thought religious faith could “have a bearing on mental health”, in both negative and positive ways (1:9:1-2).

Emma was trained integratively as a Counselling Psychologists, and works integratively, though “predominantly from an Existential standpoint” (1:10:1&7). She has “had a number of clients from different faith backgrounds” (2:1:1) and had found it had helped that she was “not married to one religion and [was] curious and open about wanting to know” (2:1:3). Emma thought she was “always very open-minded about what [...] their religion mean[t] to them, and in a very non-judgemental way, and really wanting to understand” (2:1:3). She had also found it had helped “that [she] was not part of their community [as] they might be worried that word [got] out and they might feel judged” (2:2:1), and that “over the years” she had “actually learned quite a bit about the different practices”, so felt “relatively familiar with typical things and so it help[ed her] to understand” (2:2:4). Emma used both her “own background and [the] religious background” of her clients in her work with religious clients and would ask them about

things she did not understand, and to find out what it meant for them, and why it was significant (2:5:1-5).

Emma wondered if “not being understanding enough” hindered her work with religious clients, and not seeing “the importance” of some things (2:3:3-9), but her work with religious clients did not differ “in any way from [her] work with non-religious clients”, as “therapy [was] different with each client, because they’re different personalities” (2:4:1-2). Although she did not think working with religious clients had changed her (2:6:4), she had felt “touched” by “one particular religious client”, and “inspired by another” (2:6:1-2). Emma thought her own “desire to believe in something personally [had] helped [her] to have greater understanding for those who do believe in something today” (3:4:4).

Emma thought her training had helped her, even though it had not been “based in religion at all, quite the opposite” (3:1:1), because she was not “seeing anything through one specific lens size” (3:1:2). Despite this, Emma did not “think [her] initial training prepared [her] for working with religious client, no it didn’t” (3:1:4), and “it was never spoken about what’s one would do with a very religious client” (3:2:1). Emma “would have liked to have [had] more background in working with people who were really going into one thing but not wanting to be contradicted” (3:3:1). She thought “it would have been very helpful to have [had] a bit of foundation and how to facilitate conversation between two opposing groups”, and “not even opposing but believing and unbelieving” (3:4:1-2). Emma remarked she knew “plenty of people who wouldn’t work with religious clients” and “people who wouldn’t see a therapist who [was] religious” (3:4:2-3). She then concluded “it would have been useful in [her] initial training to have had some introduction to these matters, well at least some debate about it” (3:5:1). Having considered this troubling observation from her own experiences, she then looked at the situation from both sides: “What if you are a religious therapist?”; “What if you’re not a religious therapist and you get a religious client?”; “How do you suspend your own belief system?”; “Or, on the other side, how do you suspend your own disbelief system and allow yourself to be part of their world?” (3:5:3-5).

8.9.2.2 Holistic-form perspective

Emma's narrative initially started out as a romance but then took a satirical turn, as she progressively reflected on her personal and professional backgrounds, in relation to her work with religious clients, and considered specifically the failures of her training institution to prepare Counselling Psychologists for their work with religious clients. In her narrative, she the hero, successfully faced the challenges of working with religious clients, as she was equipped with the necessary skills for this task. Then previously unforeseen dangers came into her line of vision, dangers she had managed to avoid, though others may not; she then rounded on the inadequacies of the training institutions, as her story reached its conclusion, for their failure to take any account of these serious dangers and putting therapists and clients alike potentially into harm's way.

Emma's narrative had progressed steadily in a stable linear way, until it arrived at a conclusion that seemed to have surprised her. The ongoing plot had been well-constructed and cohesive, as it progressed to this surprising end (ibid.).

8.9.2.3 Categorical-content perspective

❖ Helped

Emma thought what helped her in her work with religious clients was her **not being "married to one religion"** and **being "curious and open about wanting to know"** (2:1:3), **"open-minded about religion"** and **"non-judgemental"**, and **"wanting to understand"** (2:1:3). She also thought that **not being "part of their community"** helped (2:2:1), as this enabled them **"free to talk openly"** (2:2:2). She implied implicitly that her **"own background"** helped, as well as **"their religious background"** (2:5:1; 2:5:7), and **"ask[ing]" questions about their faith** (2:5:2-5). Emma also thought **her training** helped, as she did not see **"anything through one specific lens size"** (3:1:1), along with her **"desire to believe in something"** giving her a **"greater understanding for those who do believe in something"** (3:1:4).

❖ Hindered

Emma wondered if “**not being understanding enough**” (2:3:4), as she did not “identify as belonging to a religious group” (2:3:9), and “**a lack of being able to see the importance**” of religion (2:3:5-8), hindered her work. She implied implicitly that she was hindered by **religion not being spoken about in training**, and by **not having training on what to “do with a very religious client”** (3:2:1).

❖ Might benefit

When thinking about what might benefit working with religious clients, Emma implied this would be **having “more background in working with people who were really going into one thing but not wanting to be contradicted”** (3:3:1), “**a foundation and how to facilitate conversation between two opposing groups**” (3:4:1), and “**some introduction to these matters**” and “**some debate about it**” (3:5:1).

❖ Difference and similarity between religious faith and spirituality

Emma did not “think there [was] a difference between being religious and being spiritual” (1:8:1-2).

❖ Religious faith, spirituality and mental health

Emma thought religious faith could “have a bearing on mental health”, in both negative and positive ways (1:9:1-2).

10.9.2.4 Categorical-form perspective

Emma told her story in a rational way, with an ability to see issues from different perspectives. Her taking responsibility for her thinking and learning, and her sense of personal agency, was demonstrated in her use of the first person singular and active voice of the verb throughout her narrative. When unsure of her thinking, she used the

word “maybe” to qualify what she said, for example, in reference to her thinking on her own spiritual/religious position, which was still in process of being formulated (1:7&8). Emma also used a number of adverbs throughout her narrative seemingly to intensify what she was saying, for example, “always” (1:2:7; 1:6:1; 2:1:3), “very” (1:6:2; 1:8:3; 2:1:3; 2:6:2; 3:4:1), “really” (1:7:2&3); “definitely” (3:1:1), and “so” (1:6:2). She may have used “intensifiers” to signal these were matters she felt strongly about, and to get this across to me, but I was left wondering why she seemed to need to do this as much as she did (ibid., p.156).

8.9.3 Critical Narrative Analysis

In her story of her personal and professional backgrounds and her experiences of working with religious clients, Emma wanted to show me how interested she was in the subject of religion, and how she successfully met the challenges of this work. As her story moved towards its destination, and she started to reflect on her work with religious clients in the context of her personal and professional backgrounds, there was a shift in the mood from relaxed contentment, to astonishment, tinged with a hint of anxiety, as she realised how lacking her initial training on working with religious clients had been. Signalling the enormity of turning out unwitting and unprepared Counselling Psychologists, and the inherent dangers of this, to the religious and non-religious alike, became the purpose of the story. The meaning of Emma’s story had been remade in its telling, during which process, her self-identity as a secure and competent Counselling Psychologist, to a sense of herself as being somewhat unsure and anxious.

8.10 Summary of findings in relation to the research questions

To summarize my findings in respect of my research questions, what helped and/or hindered Counselling Psychologists' work with religious clients, and what might benefit it, and present them in simple diagrams, I collated all the items within the Categorical-Content analysis of all nine participants. Then, in keeping with my phenomenological approach, I presented these in the simple diagrams below, staying true to the words of my participants. However, in doing this, in the interest of clarity, the richness and nuances of the findings from the various levels of analysis were lost, along with some details.

Although not the focus of my research project, I have also briefly summarized my findings in respect of my participants perception of the differences and similarities between religious faith and spirituality, and the relationship between religious faith and mental health, as these will have some bearing on what helped and/or hindered Counselling psychologists' work with religious clients, and what might benefit it. Again, I used the items within the Categorical-Content analysis of all my nine participants, and, in keeping with my phenomenological approach, have presented them together staying true to their words.

8.10.1 Helped working with religious clients

Being curious		
Being open		Working within client's belief system
Being non-judgmental	Religious/spiritual assessments	Not getting drawn into theological debate
Being respectful	Not making assumptions	Using client's religious/spiritual resources/coping strategies
Being accepting	Phenomenological questioning	Getting support for client from their own faith tradition
Being outside client's community	Sensitive Challenging	Modalities adapted for religious faith
	HELPED	
Psychotherapeutic modalities	Appropriate supervision	Awareness of differences between self and client
Own religious faith	Information and/or guidance from Chaplains	Awareness of own process
Own experience of religious faith	Encouraging feedback from clients	Working with own process
Own research, studies, and/or training	Training in diversity	Comfortable with not-knowing

8.10.2 Hindered working with religious clients

Lack of initial training	Not learning 'how to'	Not understanding client's religious faith
Lack of ongoing training	Not given specific tools	Insufficient knowledge about religious faith
Lack of diversity amongst teaching staff	Lack of practical training	Concern not to denigrate
Lack of training for very religious clients	No space to work through 'own stuff'	Concern about not being understanding enough
HINDERED		
Insufficient details on referrals and assessments	Non-religious clinician not understanding	Religious beliefs of clients
Mismatch between clinician and client	Seeing religious experience as psychotic	Religious clients cutting the therapeutic process short
Gender of therapist	Own judgemental bias	Initial reserve of religious clients
Conflicting religious and therapy commitments	Not seeing the importance of religion	Religious client's fear of their faith not being respected

8.10.3 Might benefit working with religious clients

Mandatory core module in initial training	CPD workshops	Training in how to facilitate conversations between opposing groups
Shift in what takes place in training institutions	Religious faith and diversity properly addressed	A group 'processesque' with containment and direction
Support for the religious	Believing religious lecturers giving workshops	Encouragement of trainees to reflect on religious faith and spirituality
MIGHT BENEFIT		
Exploration of research	Working with religious faith more explicitly	Understanding how own beliefs impact on clinical practice
Exploration of ideas	Naming it	Doing more spiritual work
Open discussions re what helps and hinders	Therapists incorporating client's religion and culture into therapy	Celebrating religious faith

8.10.4 Differences and similarities between religious faith and spirituality

Amy and Mia saw religious faith and spirituality as different:

Amy: “I do think religion and spirituality are different” – “there are certain practices they [religious people] will follow [...] whereas spirituality is more [...] a mentality”

Mia: saw religious faith as being “a bit more top-down”, and needing to “believe in structure” whereas she saw “spirituality as the feeling one gets when one feels connected to something, or to another person ...”

And similarly, Ben, who preferred:

“to explore [his] own journey”, which was a spiritual one (1:6:10), whereas his “issue with religion is that it becomes, if it becomes too dogmatic, then that leads I think to lots of the problems that we have in the world” (1:6:11)

Daisy thought:

“religious beliefs” were “part of [...] larger religious institutions”, which had “specific rules and traditions and rituals” that people needed “to abide by”, “in order to be [...] an accepted member of that belief system or that institution” (1:4:1&2); whereas “spiritual beliefs are [...] a bit more flexible” (1:4:3) although she also thought “you [could] be religious and spiritual” (1:3:1)

Whilst Rosie saw the differences being in the

“practicing sense”, “holding the beliefs” and using them as a “loose guide” (1:11:1)

Sarah and Chloe saw religious faith and spirituality as being related, but also different:

Sarah: considered there to be “overlaps and many similarities between religious faith and spirituality” (1:2:1&2). For her, “religious beliefs are specific to a particular faith” (1:2:6), and “with spirituality [...] you are able to understand and connect with a higher being [...] some sort of higher universal power” (1:3:1-3)

Chloe: spirituality could “be defined more by more of a kind of personal individual, perhaps internal belief or faith, or sense of something beyond oneself that may not be very clearly defined” (1:4:3-4). For her, religious faith “tends to refer to [...] refer to something that’s maybe a bit more structured, often there’s some sort of organisational aspect to it [...], a doctrine or a set of beliefs that has been passed down and in more of a kind of structural external form” (1:4:5-6). Her “own personal faith or experience or expression of

Christianity would combine the two of them. So, both internal and external” (1:4:7; 1:5:3&4)

Bella thought:

“there’s an element of spirituality in all religious faith”, though religion required “a leap of faith” (1:5:1&9)

Whilst Emma saw no differences between the two:

Emma: did not “think there [was] a difference between being religious and being spiritual” (1:8:1-2)

8.10.5 Relationship between religious faith and mental health

Sarah, Chloe, Daisy, Bella, and Emma considered religious faith can be both beneficial for mental health, and, also harmful in some cases:

Sarah: thought that religion “could cause mental health problems” and “could also alleviate mental health problems” (1:7:5-8; 1:8:1-9)

Chloe: said “There is plenty of studies that show religious faith does have an impact on mental health” and cited several examples of the positive impact of religious faith on mental health (1:6:1-4). She also thought religious faith could “have a negative impact on mental health” [...] “depending on what people’s beliefs” were, and “how they conceptualise or understand God” (1:7:1-2 & 1:9)

Daisy: thought religious faith could provide: “a massive protective factor” (1:6:1); but also thought: “certain beliefs [can impact] people quite negatively” (1:8:1).

Bella: thought that “definitely [...] some aspects of religious faith [were] really beneficial to people, but other things [could] in certain contexts be difficult” (1:8:12).

Emma: thought religious faith could “have a bearing on mental health” in both negative and positive ways (1:9:1-2).

Amy and Mia saw religious faith negatively as causing mental health problems:

Amy: thought there was “some sort of connection between [being] raised religiously and developing mental health problems” (2:3:1-8)

Mia: regarding religion, used words such as: “anti-organized religion”, “very over-organized, dominant, authoritarian religion”, “rigidity”, “lack of reflection”,

“unthinking” (1:3:3; 1:6:7; 1:9:3); and regarding spirituality, used words such as: “connected to something or to another person”, “a sense of belonging” (1:8:3)

Whilst for Ben, it was **stringent** belief systems that caused mental ill-health, whether religious or otherwise:

Ben: “any stringent belief system [...] does cause mental health difficulties” (1:7:11)

Rosie saw her **open** religious upbringing as: “beneficial” (1:8:1)

Part 3: Review

Chapter 9: Reflexivity, my viewpoint and potential bias

9.1 The research process

Just as I was about to begin my research project, the coronavirus pandemic began. I had quickly to rethink and change the plans I had made to suit the new situation. I was put into shield by my doctor, ahead of the official shielding. I had remained in shield, at time of writing this, for well over two years now, save for about five weeks the previous summer when I managed to get essential health checks completed, before being again told by my doctor to shield.

Carrying out this research project whilst in isolation, was both practically and personally difficult. I had looked forward to seeing my participants in person, getting a sense of them, along with co-constructing their narratives in a companionable way, but instead, I had to carry out the research remotely online. The data produced in this way has been rich and very useful in the answering of my research questions, but I wonder how it would have been had I been able to carry out the research face-to-face with my participants. Although I would have found it a more enjoyable, and in many ways an easier process, I wonder though if carrying out the research remotely has led to my participants being more open, thus resulting in richer data. With these struggles, at times I felt quite disheartened during my research, but then I focussed on the aims of my research project and the approaching end of my very long journey.

My first difficulty had been in finding participants for my research. I had planned on going to the Division of Counselling Psychology conference and getting my participants there. Instead, I brainstormed with one of my clinical supervisors, online of course, and together we came up with several ideas which I followed through over the subsequent few months, along with other ideas I had had. Getting participants was very slow, and at the beginning I wondered if I would ever reach the required number of eight participants. Much to my surprise, I ended up with nine! Whilst I would have appreciated having participants who came from faith traditions, such as Buddhism, Hinduism and Judaism, as well as the ones from the Christian and Islamic faith

traditions, I was very pleased with the range of participants I had, and the interesting material they produced.

Whilst I was well-practiced in working with clients online, technology is not my strong point, and it was terrifying having to come to grips with recording equipment, the creation of audio files, and sending documents and recordings securely. I was fearful lest I would not be able to manage, or that something would go wrong. In the event, it all went very well, although it was not until about my seventh participant that I began to relax. Fortunately, none of my participants were disturbed by my discomfiture; one reflected back to me how relaxed and professional I was and very different from how she had been when conducting her research! My anxiety with my first participant led me to hurry through the explanations and so forth at the start of the interview, making it more difficult for her to understand what was needful in the interview. Reflecting after the interview, I realised I needed to take the time to explain the purpose of the research clearly and the trajectory of the interview, along with creating sufficient space for questions and answers. I purposefully did this with subsequent participants and it made the interviews easier for both me and my participants and facilitated their storytelling.

Whilst I was very clear about what I wanted to research and how, when I first began the research process, obviously I had no conception as to what data might materialise, but also, I had no sense of the shape my thesis would take. Whenever I felt myself getting a little panicky about this, I grounded myself by focussing solely on the next step in front of me. Working in this way, I found that after completing one part of the research process, the next step I needed to take came into sharper focus, and eventually I began to get a sense of the whole, even if I was unsure of the detail. Also, as I journeyed through writing up my research project, I found it was becoming increasingly storied, and I embraced this, given that narrative was my chosen methodology; to me stories carry meaning and are a very effective medium to impart knowledge in a way that facilitates understanding.

I found the creation of my narrative literature review quite overwhelming at times as I wrestled with the wealth of material available. In this laborious process, I focussed on my research questions and held them in mind whilst I trawled through abstract after

abstract looking for those research papers that to me seemed to be of some utility for my project. I fully appreciate my selection of relevant papers was based on my subjective judgment, and that other researchers might have excluded ones I included or included ones I excluded. I am also aware that though I searched in quite a wide number of places for relevant literature, had I been able to get to the Oxford University libraries or the British Library, I would undoubtedly have found other relevant research papers. As it was, I was amazed when I carried out my narrative literature review, at what this process of searching, collating, and analysing had revealed about the relationship between psychotherapy and religious faith, what helped and/or hindered, and what might benefit clinical work with religious clients, for it did show a constructive development over time.

When I had been advised on how to carry out my review of 'all' the literature and that my review had to be carried out in a systematic way, I had felt daunted, but then set about the task, searching far and wide. When a fellow student told me she had had to call her literature review, a 'narrative literature review', and not a 'systematic literature review', I realised I had created a narrative literature review, and accordingly named it in this way. Whilst I had carried out my research for my literature review in a systematic way, I had intuitively created a narrative literature review, in keeping with my research project, a type of literature review that was of more utility for my research project. I felt as though a weight had been lifted when I realised that I had done the appropriate literature review for my research.

The analytic process was painstaking and quite difficult to get into initially. The two content orientated analyses really highlighted just how adversely affected my research had been by having to interview remotely, and not being able to carry out my chosen methodology in the more usual way. With Narrative Inquiry, doctoral research would normally only involve five participants, with the researcher often having three lengthy interviews with each. Instead, I had to have a minimum of eight participants, and as eyebrows were raised at my having more than one interview and the possibility of interviews being lengthy, I kept to one interview lasting an hour on average, with the essential second interview to finalise my participants' stories, only lasting on average

around twenty minutes. I felt the pressure and limitation of time, and inhibited from engaging in deeper phenomenological questioning, and from being able to go back and take my participants deeper into their thoughts and feelings. I felt inhibited in the analytic process and in writing up my findings, as the word length did not allow either for a deeper exploration of the data or presentation of my results. With five participants, rather than nine, this would have been easier. However, despite my frustrations, I realised that what I had lost in depth, I had gained in breadth: although there were overlaps in my findings, all my participants had brought their own very useful personal experiences to my research.

9.2 My viewpoint and potential bias

My viewpoint is that of an intrinsically religious person of the Christian tradition to which I have belonged from childhood. I feel blessed to have been brought up in a Christian family, by parents who were Christians and who were so accepting of difference in all its presentations. I feel also blessed to have been exposed in a very positive way to many different cultures, beliefs and practices, during my global nomadic childhood and early adolescence spent in Egypt, Singapore, Sri Lanka, and Cyprus, despite the impact this had on my formal schooling and my having no sense of belonging within any one place and culture. This early introduction to difference and diversity in such a positive way, plus my predilection to understand why people believe and do the things they do, has led to my lifelong interest in religious/spiritual beliefs and practices and the wide array of secular, philosophical, social, psychological, and political beliefs, along with my psychotherapeutic work.

My core values and background have led to my view that: everyone is entitled to believe what they want to believe in any way they like and should be free to express their views without being judged by others; that they are entitled for their views to be heard, understood and respected; and that the person should be free to be who they wish to be, providing their freedoms do not adversely impinge on the freedoms of others. Hopefully, this helped guard against my pre-existing assumptions and potential bias in my research project. Despite this, my standpoint and experience will have interacted

with my research, including the analytic process; this needs to be borne in mind by those reading my research. I hope though, that my viewpoint and my bias, together with my life experiences and studies, will also have interacted with my research project in positive ways, and have given me insights into the differing beliefs and experiences of my participants.

Although very aware of many problems within the beliefs and practices of the religious traditions, leading to past and present controversies and conflicts, pain, and suffering, I have a deep appreciation of religious faith and its values, aims, beliefs and practices. I was conscious I needed to be aware and take account of this, my viewpoint, when carrying out my research throughout all its stages, including in the writing up my thesis. Further, coming from my religious perspective, I see the person as a spiritual being whether this is something the person I might be working with/researching acknowledges or believes themselves. I had to attempt to “bracket off” this assumption, and others, so it did not come into the research process. These are my views and I appreciate many people have differing views.

I am aware my viewpoint will have influenced my research and its presentation, that another researcher with a differing viewpoint might complete this research project in a different way with somewhat differing findings. I must confess, though, that I found it reassuring to see how my research was coherent with previous research carried out by very different researchers using different methodologies. Despite this, in the light of all the above, I was aware I needed to make plain what my viewpoint is, so my audience could take account of my view and potential bias when reading my research.

I am aware my religious background, together with my psychology and psychotherapy backgrounds and life experiences, provides the filters through which I see the world. I am conscious though that I see as in a mirror dimly: what I know, and what I think I know, would not even be a grain of sand in an ocean, and my thinking is skewed/refracted by my filters. In my life, all this leads me to listen and pay heed to what others see and believe and in so doing I assume I will gain greater knowledge and understanding and a clearer perspective, though not a clear and/or complete perspective, on phenomena. Regarding my research, to guard against my assumptions

and bias I needed to pay heed to my research supervisors and anyone else who was involved in my research project, and endeavour to listen to and understand the perspectives of my participants, to reflect deeply on what they said, and not make quick judgements. I needed also to question my judgements, as well as get others involved in my research to question my judgements and, in turn, I also needed to question their judgements, to make sure I was understanding what they said, rather than just assuming I had understood.

As well as my perception being skewed/refracted by my filters, other researchers would have noticed things I missed in my research, as will many of the readers of my thesis. I am aware I have many “blind spots” and to guard against these I was reliant again on my supervisors and other relevant professionals to notice and point them out to me (Jacobs, 1999, p.126; Deurzen & Adams, 2016, p.43). I had two NSPC research supervisors but in addition I also made use of several other professionals who were qualified to make judgement on my research, my pre-existing assumptions and potential bias, and to draw my attention to some of the things I missed and/or misperceived. As I completed my research, I have had to write and rewrite many parts of my thesis in the light of feedback from others.

It had been suggested to me that non-religious therapists could not really understand the religious aspect of a religious person’s life and that this would inhibit their therapeutic work with religious clients. This was not my assumption, but I was interested to see if this would be an area that would come into focus in my research. My assumption and potential bias, however, was that Counselling Psychologists of all persuasions working clinically with religious clients would have had broadly similar experiences of what has helped and hindered their work with religious clients and what might benefit it. I realised I needed to attempt to bracket this view off and be open to whatever my research data ‘actually’ demonstrated.

I am personally very aware of the dangers of assumptions and bias, having been on the receiving end of erroneous assumptions and bias many times in my life, as others will have been, with negative results. I chose my research methodology with this in mind; hopefully this methodology has helped guard against my assumptions and potential bias

in my research. The use of Narrative Inquiry as a methodology for my research project seemed to me to be a particularly good way of guarding against my assumptions and potential bias, a good way of 'bracketing [me] off'. Narrative Inquiry allows for data to emerge, without my asking any potentially leading questions. My use of unstructured interviews and negotiated accounts was a very time-consuming way of working, but it seemed to me to be a safer way to work, as it left the space open to wherever my participants wanted to go and the creation their stories of their experiences in their own words. I expected to be surprised on many occasions with my participants' insights and to learn much from what they brought to the research project. This proved to be the case. This methodology is probably as bottom-up as I can imagine and left me as the researcher as much out of it as I could manage, although it was not possible to exclude myself completely from my research, which was why I had to be open and reflective about this.

I attempted to establish an empathic, egalitarian, and respectful relationship with my participants, a relationship in which hopefully they felt safe and free to share their experiences, feelings, and thoughts. I also attempted to understand the participants' history and social context in an endeavour to understand their lifestyle dynamics and worldview, to get alongside them and attempt to see things from their perspective. I endeavoured to draw out the participants' experiences and help them to understand their own thoughts and feelings. I hoped in doing these things, my Counselling Psychologist participants would be more able to recount their experiences freely and truthfully and that this would also help guard against my assumptions and potential bias, and adversely affect my research.

I have considered my basic assumptions in relation to several things over the years, not only as I have been asked to in the various trainings I have engaged in, but also, and mainly, because I have found myself in really difficult situations, due to my default position of assuming everyone is good and does things for very positive, straightforward, and valid reasons. Someone remarked once that I have a very serendipity attitude towards people and life and whilst I do not want to change my basic outlook, my bias, I have become aware I must be more cautious in my personal and

professional relationships. So, I took account of the possibility that my participants might not have been as open and completely honest with me as I would have liked, and not to be too optimistic about their therapeutic neutrality, to guard against my assumption and potential bias in the research process.

I had come to realise that another basic assumption/bias was that I assume people in the various disciplines I connect with know more than I do about everything. My default position had always been to go with what those in authority said, particularly in the educational field. I am aware it generally does not even register with me that this is what I have done. It has taken many years for me to realise that I do know more than some people about some things. When it comes to my research topic and my chosen methodology, I had to guard against this by realising that I have spent many years of observing and studying in these areas and I needed to stand authoritatively behind this, and not just automatically go along with what others authoritatively said, including what research supervisors said, but to reflect deeply on advice, weigh it, but make my own judgements, and then have the courage to stand behind my convictions.

9.3 Conclusions

All my academic and professional studies, and particularly the reading and the carrying out of the research for my doctorate, as well as in the writing up of my thesis, have enriched and changed me as a person, and, in turn, this has benefitted my clinical work. I have become more self-aware, aware of how I felt about religious faith and spirituality, even more aware of differences in beliefs and practices, have more knowledge and understanding of the nature of religious faith and spirituality, and their relationship to each other and to mental health and well-being; I have also gained more understanding of different religious faith traditions, and the whys and wherefores of their beliefs and practices. I am now more at ease working with religious clients, clients who perceive themselves as spiritual rather than religious, and those with differing worldviews and belief systems.

Whilst it is not practically viable for all Counselling Psychologists to undergo the studies I have, my feeling is that their work with religious clients would be greatly enriched, if

they were able to undergo some teaching around religious faith and spirituality, and in its relation to mental health and well-being. Drawing on my own experiences, having now completed my studies and my research, my feeling remains very much in keeping with what I had originally thought might have been the case, that all Counselling Psychologists could potentially be equally efficacious in their work with religious clients, should they have had sufficient training for working with this client group.

When rereading this reflexivity chapter through, I became conscious that, in response to the negativity I am aware of, and have experienced towards my Christian faith, that I have felt constrained to defend myself in my research. Indeed, I have been obliged by tutors to explore how my religious viewpoint and bias might affect my research, when other students, not coming from a religious position, have not been required to do this. Whilst this has a discriminatory feel, I have benefitted, and I hope my research has also, from this self-exploration; to my mind, it would seem beneficial to research projects in general, and create greater transparency within the research process, if all researchers explored their own viewpoint and potential bias regarding their research. Further, my style of writing is discursive, and I am now also aware that I employ rhetorical and persuasive devices in my reflective statements, and in some of the questions I pose (Walsh, 2015; Dixon & Murphy, 2018). This is apparent particularly in the following reflective discussion chapter. My purpose in writing in this way is to gather evidence, and to encourage the reader to reflect deeply on what is being presented in my research project, and then to evaluate and weigh the evidence, as much as to indicate and present my line of reasoning and position, based on the evidence that I have gathered. In this way, I hoped the reader would be persuaded of the validity of my thesis.

Chapter 10: Reflective Discussion and Conclusions

10.1 Introduction

In this chapter, I reflected on my findings, looking at what helped and/or what hindered my participant Counselling Psychologists' work with religious clients, and what might benefit it, and their perceptions of religious faith, spirituality, and mental health, before considering ethical issues, the historical relationship between psychotherapy and religion, and drawing my conclusions. My findings, within all the different levels of analysis, are coherent with the findings of previous research, more especially the research carried out in America, and have provided such a comprehensive picture of the experiences of Counselling Psychologists' work with religious clients, what helped and/or hindered their work, and what might benefit it, that little more needs to be said by me in that regard. My intention in my choice of epistemology, ontology, methodology, and method had been to keep 'me' out of my research as much as possible, to present a clearer picture of the experiences of Counselling Psychologists. My participants' stories speak for themselves. I have, however, explored my thoughts and feelings on my research findings below, and in relation to the literature; no doubt others, coming from their own perspectives, will have differing equally valid thoughts and feelings on the subject under scrutiny.

10.2 What helped

A theme that became very apparent within the experiences of Counselling Psychologists' work with religious clients was how helpful the basic Humanistic ethos and philosophy, underlying their clinical work, exemplified in the "Core Conditions" of Person-centred Counselling, "be[ing] genuine or congruent"; offer[ing] unconditional positive regard and total acceptance"; and "feel[ing] and communicat[ing] a deep empathic understanding", was to them, and enabling them to work "intuitive[ly]", and

creatively with great “artist[ry]”, despite the lack of specific training with this client group, and, for the most part, their rather limited understanding of religious faith (Mearns & Thorne, 1999, p.16; Douglas et al., 2016, p.5). Counselling Psychologists’ basic Humanistic ethos and philosophy, and Existential Psychotherapy’s phenomenological focus, along with its inclusion of the spiritual as one of the four dimensions of human existence, seemed to have been particularly helpful to my participants’ work with religious clients (Shaffer, 1978; Deurzen, 2010). This was demonstrated in my participants being ‘open’, ‘curious’, ‘non-judgemental’, ‘respectful’, ‘accepting’ and ‘not making assumptions’ about their clients, and their use of ‘sensitive challenging’, ‘phenomenological questioning’, and the exploration of their meaning-making, as well as ‘encouraging feedback’. This could also be seen in the way many of them worked ‘within clients’ belief systems’, used ‘modalities adapted for religious faith’ by them, along with their ‘client’s ‘religious/spiritual resources/coping strategies’, and, on rarer occasions, obtained ‘support for clients from their own faith tradition’. It was these factors they found helpful to their work with religious clients.

Zahid (2021, p.107) has described how useful different traditional modalities within her integrative training had been to her work with “Black, brown and minority ethnic clients”, and Burrell (2021, p.199), who described herself as a “Black female Christian”, has said how “person-centred counselling resonated with [her]”. This usefulness of counselling and psychotherapy’s traditional modalities when working with cultural differences was born out in my research project, for it confirmed that Counselling Psychology’s integrative training programmes, with their focus on several well-established modalities, had helped the participants with their work with religious clients who came from different religious faith traditions and cultural backgrounds. The participants were able to draw creatively on a variety of modalities, choosing their preferred ones, the ones most suited to their clients’ needs, and the ones required by their work setting, adapting them where necessary, and working effectively with religious clients, despite not having had training with working with this client group. The contention of theorists, such as Zinnbauer and Pargament (2000), Cooper and McLeod (2011), Erahin (2013), and Wilk (2014), that integrative and pluralistic approaches are more suited to working with religious clients was born out in my research, as was the value of Counselling Psychology’s “embrace of

humanistic psychology principles” (Feltham & House, 2017, p.332). Further, in keeping with this, the one participant who experienced marked difficulties when working with religious clients, after her Counselling Psychology training, had had extensive further training in psychoanalytic psychotherapy and essentially worked within this modality. Adding to her difficulties with working with religious clients were her negative views on religious faith.

Counselling Psychologists were helped to a degree by their training in working with diversity, though this training had focussed more on the important diversity issues of gender and sexuality and had neglected the equally important diversity issue of religious faith. Counselling Psychologists’ training had also led them to be reflexive about differences between themselves and their clients, to be aware of their own process and able to work with it, and be comfortable sitting with not-knowing, all of which had helped them in their work with religious clients (Donati, 2016; Watts, 2017).

Despite many of the aspects of training being helpful to Counselling Psychologists in their work with religious clients, many of the things they found helpful related to their own personal experiences, in keeping with the finding of Mueller’s (2012) research carried out in Britain, or were accessed by them outside of their training context, for example, ‘their own religious faith’, ‘their own experience of religious faith’, and their ‘own studies, and/or training’. However, not many therapists are religious and have the insight of what it is to be religious to draw on. Whilst one participant had observed that a non-religious therapist had not understood a client due to not being religious, other non-religious participants seemed able to work effectively with religious clients, though a few struggled, particularly the one who had a negative view of religious faith.

Therapists all have “blind spots” (Jacobs, 1999, p.126; Deurzen & Adams, 2016, p.43), things they miss. Perhaps the difficulties the non-religious had had with their work with religious clients, might have been alleviated if they had had specific training with working with this client group. Kellems et al. (2010) had found this to be the case. There is always the danger, however, of religious therapists seeing things from their religious perspectives and missing how it is for the non-religious, just as much as the danger of non-religious therapists missing how it is for the religious. This points to the

need for specific training. One of the participants did think that being part of minority religious and ethnic groups sensitized her and helped her work with religious clients; perhaps being part of a minority group does sensitize you more to difference.

Religious faith traditions vary, as do people's orientations to their religious faith (Wulff, 1997), and it seemed significant that the two very religious participants, who came from two different religious faith traditions, were very aware of the need not to make assumptions about people's religious faith and their orientation to it, but to ask questions at assessments to establish exactly where their clients were with their religious faith, and whether or not, and how they might want to include their religious faith in their therapy. The other participants did not stress this to the same degree, if they mentioned it at all. Another factor a few participants mentioned as being of help with religious clients was having supervision with a supervisor who understood these matters: How would other Counselling Psychologists manage without such informed supervision? How many supervisors are there within the psychotherapeutic community who might be qualified to provide such informed supervision?

Two participants called upon the Chaplains, who also worked within their work settings, for help. The participant who heavily called upon the Chaplains of several different religious faith traditions for support and guidance, did so in the same way she sought support and guidance from her clinical supervisor. Are other Counselling Psychologists aware of this potential specialist support and guidance freely available to them in several of the settings in which they work? Would they access this support, should they be aware of it? Would they know how to enter discussions with Chaplains, given confidentiality concerns (Bond, 2015)? The participant who heavily drew on support and guidance from the Chaplains found their help invaluable, and that neither she nor they crossed the dividing line of their responsibilities. Whilst Hirshbein (2021) had found that those involved with pastoral care within a Christian community in America stayed strictly to their side of the dividing line between religious faith and psychotherapy, as did the chaplains whom my participant drew on for help and support, how true would this more broadly be within the different religious faith traditions in Britain today? Further, whilst this participant in my research project stayed strictly to her side of the dividing line

between psychotherapy and religious faith, how true would this more broadly be with therapists in general within the psychotherapeutic communities in Britain today? Given the fuzziness of definitions of spirituality and the lack of training for working with religious clients, might therapists inadvertently overstep their professional boundary?

10.3 What hindered

Despite valuing their initial training, and utilising it to very good effect, the overarching theme of what hindered Counselling Psychologists' work with religious clients was the complete lack of initial training in this specific and important area of many religious people's lives, despite recurring calls in America and in Britain in recent years for such training and/or greater cultural competence around religious clients (e.g., Hunt, 2019; Vieten & Lukoff, 2021; Della et al., 2021; Burrell, 2021). Repeatedly, Counselling Psychologists spoke of a 'lack of training', with many also speaking of a 'lack of ongoing training', a 'lack of diversity amongst teaching staff' at training institutions, and a 'lack of training in working with very religious clients'. Their struggles and specific difficulties of working with this client group became apparent in their stories of their work with religious clients: for the most part, except for the two who were religiously committed, the one who was loosely religious, and the one who was far along in his spiritual journey, the Counselling Psychologists just did 'not know how to' work with the faith of religious clients, had 'not been given specific tools' for this work, and had 'lacked practical training'. Even when a participant was aware of the 'elephant in the room', she did not know how to bring it in, or how to work with it when it was there. As one participant observed, it would have been useful to have done some triad and fishbowl work to get some practice with working with religious clients in initial training, not only to learn how to work with religious clients, but also to make mistakes in a safe setting, and get constructive feedback, before being let loose on very vulnerable clients in the outside world. As can be seen in my Narrative Literature Review, many books now exist that provide practical guidance and tools for working with religious clients (e.g., Genia, 1995; Richards & Bergin, 2005; Johansen, 2010; Ahmed & Amer, 2012; Vieten &

Scammell, 2015; Knabb, 2016, 2017; Rosmarin, 2018), but my participants, even the religious therapists save the very spiritual one, seemed unaware of these aids. The very spiritual participant had a copy of the book on how to work with Muslim clients (Ahmed & Amer, 2012), but had not read it.

Several of the participants were conscious of not understanding their clients' religious faith, and of having insufficient knowledge about religious faith in general, and whilst training institutions are not about providing theology or religious studies courses, or courses on the psychology of religion, some basic knowledge about religious faith and how to access more detailed reliable information, as and when necessary, would be useful. These might include some of the material cited in my Narrative Literature Review, along with the names of organisations that provide accurate trustworthy information, such as Inform, as well as how to get information direct from the faith traditions. This would seem preferable to therapists accessing background information online, that may or may not be reliable, or by accessing information from films etc. on media platforms, which are drama, rather than being about the presentation of accurate information. Plante (2022) had noted religion and religious institutions received a substantial amount of negative attention in the press, rather than positive, as the press does focus more on negative stories, rather than everyday positive ones; relying on the news media for information about religious faith, would also likely contribute to a negative detrimental bias against religious faith amongst therapists without any real knowledge and understanding of religious faith.

The struggles and pain that Counselling Psychologists had gone through when working with religious clients surfaced in the telling of their stories, in the process, as well as the content of their narratives. Many found it very uncomfortable in the early years of their professional lives after initial training, when having to work with religious clients; it was only after they gleaned knowledge and understanding over a period of years, along with some skills, that their work became easier. Whilst the training in training institutions is only 'initial training', and training institutions can only prepare students to a degree for what they might meet on their clinical journeys, it does seem remiss of these institutions not to prepare trainees for working with religious clients. This seems particularly

important as people's beliefs, whether religious or secular, are a major aspect of their lives and can have a significant bearing on their mental health and well-being (e.g., Fowler, 1981; Genia, 1995; Griffiths, 2010; Koenig et al., 2012; Psaila, 2012). It neither feels fair or right either that highly skilled and extremely conscientious Counselling Psychologists, like my participants, should be left feeling inadequate, and not up to the work, due to a lack of initial and ongoing training for working with religious clients (Bond, 2015).

The conscientiousness of Counselling Psychologists could be seen in my participants' concern not to denigrate the religious faith of their clients when exploring their beliefs and practices with them, and their concern that they not display a lack of understanding, or that they might not be understanding enough. There was also a concern that their 'own stuff' might intrude into the therapeutic space, adversely affecting the therapy. One participant was acutely aware there had not been space in training to work through her 'own stuff' regarding religious faith (ibid.; Bager-Charleson, 2010).

Counselling Psychologists in training are required to be reflexive throughout the years of their training and afterwards, and whilst in training, they engage regularly in group process activities (ibid.; Bor & Watts, 2017; Murphy, 2017). How is it possible then that differences in belief systems are not explored in training institutions, including how, as therapist, your belief system might impact on those of your clients whose belief systems differed from yours, and how clients' belief systems might impact you? Across all four of the different therapy trainings I have undertaken, only in one of these trainings, after a session exploring the topic, was I asked to write a three-thousand-word essay on my belief system and how this might impact my clinical work. In my MA Psychology of Religion's development module, I benefitted from exploring my own spiritual development in a long essay: Would therapists not benefit, personally and clinically, from exploring their own spiritual development or belief systems, in the light perhaps of the spiritual development theories, for example, that of Fowler (1981)?

Counselling Psychologists incurred several more practical difficulties that hindered their work with religious clients, mostly it, it seemed, because of inadequate assessments. The need for assessments is detailed in psychotherapeutic handbooks, signalling their

importance to therapeutic work (e.g., Douglas et al., 2016; Bor & Watts, 2017), guidance on religious/spiritual assessments is included in DSM-5 (2013), and many examples of religious/spiritual assessment have been readily available for many years (e.g., Aten & Leach, 2009; Sperry, 2012). Participants reported that on assessments, for example, there had been insufficient information about clients' religious faith on a referral form, as no detailed religious/spiritual assessment had been carried out. Failure to assess properly for religious faith/spiritually can lead to other things my participants said had hindered their work with religious clients: 'a mismatch between clinician and client'; 'a non-religious clinician not understanding' a religious client; a female clinician being assigned a male client, or a male therapist being assigned a female client, when having close contact with someone of the opposite sex was prohibited by their faith tradition.

My experience with having therapy, with a number of different therapists who used a variety of different modalities, during the past approximately ten years, has been of never having been assessed in any way, including for religious faith/spirituality. Further, my experience in placements, and these have been in multi-cultural settings, has been that none of the referrals I received made any mention at all of the clients' religious faith background. I routinely made up for this deficit during my first session with clients. I have also undergone a fairly lengthy CPD training into carrying out assessments with no reference being made to assessing for religious faith and spirituality.

Counselling Psychologists were also hindered on occasion in their work with religious clients, in situations where proper training, access to appropriately equipped professionals, whether supervisors, Chaplains, or religious leaders, as well as to literature, might have helped, for example, when clients' religious beliefs were, according to their therapists, very rigid or dogmatic, and when religious clients cut the therapeutic process short with a simple faith-based answer, instead of really exploring their difficulties, their thoughts and feelings (Genia, 1995; Masters, 2010). One participant, for example, noted how some of her religious clients would cut the therapeutic process short, particularly over the issue of anger, as they thought that their theology prohibited feelings of anger. An understanding of 'spiritual bypassing', and

training in how to work with it, would likely benefit Counselling Psychologists' therapeutic work with religious clients who tend to spiritual bypassing (ibid.). My findings were also in keeping with the findings of early research in America where, for example, Pargament and Saunders (2007) had found that even where therapists would have liked to have explore religious and spiritual concerns within their therapy, they did not feel up to this task, and Kellems et al. (2010) had found a few years later that where therapists had had specific training around religious faith and spirituality they felt more competent for this task.

Apart from initial training for working with religious clients, a better relationship between clinicians and the various religious faith communities, called for in several of the papers cited in my Narrative Literature Review, might also help with some of the other factors that hindered the work of Counselling Psychologist with religious clients, such as, the initial reserve of religious clients when entering therapy, and/or their fear of having their faith disrespected (e.g., Matanovic, 2019; Rosmarin & Pirutinsky, 2020; Rothman et al., 2020; Trusty et al., 2021). Religious clients' fear of having their faith disrespected, from this research, appeared to have a basis in reality. One of my participants had witnessed how a clinician's perception of a client's religious experience as psychotic, really hindered the therapeutic work, and another participant had become very aware that her 'judgemental bias', and her not seeing religion as important, had hindered her work with a religious client. Further, another participant had observed that she knew of 'plenty of people who wouldn't work with religious clients' and 'people who wouldn't see a therapist who [was] religious'. Perhaps education, proper training, and appropriate supervision would rectify these problems also.

10. 4 What might benefit

When it came to what might benefit Counselling Psychologists work with religious clients, the overarching theme was that of proper training for working with those with religious faith, and that this training should be included in initial training in the various training institutions. As stated above, in America Kellems et al. (2010) had found

specific training for therapists' clinical work with the religious and spirituality concerns of their clients had proved beneficial to the efficacy of the therapists' work. The feelings about the need for specific training, as can be seen in my findings, were very strong, with a clear indication this training should be 'properly addressed', 'mandatory', not an optional extra, solely for those interested in the topic, and be taught by 'believing religious lecturers'. Despite my Narrative Literature Review revealing a growing call for such specific training in working with religious clients, particularly in America (e.g., Hage, 2006; Sperry, 2016; Rupert et al., 2019; Vieten & Lukoff, 2021), but also in Britain (e.g., Mueller, 2012; Meades, 2019; Burrell, 2021), along with a plethora of books now existing that provide guidance in working with religious clients (e.g., Genia, 1995; Johansen, 2010; Ahmed & Amer, 2012; Vieten & Scammell, 2015; Knabb, 2016; Gubi, 2017; Schreurs, 2020), my research findings revealed that no heed seems, as yet, to have been paid to this by Counselling Psychology training institutions. At present, it seems only to be a select few Counselling Psychologists who are interested in religious faith and/or spirituality that have joined the spirituality groups within various professional bodies and have accessed additional training in this area. From my research findings, it seemed to me, it was those who were not religious or had not purposefully joined these 'special interest groups' or accessed further training, who were the ones who perhaps needed this training more. The participants suggested there needed to be a 'shift in what takes place in training institutions', and a shift in attitudes towards religious faith, together with 'support for the religious' and 'celebrating religious faith'.

Given there are now many Counselling Psychologists who qualified without training in working with religious clients, the suggestion of CPD workshops on the subject, with having 'believing lecturers giving [these] workshops', seems pertinent. My research findings indicated it was those Counselling Psychologists who were religious, that were also the ones who were the more proficient when working with religious clients. However, non-religious therapists might very well be equally proficient when working with religious clients, should they have had proper training. Rosmarin and Pirutinsky (2020), in American, had found this to be the case: their research indicated that religious and non-religious patients might benefit equally from both religious and non-

religious therapists. Whilst it might be academically interesting to establish in Britain whether religious therapists can work more efficaciously with religious clients, than non-religious therapists, of what practical use would this be? Not only is this a potentially divisive question, given that most Counselling Psychologists are not religious, surely a more productive question to ask would be: What can be done to help all therapists in their work with religious clients? The Narrative Literature Review and the Findings of this research project answer: specific training in working with religious clients, aided by a closer relationship between the psychotherapeutic and religious faith communities.

The religious Counselling Psychologist participants in my research project, in the absence of specific training, had, however, developed knowledge and expertise in the area of working with religious clients, and had personal insights from their insider perspective, along with understanding how it is for a religious person accessing therapy in Britain. These participants, in my view, are a valuable resource the profession would benefit from drawing on for training purposes. The non-religious Counselling Psychologists had to find their own way, with a few participants finding working with this client group very challenging in the absence of specific training.

Different participants articulated the possible contents they would like to see included in training for working with religious clients. These fell into three main areas: those related directly to the practicalities of their professional work with religious clients; those related to increased theoretical knowledge and understanding of religious faith and how it related to spirituality, mental health and well-being; and those related more to self-awareness of their own belief systems and how these impacted their clinical work, and awareness of how the client's religious faith might impact them. Literature and material have been produced in America and more recently in Britain, that have already addressed many of my participants proposed contents of training modules for working with religious clients, for example, the modality adoptions for specific religious faiths of Duba and Watts (2009), Pearce et al. (2015), Kada (2019), and Neem et al. (2019), the development of specific tools for different religious faiths by Farkas (2019), the inclusion of faith appropriate material by Lee and Laube (2008), Cohen (2018), Pandya (2020), Plante (2021), and Sim et al. (2021), and Genia's (1995, p.xviii) guidance on how to

work with religious clients “who exhibit unhealthy or destructive forms of faith” . None of this readily available literature and material on working clinically with clients from different faith traditions, from the experiences of my participants, have been introduced, yet, to those undergoing initial training in Britain. Why is this?

When it came to their clinical work, participants thought that what might benefit their work with religious clients would be to ‘name it’, to work with it ‘more explicitly’, to incorporate the client’s religion and culture into therapy, and by ‘doing more spiritual work’. From the findings, many Counselling Psychologists were hindered in doing this by their lack of training in ‘how to’, their lack of knowledge and understanding of religious faith, as well as by their own personal concerns that they might get something ‘wrong’. One participant would have liked ‘training in how to facilitate conversations between opposing groups’. This is where the training institutions could come into their own by providing appropriate training for working with religious clients, safe places where trainees could practice and hone their skills and have ‘open discussions’ around what ‘helps and hinders’ such work.

When it comes to Counselling Psychologists increasing their theoretical knowledge and understanding of religious faith, the field is vast, however, Counselling Psychologists would benefit from ‘exploring research’ and ‘exploring ideas’ during their initial training, and in CPD activities. Their work with religious clients would benefit from their increased knowledge and understanding, and then they might be more at ease in their clinical work with religious clients, as they would be operating from a more secure knowledge base. They would also, for example, be less likely to misconstrue normal religious experiences as psychotic (e.g., Griffith, 2010; Vieten & Scammell, 2015; Tobert, 2017; Crowley, 2018), have more understanding of the meanings of religious beliefs and practices and what is normative (e.g., Wulff, 1997; Koenig, 1998), as well as have a greater understanding of religious faith and spirituality, their similarities and differences, and how they related to mental health and well-being (e.g., Koenig et al., 2012). The terrain is extensive: training institutions would only be able to scratch the surface and would also need to bring in specialist teachers in these areas, perhaps from

the different faith communities, along with those from the academic communities of the psychology of religion, religious studies, and theology.

Training institutions would be well-placed, however, to work in the area of the self-awareness of trainees of their own belief systems. A more psychoanalytically orientated participant suggested Counselling Psychologists' clinical work with religious clients might benefit from trainees being encouraged 'to reflect on religious faith and spirituality', and by 'understanding how their 'own beliefs impact on [their] clinical practice', having a kind of 'group processesque', which was contained and included some direction, as a safe place for trainees to explore their own processes around their belief systems and those of others. This would be a useful activity, albeit an uncomfortable one, as it would likely draw out thoughts and feelings not readily available to conscious awareness, that inadvertently and adversely might intrude into the therapy space (Bager-Charleson, 2010).

10.5 Similarities and differences between religious faith and spirituality

My participants' perceptions about the similarities and differences between religious faith and spirituality varied: the two religious participants who came from different faith traditions, Islam and Christianity, were able to articulate their perception of religious faith in a way that closely resembled that of Koenig et al. (2012), and spirituality in a way that closely resembled that of West (2000). Although both saw it was possible to separate spirituality from religious faith, for them their own practice of their traditional religious faith was also spiritual; both these intrinsically and committed religious women had well-thought through clearly defined views of religious faith and spirituality (Allport, 1954; Allen & Spilka, 1967). Black (2015) had noted one of the values of religion being that it provided a forum for discussion of values; their religious faith communities may well have provided these two religious participants with a forum for the discussion of religious faith and spirituality, along with the discussion of ethical and existential matters (Wulff, 1997). Neither of these women who espoused traditional religious faiths, despite

holding to their beliefs and practices, appeared to be dogmatic or rigid in their thinking, and neither seemed to fit with the views of religion as being “fear-provoking” or “irrelevant” (Ross, 2006, p.172). Their clarity about the nature of religious faith and spirituality, together with their understanding of the relationship between the two, seemed to have helped with their work with religious clients.

Although not regularly engaging with the external practices of religious faith, one participant identified with her mother’s non-conformist Christian faith; she had been brought up within a Christian ethos and ‘open to seeing other ways’. She considered the differences between religious faith and spirituality to be in ‘the practicing sense’ and seemed to associate being religious with the beliefs and more visual practices of religion, in keeping with Koenig et al.’s (2012) definition, but did not proffer anything further, perhaps because she had not had access to a forum where she could explore these things. Her understanding of religious faith, drawn from her very open religious background, seemed to have helped her work flexibly with the religious clients of many different faith traditions in her clinical work, and to have given her the confidence to seek help from the various Chaplains of those traditions.

Another participant who belonged to a philosophical branch of Islam, thought there were differences between religious faith and spirituality though they were connected; she mentioned ‘practices’ with reference to religion and ‘mentality’ with reference to spirituality, but did not articulate anything further. Three participants, who had had nominal experiences of the Christian faith, all saw religious faith as top-down rule-based with spirituality being more ‘open’, ‘connected’, or ‘flexible’. This negativity towards religious faith, and positivity towards spirituality of these Counselling Psychologist participants was more in keeping with the research findings of Ross (2006), and the writing of Heelas and Whitehead (2005). How might these beliefs potentially impact on the therapeutic work of my participants with religious clients from traditional faith backgrounds? Would their views hinder their clinical work, and lead their religious clients to exit therapy prematurely, or even cause harm?

Another participant, who had spent her early years in a Catholic country, but whose family was not religious, considered there to be an element of ‘spirituality in all religious

faiths', but noted religion required 'a leap of faith'; in saying this, she seemed to understand the experiential numinous nature of religious faith, and that it was not just a worldview, a cognitive belief system, and also that it was something that involved active commitment at a deeply experiential and spiritual level (Bhugra, 1996; Wulff, 1998). This depth of understanding and perception was something that would be likely to help her in her work with religious clients, even though she herself 'align[ed] with the language of spirituality more than religion'.

A further participant did not 'think there [was] a difference between being religious and being spiritual', and thus seemed not to align herself with any of the accepted definitions of religious faith or spirituality. There was something quite perceptive also in what she had said, and this would indeed be something interesting to explore, perhaps in a 'group processesque'. As with the previous participant, despite not being religious herself, her sensitively reflective understanding of the spiritual nature of religious faith, as well as her being very open to exploring her clients' religious faith with them, may well have helped her in her work with religious clients.

10.6 Religious faith, spirituality, and mental health

Six of the participants thought religious faith could be both beneficial to a person's mental well-being and that it could be harmful in some cases (c.f., Genia, 1995; Griffiths, 2010). Of these, three were aware there were positive aspects of religious faith, as well as negative ones, but did not go into detail. The two religious participants, had more nuanced views on the bearing of religious faith on mental health. One was aware of research having shown religious faith to be beneficial to mental health but was also aware from her clinical work that it could 'have a negative impact' and considered this to depend 'on what people's beliefs' were, and 'how they conceptualise[d] or under[stood] God' (cf., Genia, 1995; Griffiths, 2010). The other thought religious faith could alleviate mental health problems, but that it could also cause harm when it became 'obsessive' or got 'out of hand' (ibid.). The participant who self-designated as spiritual though not religious, did not think religious faith did cause mental ill-health per

se, as could be seen in his description of the religious girl's belief in angels, but, in a way similar to the two religious therapists, he did see having any 'stringent belief' systems as causing mental health problems (ibid.).

Two of the participants, however, viewed religious faith in quite negative ways, as adversely affecting mental health: One used phrases such as 'dogmatic religious upbringing', and the other spoke of 'very over-organized, dominant, authoritarian religion' and 'rigidity', 'lack of reflection', and 'unthinking' on the part of the religious person. One had viewed her own more philosophical religious faith positively, and the other viewed spirituality in a more positive light. These findings cohere again with the research of Ross (2006), which demonstrated negativity towards religious faith and positivity towards spirituality: How might the views of these two participants impact on their clinical work with religious clients? In keeping with Genia's (1995, p.11) conclusion that therapists primarily only seeing religious clients who had mental health difficulties led to their "erroneously assum[ing] that religion is the cause of mental illness", was evidenced in the first ones' story: despite being aware she only saw religious clients who had mental health difficulties, and acknowledged that this may have skewed her view, she was still firmly of the opinion that religious faith caused mental health problems. That her religious clients' mental health problems might lead to distortions in, or other difficulties with, their religious faith, did not seem to cross her mind, or even the minds of the other participants (Genia, 1995; Griffith, 2010).

The remaining participant said nothing negative or positive about religious faith specifically, although in her narrative she seemed to view religious faith positively; when confronted with difficulties in her clinical work due to the faith of clients, she made no value judgements on these difficulties, but just constructively looked for, and found, solutions to them. In this way, she had displayed the core conditions of the person-centred approach to counselling and psychotherapy and adhered to her ethical codes of practice (Mearns & Thorne, 1999; Bond, 2015).

Only two participants in my research project having very negative attitudes to religious faith, might reflect perhaps "a more spiritually open *zeitgeist*" amongst therapists than previously (Richards & Bergin, 2005, p.3). However, my research was small scale with

the participants volunteering to take part in this research project likely to be religious, or those that had more open attitudes towards religious faith and spirituality, and this may have skewed some of my findings. Even though my participants differed widely in several ways, including in their positions on religiosity, Counselling Psychologists, in general, are likely to be nonreligious. Further, a deeper analysis of the narratives of those participants presenting more balanced views seemed to reveal them making value judgements on what they personally considered harmful about their clients' religious faith: they either found fault with their clients' belief systems or found fault with their clients themselves. Therapists need to "bracket off" their own views, and suspend "judgements" (Lago & Smith, 2010, pp.18-19; Deurzen & Adams, 2016, p.50), so these views and judgements do not intrude, and adversely affect clients, and the therapeutic work. This may be an unfair 'judgement' on these participants. The participants in this research project were all really caring capable professionals who worked ethically, who might well 'bracket off' their views in their clinical work, and 'suspend their judgements', whilst still being able to communicate what they thought, in a conversation that was outside of the therapy space (ibid.; BACP, 2018; UKCP, 2019; BPS, 2021).

In life, it is necessary to make judgements to be able to make informed decisions, a positive and constructive activity, but this is very different from being judgemental, which is a negative and destructive attitude and behaviour. Some aspects of religious traditions may not seem to be beneficial to mental health and well-being from the perspective of therapists, some may be harmful, and sometimes people may misconstrue or misapply religious faith beliefs and practices (e.g., Genia, 1995; Chrnalogar, 2000; Griffith, 2010; Koenig et al., 2012; Tobert, 2017; Cardena et al., 2000; Steidinger, 2018). Though this might be difficult for therapists, 'bracketing off' thoughts and feelings, and 'suspending judgements' within the therapeutic space, and then exploring them in supervision, is essential, otherwise clients may perceive their therapists' attitudes as judgemental (Lago & Smith, 2010; Deurzen & Adams, 2016).

Bracketing off her thoughts and feelings was something one religious participant had said she found 'tricky' on occasion when she thought her client's religious views were psychologically unhelpful; she found it 'hard in those moments to stay with a client and

[...] question things in a way that isn't undermining', and 'not getting into some sort of theological debate or discussion'. This participant found it helpful to ask if there was someone within clients' religious circle whom they could talk with about religious matters. Thus, she stayed within her therapeutic role, and focused on her clients' therapeutic needs, and had stayed within the remit of therapists. A closer relationship between religious leaders and mental health professionals, as called for by Freire et al. (2019), however, might be beneficial in such difficult areas, something that one participant in her work setting had the benefit of.

Only one participant had made no value judgements about her religious clients in her therapeutic work with them, and whilst this might seem unrealistic to an outsider, how she was with her clients very much reflected Roger's core conditions, including respect for their personal agency and autonomy (Stevens, 1990; Mearns & Thorne, 1999; Bond, 2015). Her clients must have felt doubly validated: both they themselves, prisoners of the state, and their religious faith were being treated with respect and consideration. This way of 'being with' her clients must have been therapeutic in and of itself for them.

10.7 Ethical considerations

Professional ethics were very much at the forefront of my mind, when reflecting on my participants' work with religious clients, and particularly, the need to be non-judgemental, non-directive, and to respect personal agency irrespective of the beliefs of clients, whether these are religious or secular (Bond, 2015; BACP, 2018; UKCP, 2019; BPS, 2021). My participants in their work with religious clients demonstrated this important ethical dimension to therapeutic work, with positive results in their clinical practice. Therapists, working ethically and under the guidance of professional ethical codes of practice, are required to accord those they work with this respect, irrespective of their beliefs, religious or otherwise, even when these differ considerably from their own (ibid.).

There was a tendency with some participants, however, to see religious faith negatively as being rules-based, with spirituality being more open; One, for example, saw 'religious faith as a rule-based spirituality that becomes dogmatic'. The word 'dogmatic' in the context seemed to be being used by this participant in a pejorative way, contrasting religious faith unfavourably with spirituality. The word 'dogma' originally meant "that which seems good" and was used by classical authors in a technical sense to refer to the "tenets of the various philosophical schools or to the decrees of public authorities" (Cross & Livingstone, 1997, p.495). It was only later used in Christian communities to refer to "a religious truth established by Divine Revelation and defined by the Church" (ibid.). Are clients not free to hold to the religious truths of their faith, and to have their particular religious position respected? Would a therapist be pejorative if a client expressed a spiritual principle/tenet that s/he agreed with, as if it were undeniably true? We all have belief systems, as Fowler (1981) argued, belief systems that govern our lives and that can become sedimented (Merleau-Ponty, 1974/2012); therapists are not immune to this human tendency. The above participant did indeed note how 'any stringent belief [...] does cause mental health difficulties' and gave expression to this in the context of reflecting on the intransigence of therapists in relations to spirituality and religious faith, and Clarkson (2003, p.24), for example, spoke of the "destructive phenomenon 'schoolism'", where a therapist becomes "entrenched in a theoretical position".

Further, another participant spoke pejoratively of a 'lack of reflection' in religious people, and their being 'unthinking', however, in the case of the religious participants in this research project, they chose freely, after reflection, to espouse their particular religious faith, just as another participant, after reflection, chose freely to become a Humanist, and yet another, chose a particular spiritual path. Therapists may well work with those whose freedom of belief and action within their personal cultural settings are not respected, and training with how to work with clients in these situations might be helpful, along with, as another participant suggested, training in 'how to facilitate conversations between opposing groups'.

The encouraging growing awareness within the psychotherapeutic community of the spiritual dimension to human life, and the consideration of this aspect of the person within the therapy (e.g., Deurzen, 2010), was reflected in the participants' narratives, and particularly in one participant's suggestion that doing more 'spiritual based work' might benefit Counselling Psychologists' work with religious clients. There may be a danger, though, with 'doing more spiritual work', of therapists overstepping their professional boundaries and straying into the area of spiritual direction (Atkinson & Field, 1995).

Therapists clearly are not in the business of conversion therapy in any shape or form but need to respect the beliefs and practices of those they work with, whether these views, religious, spiritual, political, and so forth, cohere with the ones they personally might hold dear (Bond, 2015; BACP, 2018; UKCP, 2019; BPS, 2021). Even if conversion therapy is not something therapists would wittingly do, by no means, given the power imbalance within the therapeutic space, there is a very real danger of clients being unwittingly influenced, even below the level of conscious awareness, by the beliefs of their therapists (Dowding, 1996; Guggenbuhl-Craig, 2015). An exploration of how therapists' own beliefs, whether religious, spiritual, or secular, might impact those of clients and clinical practice during initial training and in CPD workshops, as suggested by participants, might go some way to mitigate this danger, as well as clear guidelines from the professional organisations governing counsellors and psychotherapists around religious faith and spirituality, and other belief systems.

In keeping with Hunt's (2019) small scale qualitative research, which found that four Christian trainees, on an accredited counselling training course, all experienced negativity towards their religious faith, the intrinsic and committed Christian participant, Chloe (Wulff, 1997), had also experienced similar negativity towards her religious faith whilst on her Counselling Psychology course. My committed Christian participant had found her 'professional training' to be 'very anti-religious, pro-spiritual, but anti-religious training content context'. She said that at the time of her training, 'spirituality was becoming increasingly trendy as a concept', and she remembered 'having some sort of seminars or workshops on spirituality and the potential value of it, and religion [being]

pretty pooh-poohed'. These negative attitudes towards religious faith, and positivity towards spirituality, echoed Ross' (2006) findings, and Schermer's (2003) contention that within the psychotherapeutic community, spirituality, and not religion, is now becoming a more acceptable discourse. Has, as Ward (2014, p.85) suggested, spirituality become the counterbalance for the materialism of modern life, with religion per se, with its moral codes and rituals, remaining in the thinking of many today, the obsolete hangover from earlier unenlightened times, and an "obstacle to moral and intellectual progress"? Even if this were true, might not psychotherapy's growing interest in spirituality present an opportunity for dialogue with the religious faith traditions who have been exploring spirituality for millennia?

Although not the focus of this research project, there was some indication religious clients were fearful of negative attitudes towards their religious faith, and even religious therapists being fearful of this, in keeping with previous research (e.g., Matanovic, 2019; Rothman et al., 2020; Trusty et al., 2021; Lopes de Jesus, 2016; Hunt, 2019). Where then does this leave the religious therapist and the religious client? Do they have to endure, at best, microaggressions (Trusty et al., 2021) by the ignoring of their religious faith, or at worst, the open denigration or negation of religious faith, as the committed Christian participant had? Is ignoring, for the most part, the religious faith of clients and therapists alike, an aspect of their self-identity and close to their hearts and lives, that plays a major part in the choices they make, their values, and the meanings they attribute to their lives, in keeping with the "discount" of Transactional Analysis, and abusive in itself (Stewart & Joines, 1987, pp.85-86; Emmons, 1999; Walker, et al. 2004; Plante, 2009)? Further, in this regard, Nettleton (2017, p.105) has spoken of "intellectual genocide: opponents are eliminated via an absence of reference to their work or culture", and whilst this may not be the intention of the psychotherapeutic community, the effect of ignoring or denigrating their faith is quite painful for the traditionally religious. Plante (2014, p.289), pulling no punches, stated that "to ignore religion as a cultural issue may not only be unethical, but also lead to malpractice".

Whilst in one of my trainings, I have also had an experience of negativity toward religious faith. At the time, I was new to the training group I was with, so the other

students were unaware of my religious faith. When the class was asked if someone had a client they could present, I volunteered to present a client of mine, a client who just happened to be religious. This led to the problem. As my client's religious faith background was pertinent to my clinical work with her, and I had already obtained an MA Psychology of Religion, I very briefly set out how religious faith can be beneficial to mental well-being, as well as harmful in some cases. This was when a tsunami hit me: I felt a surge of anger arising in the room, that swept over me and left me reeling and floundering. Understandably perhaps, my clinical presentation did not go very well. Whilst this may have been an out of the ordinary case, and related, I was to learn much later, to something that had happened previously within the group, and nothing to do with me, it does demonstrate the intensity of negative emotions that can exist towards religious faith, even within training institutions, and the need for reflective work, reflexivity, and personal therapy, as well as clear guidelines from the various professional bodies governing psychotherapy regarding working with religious clients (Bolton, 2010; Douglas et al., 2016; Bor & Watts, 2017; Murphy, 2017).

Hook et al.'s (2019, p.253) conclusions that clinical practice: should "[t]reat religion and spirituality as a potentially important aspect of a client's identity"; "[i]ncorporate a patient's R/S values and world view in psychotherapy as requested and where clinically indicated"; consider R/S adaptations in psychotherapy"; "[t]ailor treatment"; [f]ollow the client's lead when incorporating R/S beliefs and practices into psychotherapy"; and "practice respect and cultural humility when discussing patients' religious worldviews and practices", whilst being "sensitive to one's own potential biases about organized religion and to each patients' experience of the sacred", have a very strong ethical dimension and are pertinent to the above discussion. Whilst Hook et al.'s (2019) conclusions were based on their metanalysis of almost exclusively quantitative research, and my research was qualitative and small scale, my research findings were coherent with their research; my research leads me to concur fully with and endorse their conclusions, and particularly the significant underlying ethical dimension of them. The psychiatrists Peteet, Dell, and Fung (2018), similarly, draw attention to the important ethical considerations when working with those who are religious.

10.8 The relationship between psychotherapy and the religion faith traditions

The participant who had a very close relationship with the Chaplains that were from a range of religious faith traditions, had found them extremely helpful to her work, readily answering her religious questions, giving her guidance with how to navigate around problems, and providing her with support and encouragement. What was also apparent was that they respected the boundary between their spiritual work and her therapeutic work. This respect on the part of religious professionals responsible for pastoral care, for the boundary between their work and the work of psychotherapeutic professionals, is coherent with the research findings of Hirshbein (2021) in America. Whilst many Counselling Psychologists, especially those working in private practice, may not have the benefit of so easy access to the religious faith leaders of their clients as this participant did, many will, and even out in the community, religious leaders are visible and generally available. Whilst confidentiality is of paramount importance to clinical work (Bond, 2015; BACP, 2018; UKCP, 2019; BPS, 2021), this body of religious leaders could be a valuable resource for all Counselling Psychologists to draw on to help understand different religious faith traditions. This body of religious leaders potentially could also be drawn on by training institutions for teaching purposes.

Throughout history religious leaders have been concerned with the mental health and well-being of their adherents (e.g., Koenig et al., 2012); Freire et al. (2019) has found that the religious leaders who were representatives of ten different religious traditions, saw themselves as important agents for the promotion and preservation of their congregants' mental health, and helping with their recovery. They (ibid.) also found that these religious leaders had very little contact with mental health professionals and thought closer collaboration would be beneficial for all. Whilst this research was carried out in America, in Britain, Gubi (2017) has edited a book exploring the intersection between psychotherapy/counselling and spiritual direction, and what both groups of professionals can learn from each other. Surely closer collaboration with the religious faith communities is in the interest of mental health and well-being, and something that the psychotherapeutic community might encourage.

Given the antipathy between the psychotherapeutic communities and the religious faith communities that has existed for so many years (cf., Bhugra, 1996; Smith, 1998; Cummings et al., 2009), drawing closer, though very likely to be beneficial for all, may well be a slow and, at times, a difficult and painful process, something Jung (1933, p.249) had been fully aware of when he call for “full cooperation” between the two communities. What would be the alternative? At present, it appears that people from the various religious faith traditions may not be accessing mental health services, for fear lest their religious faith not be respected, or terminating therapy prematurely, when therapists do not seem to understand or respect their faith (Amy, 2:10:1-4; cf., Matanovic, 2019; Rothman, 2020; Dimmick et al., 2020; Trusty et al., 2021; Thomas et al., 2022). There is also a fragmentation of psychotherapeutic services, with religious faith traditions establishing their own therapeutic services, to provide for the mental health needs of their congregants, due to perceived and/or actual negative attitudes towards religious faith. One participant works within one such service, and I take referrals from another one. The Church of Jesus Christ of Latter-day Saints is one religious faith tradition that provides a list of therapists who either are from their own faith tradition, or who can work sympathetically within their congregants’ religious faith.

10.9 Conclusions

The stories the Counselling Psychologists told of their experiences of working with religious clients, what helped and/or hindered their work, and what might benefit it, revealed just how well and ethically they acquitted their task, despite the lack of initial training in their training institutions, for working with such a significant core area of the person’s life, their beliefs. The participants’ experiences revealed how the humanistic principles underlying Counselling Psychology, and its integrative training in several different traditional modalities, supported their clinical work. All the participants were able to work creatively, flexibly, and with great artistry, from this knowledge and skills base, adapting modalities and adjusting their work, when necessary, to suit the needs of their religious clients. The research demonstrated, however, a lack of understanding

about religious faith, and how it relates to spirituality and mental health and well-being, amongst many of the participants, as well as some difficulty with how to work with this client group, in a sensitive and respectful way. The participants unanimously called for specific mandatory initial training in the training institutions, and CPD activities, with believing religious lecturers, for working with religious clients. Whilst the more religious of my participants seemed better equipped currently to work with religious clients, specific training for working with religious clients should equip all Counselling Psychologists to work more effectively with all clients, whether their beliefs are religious or secular.

My findings also revealed that there needs to be greater clarity amongst Counselling Psychologists about religious faith and spirituality, and more understanding of religious faith traditions. Further, my research findings revealed that there needs to be greater understanding amongst Counselling Psychologists of how religious faith traditions can benefit and potentially harm the mental health and well-being of clients, how religious faith and/or spirituality can be negatively impacted by clients' mental health difficulties, and how therapeutic healing within the therapeutic space can lead to positive changes, and religious and spiritual development. In addition, my findings revealed there needs to be greater self-awareness on the part of Counselling Psychologists of their own belief systems and awareness of how their beliefs might impact therapy, and an awareness of how clients' belief systems might impact them. In keeping with this, Counselling Psychologists need to be aware of the clear dividing line between religious faith and spirituality, on the one hand, and their psychotherapeutic work, on the other, and not stray over this boundary. This boundary is possibly more clearly to be seen between religious faith and therapy, than between spirituality and therapy, where there is potentially more danger of overstepping the boundary.

Moving beyond the responsibilities of the training institutions to provide specific training for working with religious clients for trainee and qualified Counselling Psychologists, the various professional bodies also have their responsibilities in the governance of the profession and ensuring ethical standards of practice. Whilst the ethical codes the various professional organisations have produced cannot cover all eventualities, from

my research, it is apparent there needs to be greater clarity with regards both to religious faith and spirituality. The professional organisations need to ensure that religious trainees and qualified Counselling Psychologists alike are treated with respect, as well as the religious clients that come for help with their mental health difficulties. They need to provide clear and readily available guidelines for working with religious clients, just as they do in other areas of diversity, and proscribe conversion therapy with respect to religious faith and/or spirituality, and other belief systems; this latter point is particularly important, given the less manifest/hidden areas of the spiritual and/or more secular views of most therapists. They also need to ensure the various training organisations they accredit, provide appropriate training for working with religious clients.

It would seem expedient to the above, and to ensure that religious people are successfully able to access therapeutic services and improve their mental well-being, and therapeutic services do not become more fragmented with religious faith communities increasingly creating their own psychotherapeutic services, that the psychotherapeutic communities collaborate with the religious faith communities. Both communities are concerned with people's mental health and well-being and thus have a common goal. Further, the religious faith communities have a wealth of experience, as they have been working in the field for longer and will be better placed to know the needs and wishes of those in their communities; the psychotherapeutic communities would benefit from the religious faith communities' expertise, knowledge, and understanding, which would then, in consequence, enhance the clinical work of Counselling Psychologists with religious clients. Greater collaboration between the psychotherapeutic communities and the religious faith communities, then, should be mutually beneficial, and, more significantly, be beneficial to the well-being of religious people with mental health difficulties. Perhaps greater collaboration would also lead to greater mutuality of understanding and respect, and an improved relationship between the psychotherapeutic and religious faith communities, for the benefit of all. As Jung (1933, p.235) exhorted, it surely is "high time for the clergyman and the psychiatrist to join forces".

Postscript

- **Implications:**

- There is a lack of guidance for therapeutic work with religious clients provided by the professional bodies governing the psychotherapeutic professions
- There is essentially no provision of specific training in training institutions for working with religious clients

- **Recommendations:**

- Professional organisations governing the psychotherapeutic professions need to provide clear guidelines for clinical work with clients' religious faith and spirituality
- Professional organisations and training institutions need to:
 - ❖ ensure religious trainees and qualified Counselling Psychologists and religious clients alike are treated with respect
 - ❖ ensure significant specific mandatory training for working with religious clients' faith and spirituality is included in initial training, and that such training is also provided in Continuing Professional Development workshops
 - ❖ ensure trainees and qualified Counselling Psychologists are aware of their own beliefs, their attitudes towards religious faith and spirituality, and how these beliefs and attitudes may affect their clinical work, and also how clients' religious faith and spirituality may impact them
 - ❖ ensure trainee and qualified Counselling Psychologists bracket off their own beliefs, so they do not intrude into the therapeutic space
 - ❖ develop a closer relationship between the psychotherapeutic communities and the religious faith communities in the interests of improving access to appropriate therapy for religious clients, improving the experiences of therapists and religious clients alike within the therapeutic space, and mental health outcomes

- **Suggestions for further research**

- This research project only explored the experiences of Counselling Psychologists working with religious clients. It would be useful to explore the experiences of other groups of therapeutic professionals, such as, Clinical Psychologists, Counsellors, and Psychotherapists, who also work integratively, as well as those who work within one modality.
- This research only explored how therapy of religious clients was from the perspective of the psychotherapeutic community. It would be useful to explore the experiences of leaders within the religious faith traditions, and the experiences of religious clients, to get a more rounded picture, and ways in which therapy might be improved for religious clients.
- Quantitative data would also be useful detailing the numbers of therapists within the various psychotherapy communities who are religious, and to which religious faith tradition they belonged, as no such information seems to be available.
- It would be interesting and useful to establish whether therapists who were Christian experienced negativity towards them and/or their faith whilst in training and whilst working. It would also be interesting and useful to repeat this research with religious therapists of other faiths traditions.

References:

- Abreu Costa, M. de, & Moreira-Almeida, A. (2021). Religion adapted Cognitive Behavioral Therapy: A review and description of techniques, *Journal of Religion and Health*, 61(1), 433-466.
- Adams, M. (2018). *An Existential approach to human development: Philosophical and therapeutic perspectives*. London: Palgrave.
- Adogame, A. (Ed.). (2014). *The public face of African new religious movements in Diaspora: Imagining the religious 'other'*. London: Routledge, Taylor & Francis Group.
- Ahmed, S., & Amer, M.M. (Eds.). (2012). *Counselling Muslims: Handbook of mental health issues and interventions*. London: Routledge.
- Ali, O.M., Milstein, G., & Marzuk, P.M. (2005). The imam's role in meeting the counselling needs of Muslim communities in the United States. *Psychiatric Services*, 56, 202-205.
- Allen, R.O., & Spilka, B. (1967). Committed and consensual religion: A specification of religious-prejudice relationships. *Journal for the Scientific Study of Religion*, 6, 191-206.
- Allport, G.W. (1954). *The nature of prejudice*. Reading, Mass.: Addison-Wesley.
- Allport, G.W., & Ross, J.M. (1967). Personal religious orientation and prejudice. *Journal of Personality and Social Psychology*, 5, 432-443.
- Alton, G. (2020). Toward an integrative model of psychospiritual therapy: Bringing spirituality and psychotherapy together, *The Journal of Pastoral Care and Counseling*, 74(3), 159-165.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Association.
- Andrews, M., Squire, C., & Tamboukou, M. (Eds.). (2013). *Doing narrative research* (2nd ed.). London: Sage.

- Archbishop Chrysostomos. (2007). *A guide to Orthodox psychotherapy: The science, theology, and spiritual practice behind it and its clinical practice*. Lanham Maryland: University Press of America.
- Armstrong, K. (2006). *The great transformation: The world in the time of Buddha, Socrates, Confucius and Jeremiah*. New York: Atlantic Books.
- Arnold, E.E., & Brewster, M.E. (2017). Sexualities in counselling psychology. In Murphy, D. (Ed.), *Counselling psychology: A textbook for study and practice* (pp.231-248). Chichester: John Wiley & Sons Ltd.
- Assagioli, R. (1965). *Psychosynthesis*. New York: The Viking Press.
- Aten, J.D., & Hernandez, B.C. (2004). Addressing religion in clinical supervision. *Psychotherapy: Theory, Research, Practice, Training*, 41(2), 152-160.
- Aten, J.D., & Leach, M.M. (Eds.). (2009). *Spirituality and the therapeutic process: A comprehensive resource from intake to termination*. Washington, DC: American Psychological Association.
- Aten, J.D., McMinn, M.R., & Worthington Jr, E.L. (Eds.). (2011). *Spiritually orientated interventions for counselling and psychotherapy*. Washington, DC: American Psychological Association.
- Atkinson, D.J., & Field, D.H. (Eds.). (1995). *New dictionary of Christian ethics and pastoral theology*. Leicester: Inter-Varsity Press.
- Atkinson, S., & Tomley, S. (Eds.). (2011). *The psychology book*. London: Dorling Kindersley Ltd.
- Babak, M. (2015). *Developing an intervention psychotherapy programme for the needs of Iranian immigrants in the UK* [Other thesis, Middlesex University/Metanoia Institute]. <https://eprints.mdx.ac.uk/id/eprint/18748>
- Bager-Charleson, S. (2010). *Reflective practice in counselling and psychotherapy*. Exeter: Learning Matters Ltd.

- Barker, C., Pistrang, N., & Elliot, R. (2002). *Research methods in clinical psychology: An introduction for students and practitioners* (2nd ed.). Chichester: John Wiley & Sons, Ltd.
- Barnett, J.E. (2016). Are religion and spirituality of relevance in psychotherapy? *Spirituality in Clinical Practice*, 3(1), 5-9.
- Barrera, T.L., Zeno, D., Bush, A.L., Barber, C.R., & Stanley, M.A. (2012). Integrating religion and spirituality into treatment for late-life anxiety: three case studies, *Cognitive and Behavioural Practice*, 19, 346-358.
- Batson, C.D., Schoenrade, P., & Ventis, W.I. (1993). *Religion and the individual: A social-psychological perspective*. New York: Oxford University Press.
- Beard, R.M. (1969). *An outline of Piaget's developmental psychology*. London: Routledge & Kegan Paul.
- Beck, C. (1986). Education for spirituality. *Inter-change*, 17, 148-156.
- Berger, P.L. & Luckmann, T. (1966). *The social construction of reality: A treatise in the sociology of knowledge*. New York: Doubleday.
- Bergin, A.E. (1980). Psychotherapy and religious values. *Journal of Consulting and Clinical Psychology*, 48, 95-105.
- Bhugra, D. (1996). Religion and mental health. In D. Bhugra (Ed.), *Psychiatry and religion: Context, consensus and controversies* (pp.1-4). London: Routledge, Taylor & Francis Group.
- Bidell, M.P. (2016). Mind our professional gaps: Competent lesbian, gay, bisexual, and transgender mental health services. *Counselling Psychology Review*, 31(1), 67-76.
- Bilgrave, D.P., & Deluty, R.H. (2000). Religious beliefs and therapeutic orientations of clinical and counselling psychologists, *Journal for the Scientific Study of Religion*, 329-349.
- Black, D.M. (2006). Introduction. In D.M. Black (Ed.), *Psychoanalysis and religion in the 21st century: Competitors or collaborators?* (pp.1-20). London: Routledge, Taylor & Francis Group.

- Black, D.M. (2015). Religion as the affirmation of values. *British Journal of Psychotherapy*, 31(4), 510-523.
- Blass, R.B. (2004). Beyond illusion. *International Journal of Psychoanalysis*, 85, 615-634.
- Bolton, G. (2010). *Reflective practice: Writing & professional development* (3rd ed.). London: Sage Publications Ltd.
- Bond, T. (2015). *Standards and ethics in counselling in action* (4th ed.). London: Sage Publications Ltd.
- Bor, R., & Watts, M. (Eds.). (2017). *The trainee handbook: A guide for counselling and psychotherapy trainees*. London: Sage Publications Ltd.
- Borstein, S. (2000). Transpersonal psychotherapy, *American Journal of Psychotherapy*, 54, 408-423.
- Bowker, J. (1983). *Worlds of faith*. London: Ariel Books, British Broadcasting Corporation.
- Bowker, J. (Ed.). (1997). *The Oxford dictionary of world religions*. Oxford: Oxford University Press.
- Brawer, P.A., Handal, P.J., Fabricatore, A.N., Roberts, R., & Wajda-Johnston, V.A. (2002). Training and education in religion/spirituality within APA accredited clinical psychology programs. *Professional Psychology: Research and Practice*, 33(2), 203-206.
- British Association for Behavioural & Cognitive Psychotherapies. (2009/2017). *Standards of conduct, performance and ethics*.
<https://babcp.com/Portals/0/Files/About/BABCP-Standards-of-Conduct-Performance-and-Ethics%20Feb%202021.pdf?ver=2021-02-24-142904-080>
- British Association for Counselling and Psychotherapy. (2018). *Ethical framework for the counselling professions*.
<https://www.bacp.co.uk/events-and-resources/ethics-and-standards/ethical-framework-for-the-counselling-professions/>
- British Association for Counselling and Psychotherapy Spirituality Division (n.d.). *Our aims*.
<https://www.bacp.co.uk/bacp-divisions/bacp-spirituality/>

British Association for Counselling and Psychotherapy. (2021). *Memorandum of understanding on conversion therapy in the UK*.

<https://www.bacp.co.uk/events-and-resources/ethics-and-standards/mou/>

British Psychoanalytic Council. (2011). *Code of ethics*.

<https://www.bpc.org.uk/professionals/registrants/ethical-framework/>

British Psychological Society. (2021). *Code of ethics and conduct*. Leicester: British Psychological Society.

<https://www.bps.org.uk/news-and-policy/bps-code-ethics-and-conduct>

British Psychological Society. (2014). *BPS code of human research ethics*

<https://www.bps.org.uk/news-and-policy/bps-code-human-research-ethics-2nd-edition-2014>

British Psychological Society. (n.d.). *Spirituality special interest group*.

<https://www.bps.org.uk/system/files/Member%20Networks/Divisions/DCoP/Members/DCoP%20Spirituality%20interest%20group.pdf>

Buber, M. (1923). *I and thou* (R.G. Smith, Trans.). London: Continuum International Publishing Group.

Burke, K.C. (2012). Women's agency in gender traditional religions: A review of four approaches. *Sociology Compass*, 6(2), 122-133.

Burrell, R-R. (2021). Religion, therapy and mental health treatment in diverse communities: Some critical reflections and radical propositions. In C. Lago & C. Devine (Eds.), *Black identities + white therapies: Race, respect + diversity* (pp.199-212). Wymonmouth: PCCS Books Ltd.

Camus, A. (1955). *The myth of Sisyphus* (J. O'Brien, Trans.). London: Penguin Books.

Canady, V.A. (2019). Spirituality integrated care shows promise for MH patients, *Mental Health Weekly*, 29(37), 6-8.

- Cardena, E., Lynn, S.J., & Krippner, S. (Eds.). (2000). *Varieties of anomalous experience: Examining the Scientific Evidence*. Washington, DC: American Psychological Association.
- Carter, S.M., & Little, M. (2007). Justifying knowledge, justifying method, taking action: Epistemologies, methodologies, and methods in qualitative research, *Qualitative Health Research*, 17(10), 1316-1328.
- Casement, P. (2006). *Learning from life: Becoming a psychoanalyst*. London: Routledge, Taylor & Francis Group.
- Chandradasa, M., & Kuruppuarachchi, K.A.L.A. (2018). Confluence of Western psychotherapy and religious teachings in mental healthcare of an Asian Buddhist community: Sri Lanka, *Journal of Religion and Health*, 58(5), 1471-1476.
- Chapman, G. (1999). *Catechism of the Catholic church*. London: Libreria Editrice Vaticana.
- Chrystal, M.A. (2000). *Twisted scriptures: Breaking free from churches that abuse*. Grand Rapids, Michigan: Zondervan.
- Chryssides, G.D. (Ed.). (2018). *Minority religions in Europe and the Middle East*. London: Routledge, Taylor & Francis Group.
- Clarkson, B. (2021). Is it God who cures? A transpersonal perspective on script formation, the Role of physis, and the “soul’s work” of the therapeutic process, *Transactional Analysis Journal*, 51(3), 317-330.
- Clarkson, P. (1999). *Gestalt counselling in action* (2nd ed.). London: Sage Publications Ltd.
- Clarkson, P. (2003). *The therapeutic relationship* (2nd ed.). London: Whurr Publishers.
- Cohen, V. (2018). Spirituality and therapeutic action, *Spirituality in Clinical Practice*.
<http://dx.doi.org/10.1037/scp0000169>
- Cook, C.C.H., Gilvarry, E., & Hearn, A. (2018). Addiction Psychiatry. In J.R. Peteet, M.L. Dell, & W.L.A. Fung (Eds.), *Ethical considerations at the intersection of psychiatry and religion* (pp.150-156). Oxford: Oxford University Press.

- Cook, D.A., & Wiley, C.Y. (2014). Psychotherapy with members of the African-American churches and spiritual traditions. In P.S. Richards and A.E. Bergin, (Eds.), *Handbook of psychotherapy and religious diversity* (2nd ed.) (pp. 373-397). Washington DC: American Psychological Society.
- Cooper, M., & McLeod, J. (2011). *Pluralistic counselling and psychotherapy*. London: Sage.
- Craib, I. (2009). Narratives as bad faith. In M. Andrews, S.D. Sclater, C. Squire & A. Treacher (Eds.), *The uses of narrative: Explorations in sociology, psychology, and cultural studies* (pp.64-74). London: Transaction Publishers.
- Cresswell, J.W. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches* (3rd ed.). London: Sage Publications Ltd.
- Creswell, J.W., & Plano Clark, V.L. (2007). *Designing and conducting mixed methods research*. Thousand Oaks, CA: Sage.
- Cross, F.L., & Livingstone, E.A. (Eds.). (1997). *The Oxford dictionary of the Christian Church*. Oxford: Oxford University Press.
- Crowley, V. (2018). Pagan experiences of counselling and psychotherapy. In S. Harvey, S. Streidinger & J.A. Beckford (Eds.), *New religious movements and counselling: Academic, professional and personal perspectives* (pp.113-129). London: Routledge, Taylor & Francis Group.
- Cummings, N., O'Donohue, W., & Cummings, J. (Eds.). (2009). *Psychology's war on religion*. Phoenix: Zeig, Tucker & Theisen.
- Danzer, G. (2018). Therapeutic self-disclosure of religious affiliation: A critical analysis of theory, research, reality, and practice, *Psychology of Religion and Spirituality*, 10(4), 398-403.
- Delaney, H.D., Forcehimes, A.A., Campbell, W.P., & Smith, B.W. (2009). Integrating spirituality into alcohol treatment, *Journal of Clinical Psychology*, 65(2), 185-198.

- Delaney, H.D., Miller, W.R., & Bisono, A.M. (2013). Religiosity and spirituality among psychologists: A survey of clinical members of the American Psychological Association, *Spirituality in Clinical Practice*, 1(5), 95-106.
- Della, C.D., Teo, D.C.L., Agiananda, F., & Nimnuan, C. (2021). Culturally informed psychotherapy in Asian consultation-liaison psychiatry, *Asia-Pacific Psychiatry*, 13(1), p.e12431-n/a.
- Dent, A. (2020). *Using spirituality in psychotherapy: The heart led approach to clinical practice*. London: Routledge, Taylor & Francis Group.
- Deurzen, E. van (2009). *Psychotherapy and the quest for happiness*. London: Sage Publications Ltd.
- Deurzen, E. van (2010). *Everyday mysteries: A handbook of existential psychotherapy* (2nd ed.). London: Routledge.
- Deurzen, E. van, & Adams, M. (2016). *Skills in existential counselling & psychotherapy* (2nd ed.). London: Sage.
- Deurzen, E. van, & Arnold-Baker, C. (2005). Introduction to the spiritual dimension. In E. van Deurzen & C. Arnold-Baker (Eds.), *Existential perspectives on human issues: A handbook for therapeutic practice* (pp.217-220). Basingstoke: Palgrave MacMillan.
- Deurzen, E. van, & Kenward, R. (2005). *Dictionary of existential psychotherapy and counselling*. London: Sage Publications.
- Deutsch, H. (1951). *Psychoanalysis of the neuroses*. London: Hogarth Press.
- Dimmick, A., Swift, J.K., Trusty, W.T., & Plante, T.G. (2020). Latter-Day Saint clients' preferences for a religious match with a psychotherapist, *Spirituality in Clinical Practice* (Washington, D.C.), 7(2), 134-143.
- Dixon, M., & Murphy, K. (2018). Discursive writing for the HSC. *Metaphor*, 4, 7-16.
- Donati, M. (2016). Becoming a reflective practitioner. In B. Douglas, R. Woolfe, S. Strawbridge, E. Kasket, & V. Galbraith (Eds.), *The Handbook of Counselling Psychology* (4th ed., pp.55-73). London: Sage Publications Ltd.

- Douglas, B., Woolfe, R., Strawbridge, S., Kasket, E., & Galbraith, V. (Eds.). (2016). *The handbook of counselling psychology* (4th ed.). London: Sage Publications Ltd.
- Dowding, K. (1996). *Power*. Buckingham: The Open University.
- Doyle, D. (1992). Have we looked beyond the physical and the psychosocial? *Journal of Pain and Symptom Management*, 7, 302-311.
- Draper, B. (2016). *Soulfulness: Deepening the mindful life*. London: Hodder & Stoughton Ltd.
- Duba, J.D., & Watts, R.E. (2009). Therapy with religious couples, *Journal of Clinical Psychology*, 65(2), 210-223.
- Dwairy, M., 2009. Culture analysis and metaphor psychotherapy with Arab-Muslim clients, *Journal of Clinical Psychology*, 65(2), 199-209.
- Eagger, S. (2005/2009). A guide to the assessment of spiritual concerns in mental health care, *RCPsych*.
https://www.rcpsych.ac.uk/docs/default-source/mental-health/treatments-and-wellbeing/spirituality-and-mental-health-a-guide-to-the-assessment-of-spiritual-concerns-in-mental-healthcare.pdf?sfvrsn=2a344130_2
- Eaton, V., & Smith, J. (2017). Interpretative phenomenological analysis. In C. Willig, & W. Stainton-Rogers (Eds.), *The Sage handbook of qualitative research in psychology* (2nd ed.) (pp.193-211). London: Sage.
- Eigen, M. (1988). *The psychoanalytic mystic*. New York: Free Association Books.
- Elliot, J. (2005). *Using narrative in social research: Qualitative and quantitative approaches*. London: Sage.
- Ellis, A. (1976/2010). *The case against religion: A psychotherapist's view and the case against religiosity*. Cranford, NJ: American Atheist Press.
- Emerson, P., & Frosh, S. (2004). *Critical narrative analysis in psychology: A guide to practice*. Basingstoke: Palgrave MacMillan.
- Emmons, R.A. (1999). *The psychology of ultimate concerns: Motivation and spirituality in personality*. London: The Guilford Press.

- Erikson, E.H. (1950/1995). *Childhood and society*. London: Vintage Books.
- Ersahin, Z. (2013). The elephant in the room: Implications of the on-going conflict between religion and science, and what pluralism offers working with the (in)visible. *Counselling Psychology Review*, 28(2), 39-52.
- Fairbairn, W.R.D. (1927). Notes on the religious phantasies of a female patient. In W.R.D. Fairbairn (1952), *Psychoanalytic studies of the personality* (pp.183-196). London: Routledge.
- Farkas, K.J. (2019). Including spirituality in assessment and interventions, *Teologia / Morálnosc*, Vol. 14, 2(26), 163-172.
- Feltham, C., & House, R. (Eds.). (2017). The politics of counselling psychology. In D. Murphy (Ed.), *Counselling psychology: A textbook for study and practice* (pp.330-345). John Wiley & Sons Ltd.
- Fenichel, O. (1938). Problems of psychoanalytic technique. *Psychoanalysis* Q 7, 303-324.
- Ferrari, R. (2015). Writing narrative style literature reviews, *Medical Writings*, 24(4).
[http: DOI: 10.1179/2047480615Z.0000000000329](http://DOI: 10.1179/2047480615Z.0000000000329)
- Florence, H.J., McKenzie-Green, B., & Tudor, K. (2019). Deciding what belongs: How psychotherapists in New Zealand attend to religion and/or spirituality in psychotherapy, *Counselling and Psychotherapy Research*, 19(3), 329-337.
- Fowler, J.W. (1981). *Stages of faith: The psychology of human development and the quest for meaning*. New York: Harper Collins.
- Frazier, R.E., & Hansen, N.D. (2009). Religious/spiritual psychotherapy behaviors: Do we do what we believe to be important? *Professional Psychology: Research and Practice*, 40(1), 81-87.
- Freire, J., Moleiro, C., Rosmarin, D.H., & Freire, M. (2019). A call for collaboration: Perception of religious and spiritual leaders on mental health (A Portuguese sample), *Journal of Spirituality in Mental Health*, 21(1), 55-75.

- Freud, S. (1913). Totem and taboo: Some points of agreement between the mental lives of savages and neurotics. In *Standard Edition* (Vol. 13, 1953, pp. 1-161). (First German edition in one volume 1913)
- Freud, S. (1927). The future of an illusion. In *Standard Edition* (Vol. 21, 1961, pp. 1-56). (First German edition 1927)
- Freud, S. (1930). Civilisation and its discontents. In *Standard Edition* (Vol. 21, 1961, pp.57-145). (Original German edition 1930)
- Freud, S. (1939). Moses and monotheism: Three essays. In *Standard Edition* (Vol. 23, 1964, pp 7-137). (Original German edition 1939)
- Friedman, M. (1964). *The worlds of existentialism: A critical reader*. New York: Random House, Inc.
- Fromm, E. (1960). *Psychoanalysis and Zen Buddhism*. Harmondsworth: Penguin.
- Gelso, C.J., & Hayes, J.A. (2002). The management of counter-transference. In J.C. Norcross (Ed.), *Psychotherapy relationships that work: Therapists responsiveness to patients* (pp.267-83). Oxford: Oxford University Press.
- Genia, V. (1995). *Counselling and psychotherapy of religious clients: A developmental approach*. London: Praeger.
- Gerden, K. (2009). *An invitation to social construction* (2nd ed.). Los Angeles: Sage.
- Gergen, K.J. (1985). The social constructionist movement in modern psychology. *American Psychologist*, 40, 266-275.
- Gergen, K.J., & McMamee, S. (Eds.). (1992). *Therapy as social construction*. London: Sage.
- Germer, C.K., & Siegel, R.D. (Eds.). (2012). *Wisdom and compassion in psychotherapy: Deepening mindfulness in clinical practice*. London: The Guilford Press.
- Gilligan, C. (1982). *In a different voice*. Cambridge, MA: Harvard University Press.
- Giorgi, A. (2009). *The descriptive phenomenological method in psychology: A modified Husserlian approach*. Pittsburgh, Pennsylvania: Duquesne University Press.

- Gomez, L. (1997). *An introduction to object relations*. London: Free Association Books.
- Green, B.N., Johnson, C.D., & Adams, A. (2006). Writing narrative literature reviews for peer-reviewed journals: Secrets of the trade, *Journal of Chiropractic Medicine*, 5(3), 101-117.
https://familymedicine.med.wayne.edu/mpd/project/green_2006_narrative_literature_reviews.pdf
- Griffith, J.L. (2010). *Religion that heals, religion that harms: A guide for clinical practice*. London: The Guilford Press.
- Griffith, J., & Magyar-Russell, G. (2018). Unhealthy and potentially harmful uses of religion. In J.R. Peteet, M.L. Dell, & W.L.A. Fung (Eds.), *Ethical considerations at the intersection of psychiatry and religion* (pp.43-59). Oxford: Oxford University Press.
- Groeschel, B.J. (2009). *Spiritual passages: The psychology of spiritual development*. New York: The Crossroads Publishing Company.
- Gubi, P.M. (Ed.). (2017). *What counsellors and spiritual directors can learn from each other: Ethical practice, training and supervision*. London: Jessica Kingsley Publishers.
- Guggenbuhl-Craig, A. (2015). *Power in the helping professions* (M. Gubitz, Trans.). Thomson, Conn.: Spring Publications.
- Guntrip, H. (1956). *Mental pain and the cure of souls*. London: Independent Press Ltd.
- Guntrip, H. (1961). *Personality, structure and human interaction: The developing synthesis of psycho-dynamic theory*. New York: International Universities Press Inc.
- Hage, S.M. (2006). A closer look at the role of spirituality in psychology training programs, *Professional Psychology: Research and Practice*, 37(3), 303-310.
- Hansen, N.D., Randazzo, K.V., Schwartz, A., Marshal, M., Kalis, D., Frazier, R. Burke, C., Kershner-Rice, K., & Norvig, G. (2006). Do we practice what we preach? An exploratory survey of multicultural psychotherapy competencies, *Professional Psychology: Research and Practice*, 37(1), 66-74.
- Happold, F.C. (1963). *Mysticism: A study and an anthology*. Harmondsworth: Pelican Books Ltd.

- Haque, A. (2001). Interface of psychology and religion: Trends and developments, *Counselling Psychology Quarterly*, 14(3), 241-253.
- Haraway, D.J. (1988). Situated knowledges: the science question in feminism and the privilege of partial perspective. *Feminist Studies*, 14(3), 575-597.
- Hardy, J. (1987). *A psychology with a soul: psychosynthesis in evolutionary context* [PhD., Brunel University]. British Library
<http://ethos.bl.uk/OrderDetails.do?did=6&uin=uk.bl.ethos.376055>
- Hartelius, G., Rothe, G., & Roy, P.J. (2013). A brand from the burning: defining transpersonal psychology. In H.L. Friedman, & G. Hartelius (Eds.), *The Wiley-Blackwell handbook of transpersonal psychology* (pp.3-22). Chichester: John Wiley & Sons Ltd.
- Harvey, S., Steidinger, S., & Beckford, J.A. (Eds.). (2018). *New religious movements and counselling: Academic, professional and personal perspectives*. London: Routledge, Taylor & Francis Group.
- Hassan, A., Faramarz, S., & Ali, M. (2012). The comparison of cognitive behavior therapy and Islamic-based spiritual religion psychotherapy on reducing of student's overt anxiety, *Journal of Research in Behavioural Sciences*, Vol. 10, 2(23), 99-107.
- Hathaway, W.L. (2003). Clinically significant religious impairment, *Mental Health, Religion & Culture*, 6(2), 113-129.
- Hathaway, W.L., Scott, S.Y., & Garver, S.A. (2004). Assessing religious/spiritual functioning: A neglected domain in clinical practice? *Professional Psychology: Research and Practice*, 35(1), 97-104.
- Hathaway, W., & Tan, E. (2009). Religiously orientated mindfulness-based cognitive therapy, *Journal of Clinical Practice*, 65(2), 158-171.
- Hawkins, P., & McMahon, A. (2020). *Supervision in the helping professions* (5th ed.). London: McGraw-Hill Education, Open University Press.

- Hayes, N. (2000). *Doing psychological research*. Buckingham: Open University.
- Hayes, M.A., & Cowie, H. (2005). Psychology and religion: mapping the relationship, *Mental Health, Religion and Culture*, 8(1), 27-33.
- Hayes, S.C., Strosahl, K.D., & Wilson, K.G. (2012). *Acceptance commitment therapy: The process and practice of mindfulness change* (2nd ed.). New York: Guilford Press.
- Health & Care Professions Council. (2016). *Standards of conduct, performance and ethics*. London: Health & Care Professions Council.
<https://www.hcpc-uk.org/standards/standards-of-conduct-performance-and-ethics/>
- Heelas, P., & Woodhead, L. (2005). *The spiritual revolution: Why religion is giving way to spirituality*. Oxford: Blackwell Publishing.
- Heidegger, M. (2010). *Being and time* (J. Stambaugh, Trans.). State University of New York Press. (Original work published 1953)
- Heisig, J. (1979). *Imago Dei: A study in Jung's psychology of religion*. Lewisburg, PA: Bucknell University Press.
- Hiles, D., & Cermak, I. (2008). Narrative psychology. In C. Willig, & W. Stainton-Rogers (Eds.), *The Sage handbook of qualitative research in psychology*, (pp.146-164). London: Sage.
- Hiles, D., Cermak, I., & Chrz, V. (2017). Narrative inquiry. In C. Willig, & W. Stainton Rogers (Eds.), *The Sage handbook of qualitative research in psychology* (2nd ed.), (pp.157-175). London: Sage.
- Hill, C.E. (1989). *Therapist techniques and client outcomes: Eight cases of brief psychotherapy*. London: Sage.
- Hillman, J. (1977). *Re-visioning psychology*. New York: Harper Perennial.
- Hillman, J. (1996). *The soul's code: In search of character and calling*. London: Bantam Books.

- Hinchman, L.P., & Hinchman, S.K., 1997. Introduction. In L.P. Hinchman, & S.K. Hinchman (Eds.), *Memory, identity, community: The idea of narrative in the human sciences* (pp. xiii-xxxii). New York: State University of New York.
- Hirshbein, L. (2021). Why psychiatry might cooperate with religion: The Michigan Society of Pastoral Care, 1945-1968, *Journal of the History of Behavioral Sciences*, 57(2), 113-129.
- Honderich, T. (Ed.). (1995). *The Oxford companion to philosophy*. Oxford: Oxford University Press.
- Hook, J.N., Worthington Jr., Davis, D.E., Jennings II, D.J., Gartner, A.L., & Hook, J.P. (2010). Empirically supported religious and spiritual therapies, *Journal of Clinical Psychology*, 66(1), 46-72.
- Hook, J.N., Captari, L.E., Hoyt, W., Davis, D.E., McElroy, S.E., & Worthington Jr, E.L. (2019). Religion and spirituality. In J.C. Norcross, & B.E. Wampold (Eds.), *Psychotherapy relationships that work, Vol.2: Evidenced-based therapist responsiveness* (3rd ed., pp.212-263). Oxford: Oxford University Press.
- Hunt, J. (2019). An exploration of how trainee counsellors who are practicing believers of a world religious faith experience undertaking counsellor training, *British Journal of Guidance & Counselling*, 47(4), 420-431.
- Husserl, E. (1970). *The crisis of European science and transcendental phenomenology: An introduction to phenomenological philosophy* (D. Carr, Trans.). Evanston, IL: Northwestern University Press. (Original work published 1954)
- Jacobs, M. (1999). *Psychodynamic counselling in action* (2nd ed.). London: Sage Publications Ltd.
- James, W. (1902/1982). *The varieties of religious experience*. London: Penguin Books.
- James, A., & Wells, A. (2003). Religion and mental health: towards a cognitive-behavioural framework, *British Journal of Health Psychology*, 8(3), 359-376.

- Jaspers, K. (1932/1964). *Metaphysics*. In M. Friedman, *The worlds of existentialism: A critical reader* (pp.274-281), New York: Random House, Inc.
- Johansen, T. (2010). *Religion and spirituality in psychotherapy: An individual psychology perspective*. New York: Springer Publishing Company.
- Johnson, D., & Vonderer, J. van (1991). *The subtle power of spiritual abuse: Recognizing & escaping spiritual manipulation and false spiritual authority within the church*. Minneapolis, Minnesota: Bethany House Publishers.
- Joiner, T. (2017). *Mindlessness: The corruption of mindfulness in a culture of narcissism*. Oxford: Oxford University Press.
- Jones, J.W. (2002). *Terror and transformation: The ambiguity of religion in psychoanalytic perspectives*. East Sussex: Bruner-Routledge.
- Jung, C.G. (1933). *Modern man in search of a soul*. London: Routledge, Taylor & Francis Group.
- Jung, C.G. (1938/1969). Psychology and religion. In *Collected Works*, Vol. II (2nd ed., pp. 3-105). London: Routledge, Taylor & Francis Group.
- Kada, R. (2019). Cultural adaptations of CBT for the British Jewish Orthodox community, *The Cognitive Behaviour Therapist*, Volume 12.
- Kahn, M. (2002). *Basic Freud: Psychoanalytic thought for the 21st century*. New York: Basic Books, Perseus Books Group.
- Kakar, S. (1991). *The analyst and the mystic: Psychoanalytic reflections on religion and mysticism*. Chicago: Chicago University Press.
- Kang, C. (2010). Hinduism and Mental Health: engaging British Hindus, *Mental Health, Religion & Culture*, 13(6), 587-593.
- Kangos, K.A., & Pieterse, A.L. (2021). Examining how lesbian, gay, and bisexual Christian clients' perception of therapists' cultural humility contributes to psychotherapy outcomes, *Psychotherapy* (Chicago, Ill.), 58(2), 254-262.

- Kasapoglu, F. (2020). Developing the counselor attitude scale for spirituality in counseling: A validity and reliability study, *Spiritual Psychology and Counselling*, 5, 219-236.
- Kearney, R. (1994). *Modern movements in European philosophy: Phenomenology, critical theory, structuralism* (2nd ed.). Manchester: Manchester University Press.
- Kellems, I.S., Hill, C.E., Crook-Lyon, R.E., & Freitas, G. (2010). Working with clients who have religious/spiritual issues: A survey of university counselling centre therapists, *Journal of College Student Psychotherapy*, 24(2), 139-155.
- Kennerley, H., Kirk, J., & Westbrook, D. (2017). *An introduction to cognitive behaviour therapy: Skills and applications* (3rd ed.). London: Sage Publications Ltd.
- Keskinoglu, M.S., & Eski, H. (2019). Islamic spiritual counselling techniques, *Spiritual Psychology and Counselling*, 4, 333-350.
- Kierkegaard, S. (2014). *The concept of anxiety* (A. Hannay, Trans.) London: Liveright Publishing Corporation. (Original work published 1944)
- Kirshenbaum, H., & Henderson, V.L. (Eds.). (1989). *The Carl Rogers reader*. London: Constable.
- Knabb, J. (2016). *Faith-based ACT for Christian clients: An integrative treatment approach*. London: Routledge, Taylor & Francis Group.
- Knabb, J. (2017). *Acceptance and commitment therapy for Christian clients: A faith-based workbook*. London: Routledge, Taylor & Francis Group.
- Koenig, H.G. (Ed.). (1998). *Handbook of religion and mental health*. London: Academic Press.
- Koenig, H.G., King, D.E., & Carson, V.B. (2012). *Handbook of religion and health* (2nd ed.). Oxford: Oxford University Press.
- Koenig, H.G., McCullough, M.E., & Larson, D.B. (2001). *Handbook of religion and health*. New York: Oxford University Press.
- Kuhn, T.S. (1970). *The structure of scientific revolutions* (2nd ed.). Chicago: University of Chicago Press.

- Lago, C. (Ed.). (2011). *The handbook of transcultural counselling & psychotherapy*. Maidenhead: The Open University Press.
- Lago, C., & Charura, D. (Eds.). (2021). *Black identities + white therapies: Race, respect + diversity*. Monmouth: PCCS Books Ltd.
- Lago, C., & Smith, B. (2010). *Anti-discriminatory practice in counselling & psychotherapy* (2nd ed.). London: Sage.
- Laing, R.D. (1967). *The politics of experience and the bird of paradise*. London: Penguin Books.
- Lalich, J., & Tobias, M. (2006). *Take back your life: Recovering from cults and abusive relationships*. Berkeley, CA: Bay Tree Publishing.
- Langdridge, D., & Hagger-Johnson, G. (2013). *Introduction to research methods and data analysis in psychology* (3rd ed.). Harlow: Pearson.
- Lee, P.K.F., & Laube, R. (2008). The use of culturally congruent spiritual beliefs in the successful treatment of two cases of complicated bereavement for infant death, *Mental Health, Religion and Culture*, 11(3), 349-353.
- Lee, K.C., Oh, A., Zhao, Q., Wu, F.-Y., & Ong, C.K. (2017). Buddhist counselling: Implications for mental health professionals, *Spirituality in Clinical Practice*, 4(2), 113-128.
- Liem, A. (2019). "Doing my profession is also part of worship": How clinical psychologists address aspects of spirituality and religion in Indonesia, *Journal of Religion and Health*, 59(3), 1434-1457.
- Levenson, M.R., & Aldwin, C.M. (2013). Mindfulness in psychology and religion. In R.F. Paloutzian, & C.L. Park (Eds.), *Handbook of the psychology of religion and spirituality* (2nd ed., pp. 580-594). New York: The Guilford Press.
- Lieblich, A., Turval-Mashiach, R., & Zibler, T. (1998). *Narrative research: Reading, analysis, and interpretation*. London: Sage Publications.

- Ligiero, D.P., & Gelsom, C.H. (2002). Countertransference attachment and the working alliance: the therapist's contribution, *Psychotherapy: Theory, Practice, Training*, 39(1), 3-11.
- Ling, T. (1968). *A history of religion east and west: An introduction and interpretation*. London: MacMillan Education Ltd.
- Loonstra, B. (2016). *Worldview and psychotherapy: An analysis of the Christian integration debate*. Aachen: Shaker Verlag.
- Lopes de Jesus, L. (2016). An exploration of the experiences of religiously committed counselling professionals working with religious and non-religious clients [PhD., University of Roehampton]. British Library.
<http://ethos.bl.uk/OrderDetails.do?did=6&uin=ukbl.ethos.690104> 8/4/19
- Luft, S., & Overgaard, S. (2014). Introduction. In S. Luft & S. Overgaard (Eds.), *The Routledge companion to phenomenology* (pp.1-14). London: Routledge.
- Lukoff, D. (2007). Visionary spiritual experiences, *Southern Medical Journal*, 100(6), 635-641.
- Lynch, G. (1996). What is truth? A philosophical introduction to counselling research. *Counselling, Journal for the British Association for Counselling*, 7(2), 144-148.
- Mackewn, J. (1997). *Developing gestalt counselling*. London: Sage Publications Ltd.
- Main, R. (2006). Religion. In R.K. Papadopoulos (Ed.), *The handbook of Jungian psychology* (pp. 296-323). London: Routledge.
- Malik, S. (2014). Towards a feminist interpretation of Islam: Faith and gender in the work of Fatima Mernissi. *IOSR Journal of Humanities and Social Science*, 19(3), 25-28.
- Mandelkow, L., Frick, E., Büsing, A., & Reme, S.E. (2021). Norwegian psychotherapy: religiosity gap and spiritual care competence, *Journal of Spirituality in Mental Health*.
- Manen, M. van. (2016). *Researching lived experience* (2nd ed). London: Routledge.
- Masters, R.A. (2010). *Spiritual bypassing: When spirituality disconnects us from what really matters*. Berkeley, CA: North Atlantic Books.

- Matanovic, (2019). Influence of religiosity and fundamentalism on attitudes towards psychotherapy: Religion related barriers to mental health services utilization. Harvard University Library DASH.
<https://dash.harvard.edu/handle/1/37365097>
- Maximo, S.J. (2019). A scoping review of ethical considerations in spiritual/religious counseling and psychotherapy, *The Journal of Pastoral Care & Counseling*, 73(2), 124-133.
- Mbiti, J.S. (1989). *African religions and philosophy* (2nd ed.). Botswana: Heinemann Education Botswana (Publishers) (Pty) Ltd.
- McGoldrick, M., Gerson, R., & Petry, S. (2008). *Genograms: Assessment and intervention* (3rd ed.). London: W.W. Norton & Company.
- McGrath, A.E. (2011). *Christian theology: An introduction* (5th ed.). Oxford: Wiley-Blackwell.
- McLeod, J. (2003). *An introduction to counselling* (3rd ed.). Buckingham: Open University Press.
- McLeod, J. (2011). *Qualitative research in counselling and psychotherapy*. London: Sage.
- McLeod, J. (2019). *An introduction to counselling and psychotherapy: Theory, research and practice* (6th ed.). London: Open University Press, McGraw-Hill Education.
- Mearns, D. (2003). *Developing person-centred counselling* (2nd ed.). London: Sage Publications Ltd.
- Mearns, D., & Thorne, B. (1999). *Person-centred counselling in action* (2nd ed.). London: Sage Publications Ltd.
- Meades, P.C. (2019). *An exploration of six lesbian and gay people's experience of organised religion (Christianity, Islam, and Judaism), and their implications for psychotherapy: an interpretative phenomenological analysis (IPA)* [Doctoral thesis, Metanoia Institute]. Middlesex University.
<https://eprints.mdx.ac.uk/id/eprint/28733>

- Meissner, W.W. (1984). *Psychoanalysis and religious experience*. London: Yale University Press.
- Meltzer, D. (1978/1998). *The Kleinian development*. London: Karnac Books Ltd.
- Merleau-Ponty, M. (2012). *Phenomenology of perception* (D.A. Landes, Trans.). London: Routledge, Taylor & Francis Group.
- Metropolitan of Nafpaktos Hierotheos (1994/2017). *Orthodox psychotherapy: The science of the fathers* (E. Williams, Trans.). Leviaia, Greece: Birth of the Theotokos Monastery.
- Mishler, E.G. (1986a). The analysis of interview narratives. In T.R. Sarbin (Ed.), *Narrative psychology: The storied nature of human conduct* (pp. 233-255). New York: Praeger.
- Mishler, E.G. (1995). Models of narrative analysis: A typology, *Journal of Narrative and Life History*, 5(2), 87-123.
- Mueller, J. (2012). *An exploration into the meaning of spirituality and spiritual experience for counselling psychologists, and implications for their practice* [Psych. D., Roehampton University]. British Library.
<http://ethos.bl.uk/OrderDetails.do?did=1&uin=uk.bl.ethos.588675>
- Murphy, D. (Ed.). (2017). *Counselling psychology: A textbook for study and practice*. Chichester: British Psychological Society & John Wiley & Sons Ltd.
- Myers-Shirk, S.E. (2000). To be fully human: US Protestant psychotherapeutic culture and the subversion of the domestic ideal, 1945-1965. *Journal of Women's History*, 12(1), 112-36.
- Naeem, F., Phiri, P., Rathod, S., & Ayub, M. (2019). Cultural adaption of cognitive-behavioural therapy, *BJPpsych Advances*, 25(6), 387-395.
- Nanda, J. (2021). My Ramakrishna, *Hermeneutic Circular*, April, 27-31.
- Nanda, J. (2021). Tread lightly in my heart space of the sacred, *Hermeneutic Circular*, October, 16-18.
- Nelson, J.M. (2009). *Psychology, religion, and spirituality*. New York: Springer.

- Nettleton, S. (2017). *The metapsychology of Christopher Bollas: An introduction*. London: Routledge, Taylor & Francis Group.
- Niebuhr, H.B. (1960). *Radical monotheism and Western culture*. New York: Harper & Row Publishers.
- Nietzsche, F. (1969). *Thus spake Zarathustra* (R.J. Hollingdale, Trans.). London: Penguin Books.
- Nuttall, J. (2002). Modes of therapeutic relationship in brief dynamic psychotherapy: a case study, *Psychodynamic Practice*, 8, 505-523.
- Olthius, J.H. (1989). On worldviews. In P.A. Marshall, S. Griffioen, & R.J. Mouw (Eds.), *Stained glass: Worldviews and social science* (pp.26-40). Lanham, MD: University Press of America.
- Oman, D. (2013). Defining religion and spirituality. In R.F. Paloutzian, & C.L. Park (Eds.), *Handbook of the psychology of religion and spirituality* (2nd ed., pp.23-47). New York: The Guilford Press.
- Otto, R. (1917/1953). *The idea of the Holy: An inquiry into the non-rational factor in the idea of the divine and its relation to the rational* (J.W. Harvey, Trans.). London: Oxford University Press.
- Paloutzian, R.F., & Park, C.L. (Eds.). (2013). *Handbook of the psychology of religion and spirituality* (2nd ed.). New York: The Guilford Press.
- Pandya, S.P. (2020). Online spiritual counseling mitigates immigration stress and promotes better marital adjustment of South Asian young dual-earner couples who emigrate to Western countries, *Contemporary Family Therapy*, 43(1), 35-53.
- Papadopoulos, R.K. (Ed.). (2006). *The handbook of Jungian psychology: Theory, practice and applications*. London: Routledge, Taylor & Francis Group.
- Para-Mallam, O.J. (2006). Faith, gender and development agendas in Nigeria: conflicts, challenges, and opportunities. *Gender & Development*, 14(3), 409-421.

- Pargament, K.I. (2007). *Spiritually integrated psychotherapy: Understanding and addressing the Sacred*. London: The Guilford Press.
- Pargament, K.I., Mahoney, A., Exline, J., & Shafranske, E.P. (2013). Envisioning an integrative paradigm for the psychology of religion and spirituality. In K.I. Pargament (Ed.), *APA handbook of psychology, religion, and spirituality: Vol. 1 Context, theory, and research* (pp.3-19). Washington, DC: American Psychological Society.
- Pargament, K.I. & Saunders, S.M. (2007). Introduction to the special issue on spirituality and psychotherapy, *Journal of Clinical Psychology*, 63(10), 903-907.
- Pearce, M. J., Koenig, H. G., Robins, C. J., Nelson, B., Shaw, S. F., Cohen, H. J., & King, M. B. (2015). Religiously integrated cognitive behavioral therapy: A new method of treatment for major depression in patients with chronic medical illness, *Psychotherapy*, 52(1), 56-66.
- Pedroni, I. (2015). Finding new ways of belonging through religious experience in the framework of a therapeutic encounter, *International Journal of Psychoanalytic Self-Psychology*, 10, 343-354.
- Peteet, J.R., Dell, M.L., & Fung, W.L.A. (Eds.). (2018). *Ethical considerations at the intersection of psychiatry and religion*. Oxford: Oxford University Press.
- Phoenix, C. Smith, B., & Sparkes, A.C. (2010). Narrative analysis in aging studies: A typology for consideration, *Journal of Aging Studies*, 24, 1-11.
- Plante, T.G. (2007). Integrating spirituality and psychotherapy: Ethical issues and principles to consider, *Journal of Clinical Psychology*, 63(9), 891-902.
- Plante, T.G. (2009). *Spiritual practices in psychotherapy: Thirteen tools for enhancing psychological health*. Washington, DC: American Psychological Association.
- Plante, T.G. (2014). Four steps to improve religious/spiritual cultural competence in professional psychology, *Spirituality in Clinical Practice*, 1(4), 288-292.
- Plante, T.G. (2016). Principles of incorporating spirituality into professional clinical practice, *Practice Innovations*, 1(4), 276-281.

- Plante, T.G. (2021). Using Examen, a Jesuit prayer, in spiritually integrated and secular psychotherapy, *Pastoral Psychology*, 71(1), 119-125.
- Plante, T.G. (2022). Religion has a public relations problem: Integrating evidenced-based thinking into clinical practice, *Spirituality in Clinical Practice* (Washington, D.C.).
- Polkinghorne, D.E. (1988). *Narrative knowing and the human sciences*. Albany: State University of New York.
- Polkinghorne, D.E. (1989). Phenomenological research methods. In R.S. Valle, & S. Halling (Eds.), *Existential-phenomenological perspectives in psychology: Exploring the breadth of human experience* (pp. 41-60). London: Plenum Press.
- Polkinghorne, D.E. (2007). Validity issues in narrative research. *Qualitative Inquiry*, 13(4), 471-486.
- Ponterotto, J.G. (2005). Qualitative research in counselling psychology: A primer on research paradigms and philosophy of science, *Journal of Counselling Psychology*, 2005, 52(2), 129-136.
- Popper, K.R. (1969). *Conjectures and refutations*. London: Routledge & Kegan Paul.
- Post, B.C., & Wade, N.G. (2009). Religion and spirituality in psychotherapy: a practice-friendly review of research, *Journal of Clinical Psychology*, 65(2), 131-146.
- Prout, T.A., & Wadkins, M.J. (2014). *Essential interviewing and counselling skills: An integrated approach to practice*. New York: Springer Publishing Company, LLC.
- Psaila, C. (2012). *Spirituality in psychotherapy: a hidden dimension: an exploratory study* [Ph.D, Open University]. British Library
<http://ethos.bl.uk/OrderDetails.do?did=1&uin.bl.ethos.580641>
- Purser, R.E., Forbes, D., & Burke, A. (Eds.). (2016). *Handbook of mindfulness: Culture, context, and social engagement*. New York: Springer International Publishing.
- Raff, J. (2000). *Jung and the alchemical imagination*. Berwick, ME: Nicolas-Hays, Inc.
- Ramos, K., Barrera, T.L., & Stanley, M.A. (2014). Incorporating non-mainstream spirituality into CBT for anxiety: a case study, *Spirituality in Clinical Practice*, 1, 269-281.

- Reissman, C. (2008). *Narrative methods for the human sciences*. Thousand Oaks, CA: Sage Publications Ltd.
- Richards, P.S., & Bergin, A.E. (2005). *A spiritual strategy for counselling and psychotherapy* (2nd ed.). Washington, DC: American Psychological Association.
- Richards, P.S., & Bergin, A.E. (Eds.). (2014). *Handbook of psychotherapy and religious diversity* (2nd ed.). Washington, DC: American Psychological Society.
- Richards, P.S., Smith, M.H., Berrett, M.E., O'Grady, K.A., & Bartz, J.D. (2009). A theistic spiritual treatment for women with eating disorders, *Journal of Clinical Psychology*, 65(2), 172-184.
- Ricoeur, P. (1981). *Hermeneutics and the human sciences*. Cambridge: Cambridge University Press.
- Rizq, R. (2010). Psychodynamic approaches. In R. Woolfe, S. Strawbridge, B. Douglas, & W. Dryden (Eds.), *Handbook of counselling psychology* (3rd ed., pp. 85-104). London: Sage Publications Ltd.
- Rizzuto, A.-M. (1979). *The birth of the living God: A psychoanalytic study*. Chicago: University of Chicago Press.
- Roberts, D.E. (1957). *Existentialism and religious belief*. Oxford: Oxford University Press.
- Roberts, L. (2017). *Soul secrets in plain sight: attuning to the task within the task, in psychology's dance with the sacred*. [City D.Psych., London University]. British Library <http://ethos.bl.uk/OrderDetails.do?did=10&uin=uk.bl.ethos.73233>
- Robertson, D. (2010). *The Philosophy of cognitive-behavioural therapy (CBT): Stoic philosophy as rational and cognitive psychotherapy*. London: Routledge, Taylor & Francis Group.
- Rogers, C. (1980). *A way of being*. Boston: Houghton Mufflin.
- Roof, W.C. (1993). *A generation of seekers: The spiritual journey of the baby boom generation*. San Francisco: HarperSanFrancisco.

- Rosenbaum, R.M., & Magid, B. (Ed.). (2016). *What's wrong with mindfulness (and what isn't): Zen Perspectives*. Somerville, MA: Wisdom Publications, Inc.
- Rosmarin, D.H. (2018). *Spirituality, religion, and cognitive-behavioural therapy: A guide for clinicians*. London: The Guilford Press.
- Rosmarin, D.H., & Pirutinsky, S. (2020). Do religious patients need religious psychotherapists? A naturalistic treatment matching study among orthodox Jews, *Journal of Anxiety Disorders*, 69, 102170-102170.
- Ross, A. (2003). *Counselling skills for church and faith community workers*. Maidenhead: Open University Press.
- Ross, A. (2006). Psychodynamic counselling, religion and spirituality. In S. Wheeler (Ed.), *Difference and diversity in counselling: Contemporary psychodynamic perspectives* (pp.171-183). Basingstoke: Palgrave Macmillan.
- Rothman, A., Coyle, A., & Plante, T.G. (2020). Conceptualizing an Islamic psychotherapy: A grounded theory study, *Spirituality in Clinical Practice* (Washington, D.C.), 7(3), 197-213.
- Rowan, J. (1993/2005). *The transpersonal, psychotherapy and counselling* (2nd ed.). London: Routledge.
- Rowan, J. (2005). *A guide to humanistic psychology* (3rd ed.). London: UK Association of Humanistic Practitioners.
- Rowan, J. (2016). *The reality game: A guide to humanistic counselling and psychotherapy* (3rd ed.). London: Routledge, Taylor & Francis Group.
- Rowan, J. (2018). Existentialism and spirituality, *Existential Analysis* 29(2), 222-230.
- Royal College of Psychiatrists (2014). *Good psychiatric practice code of ethics*. London: Royal College of Psychiatrists.
https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr186.pdf?sfvrsn=15f49e84_2

- Rudolfsson, L., & Milstein, G. (2019). Clergy and mental health clinicians: collaboration in Sweden: Pilot survey of COPE, *Mental Health, Religion & Culture*, 22(80), 805-818.
- Rupert, D., Moon, S.H., & Sandage, S.J. (2019). Clinical training groups for spirituality and religion in psychotherapy, *Journal of Spirituality in Mental Health*, 21(3), 163-177.
- Russell, S.R., & Yarhouse, M.A. (2006). Training in religion/spirituality within APA-accredited psychology predoctoral internships, *Professional Psychology: Research and Practice*, 37(4), 430-436.
- Sabia-Tanis, J. (2018). *Trans-gender: Theology, ministry, and communities*. Eugene, OR: WIPF and Stock Publishers.
- Sandage, S.J., Jankowski, P.J., Paine, D.R., Exline, J.J., Ruffing, E.G., Rupert, D., Stavros, G.S., & Bronstein, M. (2022). Testing a relational spirituality model of psychotherapy, clients' preferences and functioning, *Journal of Spirituality in Mental Health*, 24(1), 1-21.
- Sartre, J-P. (1943). *Being and nothingness: An essay on phenomenological ontology* (H.E. Barnes, Trans.). London: Routledge.
- Satre, J-P. (1946/2007). *Existentialism and humanism* (P. Mairet, Trans.). York: Methuen.
- Schermer, V.L. (2003). *Spirit & psyche: A new paradigm for psychology, psychoanalysis, and psychotherapy*. London: John Kingsley Publishers.
- Schreurs, A. (2020). *How to integrate spirituality in psychotherapeutic practice: Working with spiritually minded clients*. London: Routledge.
- Schulte, D.L. (2002). Religious and spiritual issues in counselling psychology training. *The Counselling Psychologist*, 30(1), 118-134.
- Schwandt, T.A. (2001). *Dictionary of qualitative inquiry* (2nd ed.). Thousand Oaks, CA: Sage Publications Ltd.
- Segal, J. (2004). *Melanie Klein* (2nd ed.). London: Sage.
- Segal, Z.V., Williams, J.M.G., & Teasdale, J.D. (2013). *Mindfulness-based cognitive therapy for depression* (2nd ed.). New York: The Guilford Press.
- Shaffer, J.B.P. (1978). *Humanistic psychology*. Englewood Cliffs, NJ: Prentice-Hall, Inc.

- Shafranske, E.P. (2009). Spiritually orientated psychodynamic psychotherapy, *Journal of Clinical Psychology*, 65(2), 147-157.
- Sim, W., Li, X., Hwang, J.Y., Hill, C.E., An, M., & Kim, D.H. (2021). The process and outcomes of spiritually integrated psychotherapies: A cross-cultural study in Asia, Africa, Europe, and Latin America, *Psychotherapy* (Chicago, Ill.).
- Sims, A. (2009). *Is faith delusion? Why religion is good for your health*. London: Continuum.
- Singler, B., & Barker, E. (Eds.). (2022). *Radical transformations in minority religions*. London: Routledge, Taylor & Francis Group.
- Skinner, B.F. (1948b). *Walden two*. New York: Macmillan.
- Skinner, B.F. (1971). *Beyond freedom and dignity*. New York: Alfred A. Knopf.
- Skinner, B.F. (1974). *About behaviorism*. New York: Alfred A. Knopf.
- Smart, N. (1969). *The religious experience of mankind*. London: Collins.
- Smith, M.J. (1998). *Social science in question*. London: Sage Publications Ltd.
- Smith, W.C. (1962/1991). *The meaning and end of religion*. Minneapolis: Fortress Press.
- Smith, J.A., & Osborn, M. (2015). Interpretative phenomenological analysis. In J.A. Smith (Ed.), *Qualitative psychology. A practical guide to research methods* (3rd ed., pp.25-52). London: Sage.
- Smith, T.B., Bartz, J, & Richards, P.S. (2007). Outcomes of religion and spiritual adaptations to psychotherapy, *Psychotherapy Research*, 17(6), 643-655.
- Society of Existential Analysis. (2019). *SEA code of ethics and professional practice*.
<https://existentialanalysis.org.uk/wp-content/uploads/2019/12/SEA-Code-of-Ethics-and-Professional-Practice.pdf>
- Sperry, L. (2012). *Spirituality in clinical practice: Theory and practice of spiritually orientated psychotherapy* (2nd ed.). London: Routledge, Taylor & Francis Group.
- Sperry, L. (2016). Varieties of religious and spiritual treatment: Spiritually orientated psychotherapy and beyond, *Spirituality in Clinical Practice*, 3(1), 1-4.

- Sperry, L., & Shafranske, E.P. (Eds.). (2005). *Spiritually orientated psychotherapy*. Washington, DC: American Psychological Association.
- Squire, C. (2012). From experience-centred to socioculturally orientated approaches to narrative. In M. Andrew, C. Squire, & M. Tamboukou (Eds.), *Doing narrative research* (2nd ed., pp.47-71). London: Sage.
- Stead, T. (2016). *Mindfulness and Christian spirituality: Making space for God*. London: SPCK.
- Stead, T. (2018). *See, love, be: Mindfulness and the spiritual life*. London: SPCK.
- Steidinger, S. (2018). Enlightened or Insane? Insights and dilemmas of wearing a psychotherapist's hat and a sociologist's hat in the field of new religious movements. In S. Harvey, S. Steidinger, & J.A. Beckford (Eds.), *New religious movements and counselling: Academic, professional and personal perspectives* (pp.32-48). London: Routledge, Taylor & Francis Group.
- Stephens, B.D. (2001). The Martin Buber-Carl Jung disputations: Protecting the sacred in the battle for the boundaries of analytical psychology, *Journal of Analytical Psychology*, 46, 455-491.
- Stevens, R. (1990). Humanistic psychology. In I. Roth (Ed.), *Introduction to psychology* (Vol. 1, pp.417-469). Milton Keynes: Lawrence Erlbaum Associates in association with The Open University.
- Stewart, I., & Joines, V. (1978). *TA today: A new introduction of transactional analysis*. Nottingham: Lifespace Publishing.
- Stiles, W.B. (1991). Longitudinal study of assimilation in exploratory psychotherapy. *Psychotherapy*, 28, 195-206.
- Streib, H. (2009). The symposium on faith development theory, *International Journal for the Psychology of Religion*, 11(3), 141-142.
- Sulmasy, D.P. (2002). A biopsychosocial-spiritual model for the care of patients at the end of life. *The Gerontologist*, 42, Special Issue III, 24-33.

- Sutton, G.W., Kelly, H.L., Griffin, B.J., Worthington Jr., E.L., & Dinwiddie, C. (2018). Satisfaction with Christian psychotherapy and well-being: Contributions of hope, personality, and spirituality, *Spirituality in Clinical Practice*, 5(1), 8-24.
- Sykes, J.B. (Ed.). (1982). *Concise Oxford dictionary*. Oxford: The Clarendon Press.
- Thielman, S.B. (1998). Reflections on the role of religion in the history of psychiatry. In H.G. Koenig (Ed.), *Handbook of religion and health* (pp.3-20). London: Academic Press.
- Thomas, M., Crabtree, M., Janvier, D., Craner, W., Zechner, M., & Bussian, L. B. (2022). Bridging religion and spirituality with gestalt psychotherapy to improve clinical symptoms: Preliminary findings using gestalt pastoral care, *Psychotherapy* (Chicago, Ill.).
- Thompson, C.E., & Jenal, S.T. (1994). Interracial and intraracial quasi counselling interactions. When counsellors avoid discussing race, *Journal of Counseling Psychology*, 41(4), 484-91.
- Thorne, B. (1998). *Person-centred counselling and Christian spirituality: The secular and the holy*. London: Whurr Publishers Ltd.
- Tillich, P. (1952). *The courage to be*. London: Yale University Press.
- Tillich, P. (1957). *Dynamics of faith*. New York: Harper & Row Publishers.
- Tobert, N. (2017). *Cultural perspectives on mental wellbeing: Spiritual interpretations of symptoms in medical practice*. London: Jessica Kingsley Publishers.
- Trusty, W.T., Swift, J.K., Black, S.W., Dimmick, A.A., & Penix, E.A. (2021). Religious microaggressions in psychotherapy: A mixed method examination of client perspectives, *Psychotherapy* (Chicago, Ill).
- Tudor, K. (2019). Religion, faith, spirituality, and beyond in transactional analysis, *Transactional Analysis Journal*, 49(2), 71-87.
- Turner, D. (2016). We are all of us other, *Therapy Today*, 27(5), 17-19.
- Tyler, P. (2018). *Christian mindfulness: Theology and practice*. London: SCM Press.

United Kingdom Association of Humanistic Psychology Practitioners. (2018). *Code of practice and ethical principles*.

<https://ahpp.org.uk/code-of-ethical-principles/>

United Kingdom Council for Psychotherapy (2019). *Code of ethics and professional practice*.

<https://www.psychotherapy.org.uk/media/bkjdm33f/ukcp-code-of-ethics-and-professional-practice-2019.pdf>

Valle, R.S., king, M., & Halling, S. (1989). An introduction to Existential phenomenological thought in psychology. In R.S. Valle, & S. Halling (Eds.), *Existential-phenomenological perspectives in psychology: Exploring the breadth of human experience* (pp.3-16). London: Plenum Press.

Vandenberghe, L., Prado, F.C., de Camargo, E.A., & Gibbons, J. (2012). Spirituality and religion in psychotherapy: Views of Brazilian psychotherapists, *International Perspectives in Psychology: Research, Practice, Consultation*, 1(2), 76-93.

Verhagen, P.J. (2019). *Psychiatry and religion, controversies and consensus: A matter of attitude*. Duren: Shaker Verlag.

Vetter, G.B. (1958). *Magic and religion: Their psychological nature, origin, and function*. New York: Philosophical Library.

Vieten, C., & Lukoff, D. (2021). Spiritual and religious competencies in psychology, *The American Psychologist*, APA.

Vieten, C., & Scammell, S. (2015). *Spiritual & religious competencies in clinical practice: Guidelines for psychotherapists & mental health professionals*. Oaklands, CA: New Harbinger Publications Inc.

Wade, N.G., Worthington Jr., E.L., & Vogel, D.L. (2007). Effectiveness of religiously tailored interventions in Christian therapy, *Psychotherapy Research*, 17(1) 91-105.

Walker, D.E. (1956). Carl Rogers and the nature of man, *Journal of Counseling Psychology*, 3, 89-92.

- Walker, D.F., Courtois, C.A., & Aten, J.D. (Eds.). (2015). *Spiritually orientated psychotherapy for trauma*. Washington, DC: American Psychological Society.
- Walker, D.F., Gorsuch, R.L., & Tan, S-Y. (2004). Therapists' integration of religion and spirituality in counseling: A meta-analysis, *Counselling and Values*, 49(1), 69-80.
- Walsh, F. (Ed.). (2009). *Spiritual resources in family therapy* (2nd ed.). London: The Guilford Press.
- Walsh, F. (Ed.) (2012). *Normal family processes: Growing diversity and complexity* (4th ed.). London: The Guilford Press.
- Walsh, R.T.G. (2015). Making a discursive space in psychology for qualitative report-writing. *Qualitative Psychology*, 2(1), 29-49.
- Ward, K. (2014). *The evidence for God: The case for the existence of the spiritual dimension*. London: Darton, Longman, & Todd Ltd.
- Watmough, R. (2013). *Exploring the relationship between MBCT and spirituality* [D.Clin.Psych., Canterbury Christ Church University]. British Library <http://ethos.bl.uk/OrderDetails.do?did=10&uin=uk.bl.ethos.583304>
- Watts, F. (2017). *Psychology, religion, and spirituality: Concepts and applications*. Cambridge: Cambridge University Press.
- Watts, M. (2017). The reflective practitioner: some personal reflections. In R. Bor, & M. Watts (Eds.), *The trainee handbook: A guide for counselling and psychotherapy trainees* (4th ed., pp.414-427). London: Sage Publications Ltd.
- Watson, J.B. (1928). *The ways of behaviorism*. New York: Harper & Brothers.
- Wells, K. (2011). *Narrative inquiry*. Oxford: Oxford university Press.
- West, W. (2000). *Psychotherapy & spirituality*. London: Sage Publications Ltd.
- West, W. (2010). Counselling, psychotherapy and religion. In C. Lago, & B. Smith (Eds.), *Anti-discriminatory practice in counselling & psychotherapy* (2nd ed., pp.86-93). London: Sage Publications Ltd.

- Wilber, K. (2017). *A brief history of everything*. Boulder: Shambhala Publications, Inc.
- Wilk, K. (2014). Using a pluralistic approach in counselling psychology and psychotherapy practice with diverse clients: Exploration into cultural and religious responsiveness within a western paradigm. *Counselling Psychology Review*, 29(1), 16-28.
- Willig, C. (2013). *Introducing qualitative research in psychology* (3rd ed.). Maidenhead: Open University.
- Willig, C., & Rogers, W.S. (Eds.). (2017). *The Sage handbook of qualitative research in psychology* (2nd ed.). London: Sage Publications Ltd.
- Wills, F., with Sanders, D. (2013). *Cognitive behaviour therapy: Foundations for practice*. London: Sage Publications Ltd.
- Winnicott, D.W. (1953). Transitional objects and transitional phenomena. *International Journal of Psycho-Analysis*, 34, 89-97.
- Winnicott, D.W. (1963). Morals and education. In D.W. Winnicott, *The maturational processes and the facilitating environment* (pp.93-105). London: Karnac.
- World Health Organization. (2022). *ICD-11 Classification of mental and behavioural disorders: Clinical descriptions and diagnostic guidelines*.
<https://icd.who.int/browse11/l-m/en#/http://id.who.int/icd/entity/1436113794/mms/other>
- Worthington Jr, E.L., & Sandage, S.J. (2001). Religion and spirituality. *Psychotherapy: Theory, Research, Practice, Training*, 38(4), 473-478.
- Wulff, D.M. (1997). *Psychology of religion: Classic and contemporary* (2nd ed.). Hoboken, NJ: John Wiley & Sons, Inc.
- Yarhouse, M.A., & VanOrman, B.T. (1999). When psychologists work with religious clients: Application of the general principles of ethical conduct. *Professional Psychology: Research and Practice*, 30(6), 557-562.
- Zahid, N. (2021). Lifting the white veil of therapy. In D. Charura, & C. Lago (Eds.), *Black identities + white therapies: Race, respect + diversity* (pp.107-118). Wylstone Leys, Monmouth: PCCS Books Ltd.

- Zakaria, N., & Mat Akhir, N.S. (2017). Incorporating Islamic Creed into Islamic Counselling Process: A Guideline to Counsellors, *Journal of Religion and Health*, 58(3), 926-936.
- Zoeliner, L.A., Bentley, J.A., Feeny, N.C., Klein, A.B., Dolezal, M.L, Angula, D.A., & Egeh, M.H. (2021). Reaching the unreached: Bridging Islam and science to treat mental wounds of war, *Frontiers in Psychiatry*, 12, 5999293-599293.
- Zinnbauer, B.J., & Pargament, K.I. (2000). Working with the sacred: Four approaches to religious and spiritual issues in counselling. *Journal of Counseling & Development*, 78(2), 162-171.

Appendices:

Appendix A: Invitation for Participants

Linda Tayler, a DCPsych student at New School of Psychotherapy and Counselling who has Ethics approval from their Ethics Board, is looking for participants for a doctoral research project.

The research seeks to find out about Counselling Psychologists' experience of working with religious clients, what has helped and/or hindered their work and what might benefit it. My research should be practically useful to organisations providing initial training and Continuing Professional Development.

Potential participants would have to be:

Qualified Counselling Psychologists who have worked with religious clients

I would like participants who are not religious, as well as those who are

Interviews will take place on Skype

Contact details for more information:

[REDACTED]

[REDACTED]

Appendix B: Participant Information Sheet



The New School of Psychotherapy
61-63 Fortune Green Road,
West Hampstead,
London NW6 1DR
020 3515 0223



Middlesex University
The Burroughs,
Hendon,
London NW4 4BT
020 8411 5000

Participant Information Sheet

Date: 16/04/20

Research Title:

Counselling Psychologists' experience of working with religious clients: what has helped and/or hindered their work and what might benefit it

Researcher: Linda M Tayler; lmtayler49@gmail.com

Supervisor: Prof Digby Tantam; digby@nspc.org.uk

Invitation paragraph

Hello, my name is Linda Tayler and I am a doctoral student at New School of Psychotherapy and Counselling. For my doctoral studies, I am exploring the relationship between psychotherapy and religious faith. This is a topic area very close to my heart and I would be really pleased if you would agree to being one of my eight research participants.

What is the purpose of the research?

As religious faith is of significance to many people in Britain today, it seems important to find out about Counselling Psychologists' experience of working with religious clients, what has helped and/or hindered their work and what might benefit it. My research should be practically useful as I hope to be able to feed information back to organisations that provide initial training and Continuing Professional Development to help them with the provision of appropriate training for work with religious clients.

Why have I been chosen?

I am endeavouring to recruit Counselling Psychologists of all ages and genders, from different ethnic and cultural backgrounds who are religious as well as those who are not, to ensure that my research is balanced

and that I obtain a rich breadth of experiences and ideas. I also hope to obtain a mix of training organisations represented and concurrently a mix of modalities. The only pre-requisite is that you have worked with clients who are religious.

What will happen to me if I take part?

If you would like to take part in this research project, I would like to talk with you first to explain what is involved in the research process, provide you with an information sheet and answer any questions you might have before you make any commitment to be a participant. This is exploratory and you do not have to take part in the research project.

If you would like to be a participant in the research project, I would arrange a day and time to suit you, for us to meet on Skype. The interview/meeting would last for between 1 ½ to 3 hours depending on how much you have or would like to say. I will be recording the meeting and will then use the material from the meeting to write up a narrative/story of you and your work with religious clients and your reflections on training and CPD. I would then arrange a second meeting so you could read the narrative/story to check its accuracy and make any changes, additions or deletions that you wish. This meeting should only take between 30 to 45 minutes and again will be on Skype. Participants are free to stop the interview at any time and withdraw without giving reasons for doing so. I will be covering the expenses you incur by participating in this research project.

What are the possible disadvantages to taking part?

A disadvantage to taking part in this research project would seem to be the time commitment you would need to make of between 1 ½ to 3 hours for the interview on Skype, and a further 30 to 45 minutes for a follow-up Skype meeting. The topics we cover in the interview are unlikely to cause distress but should difficult emotions surface, I will suspend or terminate the interview should you wish.

What are the possible advantages of taking part?

Personally, you may appreciate having the opportunity to reflect on your work with religious clients with someone who is really interested in how you have experienced this work. It might help you to gain greater clarity and insight into working with religious clients.

Professionally, I would hope that what you have to say will provide valuable insights into what it is like to work with religious clients, insights that can be shared with other Counselling Psychologists to benefit such work, and information that can be relayed to training organisations to enable them better to prepare Counselling Psychologists for working with religious clients.

Consent

Though I will need to obtain written consent from you for your participation in this research project, you may still withdraw from the project up until the time that the data is analysed. I will go through the consent form with you before the interview to make sure you have been fully informed about the aims and nature of the research and your participation in it.

Who is organising and funding the research?

Although my research is being completed through New School of Psychotherapy and Counselling and is overseen by this training institution, I am organising and self-funding my research.

What will happen to the data?

The data that results from this research project will be anonymised and coded, with identifying features removed. You will be identified with a code and not your name. Identifying data, your name and contact

details, and code, will be kept separately and securely. Data will be kept on an encrypted external hard drive and anonymised paper copies will be kept in a locked cabinet in my home. The data, including audio recordings, will be stored on a password protected computer in a locked filing cabinet in my home. Only my supervisor and I will have access to the data. This data will be stored for 10 years. The data generated, with all identifying features removed, will be used for my doctoral thesis, and for other academic purposes including journal articles.

Who has reviewed the study?

The NSPC Research Ethics Panel, of the Middlesex University Research Ethics Committee, has approved this project.

Concluding section

If there is anything else you would like to know or get greater clarification on, please get in touch with me and I will do my best to answer your questions.

Thank you for taking the time to read this participant information sheet.

Appendix C: Written Consent Form



The New School of Psychotherapy
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Middlesex University
The Burroughs,
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020 8411 5000

Written Informed Consent

Title of study: Counselling Psychologists' experience of working with religious clients: what has helped and/or hindered their work and what might benefit it

Researcher: Linda M Tayler; lmtayler49@gmail.com

Supervisor: Prof Digby Tantam; digby@nspc.or.uk

Academic year: 2020-2021

- I have been fully informed of the details of the research as explained to me by the researcher, and confirm that I have consented to act as a participant.
- I have been given contact details for the researcher in the information sheet to keep.
- I understand that my participation is entirely voluntary, that all reasonable steps will be taken to ensure my data will not be identifiable, and that I have the right to withdraw from participating in the project without any obligation to explain my reasons for doing so.
- I further understand that I can ask for my data to be withdrawn from the project until data analysis begins in September, 2020
- I give my consent for the data I provide to be used for analysis and subsequent publication, including Doctoral thesis, journal articles, research papers, teaching and conference material, and books, on the proviso that all identifying information and features are removed.
- I agree to the audio-recording of the interview and the storage of my data for 10 years on an encrypted external hard drive or in a locked cabinet in the researcher's own home and at NSPC.

Print name

Sign Name

date: _____

To the participant: Data may be inspected by the Chair of the Psychology Ethics panel and the Chair of the School of Science and Technology Ethics committee of Middlesex University, if required by institutional audits about the correctness of procedures. Although this would happen in strict confidentiality, please tick here if you do not wish your data to be included in audits: _____

Appendix D: Debriefing Form



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Middlesex University, School of Science and Technology
Psychology Department

Debriefing Form

Title of study: Counselling Psychologists' experience of working with religious clients: what has helped and/or hindered their work and what might benefit it

Researcher: Linda M Tayler; lmtayler49@gmail.com

Research Supervisor: Prof Digby Tantam; digby@nspc.org.uk

Thank you for taking the time to participate in this research study and for making a valuable contribution to our knowledge about Counselling Psychologists' experience of working with religious clients: what has helped and/or hindered their work and what might benefit it.

Given the significance of religious faith to so many people in Britain and the historically problematic background to the relationship between psychotherapy and religion, and the lack of research in Britain in this area, it seems important to find out about Counselling Psychologists' experience of working with religious clients. I hope in this way to be able to improve both the working experience of Counselling Psychologists, the experience of therapy of religious clients, and mental health outcomes.

I hope you have understood the overall aim and purpose of this study and enjoyed your participation in it. Please note that now your interview had been conducted, should you have any queries or concerns, you can contact me or my supervisor on the contact details at the top of the page.

You are free to withdraw from this research project any time up until the analysis of the data, September, 2020. The data will be transcribed by a transcriber that has been vetted and approved by Middlesex University and s/he will not keep any data. The original recordings will be destroyed after 10 years. The data collected will be anonymised and coded with identifying features removed. Data will be kept on an encrypted external hard drive and a password protected computer, and paper copies will be kept in a locked cabinet in my home. Only my research supervisor and I will have access to the data. Identifying data, your name and contact details, and your code, will be kept separately and securely. On completion of the doctoral project, all the data will be held by NSPC and will be confidentially destroyed after 10 years.

This research project may have brought up memories and/or strong emotions that you might like to talk through with a trained professional. You could contact your GP, your usual personal therapist, one of the counselling and psychotherapy organisations listed below, some other counselling and psychotherapy organisation in your area, or other charities or organisations in your local area that also could provide the support that you need. If you come from a religious faith community, you may appreciate talking with a leader or someone else within that faith community.

UKCP Psychotherapy Register - <http://members.psychotherapy.org.uk/find-a-therapist/>

BACP Psychotherapy Register - <https://www.bacp.co.uk/about-therapy/how-to-find-a-therapist/>

Appendix E: Transcription of Interview 1

Participant 1a Interview

I: Interviewer

P: Participant

P: Yeah, that's fine. So, I was going on to tell you I was born in [REDACTED] I am the fourth child of five.

I: Yeah.

P: Um, of my parents, well, my father was a journalist over there and he was going to try to, kind of, get into politics at the time. And for work reasons, he came over to the U.K., and then felt that the U.K. was a better place to provide, um, the standard of life that he wanted to, for, his five daughters.

I: Yes.

P: So, after kind of settling down, um, he, um, my mother arranged our position in Turkey and we flew us over to England.

I: Yeah.

P: So I arrived to the U.K. when I was about three and a half, four years old.

I: Right, so this is really sort of where your home is. You identify with this as being your home.

P: As in the U.K.?

I: Yeah.

P: Um, well, not really, no. Because we've always had a really strong kind of connection back in our homeland. So, actually once my father, kind of, put us through a level of education and we're all kind of getting into our professions he then retired and went back and spent a lot of time over there. So he would come over during the winter months only.

I: Yeah.

P: So my childhood as well when I was growing up, uh, we would always go back during summer holidays and spend most of our summer holidays over there. So, um, I see myself... I, I've often been asked about this, and I see my identity as a modern [REDACTED].

I: Yeah.

P: And so, I kind of have those core values over there.

I: Yes, yeah.

P: And, but I'm, you know, I was raised in the U.K. and I also appreciate and value those Western ideologies as well.

I: Yeah.

P: So I'm a bit in-between.

In terms of our religion, so I don't know how much you know about, um, [REDACTED] but it's a very diverse actually country. So, due to um, the [REDACTED]...

I: Yes.

P: There was a lot of shifting around. Um, and although the majority of, uh, people identify their religious background as Muslim, I'm part of a minor ethnic group within Turkey who, um, who is not Muslim.

I: Yes.

P: So, we, we have a specific kind of branch of Islam, um, called [REDACTED].

I: Yes.

P: Which is more philosophical in its approach.

I: Yeah.

P: So we don't actually have a, we don't, we aren't required to go to mosque. Actually, we don't have a, um, institute or building that we will go and worship. We believe that uh, you know, we believe that you kind of lead your life. And wherever you feel the need to be close to God.

I: Yeah.

P: ... You are close to Allah. So certain practices that Muslim people do, we do not follow.

I: No, I don't know that particular branch of Islam. Can you explain that? Can you spell it for me then I can look it up? 'Cause that sounds interesting.

P: Yeah, I can. So it's [REDACTED].

I: [REDACTED].

P: [REDACTED].

I: [REDACTED].

P: Yeah, that's it.

I: Yes, [REDACTED].

P: [REDACTED]. I have looked at it, and it doesn't, unfortunately, when you look it up it doesn't really come up. But, if you ask a Turkish person, they will know.

I: They will know.

P: It's one of those, yeah, and I think there's certain groups, or, in parts of east Europe...

I: Yeah.

P: Also, in part of [REDACTED], um, I know they have a... So, yeah. We kind of differ a little bit from the Muslim and actually during the, um, there's a period in Turkish history where, uh um, there was a bit of an up rise of the Muslim related toward my religious group.

I: Yeah, yes.

P: Um, so we have a big tablet of history with Muslims, but we're all Turkish.

I: Yeah.

P: Um, it's just that we follow a different kind of practice.

I: So, and where are you now with your religious faith? Your beliefs? Are you still...?

P: Well, because it... because it's so flexible, actually like I said, it's more of a way of life. More of a philosophy, more like the Buddhists kind of.

I: Yeah.

P: Idea, so it's, um, where nothing is considered too... you know, we can drink. Uh, we can, you know, we don't need to, like I said, go to church every Sunday, or pray five times a day.

I: Hmm.

P: So, it's very very flexible, which means that it's not very difficult to, kind of, incorporate it into my lifestyle.

I: Yeah.

P: But the main kind of principles, I think, or the ones I uphold, is this idea that, you know, we're part of, um, a wider system. So, you know, everything is connected.

I: Yeah.

P: Um, and that, you kind of don't necessarily believe in Hell or Heaven. Well we believe that through your behavior, uh, you can create a hell or heaven here on earth.

I: Yeah.

P: And then on, you know, on what kind of life you lead...

I: Yeah.

P: And what kind of relationships you have with others.

I: Yeah.

P: This is kind of the principles, which you know, it fits very well in terms of my outlook to life.

I: Yeah. And how do you see the difference? Do you see a difference between um, religion and spirituality?

P: Yes, uh, I do. I think, uh, I think they're connected, but there is a difference. Uh, I think, uh, spirituality... when someone says they're religious, um, you can, you can, you know, there's certain practices that they will follow in the name of that, um, religious belief.

I: Yes.

P: Whereas, spirituality, is more, a uh, more a sense, you know that there isn't somebody you always need to follow. Or, uh, ways of being, uh, principles one can follow. It's more a mentality, um.

I: Hmm.

P: In my religion kind of fits into both. 'Cause like I said, it's more of a philosophical outlook.

I: Yes.

P: Rather than this kind of, uh, um, you know how we, how we know religion as being, especially when I compare it to the Muslim religion.

I: Yeah, yeah. And, and you trained at, um, [REDACTED].

P: Yes.

I: And you, and you work in the person-centered way of working, yes? Is that how you work on existentially as well?

P: They were my core, um, they were the core, uh, education pillars.

I: Yes.

P: At Roehampton in terms of training for psychologists.

I: Yes, hmm.

P: Um, however, I now work primarily in the NHS, um, depending on what type of role I'm in.

I: Yeah.

P: And, I kind of take a bit from honestly, I think Personal centred is fundamental mental to Counselling Psychology.

I: Um, yep.

P: Or any formal therapeutic relationship really. Um, and I think existential is helpful to hold in mind, um, but, obviously for work reasons and evidence-based practice, I do also rely on my Cognitive-behavioural therapy.

I: Yeah.

P: So, it's with those three really. Um, when I say Cognitive-behavioural therapy, I'm also including the third way of CBTs as well

I: Yes

P: Mindfulness.

I: Hmm, so can you tell me about your work with religious clients? When you get a referral, are you aware of somebody comes that they're religious? Or is that part of your assessment?

P: Uh, sometimes I'm aware because of the nature of the referrals. So, um, it might be that their presentation is quite closely connected to, um, some form of religious, um, uh, kind of connection. So, um, or that might come out of our sessions.

I: Hmm.

P: That's um, yeah, or it's, it's kind of there but then I need to ask about that kind of thing in the sessions.

I: Yeah, yeah.

P: So it, for example, it might be someone who identified as a Christian but who is also have being maybe you know, seeing me for OCD-related problems.

I: Yeah.

P: Um, so sometimes in the session it might come out. And actually this has happened where I was working with a young adolescent, uh, who was presenting with very severe OCD, and uh, was, uh, religious in background, and through our working together, it, it kind of transpired that, um, she started having certain thoughts as a result of Christianity and, you know, what Christianity says what you should and should not be doing.

I: Hmm.

P: And it was over, kind of, sexual, you know, when she kind started entering puberty and she started feeling kind of attracted to boys and so forth and she, she was very much told you're going to church, just overhearing things, that one needs to remain kind of away from those things and so until they are married. So, there was this kind of conflict and she needed and it just kind of led from that to a need to cleanse herself from those thoughts and that led to OCD.

I: And, and how did this impact you when you're working with someone like that and this sort of thing comes up? How does this impact you? Does it?

P: Basically, um, in my work where I have worked with clients who, um, have presented with a connection from religion, it seems to be quite a thing where, um, the restrictions of religion then apply to the person's life.

I: Hmm.

P: Um, so, but there, over the years, I see there seems to be some sort of correlation between religion and mental health.

I: Hmm.

P: And, of course, you know, obviously, uh, um, I'm just kind of over-generalizing 'cause I'm seeing people who have...

[Beeping sound. Call interrupted]

I: I didn't get that; it paused. So you were talking about, um, the relationship between mental health and religion and then I didn't hear any more.

P: Yes. Oh sorry, yeah. I was just saying that, of course I'm maybe over-generalizing because I see people who have mental health problems who are also religious.

I: Yes.

P: But often there seems to be some form of a connection between the two.

I: Yeah.

P: You know, some form of either someone who is raised quite religiously then develops, uh, mental health problems that are related to their beliefs.

I: Yes.

P: Uh, um, and that you know goes across the board. So, another thing, another area that I worked in is adult psychosis.

I: Yeah.

P: So, often people who are diagnosed with schizophrenia, uh, seem to, you know, their ideas seem to be related to their religious views.

I: Yes. And how does that, how does that impact you? How is that for you?

P: Um.

I: That you are aware of this?

P: It's a bit, I mean, it's, it's, with that client group, it's a bit difficult because, uh, you know, you get into a bit of, you don't want to get into a dialogue where you are, you seem to be denying, uh, or somehow belittling their religious beliefs. But also, you have to try and help them to see that some of their religious beliefs and in terms of how it's impacting them is having a negative you know impact on their ability to function and be in relationships. And so there's, there's a difficult challenging balance.

I: Yeah. Yes, it sounds like you're a little bit torn. You know, you want to be respectful with the person.

P: Yes.

I: But can see that it's causing a problem.

P: Yes.

I: That's with your psychologist hat on. And to be able to be open so it's very delicate, um, a very delicate thing to be dealing with for you in therapy.

P: Yeah, yeah.

I: That's quite hard.

P: Yeah, and even, like I, I'm, one person comes into mind where he, uh, he believed that God was speaking to him and he would, he would, um, do things, or accept things on the basis of that. So, it's kind of difficult to be able to offer support to someone without, as I said, uh, you don't want to be disrespectful to their religious belief.

I: Hmm. How does this leave you? 'Cause you're saying that you see people with mental health problems and who are religious. How, how does it affect you? What you're thinking about religion? Or does it not? It may not. When you see that parallel when you can see that they're having difficulties because of how they're interpreting their religion?

P: Yeah, when I have my professional hat, it causes, it causes a challenge, like I said. So, um, you know, because, in some ways you can see that their religious view... in some ways, because somewhere along the line they've got a very fixed routed view about how things should be. And that in turn is causing the difficulties they experience. Uh, so, so in terms of professional work, sometimes it can cause a barrier

I: Yeah. And how does this leave you thinking? What, how does this leave you thinking about religion?

P: Well, I, I guess it's... because it's particularly with religious upbringings I guess about how dogmatic it can be.

I: Yes.

P: And the long-term impact of that, you know. When you're a young child, going to the mosque or to the church, carrying out practices, certain things might seem quite normal. That's like I said with the adolescent, young girl, it's what you can pick up and how you can interpret it- this information as a young child as it is. That then kind of gets fixed in your mind as being one way.

I: Yeah.

P: And so sometimes I feel, gosh, it can cause more harm than help or be helpful.

I: Yeah, yeah. And does, because you're coming from a faith background yourself, um, does that, how do you find that? Does that help you, um, with your work?

P: Yes, it helps because, yeah, it's helpful because, you know, one of the principles of our, uh, my religion is, for example, we don't believe in one god.

I: Hmm.

P: Uh, so, as well as believing in Muhammed, we believe in Jesus, but not that he's the son of Christ. So, there's more inclusive and I hear certain things and it doesn't, it doesn't affect me. And the, the other part of it is that because I have got a religious belief, I'm able to hear those things whereas I find that some colleagues, especially, you know, in the medical areas, some colleagues who don't, who, you know, describe themselves as being atheists or don't identify with any particular religion, um, they, they struggle.

I: Hmm.

P: More so with clients or patients. Yeah, because I also worked in palliative care, and part of our NDT also included myself but also a member of the chaplaincy attending. And there were some comments by, made by, like the consultant, or, you know, just somebody. Because obviously, it's palliative care so it's quite a, can be quite a dark, depressing area to work in. I think his attempt was too much for those NDT meetings but of course, having spoken to the chaplaincy, uh person, who after the meetings think that some of that could be interpreted differently.

I: Yeah.

P: And I, yeah, so I think that sometimes those who, those colleagues who identify as not being religious find it more difficult to hear the minds of the patients' religious needs.

I: So, you're, what you're saying is, your own faith, being open to faith, religious faith, your own experience sensitizes you?

P: Yes, yeah.

I: You're able to draw on that. Yes. So, um, would you say then that your faith influences the way you work?

P: Yes, I guess so. Yes, it does.

I: Yes, it does.

P: Yes. Cause it influences how I, how I behave in other areas of my life. So, I guess it would undoubtedly influence my work. And some of it is mirrored within the person-centered core beliefs about really valuing the person. So, it fits very well within my own religious beliefs.

I: Yeah. So, so these are, this has helped you with your work because you, with having a faith background and sensitivity to it, and also your own modality that you work within has helped you as well.

P: Yes. Yes, that's right.

I: Has, has anything, um, hindered you in any way in your work with religious clients would you say?

P: Uh, I mean, I think it's always difficult isn't it when you get asked that question, especially when the topic of religion comes up in sessions. Uh, and the person asks you what religion, what religious background are you? Or, they make assumptions cause, you know, somehow from your name, or somewhere they identified you as being Muslim, you know, being Turkish and automatically think that you're Muslim. So, I think, sometimes that can, in itself, cause a barrier because people that might hold certain views about, um, their religion in comparison to someone else's religion, or be contemplative or careful about how their therapist might respond to them. So, it might close down conversations as well. Um, I'm just wondering if that actually might be happened in my... I don't think it happened in my, has happened in mine, but it has happened I, I have worked with Muslim ladies who are wearing a headscarf, and obviously they know that I'm Turkish so there's always this question of, you know, given that I'm not wearing a headscarf, and that's not to say that all Muslim women wear headscarves. In Turkey, you know, some women wear it and some don't, but I guess especially within the last decade or so with the current Prime Minister, there are these kind of more symbolic ways of showing your faith. So, I don't know if it's caused some more closure with certain things being discussed, in therapy but it's at the back of my mind anyway.

I: So, you're aware of it, you're saying, when you're working with somebody. You're conscious of where there's a difference. There's assumptions going on. And that, this, and you feel like this has hindered your work sometimes?

P: Yes, I, I wouldn't know if it has or not. I don't, I haven't even kind of doubted it, but as a psychologist I guess it's important to be aware of my background and the difference between myself and the client I'm working with

I: Hmm.

P: So, it's something that I do hold in mind.

I: Hmm. And are there any things you think that might benefit your work with religious clients? When you think back of, you know, your life and your training and how it's been? Are there any things that you can think of might benefit it in any way?

P: I mean, I think it's when I'm working in palliative care, it's often something that comes up as people are approaching the end phase of their lives. And in that way, I think it's somewhat more useful. And, because, you know, where you, because that's where they're losing control of what's going to happen, uh, it's whether you have this discussion, especially if the person believes that they're going to go, you know, there's a life after.

I: Yes.

P: They wouldn't have been, that's been a kind of a helpful discussion to have. I guess, in my view, although I don't, you know, I don't necessarily believe there is, uh, kind of an afterlife, I am not so closed to that. I know the idea, so that's been really helpful. Um, I guess it's always important to be curious as well of other people's religion.

I: Hmm.

P: Uh, so in that way, it's, you know, in terms of my background, I was kind of, in my own country, I was a ethnic group.

I: Yeah.

P: And then I came over to the U.K. and I'm an ethnic group here as well. Um, and I think that gives you, as you've mentioned before, gives me more, almost sensitizes me a little bit more about different people's experiences and beliefs. And, you know, not to make assumptions.

I: How comfortable are you? Do you feel comfortable bringing religion in, bringing religion up and talking about these things within, with your clients?

P: Sometimes, yeah. In palliative care, I probably would have asked more so. Do you identify yourself as being religious or spiritual? I would ask that. In my other kind of areas that I don't acknowledge it is not something that, it's not on a form or even an assessment unless there seems to be something in the referral to indicate so. But where it does come up, um, I'm open to hearing it, but I'm not sure if I'm as well informed as I should be, um, in terms of religious matters. So, um, yeah, I think probably... probably, you know, I guess you can only be so much informed. I think I probably should be more informed about different religions and different practices and so forth.

I: Yeah. So that's a little bit of a hinderance. You're quite open. It sounds to me like you're quite open to talking about things if the client brings them up.

P: Yeah.

I: Or if it's necessary. But there is this awareness that you don't perhaps, that you don't feel quite adequate, you know. You haven't got the training or the knowledge to be able to. And it would help you if you had a little bit more understanding of the different...

P: Yeah, and that's quite a good point, actually. Because of our training doesn't cover these things. It's very much focused on, um, approaches and how to apply them, but it doesn't look at individual differences and individual needs in terms of religion and culture or race. Uh, that's something that you kind of learn as you go along.

I: Yes, so if you think about your training, um, your initial training, um, was it useful to you in terms of your work with religious clients? Or have you had to learn as you've gone along?

P: No, I don't think it was. Um, there wasn't very much anyway. It was definitely not a module or some module related to religious things and how to work with a client that might have a different religious background to you. Um, so that has been very much learned on the job as I go along, really.

I: Hmm. So what would you have liked? Is there something, thinking about what might have benefitted you, what do you think might have benefitted you in your training which would have helped with your work with religious clients?

P: I mean, I hope things have changed, but I think it's quite vital given that we now live in a multicultural, um, very diverse, uh, Britain, but there needs to be at least one module along that three years that is dedicated to working with, you know, different people from different backgrounds, religions, or racial.

I: Hmm.

P: And to really kind of, even throughout, I think there was some of this, but it wasn't taught, you know, it was kind of, I think maybe one, or two lectures might have indicated how, you know, some of the theories that we, uh, read, and the approaches that we put into practice, and how we but they don't necessarily account for differences. It comes from a very, kind of, uh, particular background that one needs to be aware of I think when you're working with, uh, different groups of people. And that wasn't even there really, unless, you know, one questioned it. It was a bit of a black and white, um, method of teaching this. This is separate, this is the model, this is the approach, you go out and apply it, regardless of the person. Which seems very un-person-centered really.

I: So you, so you're saying you'd like to see some sort of proper teaching on different and specifically some time on it in your training, working with different religious groups. Yeah.

P: Yes, yeah. I think there are probably only post, um, post-studies that have gone into working, I think only really one approach I've seen that really takes that on board is the systemic approach.

I: Yes.

P: The systemic family, that seems to really understand the value of those different elements.

I: So, the systemic approach appreciates the cultural differences and how they can... and how they can affect the client. The others haven't done this.

P: No, unfortunately not.

I: Is there anything else you feel you'd like to add as we come towards the end?

P: Um, no I don't think so really. I think it's an important and interesting area. I think more work needs to be done in this, because like I said, there isn't that much training available. Um, and actually my, kind of understanding and awareness has come through people working directly with clients and feel the

need to go and educate myself and doing further personal training. Or, though, you know, watching theatre that might be addressing these issues. Um, so those kind of resources as well other than more formal training.

I: Yes.

P: In terms of when you're into work life, you know, there are mandatory training such as equality and diversity, but that's taking a very broad approach. Um, I don't work out specifics in terms of a therapeutic approach when working directly with someone. Um, so yeah, hopefully more of what you're researching will come forward and actually make a difference in terms of practice.

I: Yeah, ok. Well that's lovely. Thank you so much.

Appendix F: Draft Narrative

Participant 1:

My experience of working with religious clients: what helped, hindered, and what might benefit it

- **My personal and professional background**

- ❖ **Personal background**

I was born in A. I am the fourth child of five. My parents, well, my father was a journalist over there and he was going to try to, kind of, get into politics at the time. And for work reasons, he came over to the UK, and then felt that the UK was a better place to provide, um, the standard of life that he wanted to, for, his five daughters. So, after kind of settling down, he, my mother arranged our position in X and we flew us over to England. So, I arrived to the UK when I was about three and a half/four years old.

Well, [I do] not really [identify the UK as home], no, because we've always had a really strong kind of connection back in our homeland. So, actually once my father, kind of, put us through a level of education and we're all, kind of, getting into our professions, he then retired and went back and spent a lot of time over there. So, he would come over during the winter months only.

So, my childhood as well, when I was growing up, we would always go back during summer holidays and spend most of our summer holidays over there. So, I see myself... I, I've often been asked about this, and I see my identity as a modern A. So, I kind of have those core values over there. And, but I'm, you know, I was raised in the UK and I also appreciate and value those Western ideologies as well. So, I'm a bit in-between.

In terms of our religion, so I don't know how much you know about, ■, but it's a very diverse actually country. So, due to the ■ Empire... there was a lot of shifting around. and although the majority of people identify their religious background as Muslim, I'm part of a minor ethnic group within ■ who, who is not Muslim. So, we, we have a specific kind of branch of Islam, called ■, which is more philosophical in its approach. So, we don't actually have a, we don't, we aren't required to go to mosque. Actually, we don't have a, um, institute or building that we will go and worship. We believe that uh, you know, we believe that you kind of lead your life. And wherever you feel the need to be close to God, ... you are close to Allah. So certain practices that Muslim people do, we do not follow. I have looked at ■, and it doesn't, unfortunately, when you look it up, it doesn't really come up. But, if you ask a ■ person, they will know. It's one of those, yeah, and I think there's certain groups, or, in parts of east Europe..., also, in part of Syria, um, I know they have a... So, yeah, we kind of differ a little bit from the Muslim and actually during the, ... there's a period in X history where there was a bit of an up rise of the Muslim related toward my religious group. So, we have a big tablet of history with Muslims, but we're all X. It's just that we follow a different kind of practice.

Well, because it... because it's so flexible, actually like I said, it's more of a way of life. More of a philosophy, more like the Buddhists kind of idea, so it's where nothing is considered too... you know, we can drink. We can, you know; we don't need to, like I said, go to church every Sunday, or pray five times a day. So, it's very, very flexible, which means that it's not very difficult to, kind of, incorporate it into my lifestyle. But the main kind of principles, I think, or the ones I uphold, is this idea that, you know, we're part of a wider system. So, you know, everything is connected, that, you kind of don't necessarily believe in Hell or Heaven. Well, we believe that through your behaviour, you can create a hell or heaven here on earth and then on, you know, on what kind of life you lead... and what kind of relationships you have with others. This is kind of the principles, which you know, it fits very well in terms of my outlook to life.

I do think [religion and spirituality are different]. I think they're connected, but there is a difference. I think spirituality, ... when someone says they're religious, you can, you can, you know, there's certain practices that they will follow in the name of that, religious belief. Whereas, spirituality, is more, a more a sense, you know, that there isn't somebody you always need to follow, or ways of being, principles one can follow, it's more a mentality. In my religion,

[it] kind of fits into both. 'Cause like I said, it's more of a philosophical outlook. Rather than this kind of, you know, how we, how we know religion as being, especially, when I compare it to the Muslim religion.

❖ Professional background

[I trained at B university and work person-centered and existentially.] They were my core, they were the core education pillars, at B in terms of training for psychologists. However, I now work primarily in the NHS. Depending on what type of role I'm in, and, I kind of take a bit from [each]. Honestly, I think Person-centered is fundamental to Counseling Psychology, or any formal therapeutic relationship really. And I think Existential is helpful to hold in mind, but obviously for work reasons and evidence-based practice, I do also rely on my Cognitive-behavioural Therapy. So, it's with those three really. When I say Cognitive-behavioural Therapy, I'm also including the third way of CBTs as well, mindfulness.

- **My work with religious clients**

Sometimes I'm aware [a client is religious] because of the nature of the referrals. So, it might be that their presentation is quite closely connected to some form of religious, kind of connection. So, or that might come out of our sessions. That's, yeah, or it's, it's kind of there but then I need to ask about that kind of thing in the sessions. So, it, for example, it might be someone who identified as a Christian but who is also have being maybe you know, seeing me for OCD-related problems. So sometimes in the session it might come out.

And actually this has happened where I was working with a young adolescent, who was presenting with very severe OCD, and was religious in background, and through our working together, it, it kind of transpired that, she started having certain thoughts as a result of Christianity and, you know, what Christianity says what you should and should not be doing.

And it was over, kind of, sexual, you know, when she kind started entering puberty and she started feeling kind of attracted to boys and so forth and she, she was very much told you're going to church, just overhearing things, that one needs to remain kind of away from those things and so until they are married. So, there was this kind of conflict and she needed and it just kind of led from that to a need to cleanse herself from those thoughts and that led to OCD.

Basically, in my work where I have worked with clients who have presented with a connection from religion, it seems to be quite a thing where, the restrictions of religion then apply to the person's life. So, but there, over the years, I see there seems to be some sort of correlation between religion and mental health. And, of course, you know, obviously, I'm just kind of over-generalizing 'cause I'm seeing people who have ... mental health problems who are also religious. But often there seems to be some form of a connection between the two. You know, some form of either someone who is raised quite religiously then develops, mental health problems that are related to their beliefs. And that you know goes across the board. So, another thing, another area that I worked in is adult psychosis. So, often people who are diagnosed with schizophrenia, seem to, you know, their ideas seem to be related to their religious views.

It's a bit, I mean, it's, it's, with that client group, it's a bit difficult because, you know, you get into a bit of, you don't want to get into a dialogue where you are, you seem to be denying, or somehow belittling their religious beliefs. But also, you have to try and help them to see that some of their religious beliefs and in terms of how it's impacting them is having a negative, you know, impact on their ability to function and be in relationships. And so, there's, there's a difficult challenging balance.

One person comes into mind where he, he believed that God was speaking to him and he would, he would, do things, or accept things on the basis of that. So, it's kind of difficult to be able to offer support to someone without, as I said, you don't want to be disrespectful to their religious belief.

When I have my professional hat, it causes, it causes a challenge, like I said. So, you know, because, in some ways you can see that their religious view... in some ways, because somewhere along the line they've got a very fixed routed view about how things should be. And that in turn is causing the difficulties they experience. So, so in terms of professional work, sometimes it can cause a barrier

Well, I, I guess it's... because it's particularly with religious upbringings, I guess [thinking] about how dogmatic it can be. And the long-term impact of that, you know. When you're a young child, going to the mosque or to the church, carrying out practices, certain things might seem quite normal. That's like I said with the adolescent, young girl, it's what you can pick up and how you can interpret it- this information as a young child as it is. That then kind of gets fixed in your mind as being one way. And so sometimes I feel, gosh, it can cause more harm than help or be helpful.

It helps [with my work that I am coming from a faith background] because, yeah, it's helpful because, you know, one of the principles of our, uh, my religion is, for example, we don't believe in one god. So, as well as believing in Muhammed, we believe in Jesus, but not that he's the son of Christ. So, there's more inclusive and I hear certain things and it doesn't, it doesn't affect me. And the, the other part of it is that because I have got a religious belief, I'm able to hear those things whereas I find that some colleagues, especially, you know, in the medical areas, some colleagues who don't, who, you know, describe themselves as being atheists or don't identify with any particular religion, they, they struggle, more so with clients or patients. Yeah, because I also worked in palliative care, and part of our NDT also included myself but also a member of the chaplaincy attending. And there were some comments by, made by, like the consultant, or, you know, just somebody. Because obviously, it's palliative care so it's quite a, can be quite a dark, depressing area to work in. I think his attempt was too much for those NDT meetings but of course, having spoken to the chaplaincy person who, after the meetings, think that some of that could be interpreted differently. And I, yeah, so I think that sometimes those who, those colleagues who identify as not being religious find it more difficult to hear the minds of the patients' religious needs.

[Being religious] influences how I, how I behave in other areas of my life, so, I guess it would undoubtedly influence my work. And some of it is mirrored within the person-centred core beliefs about really valuing the person. So, it fits very well within my own religious beliefs. [Having a faith background and also my own modality has helped me in my work.]

I think it's always difficult isn't it when you get asked that question, ['Has anything hindered your work with religious clients?'] especially when the topic of religion comes up in sessions and the person asks you what religion, what religious background are you? Or, they make assumptions cause, you know, somehow from your name, or somewhere they identified you as being Muslim, you know, being X and automatically think that you're Muslim. So, I think, sometimes that can, in itself, cause a barrier because people that might hold certain views about their religion in comparison to someone else's religion, or be contemplative or careful about how their therapist might respond to them. So, it might close down conversations as well. I'm just wondering if that actually might be happened in my... I don't think it happened in my, has happened in mine. But it has happened I, I have worked with Muslim ladies who are wearing a headscarf, and obviously they know that I'm X so there's always this question of, you know, given that I'm not wearing a headscarf, and that's not to say that all Muslim women wear headscarves. In X, you know, some women wear it and some don't, but I guess especially within the last decade or so with the current Prime Minister, there are these, kind of, more symbolic ways of showing your faith. So, I don't know if it's caused some more closure with certain things being discussed, in therapy but it's at the back of my mind anyway. I wouldn't know if it has [hindered my work] or not. I don't, I haven't even kind of doubted it, but as a psychologist I guess it's important to be aware of my background and the difference between myself and the client I'm working with, so, it's something that I do hold in mind.

I mean, I think it's when I'm working in palliative care, it's often something that comes up as people are approaching the end phase of their lives. And in that way, I think it's somewhat more useful [having a religious background]. And, because, you know, where you, because that's where they're losing control of what's going to happen, it's whether you have this discussion, especially if the person believes that they're going to go, you know, there's a life after. They wouldn't have been, that's been a kind of a helpful discussion to have. I guess, in my view, although I don't, you know, I don't necessarily believe there is, kind of, an afterlife, I am not so

closed to that. I know the idea, so that's been really helpful. I guess it's always important to be curious as well of other people's religion.

So, in that way, it's, you know, in terms of my background, I was kind of, in my own country, I was a ethnic group. And then I came over to the UK, and I'm an ethnic group here as well. And I think that gives you, as you've mentioned before, gives me more, almost sensitizes me a little bit more about different people's experiences and beliefs. And, you know, not to make assumptions.

Sometimes, yeah, in palliative care, I probably would have asked [about a client's religion] more so: 'Do you identify yourself as being religious or spiritual?' I would ask that. In my other kind of areas that I don't acknowledge it is not something that, it's not on a form or even an assessment unless there seems to be something in the referral to indicate so. But where it does come up, I'm open to hearing it, but I'm not sure if I'm as well informed as I should be, in terms of religious matters. So, yeah, I think probably... probably, you know, I guess you can only be so much informed. I think I probably should be more informed about different religions and different practices and so forth. [So that's a little bit of a hinderance.] because of our training doesn't cover these things. It's very much focused on, approaches and how to apply them, but it doesn't look at individual differences and individual needs in terms of religion and culture or race. That's something that you kind of learn as you go along. No, I don't think [my initial training] was [useful in terms of working with religious clients]. There wasn't very much anyway. It was definitely not a module or some module related to religious things and how to work with a client that might have a different religious background to you. So that has been very much learned on the job as I go along, really.

- **Reflections on my work and training**

I mean, I hope things have changed, but I think it's quite vital given that we now live in a multicultural, very diverse Britain, but there needs to be at least one module along that three

years that is dedicated to working with, you know, different people from different backgrounds, religions, or racial. And to really kind of, even throughout, I think there was some of this, but it wasn't taught, you know, it was kind of, I think maybe one, or two lectures might have indicated how, you know, some of the theories that we read, and the approaches that we put into practice, and how we, ... but they don't necessarily account for differences. It comes from a very, kind of particular background that one needs to be aware of I think when you're working with different groups of people. And that wasn't even there really, unless, you know, one questioned it. It was a bit of a black and white method of teaching this. This is separate, this is the model, this is the approach, you go out and apply it, regardless of the person. Which seems very un-Person-centred really. I think there are probably only post, post-studies that have gone into working. I think only really one approach I've seen that really takes that on board is the systemic approach. The systemic family, that seems to really understand the value of those different elements.

I think it's an important and interesting area. I think more work needs to be done in this, because like I said, there isn't that much training available, and actually my, kind of understanding and awareness has come through people working directly with clients and feel the need to go and educate myself and doing further personal training. Or, though, you know, watching theatre that might be addressing these issues. So, those kinds of resources as well others more than formal training.

In terms of when you're into work life, you know, there are mandatory training such as equality and diversity, but that's taking a very broad approach. I don't work out specifics in terms of a therapeutic approach when working directly with someone. So yeah, hopefully more of what you're researching will come forward and actually make a difference in terms of practice.

Appendix G: Initial Analysis

Participant 1

Part 1: Personal and professional autobiographical story

Transcript of completed and numbered story	Paragraphs organised around a topic
<p>Part 1</p> <p>Paragraph 1</p> <p>(1) I was born in A. (2) I am the fourth child of five. (3) My parents, well, my father was a journalist over there and he was going to try to, kind of, get into politics at the time. (4) And for work reasons, he came over to the UK, and then felt that the UK was a better place to provide the standard of life that he wanted to, for, his five daughters. (5) So, after kind of settling down, he, my mother arranged our position in X and we flew us over to England. (6) So, I arrived to the UK when I was about three and a half/four years old.</p>	<p>Introduction</p> <p>Beginning of journey. Place of birth, family of origin, and when, how and why moved to UK</p>
<p>Paragraph 2</p> <p>(1) Well, I do not really identify the UK as home, no, because we've always had a really strong kind of connection back in our homeland. (2) So actually, once my father, kind of, put us through a level of education and we're all, kind of, getting into our professions, he then retired and went back and spent a lot of time over there. (3) So, he would come over during the winter months only.</p>	<p>Sense of identity.</p> <p>Identifies not with country of origin and not UK 1st reason why: Parents returned to home country</p>
<p>Paragraph 3</p> <p>(1) So, my childhood as well, when I was growing up, we would always go back during summer holidays and spend most of our summer holidays over there. (2) So, I see myself... I, I've often been asked about this, and I see my identity as a modern A. (3) So, I kind of have those core values over there. (4) And, but I'm, you know, I was raised in the UK and I also appreciate and value those Western ideologies as well. (5) So, I'm a bit in-between.</p>	<p>2nd reason why: Continuing close connection with country of origin Core values from country of origin though appreciates those of UK. So, now realises she is a little mixed.</p>

<p>Paragraph 4</p> <p>(1) In terms of our religion, so I don't know how much you know about X, but it's a very diverse actually country. (2) So, due to the Z Empire... there was a lot of shifting around. (3) And although the majority of people identify their religious background as Muslim, I'm part of a minor ethnic group within X who, who is not Muslim. (4) So, we, we have a specific kind of branch of Islam, called Y, which is more philosophical in its approach. (5) So, we don't actually have a, we don't, we aren't required to go to mosque. (6) Actually, we don't have a institute or building that we will go and worship. (7) We believe that, you know, we believe that you kind of lead your life. (8) And wherever you feel the need to be close to God, ... you are close to Allah. (9) So certain practices that Muslim people do, we do not follow. (10) I have looked at Y, and it doesn't, unfortunately, when you look it up, it doesn't really come up. (11) But, if you ask a X person, they will know. (12) It's one of those, yeah, and I think there's certain groups, or, in parts of east Europe..., also, in part of Syria, I know they have a... (13) So, yeah, we kind of differ a little bit from the Muslim and actually during the, ... there's a period in X history where there was a bit of an up rise of the Muslim related toward my religious group. (14) So, we have a big tablet of history with Muslims, but we're all X. (15) It's just that we follow a different kind of practice.</p>	<p>Religious beliefs/Values</p> <p>Description of her religion and how it relates to Islam</p>
<p>Paragraph 5</p> <p>(1) Well, because it... because it's so flexible, actually, like I said, it's more of a way of life. (2) More of a philosophy, more like the Buddhists kind of idea, so it's where nothing is considered too... you know, we can drink. (3) We can, you know; we don't need to, like I said, go to church every Sunday, or pray five times a day. (4) So, it's very, very flexible, which means that it's not very difficult to, kind of, incorporate it into my lifestyle. (5) But the main kind of principles, I think, or the ones I uphold, is this idea that, you know, we're part of a wider system. (6) So, you know, everything is connected, that you kind of don't necessarily believe in Hell or Heaven. (7) Well, we believe that through your behaviour, you can create a hell or heaven here on earth and then on, you know, on what kind of life you lead, and what kind of relationships you have with others. (8) This is kind of the principles, which you know, it fits very well in terms of my outlook to life.</p>	<p>Flexibility of her religious beliefs stressed</p>

<p>Paragraph 6</p> <p>(1) I do think religion and spirituality are different. (2) I think they're connected, but there is a difference. (3) I think spirituality, ... when someone says they're religious, you can, you can, you know, there's certain practices that they will follow in the name of that religious belief. (4) Whereas spirituality is more, a more a sense, you know, that there isn't somebody you always need to follow, or ways of being, principles one can follow, it's more a mentality. (5) In my religion, it kind of fits into both. (6) Cause like I said, it's more of a philosophical outlook. (7) Rather than this kind of, you know, how we, how we know religion as being, especially, when I compare it to the Muslim religion.</p>	<p>Comparison of religion and spirituality</p> <p>Own religion more philosophical - rhetorical and therefore more spiritual than religious</p>
<p>Paragraph 7</p> <p>(1) I trained at B and work Person-centred and Existentially. (2) They were my core, they were the core education pillars at B in terms of training for psychologists. (3) However, I now work primarily in the NHS. (4) Depending on what type of role I'm in, and, I kind of take a bit from each. (5) Honestly, I think Person-centred is fundamental to Counselling Psychology, or any formal therapeutic relationship really. (6) And I think Existential is helpful to hold in mind, but obviously for work reasons and evidence-based practice, I do also rely on my Cognitive-behavioural Therapy. (7) So, it's with those three really. (8) When I say Cognitive-behavioural Therapy, I'm also including the third wave of CBTs as well, mindfulness.</p>	<p>Professional training and work modalities</p>

Part 2: Work with religious clients

Transcript of completed and numbered story	Paragraphs organised around a topic
<p>Paragraph 1</p> <p>(1) Sometimes I'm aware a client is religious because of the nature of the referrals. (2) So, it might be that their presentation is quite closely connected to some form of religious, kind of connection. (3) So, or that might come out of our sessions. (4) That's, yeah, or it's, it's kind of there but then I need to ask about that kind of thing in the sessions. (5) So, it, for example, it might be someone who identified as a Christian but who is also have being maybe you know, seeing me for OCD-related problems. (6) So sometimes in the session it might come out.</p>	<p>Becoming aware client is religious</p>

<p>Paragraph 2</p> <p>(1) And actually this has happened where I was working with a young adolescent, who was presenting with very severe OCD, and was religious in background, and through our working together, it, it kind of transpired that, she started having certain thoughts as a result of Christianity and, you know, what Christianity says what you should and should not be doing. (2) And it was over, kind of, sexual, you know, when she kind of started entering puberty and she started feeling kind of attracted to boys and so forth. (3) And she, she was very much told you're going to church, just overhearing things, that one needs to remain kind of away from those things and so until they are married. (4) So, there was this kind of conflict and she needed and it just kind of led from that to a need to cleanse herself from those thoughts and that led to OCD.</p>	<p>Example of religious client OCD</p>
<p>Paragraph 3</p> <p>(1) Basically, in my work where I have worked with clients who have presented with a connection from religion, it seems to be quite a thing where the restrictions of religion then apply to the person's life. (2) So, but there, over the years, I see there seems to be some sort of correlation between religion and mental health. (3) And, of course, you know, obviously, I'm just kind of over-generalizing 'cause I'm seeing people who have mental health problems who are also religious. (4) But often there seems to be some form of a connection between the two. (5) You know, some form of either someone who is raised quite religiously then develops mental health problems that are related to their beliefs. (6) And that you know goes across the board. (7) So, another thing, another area that I worked in is adult psychosis. (8) So, often people who are diagnosed with schizophrenia, seem to, you know, their ideas seem to be related to their religious views.</p>	<p>Connection between religion and mental health</p>
<p>Paragraph 4</p> <p>(1) It's a bit, I mean, it's, it's, with that client group, it's a bit difficult because, you know, you get into a bit of, you don't want to get into a dialogue where you are, you seem to be denying, or somehow belittling their religious beliefs. (2) But also, you have to try and help them to see that some of their religious beliefs, and in terms of how it's impacting them, is having a negative, you know, impact on their ability to function and be in relationships. (3) And so, there's, there's a difficult challenging balance.</p>	<p>Potential conflictual difficulties- mental health vs religion</p>
<p>Paragraph 5</p> <p>(1) One person comes into mind where he, he believed that God was speaking to him and he would, he would do things, or accept things on the basis of that. (2) So, it's kind of difficult to be able to offer support to someone without, as I said, you don't want to be disrespectful to their religious belief.</p>	<p>Example of conflictual difficulty</p>

<p>Paragraph 6</p> <p>(1) When I have my professional hat, it causes, it causes a challenge, like I said. (2) So, you know, because in some ways you can see that their religious view in some ways, because somewhere along the line they've got a very fixed routed view about how things should be. (3) And that in turn is causing the difficulties they experience. (4) So, so in terms of professional work, sometimes it can cause a barrier.</p>	<p>Barrier to work - fixed religious</p>
<p>Paragraph 7</p> <p>(1) Well, I, I guess it's because it's particularly with religious upbringings, I guess thinking about how dogmatic it can be. (2) And the long-term impact of that, you know. (3) When you're a young child, going to the mosque or to the church, carrying out practices, certain things might seem quite normal. (4) That's like I said with the adolescent, young girl, it's what you can pick up and how you can interpret it, this information as a young child as it is. (5) That then, kind of, gets fixed in your mind as being one way. (6) And so sometimes I feel, gosh, it can cause more harm than help or be helpful.</p>	<p>Problems caused by dogmatic religious upbringing</p>
<p>Paragraph 8</p> <p>(1) It helps with my work that I am coming from a faith background because, yeah, it's helpful because, you know, one of the principles of our, my religion is, for example, we don't believe in one god. (2) So, as well as believing in Muhammed, we believe in Jesus, but not that he's the son of Christ. (3) So, there's more inclusive and I hear certain things and it doesn't, it doesn't affect me. (4) And the, the other part of it is that because I have got a religious belief, I'm able to hear those things. (5) Whereas I find that some colleagues, especially, you know, in the medical areas, some colleagues who don't, who, you know, describe themselves as being atheists or don't identify with any particular religion, they, they struggle, more so with clients or patients. (6) Yeah, because I also worked in palliative care, and part of our MDT also included myself but also a member of the chaplaincy attending. (7) And there were some comments by, made by, like the consultant, or, you know, just somebody. (8) Because obviously, it's palliative care so it's quite a, can be quite a dark, depressing area to work in. (9) I think his attempt was too much for those MDT meetings but of course, having spoken to the chaplaincy person who, after the meetings, think that some of that could be interpreted differently. (10) And I, yeah, so I think that sometimes those who, those colleagues who identify as not being religious find it more difficult to hear the minds of the patients' religious needs.</p>	<p>Own religious background helpful plus example</p>
<p>Paragraph 9</p> <p>(1) Being religious influences how I, how I behave in other areas of my life, so, I guess it would undoubtedly influence my work. (2) And some of it is mirrored within the Person-centred core beliefs about really valuing the person. (3) So, it fits very well within my own religious beliefs. (4) Having a faith background, and also my own modality, has helped me in my work.</p>	<p>Own religion influences work and modality</p>

<p>Paragraph 10</p> <p>(1) I think it's always difficult isn't it when you get asked that question, 'Has anything hindered your work with religious clients?', especially when the topic of religion comes up in sessions and the person asks you, 'What religion, what religious background are you?' (2) Or, they make assumptions cause, you know, somehow from your name, or somewhere they identified you as being Muslim, you know, being X and automatically think that you're Muslim. (3) So, I think, sometimes that can, in itself, cause a barrier because people that might hold certain views about their religion in comparison to someone else's religion, or be contemplative or careful about how their therapist might respond to them. (4) So, it might close down conversations as well. I'm just wondering if that actually might be happened in my... I don't think it happened in my, has happened in mine. (5) But it has happened, I, I have worked with Muslim ladies who are wearing a headscarf, and obviously they know that I'm X so there's always this question of, you know, given that I'm not wearing a headscarf, and that's not to say that all Muslim women wear headscarves. (6) In X, you know, some women wear it and some don't, but I guess especially within the last decade or so with the current Prime Minister, there are these, kind of, more symbolic ways of showing your faith. (7) So, I don't know if it's caused some more closure with certain things being discussed in therapy, but it's at the back of my mind anyway. (8) I wouldn't know if it has hindered my work or not. (9) I don't, I haven't even kind of doubted it, but as a psychologist I guess it's important to be aware of my background and the difference between myself and the client I'm working with, so, it's something that I do hold in mind.</p>	<p>Potential hindering of work and example</p>
<p>Paragraph 11</p> <p>(1) I mean, I think it's when I'm working in palliative care, it's often something that comes up as people are approaching the end phase of their lives. (2) And in that way, I think it's somewhat more useful having a religious background. (3) And, because, you know, where you, because that's where they're losing control of what's going to happen, it's whether you have this discussion, especially if the person believes that they're going to go, you know, there's a life after. (4) They wouldn't have been, that's been a kind of a helpful discussion to have. (5) I guess, in my view, although I don't, you know, I don't necessarily believe there is, kind of, an afterlife, I am not so closed to that. (6) I know the idea, so that's been really helpful. (7) I guess it's always important to be curious as well of other people's religion.</p>	<p>Helpful with work</p>
<p>Paragraph 12</p> <p>(1) So, in that way, it's, you know, in terms of my background, I was kind of, in my own country, I was a ethnic group. (2) And then I came over to the UK, and I'm an ethnic group here as well. (3) And I think that gives you, as you've mentioned before, gives me more, almost sensitizes me a little bit more about different people's experiences and beliefs. (4) And, you know, not to make assumptions.</p>	<p>Helpful with work</p>

Paragraph 13

(1) Sometimes, yeah, in palliative care, I probably would have asked about a client's religion more so: 'Do you identify yourself as being religious or spiritual?' (2) I would ask that. (3) In my other kind of areas that I don't acknowledge it is not something that, it's not on a form or even an assessment unless there seems to be something in the referral to indicate so. (4) But where it does come up, I'm open to hearing it, but I'm not sure if I'm as well informed as I should be, in terms of religious matters. (5) So, yeah, I think probably, probably, you know, I guess you can only be so much informed. (6) I think I probably should be more informed about different religions and different practices and so forth. (7) So that's a little bit of a hinderance, because of our training doesn't cover these things. (8) It's very much focused on, approaches and how to apply them, but it doesn't look at individual differences and individual needs in terms of religion and culture or race. (9) That's something that you kind of learn as you go along. (10) No, I don't think my initial training was useful in terms of working with religious clients. (11) There wasn't very much anyway. (12) It was definitely not a module or some module related to religious things and how to work with a client that might have a different religious background to you. (13) So that has been very much learned on the job as I go along really.

Lack of discussion of religious faith and teaching on how to work with it

Part 3: Reflections on work, training, and CPD

Transcript of completed and numbered story	Paragraphs organised around a topic
<p>Paragraph 1</p> <p>(1) I mean, I hope things have changed, but I think it's quite vital given that we now live in a multicultural, very diverse Britain, but there needs to be at least one module along that three years that is dedicated to working with, you know, different people from different backgrounds, religions, or racial. (2) And to really kind of, even throughout, I think there was some of this, but it wasn't taught, you know, it was kind of, I think maybe one or two lectures might have indicated how, you know, some of the theories that we read, and the approaches that we put into practice, and how we, but they don't necessarily account for differences. (3) It comes from a very, kind of particular background that one needs to be aware of I think, when you're working with different groups of people. (4) And that wasn't even there really, unless, you know, one questioned it. (5) It was a bit of a black and white method of teaching this. (6) This is separate, this is the model, this is the approach, you go out and apply it, regardless of the person. (7) Which seems very un-Person-centred really. (8) I think there are probably only post, post-studies that have gone into working looking at religious issues. (9) I think only really one approach I've seen that really takes that on board is the systemic approach. (10) The systemic family, that seems to really understand the value of those different elements.</p>	<p>Reflections on training - lack</p>
<p>Paragraph 2</p> <p>(1) I think it's an important and interesting area. (2) I think more work needs to be done in this, because like I said, there isn't that much training available, and actually my kind of understanding and awareness has come through people working directly with clients and feel the need to go and educate myself and doing further personal training. (3) Or through, you know, watching theatre that might be addressing these issues. (4) So, those kinds of resources as well others more than formal training.</p>	<p>Need for more training - Had to self-educate</p>
<p>Paragraph 3</p> <p>(1) In terms of when you're into work life, you know, there are mandatory training such as equality and diversity, but that's taking a very broad approach. (2) I don't work out specifics in terms of a therapeutic approach when working directly with someone. (3) So yeah, hopefully more of what you're researching will come forward and actually make a difference in terms of practice.</p>	<p>Need for specific training/conclusion</p>

Appendix H: Transcription of Interview 2

Participant 1:

I: Right, so if I read it to you will that be helpful?

P: Yes.

My experience of working with religious clients: what helped, hindered, and what might benefit it

- **My personal and professional background**

- **❖ Personal background**

I was born in A. I am the fourth child of five. My parents, well, my father was a journalist over there and he was going to try to, kind of, get into politics at the time. And for work reasons, he came over to the UK, and then felt that the UK was a better place to provide, the standard of life that he wanted to, for, his five daughters. So, after kind of settling down, he, my mother arranged our position in X and we flew us over to England. So, I arrived to the UK when I was about three and a half/four years old.

I: And the next bit is a little bit in brackets. It says "Well" and I put "I do" in brackets "not really" "Identify the UK as home". What would you like? Is there anything you would like to change there?

P: No, I think. I mean, I don't know, I don't identify it as the UK.

I: No, do I miss the brackets off? Do you want to have what I have written as what you say?

P: Yes, yes. Let's leave it. That's fine.

Well, [I do] not really [identify the UK as home], no, because we've always had a really strong kind of connection back in our homeland. So, actually once my father, kind of, put us through a level of education and we're all, kind of, getting into our professions, he then retired and went back and spent a lot of time over there. So, he would come over during the winter months only.

So, my childhood as well, when I was growing up, we would always go back during summer holidays and spend most of our summer holidays over there. So, I see myself... I, I've often been asked about this, and I see my identity as a modern A. So, I kind of have those core values over there. And, but I'm, you know, I was raised in the UK and I also appreciate and value those Western ideologies as well. So, I'm a bit in-between.

In terms of our religion, so I don't know how much you know about, X, but it's a very diverse actually country. So, due to the Z Empire... there was a lot of shifting around. and although the majority of people identify their religious background as Muslim, I'm part of a minor ethnic group within X who, who is not Muslim. So, we, we have a specific kind of branch of Islam, called Y, which is more philosophical in its approach. So, we don't actually have a, we don't, we aren't required to go to mosque. Actually, we don't have a, institute or building that we will go and worship. We believe that uh, you know, we believe that you kind of lead your life. And wherever you feel the need to be close to God, ... you are close to Allah. So certain practices that Muslim people do, we do not follow. I have looked at [Y], and it doesn't, unfortunately, when you look it up, it doesn't really come up. But, if you ask a X person, they will know. It's one of those, yeah, and I think there's certain groups, or, in parts of east Europe..., also, in part of Syria, um, I know they have a... So, yeah, we kind of differ a little bit from the Muslim and actually during the, ... there's a period in X history where there was a bit of an up rise of the Muslim related toward my religious group. So, we have a big tablet of history with Muslims, but we're all X. It's just that we follow a different kind of practice.

Well, because it... because it's so flexible, actually like I said, it's more of a way of life. More of a philosophy, more like the Buddhists kind of idea, so it's where nothing is considered too... you know, we can drink. We can, you know; we don't need to, like I said, go to church every Sunday, or pray five times a day. So, it's very, very flexible, which means that it's not very difficult to, kind of, incorporate it into my lifestyle. But the main kind of principles, I think, or the ones I uphold, is this idea that, you know, we're part of a wider system. So, you know, everything is connected, that, you kind of don't necessarily believe in Hell or Heaven. Well, we believe that through your behaviour, you can create a hell or heaven here on earth and then on, you know, on what kind of life you lead... and what kind of relationships you have with others. This is kind of the principles, which you know, it fits very well in terms of my outlook to life.

I: "I do think religion and spirituality are different" that's what's in brackets. What would you like to put there? Do you want to have...? Do you want me to say what I said again?

P: No, is it just the... I can't remember. Is it just the spirituality and religion are...

I: Are different.

P: No, you can keep that as is. Yes.

I: So do you want the brackets taken off?

P: Yes, please.

I: Yes.

I do think [religion and spirituality are different]. I think they're connected, but there is a difference. I think spirituality, ... when someone says they're religious, you can, you can, you

know, there's certain practices that they will follow in the name of that, religious belief. Whereas, spirituality, is more, a more a sense, you know, that there isn't somebody you always need to follow, or ways of being, principles one can follow, it's more a mentality. In my religion, [it] kind of fits into both. 'Cause like I said, it's more of a philosophical outlook. Rather than this kind of, you know, how we, how we know religion as being, especially, when I compare it to the Muslim religion.

I: "It kind of fits into both". And I've put "it" in brackets. Is that alright?

P: That's fine. Mmhmm.

❖ Professional background

I: And I put in brackets, "I trained at [REDACTED] and work person-centred and existentially". Is that okay?

P: Yes, that's fine.

[I trained at B and work person-centred and existentially.] They were my core, they were the core education pillars, at B in terms of training for psychologists. However, I now work primarily in the NHS. Depending on what type of role I'm in, and, I kind of take a bit from [each]. Honestly, I think Person-centred is fundamental to Counselling Psychology, or any formal therapeutic relationship really. And I think Existential is helpful to hold in mind, but obviously for work reasons and evidence-based practice, I do also rely on my Cognitive-behavioural Therapy. So, it's with those three really. When I say Cognitive-behavioural Therapy, I'm also including the third way of CBTs as well, mindfulness.

I: "and, I kind of take a bit from", and I couldn't hear. I've put "each".

P: Yes, that's okay.

• My work with religious clients

I: "Sometimes I'm aware", and I've put in brackets, "a client is religious" "because of the nature of the referral". Is that okay?

P: Yes. Yes, exactly.

Sometimes I'm aware [a client is religious] because of the nature of the referrals. So, it might be that their presentation is quite closely connected to some form of religious, kind of connection. So, or that might come out of our sessions. That's, yeah, or it's, it's kind of there but then I need to ask about that kind of thing in the sessions. So, it, for example, it might be someone who identified as a Christian but who is also have being maybe you know, seeing me for OCD-related problems. So sometimes in the session it might come out.

And actually this has happened where I was working with a young adolescent, who was presenting with very severe OCD, and was religious in background, and through our working together, it, it kind of transpired that, she started having certain thoughts as a result of Christianity and, you know, what Christianity says what you should and should not be doing. And it was over, kind of, sexual, you know, when she kind started entering puberty and she started feeling kind of attracted to boys and so forth and she, she was very much told you're going to church, just overhearing things, that one needs to remain kind of away from those things and so until they are married. So, there was this kind of conflict and she needed and it just kind of led from that to a need to cleanse herself from those thoughts and that led to OCD.

Basically, in my work where I have worked with clients who have presented with a connection from religion, it seems to be quite a thing where, the restrictions of religion then apply to the person's life. So, but there, over the years, I see there seems to be some sort of correlation between religion and mental health. And, of course, you know, obviously, I'm just kind of over-generalizing 'cause I'm seeing people who have ... mental health problems who are also religious. But often there seems to be some form of a connection between the two. You know, some form of either someone who is raised quite religiously then develops, mental health problems that are related to their beliefs. And that you know goes across the board. So, another thing, another area that I worked in is adult psychosis. So, often people who are diagnosed with schizophrenia, seem to, you know, their ideas seem to be related to their religious views.

It's a bit, I mean, it's, it's, with that client group, it's a bit difficult because, you know, you get into a bit of, you don't want to get into a dialogue where you are, you seem to be denying, or somehow belittling their religious beliefs. But also, you have to try and help them to see that some of their religious beliefs and in terms of how it's impacting them is having a negative, you know, impact on their ability to function and be in relationships. And so, there's, there's a difficult challenging balance.

One person comes into mind where he, he believed that God was speaking to him and he would, he would, do things, or accept things on the basis of that. So, it's kind of difficult to be able to offer support to someone without, as I said, you don't want to be disrespectful to their religious belief.

When I have my professional hat, it causes, it causes a challenge, like I said. So, you know, because, in some ways you can see that their religious view... in some ways, because somewhere along the line they've got a very fixed routed view about how things should be. And that in turn is causing the difficulties they experience. So, so in terms of professional work, sometimes it can cause a barrier

I: "because it's particularly with religious upbringings, I guess" and I've but in brackets "thinking" "about how dogmatic it can be". Is that alright?

P: Yes, that's fine.

Well, I, I guess it's... because it's particularly with religious upbringings, I guess [thinking] about how dogmatic it can be. And the long-term impact of that, you know. When you're a young child, going to the mosque or to the church, carrying out practices, certain things might seem quite normal. That's like I said with the adolescent, young girl, it's what you can pick up and how you can interpret it- this information as a young child as it is. That then kind of gets fixed in your mind as being one way. And so sometimes I feel, gosh, it can cause more harm than help or be helpful.

I: "It helps with my work that I am coming from a faith background". That's in brackets. Is that okay?

P: Yes.

It helps [with my work that I am coming from a faith background] because, yeah, it's helpful because, you know, one of the principles of our, uh, my religion is, for example, we don't believe in one god. So, as well as believing in Muhammed, we believe in Jesus, but not that he's the son of Christ. So, there's more inclusive and I hear certain things and it doesn't, it doesn't affect me. And the, the other part of it is that because I have got a religious belief, I'm able to hear those things whereas I find that some colleagues, especially, you know, in the medical areas, some colleagues who don't, who, you know, describe themselves as being atheists or don't identify with any particular religion, they, they struggle, more so with clients or patients. Yeah, because I also worked in palliative care, and part of our MDT also included myself but also a member of the chaplaincy attending. And there were some comments by, made by, like the consultant, or, you know, just somebody. Because obviously, it's palliative care so it's quite a, can be quite a dark, depressing area to work in. I think his attempt was too much for those NDT meetings but of course, having spoken to the chaplaincy person who, after the meetings, think that some of that could be interpreted differently. And I, yeah, so I think that sometimes those who, those colleagues who identify as not being religious find it more difficult to hear the minds of the patients' religious needs.

I: "Yeah, because I also worked in palliative care, and part of our NDT also included myself..."

P: I'm sorry. I'm going to interrupt, I'm sorry. Because when I read it, I noticed that it was NDT. It's "M" for Multi-Disciplinary Team.

I: M, thank you. M-D-T.

P: Yes. Couldn't hear.

I: It's just an appropriation...

I: "I think his attempt was too much for those MDT meetings..."

I: And the next sentence, "Being religious", I've put in brackets. "Being religious" influences how I, how I behave in other areas of my life."

P: Sorry, can you repeat that? Being religious...

I: I'll read the whole sentence; it might be easier. "Being religious influences how I behave in other areas of my life, so, I guess it would undoubtedly influence my work."

P: Yeah, yes. That's fine.

[Being religious] influences how I, how I behave in other areas of my life, so, I guess it would undoubtedly influence my work. And some of it is mirrored within the person-centred core beliefs about really valuing the person. So, it fits very well within my own religious beliefs. [Having a faith background and also my own modality has helped me in my work.]

I: "So, it fits very well within my own religious beliefs". Then I added cause, cause you were agreeing with me, "Having a faith background and also my own modality has helped me in my work." Is that okay?

P: Yeah.

I: "I think it's always difficult isn't it when you get asked that question, 'Has anything hindered your work with religious clients?'" That's what's in brackets.

P: Especially that's why, yeah.

I: No, no. "Has anything hindered your work with religious clients?" is in brackets. "Especially when the topic of religion comes up in sessions"- that was the rest of your sentence.

P: Yeah, no, that's fine. Yes, I remember it now.

I think it's always difficult isn't it when you get asked that question, ['Has anything hindered your work with religious clients?'] especially when the topic of religion comes up in sessions and the person asks you what religion, what religious background are you? Or, they make assumptions cause, you know, somehow from your name, or somewhere they identified you as being Muslim, you know, being X and automatically think that you're Muslim. So, I think, sometimes that can, in itself, cause a barrier because people that might hold certain views about their religion in comparison to someone else's religion, or be contemplative or careful about how their therapist might respond to them. So, it might close down conversations as well. I'm just wondering if that actually might be happened in my... I don't think it happened in my, has happened in mine. But it has happened I, I have worked with Muslim ladies who are wearing a headscarf, and obviously they know that I'm X so there's always this question of, you know, given that I'm not wearing a headscarf, and that's not to say that all Muslim women wear headscarves. In X, you know, some women wear it and some don't, but I guess especially within the last decade or so with the current Prime Minister, there are these, kind of, more symbolic ways of showing your faith. So, I don't know if it's caused some more closure with certain things being discussed, in therapy but it's at the back of my mind anyway. I wouldn't know if it has [hindered my work] or not. I don't, I haven't even kind of doubted it, but as a psychologist I guess it's important to be aware of my background and the difference between myself and the client I'm working with, so, it's something that I do hold in mind.

I: "I'm just wondering if that actually might be happened in my... I don't think it happened in my, has happened in mine." Do you want to change that at all? Or is it okay? It makes sense.

P: Does it?

I: Yeah. It's the way you were talking. You were trying to get the words. It's okay.

P: Yeah, okay. Alright.

I: "I wouldn't know if it has hindered my work or not." "Hindered my work" is in brackets.

P: "Hindered my work" is fine, yeah.

I: "And in that way, I think it's somewhat more useful", and I've put in brackets "having a religious background."

P: Yes, yeah.

I mean, I think it's when I'm working in palliative care, it's often something that comes up as people are approaching the end phase of their lives. And in that way, I think it's somewhat more useful [having a religious background]. And, because, you know, where you, because that's where they're losing control of what's going to happen, it's whether you have this discussion, especially if the person believes that they're going to go, you know, there's a life after. They wouldn't have been, that's been a kind of a helpful discussion to have. I guess, in my view,

although I don't, you know, I don't necessarily believe there is, kind of, an afterlife, I am not so closed to that. I know the idea, so that's been really helpful. I guess it's always important to be curious as well of other people's religion.

So, in that way, it's, you know, in terms of my background, I was kind of, in my own country, I was an ethnic group. And then I came over to the UK, and I'm an ethnic group here as well. And I think that gives you, as you've mentioned before, gives me more, almost sensitizes me a little bit more about different people's experiences and beliefs. And, you know, not to make assumptions.

I: "I probably would have asked about a client's religion". And I put that in brackets, I added that. Is that okay?

P: That's okay, yes.

I: "I think I probably should be more informed about different religions and different practices and so forth." "So that's a little bit of a hinderance." That's in brackets.

P: Yes, that's alright.

Sometimes, yeah, in palliative care, I probably would have asked [about a client's religion] more so: 'Do you identify yourself as being religious or spiritual?' I would ask that. In my other kind of areas that I don't acknowledge it is not something that, it's not on a form or even an assessment unless there seems to be something in the referral to indicate so. But where it does come up, I'm open to hearing it, but I'm not sure if I'm as well informed as I should be, in terms of religious matters. So, yeah, I think probably... probably, you know, I guess you can only be so much informed. I think I probably should be more informed about different religions and different practices and so forth. [So that's a little bit of a hinderance.] because of our training doesn't cover these things. It's very much focused on, approaches and how to apply them, but it doesn't look at individual differences and individual needs in terms of religion and culture or race. That's something that you kind of learn as you go along. No, I don't think [my initial training] was [useful in terms of working with religious clients]. There wasn't very much anyway. It was definitely not a module or some module related to religious things and how to work with a client that might have a different religious background to you. So that has been very much learned on the job as I go along, really.

I: "No, I don't think my initial training" and that's in brackets. Do you want that in?

P: Yes. No, that's fine.

I: "Was" and I put "useful in terms of working with religious clients."

P: Yes, that's good. That's fine.

- **Reflections on my work and training**

I mean, I hope things have changed, but I think it's quite vital given that we now live in a multicultural, very diverse Britain, but there needs to be at least one module along that three years that is dedicated to working with, you know, different people from different backgrounds, religions, or racial. And to really kind of, even throughout, I think there was some of this, but it wasn't taught, you know, it was kind of, I think maybe one, or two lectures might have indicated how, you know, some of the theories that we read, and the approaches that we put into practice, and how we, ... but they don't necessarily account for differences. It comes from a very, kind of particular background that one needs to be aware of I think when you're working with different groups of people. And that wasn't even there really, unless, you know, one questioned it. It was a bit of a black and white method of teaching this. This is separate, this is the model, this is the approach, you go out and apply it, regardless of the person. Which seems very un-Person-centered really. I think there are probably only post, post-studies that have gone into working. I think only really one approach I've seen that really takes that on board is the systemic approach. The systemic family, that seems to really understand the value of those different elements.

I: "Which seems very un-Person-centred really. I think there are probably only post, post-studies that have gone into working." Do you want to add in anything there? Gone into working with what? Religious clients? Would that be?

P: Just, uh, yeah. Kind of, looking at religious issues.

I: Looking at religious issues. "gone into looking at religious issues." Thank you.

I think it's an important and interesting area. I think more work needs to be done in this, because like I said, there isn't that much training available, and actually my, kind of understanding and awareness has come through people working directly with clients and feel the need to go and educate myself and doing further personal training. Or, through, you know, watching theatre that might be addressing these issues. So, those kinds of resources as well others more than formal training.

In terms of when you're into work life, you know, there are mandatory training such as equality and diversity, but that's taking a very broad approach. I don't work out specifics in terms of a therapeutic approach when working directly with someone. So yeah, hopefully more of what you're researching will come forward and actually make a difference in terms of practice.

I: Are you happy with that?

P: I am very happy, thank you.

I: And there's nothing else you'd like to add or change or anything?

P: No.

Appendix I: Completed Narrative

Amy:

My experience of working with religious clients: what helped, hindered, and what might benefit it

- **My personal and professional background**

❖ Personal background

I was born in ■. I am the fourth child of five. My parents, well, my father was a journalist over there and he was going to try to, kind of, get into politics at the time. And for work reasons, he came over to the UK, and then felt that the UK was a better place to provide the standard of life that he wanted to, for, his five daughters. So, after kind of settling down, he, my mother arranged our position in ■ and we flew us over to England. So, I arrived to the UK when I was about three and a half/four years old.

Well, I do not really identify the UK as home, no, because we've always had a really strong kind of connection back in our homeland. So actually, once my father, kind of, put us through a level of education and we're all, kind of, getting into our professions, he then retired and went back and spent a lot of time over there. So, he would come over during the winter months only.

So, my childhood as well, when I was growing up, we would always go back during summer holidays and spend most of our summer holidays over there. So, I see myself... I, I've often been asked about this, and I see my identity as a modern ■. So, I kind of have those core values over there. And, but I'm, you know, I was raised in the UK and I also appreciate and value those Western ideologies as well. So, I'm a bit in-between.

In terms of our religion, so I don't know how much you know about ■, but it's a very diverse actually country. So, due to the ■ Empire... there was a lot of shifting around. And although the majority of people identify their religious background as Muslim, I'm part of a minor ethnic group within ■ who, who is not Muslim. So, we, we have a specific kind of branch of Islam, called ■, which is more philosophical in its approach. So, we don't actually have a, we don't, we aren't required to go to mosque. Actually, we don't have a institute or building that we will go and worship. We believe that, you know, we believe that you kind of lead your life. And wherever you feel the need to be close to God, ... you are close to Allah. So certain practices that Muslim people do, we do not follow. I have looked at ■, and it doesn't, unfortunately, when you look it up, it doesn't really come up. But, if you ask a ■ person, they will know. It's one of those, yeah, and I think there's certain groups, or, in parts of east Europe..., also, in part of Syria, I know they have a... So, yeah, we kind of differ a little bit from the Muslim and actually during the, ... there's a period in ■ history where there was a bit of an up rise of the Muslim related toward my religious group. So, we have a big tablet of history with Muslims, but we're all ■. It's just that we follow a different kind of practice.

Well, because it... because it's so flexible, actually, like I said, it's more of a way of life. More of a philosophy, more like the Buddhists kind of idea, so it's where nothing is considered too... you know, we can drink. We can, you know; we don't need to, like I said, go to church every Sunday, or pray five times a day. So, it's very, very flexible, which means that it's not very difficult to, kind of, incorporate it into my lifestyle. But the main kind of principles, I think, or the ones I uphold, is this idea that, you know, we're part of a wider system. So, you know, everything is connected, that you kind of don't necessarily believe in Hell or Heaven. Well, we believe that through your behaviour, you can create a hell or heaven here on earth and then on, you know, on what kind of life you lead, and what kind of relationships you have with others. This is kind of the principles, which you know, it fits very well in terms of my outlook to life.

I do think religion and spirituality are different. I think they're connected, but there is a difference. I think spirituality, ... when someone says they're religious, you can, you can, you know, there's certain practices that they will follow in the name of that religious belief. Whereas spirituality is more, a more a sense, you know, that there isn't somebody you always need to follow, or ways of being, principles one can follow, it's more a mentality. In my religion, it kind of

fits into both. 'Cause like I said, it's more of a philosophical outlook. Rather than this kind of, you know, how we, how we know religion as being, especially, when I compare it to the Muslim religion.

❖ **Professional background**

I trained at ■ and work Person-centred and Existentially. They were my core, they were the core education pillars at ■ in terms of training for psychologists. However, I now work primarily in the NHS. Depending on what type of role I'm in, and, I kind of take a bit from each. Honestly, I think Person-centred is fundamental to Counselling Psychology, or any formal therapeutic relationship really. And I think Existential is helpful to hold in mind, but obviously for work reasons and evidence-based practice, I do also rely on my Cognitive-behavioural Therapy. So, it's with those three really. When I say Cognitive-behavioural Therapy, I'm also including the third wave of CBTs as well, mindfulness.

• **My work with religious clients**

Sometimes I'm aware a client is religious because of the nature of the referrals. So, it might be that their presentation is quite closely connected to some form of religious, kind of connection. So, or that might come out of our sessions. That's, yeah, or it's, it's kind of there but then I need to ask about that kind of thing in the sessions. So, it, for example, it might be someone who identified as a Christian but who is also have being maybe you know, seeing me for OCD-related problems. So sometimes in the session it might come out.

And actually this has happened where I was working with a young adolescent, who was presenting with very severe OCD, and was religious in background, and through our working together, it, it kind of transpired that, she started having certain thoughts as a result of Christianity and, you know, what Christianity says what you should and should not be doing. And it was over, kind of, sexual, you know, when she kind of started entering puberty and she

started feeling kind of attracted to boys and so forth. And she, she was very much told you're going to church, just overhearing things, that one needs to remain kind of away from those things and so until they are married. So, there was this kind of conflict and she needed and it just kind of led from that to a need to cleanse herself from those thoughts and that led to OCD.

Basically, in my work where I have worked with clients who have presented with a connection from religion, it seems to be quite a thing where the restrictions of religion then apply to the person's life. So, but there, over the years, I see there seems to be some sort of correlation between religion and mental health. And, of course, you know, obviously, I'm just kind of over-generalizing 'cause I'm seeing people who have mental health problems who are also religious. But often there seems to be some form of a connection between the two. You know, some form of either someone who is raised quite religiously then develops mental health problems that are related to their beliefs. And that you know goes across the board. So, another thing, another area that I worked in is adult psychosis. So, often people who are diagnosed with schizophrenia, seem to, you know, their ideas seem to be related to their religious views.

It's a bit, I mean, it's, it's, with that client group, it's a bit difficult because, you know, you get into a bit of, you don't want to get into a dialogue where you are, you seem to be denying, or somehow belittling their religious beliefs. But also, you have to try and help them to see that some of their religious beliefs, and in terms of how it's impacting them, is having a negative, you know, impact on their ability to function and be in relationships. And so, there's, there's a difficult challenging balance.

One person comes into mind where he, he believed that God was speaking to him and he would, he would do things, or accept things on the basis of that. So, it's kind of difficult to be able to offer support to someone without, as I said, you don't want to be disrespectful to their religious belief.

When I have my professional hat, it causes, it causes a challenge, like I said. So, you know, because in some ways you can see that their religious view in some ways, because somewhere along the line they've got a very fixed routed view about how things should be. And that in turn

is causing the difficulties they experience. So, so in terms of professional work, sometimes it can cause a barrier

Well, I, I guess it's because it's particularly with religious upbringings, I guess thinking about how dogmatic it can be. And the long-term impact of that, you know. When you're a young child, going to the mosque or to the church, carrying out practices, certain things might seem quite normal. That's like I said with the adolescent, young girl, it's what you can pick up and how you can interpret it, this information as a young child as it is. That then, kind of, gets fixed in your mind as being one way. And so sometimes I feel, gosh, it can cause more harm than help or be helpful.

It helps with my work that I am coming from a faith background because, yeah, it's helpful because, you know, one of the principles of our, my religion is, for example, we don't believe in one god. So, as well as believing in Muhammed, we believe in Jesus, but not that he's the son of Christ. So, there's more inclusive and I hear certain things and it doesn't, it doesn't affect me. And the, the other part of it is that because I have got a religious belief, I'm able to hear those things. Whereas I find that some colleagues, especially, you know, in the medical areas, some colleagues who don't, who, you know, describe themselves as being atheists or don't identify with any particular religion, they, they struggle, more so with clients or patients. Yeah, because I also worked in palliative care, and part of our MDT also included myself but also a member of the chaplaincy attending. And there were some comments by, made by, like the consultant, or, you know, just somebody. Because obviously, it's palliative care so it's quite a, can be quite a dark, depressing area to work in. I think his attempt was too much for those MDT meetings but of course, having spoken to the chaplaincy person who, after the meetings, think that some of that could be interpreted differently. And I, yeah, so I think that sometimes those who, those colleagues who identify as not being religious find it more difficult to hear the minds of the patients' religious needs.

Being religious influences how I, how I behave in other areas of my life, so, I guess it would undoubtedly influence my work. And some of it is mirrored within the Person-centred core

beliefs about really valuing the person. So, it fits very well within my own religious beliefs. Having a faith background, and also my own modality, has helped me in my work.

I think it's always difficult isn't it when you get asked that question, 'Has anything hindered your work with religious clients?', especially when the topic of religion comes up in sessions and the person asks you, 'What religion, what religious background are you?' Or, they make assumptions cause, you know, somehow from your name, or somewhere they identified you as being Muslim, you know, being X and automatically think that you're Muslim. So, I think, sometimes that can, in itself, cause a barrier because people that might hold certain views about their religion in comparison to someone else's religion, or be contemplative or careful about how their therapist might respond to them. So, it might close down conversations as well. I'm just wondering if that actually might be happened in my... I don't think it happened in my, has happened in mine. But it has happened, I, I have worked with Muslim ladies who are wearing a headscarf, and obviously they know that I'm ■ so there's always this question of, you know, given that I'm not wearing a headscarf, and that's not to say that all Muslim women wear headscarves. In ■, you know, some women wear it and some don't, but I guess especially within the last decade or so with the current Prime Minister, there are these, kind of, more symbolic ways of showing your faith. So, I don't know if it's caused some more closure with certain things being discussed in therapy, but it's at the back of my mind anyway. I wouldn't know if it has hindered my work or not. I don't, I haven't even kind of doubted it, but as a psychologist I guess it's important to be aware of my background and the difference between myself and the client I'm working with, so, it's something that I do hold in mind.

I mean, I think it's when I'm working in palliative care, it's often something that comes up as people are approaching the end phase of their lives. And in that way, I think it's somewhat more useful having a religious background. And, because, you know, where you, because that's where they're losing control of what's going to happen, it's whether you have this discussion, especially if the person believes that they're going to go, you know, there's a life after. They wouldn't have been, that's been a kind of a helpful discussion to have. I guess, in my view, although I don't, you know, I don't necessarily believe there is, kind of, an afterlife, I am not so closed to that. I know the idea, so that's been really helpful. I guess it's always important to be curious as well of other people's religion.

So, in that way, it's, you know, in terms of my background, I was kind of, in my own country, I was a ethnic group. And then I came over to the UK, and I'm an ethnic group here as well. And I think that gives you, as you've mentioned before, gives me more, almost sensitizes me a little bit more about different people's experiences and beliefs. And, you know, not to make assumptions.

Sometimes, yeah, in palliative care, I probably would have asked about a client's religion more so: 'Do you identify yourself as being religious or spiritual?' I would ask that. In my other kind of areas that I don't acknowledge it is not something that, it's not on a form or even an assessment unless there seems to be something in the referral to indicate so. But where it does come up, I'm open to hearing it, but I'm not sure if I'm as well informed as I should be, in terms of religious matters. So, yeah, I think probably, probably, you know, I guess you can only be so much informed. I think I probably should be more informed about different religions and different practices and so forth. So that's a little bit of a hinderance, because of our training doesn't cover these things. It's very much focused on, approaches and how to apply them, but it doesn't look at individual differences and individual needs in terms of religion and culture or race. That's something that you kind of learn as you go along. No, I don't think my initial training was useful in terms of working with religious clients. There wasn't very much anyway. It was definitely not a module or some module related to religious things and how to work with a client that might have a different religious background to you. So that has been very much learned on the job as I go along really.

- **Reflections on my work and training**

I mean, I hope things have changed, but I think it's quite vital given that we now live in a multicultural, very diverse Britain, but there needs to be at least one module along that three years that is dedicated to working with, you know, different people from different backgrounds, religions, or racial. And to really kind of, even throughout, I think there was some of this, but it wasn't taught, you know, it was kind of, I think maybe one or two lectures might have indicated

how, you know, some of the theories that we read, and the approaches that we put into practice, and how we, but they don't necessarily account for differences. It comes from a very, kind of particular background that one needs to be aware of I think, when you're working with different groups of people. And that wasn't even there really, unless, you know, one questioned it. It was a bit of a black and white method of teaching this. This is separate, this is the model, this is the approach, you go out and apply it, regardless of the person. Which seems very un-Person-centred really. I think there are probably only post, post-studies that have gone into working looking at religious issues. I think only really one approach I've seen that really takes that on board is the systemic approach. The systemic family, that seems to really understand the value of those different elements.

I think it's an important and interesting area. I think more work needs to be done in this, because like I said, there isn't that much training available, and actually my kind of understanding and awareness has come through people working directly with clients and feel the need to go and educate myself and doing further personal training. Or through, you know, watching theatre that might be addressing these issues. So, those kinds of resources as well others more than formal training.

In terms of when you're into work life, you know, there are mandatory training such as equality and diversity, but that's taking a very broad approach. I don't work out specifics in terms of a therapeutic approach when working directly with someone. So yeah, hopefully more of what you're researching will come forward and actually make a difference in terms of practice.

Appendix J: Completed Numbered Narrative

Amy:

My experience of working with religious clients: what helped, hindered, and what might benefit it

Part 1

- **My personal and professional background**

❖ Personal background

Paragraph 1

(1) I was born in ■. (2) I am the fourth child of five. (3) My parents, well, my father was a journalist over there and he was going to try to, kind of, get into politics at the time. (4) And for work reasons, he came over to the UK, and then felt that the UK was a better place to provide the standard of life that he wanted to, for, his five daughters. (5) So, after kind of settling down, he, my mother arranged our position in ■ and we flew us over to England. (6) So, I arrived to the UK when I was about three and a half/four years old.

Paragraph 2

(1) Well, I do not really identify the UK as home, no, because we've always had a really strong kind of connection back in our homeland. (2) So actually, once my father, kind of, put us through a level of education and we're all, kind of, getting into our professions, he then retired and went back and spent a lot of time over there. (3) So, he would come over during the winter months only.

Paragraph 3

(1) So, my childhood as well, when I was growing up, we would always go back during summer holidays and spend most of our summer holidays over there. (2) So, I see myself... I, I've often

been asked about this, and I see my identity as a modern ■. (3) So, I kind of have those core values over there. (4) And, but I'm, you know, I was raised in the UK and I also appreciate and value those Western ideologies as well. (5) So, I'm a bit in-between.

Paragraph 4

(1) In terms of our religion, so I don't know how much you know about ■, but it's a very diverse actually country. (2) So, due to the ■ Empire... there was a lot of shifting around. (3) And although the majority of people identify their religious background as Muslim, I'm part of a minor ethnic group within ■ who, who is not Muslim. (4) So, we, we have a specific kind of branch of Islam, called ■, which is more philosophical in its approach. (5) So, we don't actually have a, we don't, we aren't required to go to mosque. (6) Actually, we don't have a institute or building that we will go and worship. (7) We believe that, you know, we believe that you kind of lead your life. (8) And wherever you feel the need to be close to God, ... you are close to Allah. (9) So certain practices that Muslim people do, we do not follow. (10) I have looked at ■, and it doesn't, unfortunately, when you look it up, it doesn't really come up. (11) But, if you ask a ■ person, they will know. (12) It's one of those, yeah, and I think there's certain groups, or, in parts of east Europe..., also, in part of Syria, I know they have a... (13) So, yeah, we kind of differ a little bit from the Muslim and actually during the, ... there's a period in ■ history where there was a bit of an up rise of the Muslim related toward my religious group. (14) So, we have a big tablet of history with Muslims, but we're all ■. (15) It's just that we follow a different kind of practice.

Paragraph 5

(1) Well, because it... because it's so flexible, actually, like I said, it's more of a way of life. (2) More of a philosophy, more like the Buddhists kind of idea, so it's where nothing is considered too... you know, we can drink. (3) We can, you know; we don't need to, like I said, go to church every Sunday, or pray five times a day. (4) So, it's very, very flexible, which means that it's not very difficult to, kind of, incorporate it into my lifestyle. (5) But the main kind of principles, I think, or the ones I uphold, is this idea that, you know, we're part of a wider system. (6) So, you know, everything is connected, that you kind of don't necessarily believe in Hell or Heaven. (7) Well, we believe that through your behaviour, you can create a hell or heaven here on earth and then

on, you know, on what kind of life you lead, and what kind of relationships you have with others. (8) This is kind of the principles, which you know, it fits very well in terms of my outlook to life.

Paragraph 6

(1) I do think religion and spirituality are different. (2) I think they're connected, but there is a difference. (3) I think spirituality, ... when someone says they're religious, you can, you can, you know, there's certain practices that they will follow in the name of that religious belief. (4) Whereas spirituality is more, a more a sense, you know, that there isn't somebody you always need to follow, or ways of being, principles one can follow, it's more a mentality. (5) In my religion, it kind of fits into both. (6) Cause like I said, it's more of a philosophical outlook. (7) Rather than this kind of, you know, how we, how we know religion as being, especially, when I compare it to the Muslim religion.

❖ Professional background

Paragraph 7

(1) I trained at ■ and work Person-centred and Existentially. (2) They were my core, they were the core education pillars at B in terms of training for psychologists. (3) However, I now work primarily in the NHS. (4) Depending on what type of role I'm in, and, I kind of take a bit from each. (5) Honestly, I think Person-centred is fundamental to Counselling Psychology, or any formal therapeutic relationship really. (6) And I think Existential is helpful to hold in mind, but obviously for work reasons and evidence-based practice, I do also rely on my Cognitive-behavioural Therapy. (7) So, it's with those three really. (8) When I say Cognitive-behavioural Therapy, I'm also including the third wave of CBTs as well, mindfulness.

Part 2

• My work with religious clients

Paragraph 1

(1) Sometimes I'm aware a client is religious because of the nature of the referrals. (2) So, it might be that their presentation is quite closely connected to some form of religious, kind of connection. (3) So, or that might come out of our sessions. (4) That's, yeah, or it's, it's kind of

there but then I need to ask about that kind of thing in the sessions. (5) So, it, for example, it might be someone who identified as a Christian but who is also have being maybe you know, seeing me for OCD-related problems. (6) So sometimes in the session it might come out.

Paragraph 2

(1) And actually this has happened where I was working with a young adolescent, who was presenting with very severe OCD, and was religious in background, and through our working together, it, it kind of transpired that, she started having certain thoughts as a result of Christianity and, you know, what Christianity says what you should and should not be doing. (2) And it was over, kind of, sexual, you know, when she kind of started entering puberty and she started feeling kind of attracted to boys and so forth. (3) And she, she was very much told you're going to church, just overhearing things, that one needs to remain kind of away from those things and so until they are married. (4) So, there was this kind of conflict and she needed and it just kind of led from that to a need to cleanse herself from those thoughts and that led to OCD.

Paragraph 3

(1) Basically, in my work where I have worked with clients who have presented with a connection from religion, it seems to be quite a thing where the restrictions of religion then apply to the person's life. (2) So, but there, over the years, I see there seems to be some sort of correlation between religion and mental health. (3) And, of course, you know, obviously, I'm just kind of over-generalizing 'cause I'm seeing people who have mental health problems who are also religious. (4) But often there seems to be some form of a connection between the two. (5) You know, some form of either someone who is raised quite religiously then develops mental health problems that are related to their beliefs. (6) And that you know goes across the board. (7) So, another thing, another area that I worked in is adult psychosis. (8) So, often people who are diagnosed with schizophrenia, seem to, you know, their ideas seem to be related to their religious views.

Paragraph 4

(1) It's a bit, I mean, it's, it's, with that client group, it's a bit difficult because, you know, you get into a bit of, you don't want to get into a dialogue where you are, you seem to be denying, or somehow belittling their religious beliefs. (2) But also, you have to try and help them to see that some of their religious beliefs, and in terms of how it's impacting them, is having a negative, you know, impact on their ability to function and be in relationships. (3) And so, there's, there's a difficult challenging balance.

Paragraph 5

(1) One person comes into mind where he, he believed that God was speaking to him and he would, he would do things, or accept things on the basis of that. (2) So, it's kind of difficult to be able to offer support to someone without, as I said, you don't want to be disrespectful to their religious belief.

Paragraph 6

(1) When I have my professional hat, it causes, it causes a challenge, like I said. (2) So, you know, because in some ways you can see that their religious view in some ways, because somewhere along the line they've got a very fixed routed view about how things should be. (3) And that in turn is causing the difficulties they experience. (4) So, so in terms of professional work, sometimes it can cause a barrier.

Paragraph 7

(1) Well, I, I guess it's because it's particularly with religious upbringings, I guess thinking about how dogmatic it can be. (2) And the long-term impact of that, you know. (3) When you're a young child, going to the mosque or to the church, carrying out practices, certain things might seem quite normal. (4) That's like I said with the adolescent, young girl, it's what you can pick up and how you can interpret it, this information as a young child as it is. (5) That then, kind of, gets fixed in your mind as being one way. (6) And so sometimes I feel, gosh, it can cause more harm than help or be helpful.

Paragraph 8

(1) It helps with my work that I am coming from a faith background because, yeah, it's helpful because, you know, one of the principles of our, my religion is, for example, we don't believe in one god. (2) So, as well as believing in Muhammed, we believe in Jesus, but not that he's the son of Christ. (3) So, there's more inclusive and I hear certain things and it doesn't, it doesn't affect me. (4) And the, the other part of it is that because I have got a religious belief, I'm able to hear those things. (5) Whereas I find that some colleagues, especially, you know, in the medical areas, some colleagues who don't, who, you know, describe themselves as being atheists or don't identify with any particular religion, they, they struggle, more so with clients or patients. (6) Yeah, because I also worked in palliative care, and part of our MDT also included myself but also a member of the chaplaincy attending. (7) And there were some comments by, made by, like the consultant, or, you know, just somebody. (8) Because obviously, it's palliative care so it's quite a, can be quite a dark, depressing area to work in. (9) I think his attempt was too much for those MDT meetings but of course, having spoken to the chaplaincy person who, after the meetings, think that some of that could be interpreted differently. (10) And I, yeah, so I think that sometimes those who, those colleagues who identify as not being religious find it more difficult to hear the minds of the patients' religious needs.

Paragraph 9

(1) Being religious influences how I, how I behave in other areas of my life, so, I guess it would undoubtedly influence my work. (2) And some of it is mirrored within the Person-centred core beliefs about really valuing the person. (3) So, it fits very well within my own religious beliefs. (4) Having a faith background, and also my own modality, has helped me in my work.

Paragraph 10

(1) I think it's always difficult isn't it when you get asked that question, 'Has anything hindered your work with religious clients?', especially when the topic of religion comes up in sessions and the person asks you, 'What religion, what religious background are you?' (2) Or, they make assumptions cause, you know, somehow from your name, or somewhere they identified you as being Muslim, you know, being ■ and automatically think that you're Muslim. (3) So, I think,

sometimes that can, in itself, cause a barrier because people that might hold certain views about their religion in comparison to someone else's religion, or be contemplative or careful about how their therapist might respond to them. (4) So, it might close down conversations as well. I'm just wondering if that actually might be happened in my... I don't think it happened in my, has happened in mine. (5) But it has happened, I, I have worked with Muslim ladies who are wearing a headscarf, and obviously they know that I'm ■ so there's always this question of, you know, given that I'm not wearing a headscarf, and that's not to say that all Muslim women wear headscarves. (6) In ■, you know, some women wear it and some don't, but I guess especially within the last decade or so with the current Prime Minister, there are these, kind of, more symbolic ways of showing your faith. (7) So, I don't know if it's caused some more closure with certain things being discussed in therapy, but it's at the back of my mind anyway. (8) I wouldn't know if it has hindered my work or not. (9) I don't, I haven't even kind of doubted it, but as a psychologist I guess it's important to be aware of my background and the difference between myself and the client I'm working with, so, it's something that I do hold in mind.

Paragraph 11

(1) I mean, I think it's when I'm working in palliative care, it's often something that comes up as people are approaching the end phase of their lives. (2) And in that way, I think it's somewhat more useful having a religious background. (3) And, because, you know, where you, because that's where they're losing control of what's going to happen, it's whether you have this discussion, especially if the person believes that they're going to go, you know, there's a life after. (4) They wouldn't have been, that's been a kind of a helpful discussion to have. (5) I guess, in my view, although I don't, you know, I don't necessarily believe there is, kind of, an afterlife, I am not so closed to that. (6) I know the idea, so that's been really helpful. (7) I guess it's always important to be curious as well of other people's religion.

Paragraph 12

(1) So, in that way, it's, you know, in terms of my background, I was kind of, in my own country, I was a ethnic group. (2) And then I came over to the UK, and I'm an ethnic group here as well. (3) And I think that gives you, as you've mentioned before, gives me more, almost sensitizes me

a little bit more about different people's experiences and beliefs. (4) And, you know, not to make assumptions.

Paragraph 13

(1) Sometimes, yeah, in palliative care, I probably would have asked about a client's religion more so: 'Do you identify yourself as being religious or spiritual?' (2) I would ask that. (3) In my other kind of areas that I don't acknowledge it is not something that, it's not on a form or even an assessment unless there seems to be something in the referral to indicate so. (4) But where it does come up, I'm open to hearing it, but I'm not sure if I'm as well informed as I should be, in terms of religious matters. (5) So, yeah, I think probably, probably, you know, I guess you can only be so much informed. (6) I think I probably should be more informed about different religions and different practices and so forth. (7) So that's a little bit of a hinderance, because of our training doesn't cover these things. (8) It's very much focused on, approaches and how to apply them, but it doesn't look at individual differences and individual needs in terms of religion and culture or race. (9) That's something that you kind of learn as you go along. (10) No, I don't think my initial training was useful in terms of working with religious clients. (11) There wasn't very much anyway. (12) It was definitely not a module or some module related to religious things and how to work with a client that might have a different religious background to you. (13) So that has been very much learned on the job as I go along really.

Part 3

- **Reflections on my work and training**

Paragraph 1

(1) I mean, I hope things have changed, but I think it's quite vital given that we now live in a multicultural, very diverse Britain, but there needs to be at least one module along that three years that is dedicated to working with, you know, different people from different backgrounds, religions, or racial. (2) And to really kind of, even throughout, I think there was some of this, but it wasn't taught, you know, it was kind of, I think maybe one or two lectures might have indicated

how, you know, some of the theories that we read, and the approaches that we put into practice, and how we, but they don't necessarily account for differences. (3) It comes from a very, kind of particular background that one needs to be aware of I think, when you're working with different groups of people. (4) And that wasn't even there really, unless, you know, one questioned it. (5) It was a bit of a black and white method of teaching this. (6) This is separate, this is the model, this is the approach, you go out and apply it, regardless of the person. (7) Which seems very un-Person-centred really. (8) I think there are probably only post, post-studies that have gone into working looking at religious issues. (9) I think only really one approach I've seen that really takes that on board is the systemic approach. (10) The systemic family, that seems to really understand the value of those different elements.

Paragraph 2

(1) I think it's an important and interesting area. (2) I think more work needs to be done in this, because like I said, there isn't that much training available, and actually my kind of understanding and awareness has come through people working directly with clients and feel the need to go and educate myself and doing further personal training. (3) Or through, you know, watching theatre that might be addressing these issues. (4) So, those kinds of resources as well others more than formal training.

Paragraph 3

(1) In terms of when you're into work life, you know, there are mandatory training such as equality and diversity, but that's taking a very broad approach. (2) I don't work out specifics in terms of a therapeutic approach when working directly with someone. (3) So yeah, hopefully more of what you're researching will come forward and actually make a difference in terms of practice.

Appendix K: Holistic-Content Global Impression

Amy

The overarching impression I had from my initial global reading of Amy's narrative was that, in her view, her flexible philosophical religious faith and her minority ethnic background helped her in her work with religious clients, as did her Person-centred/Existential modalities, whereas the dogmatic religious beliefs and practices of her religious clients hindered her work, as did the lack of specific training in working with religious clients. She also thought that what might help her work with religious clients would be a better knowledge and understanding of different faith traditions, together with specific training in how to work with religious clients.

Appendix L: Holistic Content Analysis

Participant 1

Part 1: Personal and professional background

Transcript of completed and numbered story	Holistic-Content Analysis Themes
Part 1 Paragraph 1 (1) I was born in A. (2) I am the fourth child of five. (3) My parents, well, my father was a journalist over there and he was going to try to, kind of, get into politics at the time. (4) And for work reasons, he came over to the UK, and then felt that the UK was a better place to provide the standard of life that he wanted to, for, his five daughters. (5) So, after kind of settling down, he, my mother arranged our position in X and we flew us over to England. (6) So, I arrived to the UK when I was about three and a half/four years old.	Personal identity, values and religion
Paragraph 2 (1) Well, I do not really identify the UK as home, no, because we've always had a really strong kind of connection back in our homeland. (2) So actually, once my father, kind of, put us through a level of education and we're all, kind of, getting into our professions, he then retired and went back and spent a lot of time over there. (3) So, he would come over during the winter months only.	Personal identity, values and religion

<p>Paragraph 3</p> <p>(1) So, my childhood as well, when I was growing up, we would always go back during summer holidays and spend most of our summer holidays over there. (2) So, I see myself... I, I've often been asked about this, and I see my identity as a modern A. (3) So, I kind of have those core values over there. (4) And, but I'm, you know, I was raised in the UK and I also appreciate and value those Western ideologies as well. (5) So, I'm a bit in-between.</p>	<p>Personal identity, values and religion</p>
<p>Paragraph 4</p> <p>(1) In terms of our religion, so I don't know how much you know about X, but it's a very diverse actually country. (2) So, due to the Z Empire... there was a lot of shifting around. (3) And although the majority of people identify their religious background as Muslim, I'm part of a minor ethnic group within X who, who is not Muslim. (4) So, we, we have a specific kind of branch of Islam, called Y, which is more philosophical in its approach. (5) So, we don't actually have a, we don't, we aren't required to go to mosque. (6) Actually, we don't have a institute or building that we will go and worship. (7) We believe that, you know, we believe that you kind of lead your life. (8) And wherever you feel the need to be close to God, ... you are close to Allah. (9) So certain practices that Muslim people do, we do not follow. (10) I have looked at Y, and it doesn't, unfortunately, when you look it up, it doesn't really come up. (11) But, if you ask a X person, they will know. (12) It's one of those, yeah, and I think there's certain groups, or, in parts of east Europe..., also, in part of Syria, I know they have a... (13) So, yeah, we kind of differ a little bit from the Muslim and actually during the, ... there's a period in X history where there was a bit of an up rise of the Muslim related toward my religious group. (14) So, we have a big tablet of history with Muslims, but we're all X. (15) It's just that we follow a different kind of practice.</p>	<p>Personal identity, values and religion</p>
<p>Paragraph 5</p> <p>(1) Well, because it... because it's so flexible, actually, like I said, it's more of a way of life. (2) More of a philosophy, more like the Buddhists kind of idea, so it's where nothing is considered too... you know, we can drink. (3) We can, you know; we don't need to, like I said, go to church every Sunday, or pray five times a day. (4) So, it's very, very flexible, which means that it's not very difficult to, kind of, incorporate it into my lifestyle. (5) But the main kind of principles, I think, or the ones I uphold, is this idea that, you know, we're part of a wider system. (6) So, you know, everything is connected, that you kind of don't necessarily believe in Hell or Heaven. (7) Well, we believe that through your behaviour, you can create a hell or heaven here on earth and then on, you know, on what kind of life you lead, and what kind of relationships you have with others. (8) This is kind of the principles, which you know, it fits very well in terms of my outlook to life.</p>	<p>Personal identity, values and religion</p>

<p>Paragraph 6</p> <p>(1) I do think <i>religion and spirituality are different.</i> (2) I think <i>they're connected, but there is a difference.</i> (3) I think spirituality, ... when someone says they're religious, you can, you can, you know, there's <i>certain practices that they will follow in the name of that religious belief.</i> (4) <i>Whereas spirituality</i> is more, a more a sense, you know, that there isn't somebody you always need to follow, or ways of being, principles one can follow, it's <i>more a mentality.</i> (5) In <i>my religion, it kind of fits into both.</i> (6) <i>Cause</i> like I said, <i>it's more of a philosophical outlook.</i> (7) Rather than this kind of, you know, how we, how we know religion as being, especially, when I compare it to the Muslim religion.</p>	<p>Personal identity, values and religion <i>Views on religion and spirituality</i></p>
<p>Paragraph 7</p> <p>(1) I trained at B and <i>work Person-centred and Existentially.</i> (2) They were my core, they were the core education pillars at B in terms of training for psychologists. (3) However, I now work primarily in the NHS. (4) Depending on what type of role I'm in, and, I kind of take a bit from each. (5) Honestly, I think <i>Person-centred is fundamental to Counselling Psychology, or any formal therapeutic relationship really.</i> (6) And I think Existential is helpful to hold in mind, but obviously for work reasons and evidence-based practice, I do also <i>rely on my Cognitive-behavioural Therapy.</i> (7) So, it's with those three really. (8) When I say Cognitive-behavioural Therapy, I'm also <i>including the third wave of CBTs as well, mindfulness.</i></p>	<p>Professional identity</p>

Part2: My work with religious clients

Transcript of completed and numbered story	Holistic-Content Analysis - Themes
<p>Paragraph 1</p> <p>(1) Sometimes I'm aware a client is religious because of the nature of the referrals. (2) So, it might be that <i>their presentation is quite closely connected to some form of religious, kind of connection.</i> (3) So, or that might come out of our sessions. (4) That's, yeah, or it's, it's kind of there but then I need to ask about that kind of thing in the sessions. (5) So, it, for example, it might be someone who <i>identified as a Christian but who is also have being maybe you know, seeing me for OCD-related problems.</i> (6) So sometimes in the session it might come out.</p>	<p><i>Religious faith of Client related to their mental health problems</i></p>

<p>Paragraph 2</p> <p>(1) And actually this has happened where I was working with a young adolescent, who was presenting with very severe OCD, and was religious in background, and through our working together, it, it kind of transpired that, she started having certain thoughts as a result of Christianity and, you know, what Christianity says what you should and should not be doing. (2) And it was over, kind of, sexual, you know, when she kind of started entering puberty and she started feeling kind of attracted to boys and so forth. (3) And she, she was very much told you're going to church, just overhearing things, that one needs to remain kind of away from those things and so until they are married. (4) So, there was this kind of conflict and she needed and it just kind of led from that to a need to cleanse herself from those thoughts and that led to OCD.</p>	<p>Religious faith of Client related to their mental health problems</p>
<p>Paragraph 3</p> <p>(1) Basically, in my work where I have worked with clients who have presented with a connection from religion, it seems to be quite a thing where the restrictions of religion then apply to the person's life. (2) So, but there, over the years, I see there seems to be some sort of correlation between religion and mental health. (3) And, of course, you know, obviously, I'm just kind of over-generalizing 'cause I'm seeing people who have mental health problems who are also religious. (4) But often there seems to be some form of a connection between the two. (5) You know, some form of either someone who is raised quite religiously then develops mental health problems that are related to their beliefs. (6) And that you know goes across the board. (7) So, another thing, another area that I worked in is adult psychosis. (8) So, often people who are diagnosed with schizophrenia, seem to, you know, their ideas seem to be related to their religious views.</p>	<p>Religious faith of Client related to their mental health problems subtheme in italics - <i>dogmatic beliefs and practices the problem</i></p>
<p>Paragraph 4</p> <p>(1) It's a bit, I mean, it's, it's, with that client group, it's a bit difficult because, you know, you get into a bit of, you don't want to get into a dialogue where you are, you seem to be denying, or somehow belittling their religious beliefs. (2) But also, you have to try and help them to see that some of their religious beliefs, and in terms of how it's impacting them, is having a negative, you know, impact on their ability to function and be in relationships. (3) And so, there's, there's a difficult challenging balance.</p>	<p>Religious faith of Client related to their mental health problems Concern not to denigrate others religion</p>
<p>Paragraph 5</p> <p>(1) One person comes into mind where he, he believed that God was speaking to him and he would, he would do things, or accept things on the basis of that. (2) So, it's kind of difficult to be able to offer support to someone without, as I said, you don't want to be disrespectful to their religious belief.</p>	<p>Religious faith of Client related to their mental health problems subtheme in italics - <i>dogmatic beliefs and practices the problem</i> Concern not to denigrate others religion</p>

<p>Paragraph 6</p> <p>(1) When I have my professional hat, it causes, it causes a challenge, like I said. (2) So, you know, because in some ways you can see that <i>their religious view in some ways</i>, because somewhere along the line they've got a <i>very fixed routed view</i> about how things <i>should be</i>. (3) And that in turn <i>is causing the difficulties they experience</i>. (4) So, so in terms of professional work, sometimes it <i>can cause a barrier</i>.</p>	<p>Religious faith of Client related to their mental health problems subtheme in italics - <i>dogmatic beliefs and practices the problem</i></p>
<p>Paragraph 7</p> <p>(1) Well, I, I guess it's because it's <i>particularly with religious upbringings</i>, I guess thinking about <i>how dogmatic it can be</i>. (2) And <i>the long-term impact</i> of that, you know. (3) When you're a young child, going to the mosque or to the church, carrying out practices, certain things might seem quite normal. (4) That's like I said with the adolescent, young girl, it's <i>what you can pick up and how you can interpret it, this information as a young child</i> as it is. (5) That then, kind of, <i>gets fixed in your mind as being one way</i>. (6) And so sometimes I feel, gosh, <i>it can cause more harm than help or be helpful</i>.</p>	<p>Religious faith of Client related to their mental health problems subtheme in italics - <i>dogmatic beliefs and practices the problem</i></p>
<p>Paragraph 8</p> <p>(1) <i>It helps with my work that I am coming from a faith background</i> because, yeah, it's helpful because, you know, one of the principles of our, my religion is, for example, we don't believe in one god. (2) So, as well as believing in Muhammed, we believe in Jesus, but not that he's the son of Christ. (3) So, <i>there's more inclusive and I hear certain things and it doesn't, it doesn't affect me</i>. (4) And the, the other part of it is that <i>because I have got a religious belief, I'm able to hear those things</i>. (5) <i>Whereas I find that some colleagues, especially, you know, in the medical areas, some colleagues who don't, who, you know, describe themselves as being atheists or don't identify with any particular religion, they, they struggle, more so with clients or patients</i>. (6) Yeah, because I also worked in palliative care, and part of our MDT also included myself but also a member of the chaplaincy attending. (7) And there were some comments by, made by, like the consultant, or, you know, just somebody. (8) Because obviously, it's palliative care so it's quite a, can be quite a dark, depressing area to work in. (9) I think his attempt was too much for those MDT meetings but of course, having spoken to the chaplaincy person who, after the meetings, think that some of that could be interpreted differently. (10) And I, yeah, <i>so I think that sometimes those who, those colleagues who identify as not being religious find it more difficult to hear the minds of the patients' religious needs</i>.</p>	<p>Own religious faith helpful Subtheme in italics - <i>not-being religious hinders</i></p>
<p>Paragraph 9</p> <p>(1) <i>Being religious influences how I, how I behave in other areas of my life, so, I guess it would undoubtedly influence my work</i>. (2) And some of it is <i>mirrored within the Person-centred core beliefs about really valuing the person</i>. (3) So, it <i>fits very well within my own religious beliefs</i>. (4) <i>Having a faith background</i>, and also my <i>own modality, has helped me</i> in my work.</p>	<p>Own religious faith helpful Own faith and values influences her work Subtheme in italics- <i>influences her choice of modality</i> Modality helpful</p>

<p>Paragraph 10</p> <p>(1) I think it's always difficult isn't it when you get asked that question, 'Has anything hindered your work with religious clients?', especially when the topic of religion comes up in sessions and the person asks you, 'What religion, what religious background are you?' (2) Or, they make assumptions cause, you know, somehow from your name, or somewhere they identified you as being Muslim, you know, being X and automatically think that you're Muslim. (3) So, I think, sometimes that can, in itself, cause a barrier because people that might hold certain views about their religion in comparison to someone else's religion, or be contemplative or careful about how their therapist might respond to them. (4) So, it might close down conversations as well. I'm just wondering if that actually might be happened in my... I don't think it happened in my, has happened in mine. (5) But it has happened, I, I have worked with Muslim ladies who are wearing a headscarf, and obviously they know that I'm X so there's always this question of, you know, given that I'm not wearing a headscarf, and that's not to say that all Muslim women wear headscarves. (6) In X, you know, some women wear it and some don't, but I guess especially within the last decade or so with the current Prime Minister, there are these, kind of, more symbolic ways of showing your faith. (7) So, I don't know if it's caused some more closure with certain things being discussed in therapy, but it's at the back of my mind anyway. (8) I wouldn't know if it has hindered my work or not. (9) I don't, I haven't even kind of doubted it, but as a psychologist I guess it's important to be aware of my background and the difference between myself and the client I'm working with, so, it's something that I do hold in mind.</p>	<p>Religious differences between therapist and client may cause difficulties with therapeutic process</p>
<p>Paragraph 11</p> <p>(1) I mean, I think it's when I'm working in palliative care, it's often something that comes up as people are approaching the end phase of their lives. (2) And in that way, I think it's somewhat more useful having a religious background. (3) And, because, you know, where you, because that's where they're losing control of what's going to happen, it's whether you have this discussion, especially if the person believes that they're going to go, you know, there's a life after. (4) They wouldn't have been, that's been a kind of a helpful discussion to have. (5) I guess, in my view, although I don't, you know, I don't necessarily believe there is, kind of, an afterlife, I am not so closed to that. (6) I know the idea, so that's been really helpful. (7) I guess it's always important to be curious as well of other people's religion.</p>	<p>Own religious faith helpful Curious and open about religious faith of client helpful</p>
<p>Paragraph 12</p> <p>(1) So, in that way, it's, you know, in terms of my background, I was kind of, in my own country, I was a ethnic group. (2) And then I came over to the UK, and I'm an ethnic group here as well. (3) And I think that gives you, as you've mentioned before, gives me more, almost sensitizes me a little bit more about different people's experiences and beliefs. (4) And, you know, not to make assumptions.</p>	<p>Experience of belonging to an ethnic minority helpful</p>

Paragraph 13

(1) Sometimes, yeah, in palliative care, I probably would have asked about a client's religion more so: 'Do you identify yourself as being religious or spiritual?' (2) I would ask that. (3) In my other kind of areas that I don't acknowledge it is not something that, it's not on a form or even an assessment unless there seems to be something in the referral to indicate so. (4) But where it does come up, **I'm open to hearing it**, but **I'm not sure if I'm as well informed as I should be, in terms of religious matters**. (5) So, yeah, I think probably, probably, you know, I guess you can only be so much informed. (6) **I think I probably should be more informed about different religions and different practices and so forth**. (7) So that's a little bit of a hinderance, because of our training doesn't cover these things. (8) It's very much focused on, approaches and how to apply them, but it doesn't look at individual differences and individual needs in terms of religion and culture or race. (9) That's something that you kind of *learn as you go along*. (10) No, I don't think my initial training was useful in terms of working with religious clients. (11) There wasn't very much anyway. (12) It was definitely not a module or some module related to religious things and how to work with a client that might have a different religious background to you. (13) So that has been very much *learned on the job as I go along really*.

Curious and open to religious faith of client helpful

Not well enough informed about religious faith

Initial training and CPD

inadequate re working with religious clients

Self learned re religions when working

Part 3: Reflections on my work and training

Transcript of completed and numbered story	Holistic-Content Analysis - Themes
<p>Paragraph 1</p> <p>(1) I mean, I hope things have changed, but I think it's quite vital given that we <u>now live in a multicultural, very diverse Britain, but there needs to be at least one module along that three years that is dedicated to working with, you know, different people from different backgrounds, religions, or racial.</u> (2) And to really kind of, even throughout, I think there was some of this, but <u>it wasn't taught, you know, it was kind of, I think maybe one or two lectures might have indicated how, you know, some of the theories that we read, and the approaches that we put into practice, and how we, but they don't necessarily account for differences.</u> (3) It comes from a very, kind of particular background that <u>one needs to be aware of I think, when you're working with different groups of people.</u> (4) And <u>that wasn't even there really, unless, you know, one questioned it.</u> (5) It was a bit of a black and white method of teaching this. (6) This is separate, this is the model, this is the approach, you go out and apply it, regardless of the person. (7) Which seems very un-Person-centred really. (8) I think there are probably only <u>post, post-studies that have gone into working looking at religious issues.</u> (9) I think only really one approach I've seen that really takes that on board is the systemic approach. (10) The <u>systemic family, that seems to really understand the value of those different elements.</u></p>	<p><u>Need for specific training</u> <u>Initial training and CPD</u> <u>inadequate re working with religious clients</u> <u>Where such training exists</u></p>
<p>Paragraph 2</p> <p>(1) I think it's an important and interesting area. (2) I think more work needs to be done in this, because like I said, <u>there isn't that much training available, and actually my kind of understanding and awareness has come through people working directly with clients and feel the need to go and educate myself and doing further personal training.</u> (3) Or <u>through, you know, watching theatre that might be addressing these issues.</u> (4) So, those kinds of resources as well others more than formal training.</p>	<p><u>Initial training and CPD</u> <u>inadequate re working with religious clients</u> <u>Self learned re religions when working</u></p>
<p>Paragraph 3</p> <p>(1) In terms of when you're into work life, you know, <u>there are mandatory training such as equality and diversity, but that's taking a very broad approach.</u> (2) I don't work out specifics in terms of a therapeutic approach when working directly with someone. (3) So yeah, hopefully more of what you're researching will come forward and <u>actually make a difference in terms of practice.</u></p>	<p><u>Initial training and CPD</u> <u>inadequate re working with religious clients</u> <u>Need for specific training</u></p>

Appendix M: Holistic Form Analysis

Participant 1

Part 1: Personal and professional background

Transcript of completed and numbered story	Plot or storyline
Part 1 Paragraph 1 (1) I was born in A. (2) I am the fourth child of five. (3) My parents, well, my father was a journalist over there and he was going to try to, kind of, get into politics at the time. (4) And for work reasons, he came over to the UK, and then felt that the UK was a better place to provide the standard of life that he wanted to, for, his five daughters. (5) So, after kind of settling down, he, my mother arranged our position in X and we flew us over to England. (6) So, I arrived to the UK when I was about three and a half/four years old.	Introduction Setting the scene, the Counselling Psychologist's family
Paragraph 2 (1) Well, I do not really identify the UK as home, no, because we've always had a really strong kind of connection back in our homeland. (2) So actually, once my father, kind of, put us through a level of education and we're all, kind of, getting into our professions, he then retired and went back and spent a lot of time over there. (3) So, he would come over during the winter months only.	Counselling Psychologist's homeland
Paragraph 3 (1) So, my childhood as well, when I was growing up, we would always go back during summer holidays and spend most of our summer holidays over there. (2) So, I see myself... I, I've often been asked about this, and I see my identity as a modern A. (3) So, I kind of have those core values over there. (4) And, but I'm, you know, I was raised in the UK and I also appreciate and value those Western ideologies as well. (5) So, I'm a bit in-between.	Counselling Psychologists' identity and values

<p>Paragraph 4</p> <p>(1) In terms of our religion, so I don't know how much you know about X, but it's a very diverse actually country. (2) So, due to the Z Empire... there was a lot of shifting around. (3) And although the majority of people identify their religious background as Muslim, I'm part of a minor ethnic group within X who, who is not Muslim. (4) So, we, we have a specific kind of branch of Islam, called Y, which is more philosophical in its approach. (5) So, we don't actually have a, we don't, we aren't required to go to mosque. (6) Actually, we don't have a institute or building that we will go and worship. (7) We believe that, you know, we believe that you kind of lead your life. (8) And wherever you feel the need to be close to God, ... you are close to Allah. (9) So certain practices that Muslim people do, we do not follow. (10) I have looked at Y, and it doesn't, unfortunately, when you look it up, it doesn't really come up. (11) But, if you ask a X person, they will know. (12) It's one of those, yeah, and I think there's certain groups, or, in parts of east Europe..., also, in part of Syria, I know they have a... (13) So, yeah, we kind of differ a little bit from the Muslim and actually during the, ... there's a period in X history where there was a bit of an up rise of the Muslim related toward my religious group. (14) So, we have a big tablet of history with Muslims, but we're all X. (15) It's just that we follow a different kind of practice.</p>	<p>Counselling Psychologist's religious beliefs</p>
<p>Paragraph 5</p> <p>(1) Well, because it... because it's so flexible, actually, like I said, it's more of a way of life. (2) More of a philosophy, more like the Buddhists kind of idea, so it's where nothing is considered too... you know, we can drink. (3) We can, you know; we don't need to, like I said, go to church every Sunday, or pray five times a day. (4) So, it's very, very flexible, which means that it's not very difficult to, kind of, incorporate it into my lifestyle. (5) But the main kind of principles, I think, or the ones I uphold, is this idea that, you know, we're part of a wider system. (6) So, you know, everything is connected, that you kind of don't necessarily believe in Hell or Heaven. (7) Well, we believe that through your behaviour, you can create a hell or heaven here on earth and then on, you know, on what kind of life you lead, and what kind of relationships you have with others. (8) This is kind of the principles, which you know, it fits very well in terms of my outlook to life.</p>	<p>Flexibility of Counselling Psychologist's religious beliefs stressed - implied beneficial openness to working with clients' religious beliefs and utility</p>

<p>Paragraph 6</p> <p>(1) I do think religion and spirituality are different. (2) I think they're connected, but there is a difference. (3) I think spirituality, ... when someone says they're religious, you can, you can, you know, there's certain practices that they will follow in the name of that religious belief. (4) Whereas spirituality is more, a more a sense, you know, that there isn't somebody you always need to follow, or ways of being, principles one can follow, it's more a mentality. (5) In my religion, it kind of fits into both. (6) Cause like I said, it's more of a philosophical outlook. (7) Rather than this kind of, you know, how we, how we know religion as being, especially, when I compare it to the Muslim religion.</p>	<p>Counselling Psychologists religion is spiritual and philosophical - implied beneficial openness to working with clients' religious beliefs and utility of this</p>
<p>Paragraph 7</p> <p>(1) I trained at B and work Person-centred and Existentially. (2) They were my core, they were the core education pillars at B in terms of training for psychologists. (3) However, I now work primarily in the NHS. (4) Depending on what type of role I'm in, and, I kind of take a bit from each. (5) Honestly, I think Person-centred is fundamental to Counselling Psychology, or any formal therapeutic relationship really. (6) And I think Existential is helpful to hold in mind, but obviously for work reasons and evidence-based practice, I do also rely on my Cognitive-behavioural Therapy. (7) So, it's with those three really. (8) When I say Cognitive-behavioural Therapy, I'm also including the third wave of CBTs as well, mindfulness.</p>	<p>Counselling Psychologist's professional training and work modalities - implied beneficial openness to working with clients' religious beliefs and utility of this</p>

Part 2: My work with religious clients

Transcript of completed and numbered story	Plot or storyline
<p>Paragraph 1</p> <p>(1) Sometimes I'm aware a client is religious because of the nature of the referrals. (2) So, it might be that their presentation is quite closely connected to some form of religious, kind of connection. (3) So, or that might come out of our sessions. (4) That's, yeah, or it's, it's kind of there but then I need to ask about that kind of thing in the sessions. (5) So, it, for example, it might be someone who identified as a Christian but who is also have being maybe you know, seeing me for OCD-related problems. (6) So sometimes in the session it might come out.</p>	<p>The story unfolds - how the Counselling Psychologist learns a client is religious and then is faced with a series of challenges - caused by dogmatic religious beliefs but the Counselling Psychologist understands these and deals with them</p>

<p>Paragraph 2</p> <p>(1) And actually this has happened where I was working with a young adolescent, who was presenting with very severe OCD, and was religious in background, and through our working together, it, it kind of transpired that, she started having certain thoughts as a result of Christianity and, you know, what Christianity says what you should and should not be doing. (2) And it was over, kind of, sexual, you know, when she kind of started entering puberty and she started feeling kind of attracted to boys and so forth. (3) And she, she was very much told you're going to church, just overhearing things, that one needs to remain kind of away from those things and so until they are married. (4) So, there was this kind of conflict and she needed and it just kind of led from that to a need to cleanse herself from those thoughts and that led to OCD.</p>	<p>A challenge faced by the Counselling Psychologist</p>
<p>Paragraph 3</p> <p>(1) Basically, in my work where I have worked with clients who have presented with a connection from religion, it seems to be quite a thing where the restrictions of religion then apply to the person's life. (2) So, but there, over the years, I see there seems to be some sort of correlation between religion and mental health. (3) And, of course, you know, obviously, I'm just kind of over-generalizing 'cause I'm seeing people who have mental health problems who are also religious. (4) But often there seems to be some form of a connection between the two. (5) You know, some form of either someone who is raised quite religiously then develops mental health problems that are related to their beliefs. (6) And that you know goes across the board. (7) So, another thing, another area that I worked in is adult psychosis. (8) So, often people who are diagnosed with schizophrenia, seem to, you know, their ideas seem to be related to their religious views.</p>	<p>A challenge faced by the Counselling Psychologist</p>
<p>Paragraph 4</p> <p>(1) It's a bit, I mean, it's, it's, with that client group, it's a bit difficult because, you know, you get into a bit of, you don't want to get into a dialogue where you are, you seem to be denying, or somehow belittling their religious beliefs. (2) But also, you have to try and help them to see that some of their religious beliefs, and in terms of how it's impacting them, is having a negative, you know, impact on their ability to function and be in relationships. (3) And so, there's, there's a difficult challenging balance.</p>	<p>A challenge faced by the Counselling Psychologist</p>
<p>Paragraph 5</p> <p>(1) One person comes into mind where he, he believed that God was speaking to him and he would, he would do things, or accept things on the basis of that. (2) So, it's kind of difficult to be able to offer support to someone without, as I said, you don't want to be disrespectful to their religious belief.</p>	<p>A challenge faced by the Counselling Psychologist</p>

<p>Paragraph 6</p> <p>(1) When I have my professional hat, it causes, it causes a challenge, like I said. (2) So, you know, because in some ways you can see that their religious view in some ways, because somewhere along the line they've got a very fixed routed view about how things should be. (3) And that in turn is causing the difficulties they experience. (4) So, so in terms of professional work, sometimes it can cause a barrier.</p>	<p>A challenge faced by the Counselling Psychologist</p>
<p>Paragraph 7</p> <p>(1) Well, I, I guess it's because it's particularly with religious upbringings, I guess thinking about how dogmatic it can be. (2) And the long-term impact of that, you know. (3) When you're a young child, going to the mosque or to the church, carrying out practices, certain things might seem quite normal. (4) That's like I said with the adolescent, young girl, it's what you can pick up and how you can interpret it, this information as a young child as it is. (5) That then, kind of, gets fixed in your mind as being one way. (6) And so sometimes I feel, gosh, it can cause more harm than help or be helpful.</p>	<p>Conclusion, what causes problems is dogmatic religious beliefs; this causes harm and hinders</p>
<p>Paragraph 8</p> <p>(1) It helps with my work that I am coming from a faith background because, yeah, it's helpful because, you know, one of the principles of our, my religion is, for example, we don't believe in one god. (2) So, as well as believing in Muhammed, we believe in Jesus, but not that he's the son of Christ. (3) So, there's more inclusive and I hear certain things and it doesn't, it doesn't affect me. (4) And the, the other part of it is that because I have got a religious belief, I'm able to hear those things. (5) Whereas I find that some colleagues, especially, you know, in the medical areas, some colleagues who don't, who, you know, describe themselves as being atheists or don't identify with any particular religion, they, they struggle, more so with clients or patients. (6) Yeah, because I also worked in palliative care, and part of our MDT also included myself but also a member of the chaplaincy attending. (7) And there were some comments by, made by, like the consultant, or, you know, just somebody. (8) Because obviously, it's palliative care so it's quite a, can be quite a dark, depressing area to work in. (9) I think his attempt was too much for those MDT meetings but of course, having spoken to the chaplaincy person who, after the meetings, think that some of that could be interpreted differently. (10) And I, yeah, so I think that sometimes those who, those colleagues who identify as not being religious find it more difficult to hear the minds of the patients' religious needs.</p>	<p>The Counselling Psychologist's own religious background is helpful to meeting the challenges</p>
<p>Paragraph 9</p> <p>(1) Being religious influences how I, how I behave in other areas of my life, so, I guess it would undoubtedly influence my work. (2) And some of it is mirrored within the Person-centred core beliefs about really valuing the person. (3) So, it fits very well within my own religious beliefs. (4) Having a faith background, and also my own modality, has helped me in my work.</p>	<p>The Counselling Psychologist's own modality helpful to meeting the challenge</p>

<p>Paragraph 10</p> <p>(1) I think it's always difficult isn't it when you get asked that question, 'Has anything hindered your work with religious clients?', especially when the topic of religion comes up in sessions and the person asks you, 'What religion, what religious background are you?' (2) Or, they make assumptions cause, you know, somehow from your name, or somewhere they identified you as being Muslim, you know, being X and automatically think that you're Muslim. (3) So, I think, sometimes that can, in itself, cause a barrier because people that might hold certain views about their religion in comparison to someone else's religion, or be contemplative or careful about how their therapist might respond to them. (4) So, it might close down conversations as well. I'm just wondering if that actually might be happened in my... I don't think it happened in my, has happened in mine. (5) But it has happened, I, I have worked with Muslim ladies who are wearing a headscarf, and obviously they know that I'm X so there's always this question of, you know, given that I'm not wearing a headscarf, and that's not to say that all Muslim women wear headscarves. (6) In X, you know, some women wear it and some don't, but I guess especially within the last decade or so with the current Prime Minister, there are these, kind of, more symbolic ways of showing your faith. (7) So, I don't know if it's caused some more closure with certain things being discussed in therapy, but it's at the back of my mind anyway. (8) I wouldn't know if it has hindered my work or not. (9) I don't, I haven't even kind of doubted it, but as a psychologist I guess it's important to be aware of my background and the difference between myself and the client I'm working with, so, it's something that I do hold in mind.</p>	<p>Example of how the Counselling Psychologist meets a challenge - seemingly successfully</p>
<p>Paragraph 11</p> <p>(1) I mean, I think it's when I'm working in palliative care, it's often something that comes up as people are approaching the end phase of their lives. (2) And in that way, I think it's somewhat more useful having a religious background. (3) And, because, you know, where you, because that's where they're losing control of what's going to happen, it's whether you have this discussion, especially if the person believes that they're going to go, you know, there's a life after. (4) They wouldn't have been, that's been a kind of a helpful discussion to have. (5) I guess, in my view, although I don't, you know, I don't necessarily believe there is, kind of, an afterlife, I am not so closed to that. (6) I know the idea, so that's been really helpful. (7) I guess it's always important to be curious as well of other people's religion.</p>	<p>Example of how the Counselling Psychologist meets a challenge successfully</p>
<p>Paragraph 12</p> <p>(1) So, in that way, it's, you know, in terms of my background, I was kind of, in my own country, I was a ethnic group. (2) And then I came over to the UK, and I'm an ethnic group here as well. (3) And I think that gives you, as you've mentioned before, gives me more, almost sensitizes me a little bit more about different people's experiences and beliefs. (4) And, you know, not to make assumptions.</p>	<p>Counselling Psychologist reiterates how own religious and ethnic background enables her to overcome the challenges</p>

Paragraph 13

(1) Sometimes, yeah, in palliative care, I probably would have asked about a client's religion more so: 'Do you identify yourself as being religious or spiritual?' (2) I would ask that. (3) In my other kind of areas that I don't acknowledge it is not something that, it's not on a form or even an assessment unless there seems to be something in the referral to indicate so. (4) But where it does come up, I'm open to hearing it, but I'm not sure if I'm as well informed as I should be, in terms of religious matters. (5) So, yeah, I think probably, probably, you know, I guess you can only be so much informed. (6) I think I probably should be more informed about different religions and different practices and so forth. (7) So that's a little bit of a hinderance, because of our training doesn't cover these things. (8) It's very much focused on, approaches and how to apply them, but it doesn't look at individual differences and individual needs in terms of religion and culture or race. (9) That's something that you kind of learn as you go along. (10) No, I don't think my initial training was useful in terms of working with religious clients. (11) There wasn't very much anyway. (12) It was definitely not a module or some module related to religious things and how to work with a client that might have a different religious background to you. (13) So that has been very much learned on the job as I go along really.

Counselling Psychologist now begins her attack on training institution and how she has overcome its failings

Part 3: Reflections on my work and training

Transcript of completed and numbered story
Paragraph 1

(1) I mean, I hope things have changed, but I think it's quite vital given that we now live in a multicultural, very diverse Britain, but there needs to be at least one module along that three years that is dedicated to working with, you know, different people from different backgrounds, religions, or racial. (2) And to really kind of, even throughout, I think there was some of this, but it wasn't taught, you know, it was kind of, I think maybe one or two lectures might have indicated how, you know, some of the theories that we read, and the approaches that we put into practice, and how we, but they don't necessarily account for differences. (3) It comes from a very, kind of particular background that one needs to be aware of I think, when you're working with different groups of people. (4) And that wasn't even there really, unless, you know, one questioned it. (5) It was a bit of a black and white method of teaching this. (6) This is separate, this is the model, this is the approach, you go out and apply it, regardless of the person. (7) Which seems very un-Person-centred really. (8) I think there are probably only post, post-studies that have gone into working looking at religious issues. (9) I think only really one approach I've seen that really takes that on board is the systemic approach. (10) The systemic family, that seems to really understand the value of those different elements.

Plot or storyline

**Moving towards the climax and conclusion to the story:
The training institutions need to get their act together and improve**

<p>Paragraph 2</p> <p>(1) I think it's an important and interesting area. (2) I think more work needs to be done in this, because like I said, there isn't that much training available, and actually my kind of understanding and awareness has come through people working directly with clients and feel the need to go and educate myself and doing further personal training. (3) Or through, you know, watching theatre that might be addressing these issues. (4) So, those kinds of resources as well others more than formal training.</p>	<p>Counselling Psychologist reiterates how she has made up for the failures of her training institute</p>
<p>Paragraph 3</p> <p>(1) In terms of when you're into work life, you know, there are mandatory training such as equality and diversity, but that's taking a very broad approach. (2) I don't work out specifics in terms of a therapeutic approach when working directly with someone. (3) So yeah, hopefully more of what you're researching will come forward and actually make a difference in terms of practice.</p>	<p>Counselling psychologist hopes this research will have its desired effect</p>

Appendix N: Categorical-Content Analysis

Participant 1

Part 1: Personal and Professional background

Transcript of completed and numbered story	Categorical-content Analysis
Part 1 Paragraph 1 (1) I was born in A. (2) I am the fourth child of five. (3) My parents, well, my father was a journalist over there and he was going to try to, kind of, get into politics at the time. (4) And for work reasons, he came over to the UK, and then felt that the UK was a better place to provide the standard of life that he wanted to, for, his five daughters. (5) So, after kind of settling down, he, my mother arranged our position in X and we flew us over to England. (6) So, I arrived to the UK when I was about three and a half/four years old.	
Paragraph 2 (1) Well, I do not really identify the UK as home, no, because we've always had a really strong kind of connection back in our homeland. (2) So actually, once my father, kind of, put us through a level of education and we're all, kind of, getting into our professions, he then retired and went back and spent a lot of time over there. (3) So, he would come over during the winter months only.	
Paragraph 3 (1) So, my childhood as well, when I was growing up, we would always go back during summer holidays and spend most of our summer holidays over there. (2) So, I see myself... I, I've often been asked about this, and I see my identity as a modern A. (3) So, I kind of have those core values over there. (4) And, but I'm, you know, I was raised in the UK and I also appreciate and value those Western ideologies as well. (5) So, I'm a bit in-between.	

<p>Paragraph 4</p> <p>(1) In terms of our religion, so I don't know how much you know about X, but it's a very diverse actually country. (2) So, due to the Z Empire... there was a lot of shifting around. (3) And although the majority of people identify their religious background as Muslim, I'm part of a minor ethnic group within X who, who is not Muslim. (4) So, we, we have a specific kind of branch of Islam, called Y, which is more philosophical in its approach. (5) So, we don't actually have a, we don't, we aren't required to go to mosque. (6) Actually, we don't have a institute or building that we will go and worship. (7) We believe that, you know, we believe that you kind of lead your life. (8) And wherever you feel the need to be close to God, ... you are close to Allah. (9) So certain practices that Muslim people do, we do not follow. (10) I have looked at Y, and it doesn't, unfortunately, when you look it up, it doesn't really come up. (11) But, if you ask a X person, they will know. (12) It's one of those, yeah, and I think there's certain groups, or, in parts of east Europe..., also, in part of Syria, I know they have a... (13) So, yeah, we kind of differ a little bit from the Muslim and actually during the, ... there's a period in X history where there was a bit of an up rise of the Muslim related toward my religious group. (14) So, we have a big tablet of history with Muslims, but we're all X. (15) It's just that we follow a different kind of practice.</p>	<p>Religious</p>
<p>Paragraph 5</p> <p>(1) Well, because it... because it's so flexible, actually, like I said, it's more of a way of life. (2) More of a philosophy, more like the Buddhists kind of idea, so it's where nothing is considered too... you know, we can drink. (3) We can, you know; we don't need to, like I said, go to church every Sunday, or pray five times a day. (4) So, it's very, very flexible, which means that it's not very difficult to, kind of, incorporate it into my lifestyle. (5) But the main kind of principles, I think, or the ones I uphold, is this idea that, you know, we're part of a wider system. (6) So, you know, everything is connected, that you kind of don't necessarily believe in Hell or Heaven. (7) Well, we believe that through your behaviour, you can create a hell or heaven here on earth and then on, you know, on what kind of life you lead, and what kind of relationships you have with others. (8) This is kind of the principles, which you know, it fits very well in terms of my outlook to life.</p>	

<p>Paragraph 6</p> <p>(1) I do think religion and spirituality are different. (2) I think they're connected, but there is a difference. (3) I think spirituality, ... when someone says they're religious, you can, you can, you know, there's certain practices that they will follow in the name of that religious belief. (4) Whereas spirituality is more, a more a sense, you know, that there isn't somebody you always need to follow, or ways of being, principles one can follow, it's more a mentality. (5) In my religion, it kind of fits into both. (6) Cause like I said, it's more of a philosophical outlook. (7) Rather than this kind of, you know, how we, how we know religion as being, especially, when I compare it to the Muslim religion.</p>	<p>Difference between religious faith and spirituality</p>
<p>Paragraph 7</p> <p>(1) I trained at B and work Person-centred and Existentially. (2) They were my core, they were the core education pillars at B in terms of training for psychologists. (3) However, I now work primarily in the NHS. (4) Depending on what type of role I'm in, and, I kind of take a bit from each. (5) Honestly, I think Person-centred is fundamental to Counselling Psychology, or any formal therapeutic relationship really. (6) And I think Existential is helpful to hold in mind, but obviously for work reasons and evidence-based practice, I do also rely on my Cognitive-behavioural Therapy. (7) So, it's with those three really. (8) When I say Cognitive-behavioural Therapy, I'm also including the third wave of CBTs as well, mindfulness.</p>	<p>Modalities</p>

Part 2: My work with religious clients

<p>Transcript of completed and numbered story</p>	<p>Categorical-content Analysis</p>
<p>Paragraph 1</p> <p>(1) Sometimes I'm aware a client is religious because of the nature of the referrals. (2) So, it might be that their presentation is quite closely connected to some form of religious, kind of connection. (3) So, or that might come out of our sessions. (4) That's, yeah, or it's, it's kind of there but then I need to ask about that kind of thing in the sessions. (5) So, it, for example, it might be someone who identified as a Christian but who is also have being maybe you know, seeing me for OCD-related problems. (6) So sometimes in the session it might come out.</p>	<p>Helps - awareness of client's religious background</p>

<p>Paragraph 2</p> <p>(1) And actually this has happened where I was working with a young adolescent, who was presenting with very severe OCD, and was religious in background, and through our working together, it, it kind of transpired that, she started having certain thoughts as a result of Christianity and, you know, what Christianity says what you should and should not be doing. (2) And it was over, kind of, sexual, you know, when she kind of started entering puberty and she started feeling kind of attracted to boys and so forth. (3) And she, she was very much told you're going to church, just overhearing things, that one needs to remain kind of away from those things and so until they are married. (4) So, there was this kind of conflict and she needed and it just kind of led from that to a need to cleanse herself from those thoughts and that led to OCD.</p>	<p>Relationship between religious faith and mental health</p>
<p>Paragraph 3</p> <p>(1) Basically, in my work where I have worked with clients who have presented with a connection from religion, it seems to be quite a thing where the restrictions of religion then apply to the person's life. (2) So, but there, over the years, I see there seems to be some sort of correlation between religion and mental health. (3) And, of course, you know, obviously, I'm just kind of over-generalizing 'cause I'm seeing people who have mental health problems who are also religious. (4) But often there seems to be some form of a connection between the two. (5) You know, some form of either someone who is raised quite religiously then develops mental health problems that are related to their beliefs. (6) And that you know goes across the board. (7) So, another thing, another area that I worked in is adult psychosis. (8) So, often people who are diagnosed with schizophrenia, seem to, you know, their ideas seem to be related to their religious views.</p>	<p>Relationship between religious faith and mental health</p>
<p>Paragraph 4</p> <p>(1) It's a bit, I mean, it's, it's, with that client group, it's a bit difficult because, you know, you get into a bit of, you don't want to get into a dialogue where you are, you seem to be denying, or somehow belittling their religious beliefs. (2) But also, you have to try and help them to see that some of their religious beliefs, and in terms of how it's impacting them, is having a negative, you know, impact on their ability to function and be in relationships. (3) And so, there's, there's a difficult challenging balance.</p>	<p>Hindered - concern not to denigrate client's religion when it hindered therapy</p>
<p>Paragraph 5</p> <p>(1) One person comes into mind where he, he believed that God was speaking to him and he would, he would do things, or accept things on the basis of that. (2) So, it's kind of difficult to be able to offer support to someone without, as I said, you don't want to be disrespectful to their religious belief.</p>	<p>Hindered - example of concern not to denigrate client's religion when it hindered therapy</p>

<p>Paragraph 6</p> <p>(1) When I have my professional hat, it causes, it causes a challenge, like I said. (2) So, you know, because in some ways you can see that their religious view in some ways, because somewhere along the line they've got a very fixed routed view about how things should be. (3) And that in turn is causing the difficulties they experience. (4) So, so in terms of professional work, sometimes it can cause a barrier.</p>	<p>Relationship between religious faith and mental health</p> <p>Hindered by dogmatic religious faith of client/conflict between religious faith and recovery</p>
<p>Paragraph 7</p> <p>(1) Well, I, I guess it's because it's particularly with religious upbringings, I guess thinking about how dogmatic it can be. (2) And the long-term impact of that, you know. (3) When you're a young child, going to the mosque or to the church, carrying out practices, certain things might seem quite normal. (4) That's like I said with the adolescent, young girl, it's what you can pick up and how you can interpret it, this information as a young child as it is. (5) That then, kind of, gets fixed in your mind as being one way. (6) And so sometimes I feel, gosh, it can cause more harm than help or be helpful.</p>	<p>Relationship between religious faith and mental health</p>
<p>Paragraph 8</p> <p>(1) It helps with my work that I am coming from a faith background because, yeah, it's helpful because, you know, one of the principles of our, my religion is, for example, we don't believe in one god. (2) So, as well as believing in Muhammed, we believe in Jesus, but not that he's the son of Christ. (3) So, there's more inclusive and I hear certain things and it doesn't, it doesn't affect me. (4) And the, the other part of it is that because I have got a religious belief, I'm able to hear those things. (5) Whereas I find that some colleagues, especially, you know, in the medical areas, some colleagues who don't, who, you know, describe themselves as being atheists or don't identify with any particular religion, they, they struggle, more so with clients or patients. (6) Yeah, because I also worked in palliative care, and part of our MDT also included myself but also a member of the chaplaincy attending. (7) And there were some comments by, made by, like the consultant, or, you know, just somebody. (8) Because obviously, it's palliative care so it's quite a, can be quite a dark, depressing area to work in. (9) I think his attempt was too much for those MDT meetings but of course, having spoken to the chaplaincy person who, after the meetings, think that some of that could be interpreted differently. (10) And I, yeah, so I think that sometimes those who, those colleagues who identify as not being religious find it more difficult to hear the minds of the patients' religious needs.</p>	<p>Helps - own religious faith background -</p> <p>-being able to talk with chaplaincy team</p> <p>Hinders - lack of religious faith of therapist</p>
<p>Paragraph 9</p> <p>(1) Being religious influences how I, how I behave in other areas of my life, so, I guess it would undoubtedly influence my work. (2) And some of it is mirrored within the Person-centered core beliefs about really valuing the person. (3) So, it fits very well within my own religious beliefs. (4) Having a faith background, and also my own modality, has helped me in my work.</p>	<p>Helps - own faith background and <u>modality</u></p>

<p>Paragraph 10</p> <p>(1) I think it's always difficult isn't it when you get asked that question, 'Has anything hindered your work with religious clients?', <u>especially when the topic of religion comes up in sessions and the person asks you, 'What religion, what religious background are you?'</u></p> <p>(2) Or, <u>they make assumptions</u> cause, you know, somehow from your name, or somewhere they identified you as being Muslim, you know, being X and automatically think that you're Muslim. (3) So, I think, sometimes that can, in itself, <u>cause a barrier because people that might hold certain views about their religion in comparison to someone else's religion, or be contemplative or careful about how their therapist might respond to them.</u> (4) <u>So, it might close down conversations as well.</u> I'm just wondering if that actually might be happened in my... I don't think it happened in my, has happened in mine. (5) But it has happened, I, I have worked with Muslim ladies who are wearing a headscarf, and obviously they know that I'm X so there's always this question of, you know, given that I'm not wearing a headscarf, and that's not to say that all Muslim women wear headscarves. (6) In X, you know, some women wear it and some don't, but I guess especially within the last decade or so with the current Prime Minister, there are these, kind of, more symbolic ways of showing your faith. (7) So, I don't know if it's caused some more closure with certain things being discussed in therapy, but it's at the back of my mind anyway. (8) I wouldn't know if it has hindered my work or not. (9) I don't, I haven't even kind of doubted it, but as a psychologist I guess <u>it's important to be aware of my background and the difference between myself and the client I'm working with, so, it's something that I do hold in mind.</u></p>	<p>Helps - <u>holding difference in mind</u></p> <p>Hindered - <u>perception of client that therapist will not understand and/or respect their religious faith</u></p>
<p>Paragraph 11</p> <p>(1) I mean, I think it's when I'm working in palliative care, it's often something that comes up as people are approaching the end phase of their lives. (2) And in that way, <u>I think it's somewhat more useful having a religious background.</u> (3) And, because, you know, where you, because that's where they're losing control of what's going to happen, it's whether you have this discussion, especially if the person believes that they're going to go, you know, there's a life after. (4) They wouldn't have been, that's been a kind of a helpful discussion to have. (5) I guess, in my view, although I don't, you know, I don't necessarily believe there is, kind of, an afterlife, I am not so closed to that. (6) I know the idea, so that's been really helpful. (7) I guess it's always important to be curious as well of other people's religion.</p>	<p>Helps - own religious faith - enables understanding - - and being curious about a person's religious faith</p>
<p>Paragraph 12</p> <p>(1) So, in that way, it's, you know, in terms of my background, I was kind of, in my own country, <u>I was a ethnic group.</u> (2) And then I came over to the UK, <u>and I'm an ethnic group here as well.</u> (3) And I think that gives you, as you've mentioned before, <u>gives me more, almost sensitizes me a little bit more about different people's experiences and beliefs.</u> (4) And, you know, <u>not to make assumptions.</u></p>	<p>Helps - <u>coming from an ethnic group - sensitizes to differences in beliefs and experiences - less likely to make assumptions</u></p>

<p>Paragraph 13</p> <p>(1) Sometimes, yeah, in palliative care, I probably would have asked about a client's religion more so: 'Do you identify yourself as being religious or spiritual?' (2) I would ask that. (3) In my other kind of areas that I don't acknowledge <i>it is not something that, it's not on a form or even an assessment unless there seems to be something in the referral to indicate so.</i> (4) But where it does come up, I'm open to hearing it, but <i>I'm not sure if I'm as well informed as I should be, in terms of religious matters.</i> (5) So, yeah, I think probably, probably, you know, I guess you can only be so much informed. (6) <i>I think I probably should be more informed about different religions and different practices and so forth.</i> (7) So <i>that's a little bit of a hinderance,</i> because of <i>our training doesn't cover these things.</i> (8) It's very much focused on, approaches and how to apply them, but it doesn't look at individual differences and individual needs in terms of religion and culture or race. (9) That's something that you kind of learn as you go along. (10) <i>No, I don't think my initial training was useful in terms of working with religious clients.</i> (11) <i>There wasn't very much anyway.</i> (12) <i>It was definitely not a module or some module related to religious things and how to work with a client that might have a different religious background to you.</i> (13) So that has been very much learned on the job as I go along really.</p>	<p>Helps - openness to ask about a person's religious faith</p> <p>Hinders - <i>details of a person's religious faith not on the assessment form - insufficient knowledge about</i></p> <p>Hinders - <i>different religious faiths, beliefs and practices</i></p> <p>Hinders - <i>inadequate training re religious faiths and how to work with religious clients</i></p>
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Part 3: Reflections on my work and training

Transcript of completed and numbered story	Categorical-content Analysis
<p>Paragraph 1</p> <p>(1) I mean, I hope things have changed, <i>but I think it's quite vital given that we now live in a multicultural, very diverse Britain, but there needs to be at least one module along that three years that is dedicated to working with, you know, different people from different backgrounds, religions, or racial.</i> (2) And to really kind of, even throughout, I think there was some of this, but <i>it wasn't taught, you know, it was kind of, I think maybe one or two lectures might have indicated how, you know, some of the theories that we read, and the approaches that we put into practice, and how we, but they don't necessarily account for differences.</i> (3) It comes from a very, kind of particular background that one needs to be aware of I think, when you're working with different groups of people. (4) And that wasn't even there really, unless, you know, one questioned it. (5) It was a bit of a black and white method of teaching this. (6) This is separate, this is the model, this is the approach, you go out and apply it, regardless of the person. (7) Which seems very un-Person-centred really. (8) I think there are probably only post, post-studies that have gone into working looking at religious issues. (9) I think only really one approach I've seen that really takes that on board is the systemic approach. (10) The systemic family, that seems to really understand the value of those different elements.</p>	<p>Hinders - <i>lack of specific training on working with religious clients</i></p> <p>Might benefit - at least one module on specifically working with people from different backgrounds, religious or racial</p>

<p>Paragraph 2</p> <p>(1) I think it's an important and interesting area. (2) I think more work needs to be done in this, because like I said, <u>there isn't that much training available</u>, and actually my kind of understanding and awareness has come through people working directly with clients and feel the need to go and educate myself and doing further personal training. (3) Or through, you know, watching theatre that might be addressing these issues. (4) So, those kinds of resources as well others more than formal training.</p>	<p>Hinders - <u>lack of specific training on working with religious clients</u></p>
<p>Paragraph 3</p> <p>(1) In terms of when you're into work life, you know, there are mandatory training such as equality and diversity, but that's taking a very broad approach. (2) I don't work out specifics in terms of a therapeutic approach when working directly with someone. (3) <i>So yeah, hopefully more of what you're researching will come forward and actually make a difference in terms of practice.</i></p>	<p>Might benefit - <i>this research</i></p>

Appendix O: Categorical-Form Analysis

Participant 1

Part 1: Personal and professional background

Transcript of completed and numbered story	Categorical-form Analysis
<p>Part 1 Paragraph 1</p> <p>(1) I was born in A. (2) I am the fourth child of five. (3) My parents, well, my father was a journalist over there and he was going to try to, kind of, get into politics at the time. (4) And for work reasons, he came over to the UK, and then felt that the UK was a better place to provide the standard of life that he wanted to, for, his five daughters. (5) So, after kind of settling down, he, my mother arranged our position in X and we flew us over to England. (6) So, I arrived to the UK when I was about three and a half/four years old.</p>	<p>Straightaway situates herself within her family with her sisters and parents. This demonstrates a deep connection with her family of origin.</p>
<p>Paragraph 2</p> <p>(1) Well, I do not really identify the UK as home, no, because we've always had a really strong kind of connection back in our homeland. (2) So actually, once my father, kind of, put us through a level of education and we're all, kind of, getting into our professions, he then retired and went back and spent a lot of time over there. (3) So, he would come over during the winter months only.</p>	<p>The use of 'our' and 'homeland' together creates a strong sense of family and belonging to her family and country of origin. You can see the association with country of origin as being home in the use of 'went back' and 'come over'.</p>
<p>Paragraph 3</p> <p>(1) So, my childhood as well, when I was growing up, we would always go back during summer holidays and spend most of our summer holidays over there. (2) So, I see myself... I, I've often been asked about this, and I see my identity as a modern A. (3) So, I kind of have those core values over there. (4) And, but I'm, you know, I was raised in the UK and I also appreciate and value those Western ideologies as well. (5) So, I'm a bit in-between.</p>	<p>Again, there is the sense of belonging to her country of origin expressed in 'always go back', returning home. Though she appreciates both her country of origin and where she now lives - 'I'm a bit in-between' - caught between the two. Her heart seems to be in her country of origin yet she sees she is caught between the two countries.</p>

<p>Paragraph 4</p> <p>(1) In terms of our religion, so I don't know how much you know about X, but it's a very diverse actually country. (2) So, due to the Z Empire... there was a lot of shifting around. (3) And although the majority of people identify their religious background as Muslim, I'm part of a minor ethnic group within X who, who is not Muslim. (4) So, we, we have a specific kind of branch of Islam, called Y, which is more philosophical in its approach. (5) So, we don't actually have a, we don't, we aren't required to go to mosque. (6) Actually, we don't have a institute or building that we will go and worship. (7) We believe that, you know, we believe that you kind of lead your life. (8) And wherever you feel the need to be close to God, ... you are close to Allah. (9) So certain practices that Muslim people do, we do not follow. (10) I have looked at Y, and it doesn't, unfortunately, when you look it up, it doesn't really come up. (11) But, if you ask a X person, they will know. (12) It's one of those, yeah, and I think there's certain groups, or, in parts of east Europe..., also, in part of Syria, I know they have a... (13) So, yeah, we kind of differ a little bit from the Muslim and actually during the, ... there's a period in X history where there was a bit of an up rise of the Muslim related toward my religious group. (14) So, we have a big tablet of history with Muslims, but we're all X. (15) It's just that we follow a different kind of practice.</p>	<p>Stresses she is part of a 'minor ethnic group, and defining herself over against Islam. Takes pains to do this early on in the narrative, setting up later judgements on traditional religious beliefs and practices. Repeated use of 'we', in reference to her religious faith, showing a deep sense of belonging to the branch of Islam of her homeland. Can also be seen in use of 'our' in reference to her region. Uses 'we' in reference to Islam so identifies herself and her religious faith within that broader faith tradition. Demonstrates in the repeated use of we followed by a statement that her region is different from the religious traditions she later identifies as problematic. Use of 'so' to point to a conclusion.</p>
<p>Paragraph 5</p> <p>(1) Well, because it... because it's so flexible, actually, like I said, it's more of a way of life. (2) More of a philosophy, more like the Buddhists kind of idea, so it's where nothing is considered too... you know, we can drink. (3) We can, you know; we don't need to, like I said, go to church every Sunday, or pray five times a day. (4) So, it's very, very flexible, which means that it's not very difficult to, kind of, incorporate it into my lifestyle. (5) But the main kind of principles, I think, or the ones I uphold, is this idea that, you know, we're part of a wider system. (6) So, you know, everything is connected, that you kind of don't necessarily believe in Hell or Heaven. (7) Well, we believe that through your behaviour, you can create a hell or heaven here on earth and then on, you know, on what kind of life you lead, and what kind of relationships you have with others. (8) This is kind of the principles, which you know, it fits very well in terms of my outlook to life.</p>	<p>'Flexible' repeated in reference to her region and 'philosophical'. Compares her religion implicitly with more rigid religious faith traditions which she seems to see as problematic. She seems to be making it clear that she is not part of a religious tradition that is problematic in terms of mental health, an argument she later develops. Use of 'so' as an intensifier of a statement and to assert it.</p>

<p>Paragraph 6</p> <p>(1) I do think religion and spirituality are different. (2) I think they're connected, but there is a difference. (3) I think spirituality, ... when someone says they're religious, you can, you can, you know, there's certain practices that they will follow in the name of that religious belief. (4) Whereas spirituality is more, a more a sense, you know, that there isn't somebody you always need to follow, or ways of being, principles one can follow, it's more a mentality. (5) In my religion, it kind of fits into both. (6) Cause like I said, it's more of a philosophical outlook. (7) Rather than this kind of, you know, how we, how we know religion as being, especially, when I compare it to the Muslim religion.</p>	<p>Now makes her value judgement more explicit - own region fits both religion and spirituality whereas, the Muslim religion, by implication is not philosophical or spiritual unlike hers.</p>
<p>Paragraph 7</p> <p>(1) I trained at B and work Person-centred and Existentially. (2) They were my core, they were the core education pillars at B in terms of training for psychologists. (3) However, I now work primarily in the NHS. (4) Depending on what type of role I'm in, and, I kind of take a bit from each. (5) Honestly, I think Person-centred is fundamental to Counselling Psychology, or any formal therapeutic relationship really. (6) And I think Existential is helpful to hold in mind, but obviously for work reasons and evidence-based practice, I do also rely on my Cognitive-behavioural Therapy. (7) So, it's with those three really. (8) When I say Cognitive-behavioural Therapy, I'm also including the third wave of CBTs as well, mindfulness.</p>	<p>Chooses Person-centred and Existential, but has 'for work reasons' to use CBT. Usage of 'so' to point to a conclusion.</p>

Part 2: My work with religious clients

Transcript of completed and numbered story	Paragraphs organised around a topic
<p>Paragraph 1</p> <p>(1) Sometimes I'm aware a client is religious because of the nature of the referrals. (2) So, it might be that their presentation is quite closely connected to some form of religious, kind of connection. (3) So, or that might come out of our sessions. (4) That's, yeah, or it's, it's kind of there but then I need to ask about that kind of thing in the sessions. (5) So, it, for example, it might be someone who identified as a Christian but who is also have being maybe you know, seeing me for OCD-related problems. (6) So sometimes in the session it might come out.</p>	<p>Repeated use of 'might' and use of 'sometimes' and it's kind of' seems to indicate an awareness that perhaps she should know more about the religious background of her clients. She seems slightly on the backfoot here. Usage of 'so' to punctuate the flow of her discourse and to indicate her conclusion.</p>
<p>Paragraph 2</p> <p>(1) And actually this has happened where I was working with a young adolescent, who was presenting with very severe OCD, and was religious in background, and through our working together, it, it kind of transpired that, she started having certain thoughts as a result of Christianity and, you know, what Christianity says what you should and should not be doing. (2) And it was over, kind of, sexual, you know, when she kind of started entering puberty and she started feeling kind of attracted to boys and so forth. (3) And she, she was very much told you're going to church, just overhearing things, that one needs to remain kind of away from those things and so until they are married. (4) So, there was this kind of conflict and she needed and it just kind of led from that to a need to cleanse herself from those thoughts and that led to OCD.</p>	<p>Here she demonstrates to me that she does actually know if a client is religious and how it relates to their mental health difficulty - it causes it. Emotionally, she seems to be re-asserting her worth. The 'so' is followed by an assertive statement, a judgment that she puts forward as unequivocally correct: traditional dogmatic religions cause mental health problems and hinder her work with religious clients.</p>

<p>Paragraph 3</p> <p>(1) Basically, in my work where I have worked with clients who have presented with a connection from religion, it seems to be quite a thing where the restrictions of religion then apply to the person's life. (2) So, but there, over the years, I see there seems to be some sort of correlation between religion and mental health. (3) And, of course, you know, obviously, I'm just kind of over-generalizing 'cause I'm seeing people who have mental health problems who are also religious. (4) But often there seems to be some form of a connection between the two. (5) You know, some form of either someone who is raised quite religiously then develops mental health problems that are related to their beliefs. (6) And that you know goes across the board. (7) So, another thing, another area that I worked in is adult psychosis. (8) So, often people who are diagnosed with schizophrenia, seem to, you know, their ideas seem to be related to their religious views.</p>	<p>Usage of 'so' continues her assertion and judgement that traditional dogmatic religion causes mental health problems. Despite acknowledging that she might be 'over-generalizing', she immediately returns to 'so' and reasserts her judgement despite this.</p>
<p>Paragraph 4</p> <p>(1) It's a bit, I mean, it's, it's, with that client group, it's a bit difficult because, you know, you get into a bit of, you don't want to get into a dialogue where you are, you seem to be denying, or somehow belittling their religious beliefs. (2) But also, you have to try and help them to see that some of their religious beliefs, and in terms of how it's impacting them, is having a negative, you know, impact on their ability to function and be in relationships. (3) And so, there's, there's a difficult challenging balance.</p>	<p>Although she is secure in her personal and professional identities, and in her judgement on traditional religions, here her choice of words seems to indicate unsureness and insecurity in her work with religious clients. In her stress on 'that client group' she seems to be setting herself over against religious clients who are adherents of a traditional region.</p>
<p>Paragraph 5</p> <p>(1) One person comes into mind where he, he believed that God was speaking to him and he would, he would do things, or accept things on the basis of that. (2) So, it's kind of difficult to be able to offer support to someone without, as I said, you don't want to be disrespectful to their religious belief.</p>	<p>Re-iterates her difficulty working with religious clients, with their traditional faith hindering her work, with an example. 'So' again is followed by a definitive judgement that the religious faith of the client is causing her difficulties in her therapeutic work.</p>

Paragraph 6

(1) When I have my professional hat, it causes, it causes a challenge, like I said. (2) So, you know, because in some ways you can see that their religious view in some ways, because somewhere along the line they've got a **very fixed routed view** about how things should be. (3) And that in turn is **causing the difficulties** they experience. (4) So, so in terms of professional work, **sometimes** it can cause a barrier.

very fixed rooted view' cause of her difficulty and her religious clients' problems. 'So' is followed by an assertive statement again that the traditional religious views of the client hinders her therapeutic work, but this time, she adds in that this 'sometimes' hinders her work, implying that she as the professional can mostly overcome this barrier, but I wonder if it is indicating a wobble/perhaps a slight doubt.

Paragraph 7

(1) Well, I, I guess it's because it's particularly with religious upbringings, I guess thinking about **how dogmatic** it can be. (2) And the long-term impact of that, you know. (3) When you're a young child, going to the mosque or to the church, carrying out practices, certain things might **seem quite normal**. (4) That's like I said with the adolescent, young girl, it's what you can pick up and how you can interpret it, this information as a young child as it is. (5) That then, kind of, gets **fixed** in your mind as being one way. (6) And **so sometimes** I feel, gosh, it can cause **more harm than help or be helpful**.

Re-iterates it is the 'dogmatic' religions that are the problem. Usage of 'seem quite normal' infers that traditional religious beliefs and practices are 'not normal'. Picks up on the research word 'helpful' but relates it to the religion and not her work and inferring that traditional 'dogmatic' religious faith is 'unhelpful'. This is followed by 'so' qualified by 'sometimes' indicating that an assertion of a judgement is coming: here it is that traditional religious faith causes harm and is not helpful. The qualifying 'sometimes' again seems to be indicating a slight wobble.

Paragraph 8

(1) It **helps** with my work that I am coming from a faith background because, yeah, it's **helpful** because, you know, one of the principles of our, my religion is, for example, we don't believe in one god. (2) **So**, as well as believing in Muhammed, we believe in Jesus, but not that he's the son of Christ. (3) **So**, there's more inclusive and I hear certain things and it doesn't, it doesn't affect me. (4) And the, the other part of it is that because I have got a religious belief, **I'm able** to hear those things. (5) Whereas I find that some colleagues, especially, you know, in the medical areas, some colleagues who don't, who, you know, describe themselves as being atheists or don't identify with any particular religion, **they, they struggle**, more so with clients or patients. (6) Yeah, because I also worked in palliative care, and part of our MDT also included myself but also a member of the chaplaincy attending. (7) And there were some comments by, made by, like the consultant, or, you know, just somebody. (8) Because obviously, it's palliative care so it's quite a, can be quite a dark, depressing area to work in. (9) I think his attempt was too much for those MDT meetings but of course, having spoken to the chaplaincy person who, after the meetings, think that some of that could be interpreted differently. (10) And I, yeah, **so** I think that sometimes those who, **those** colleagues who identify as not being religious find it more difficult to hear the minds of the patients' religious needs.

Now she picks up on help and helpful in relation to her work and cites a positive in relation to herself - 'I'm able' and sets this over against others who are not, 'they, they' and 'those' who are not able. Again, this has a defensive feel. Usage of 'so' to indicate her conclusion.

Paragraph 9

(1) Being religious influences how I, how I behave in other areas of my life, **so**, I guess it would undoubtedly influence my work. (2) And some of it is mirrored within the Person-centred core beliefs about really valuing the person. (3) **So**, it fits very well within my own religious beliefs. (4) **Having a faith background**, and also my **own modality**, has **helped** me in my work.

Re-asserts her security in her personal and professional background - and seems to say, I am good at this. Is now focussed on the 'helped' of the research question after her lengthy discourse on the unhelpfulness of traditional religious faiths, how these cause mental health problems, and hinder her therapeutic work. States that her own faith background and her modality have helped her work with religious clients. Usage of 'so' used to indicate her conclusions.

Paragraph 10

(1) I **think** it's always difficult isn't it when you get asked that question, 'Has anything **hindered** your work with religious clients?', especially when the topic of religion comes up in sessions and the person asks you, 'What religion, what religious background are you?' (2) Or, they make assumptions cause, you know, somehow from your name, or somewhere they identified you as being Muslim, you know, being X and automatically think that you're Muslim. (3) **So**, I **think**, sometimes that can, in itself, cause a barrier because people that might hold certain views about their religion in comparison to someone else's religion, or be contemplative or careful about how their therapist might respond to them. (4) **So**, it might close down conversations as well. I'm just **wondering** if that actually might be happened in my... I **don't think** it happened in my, has happened in mine. (5) **But it has happened**, I, I have worked with Muslim ladies who are wearing a headscarf, and obviously they know that I'm X **so** there's always this question of, you know, given that I'm not wearing a headscarf, and that's not to say that all Muslim women wear headscarves. (6) In X, you know, some women wear it and some don't, but I guess especially within the last decade or **so** with the current Prime Minister, there are these, kind of, more symbolic ways of showing your faith. (7) **So**, I don't know if it's caused some more closure with certain things being discussed in therapy, but it's at the back of my mind anyway. (8) I wouldn't know if it has hindered my work or not. (9) I don't, I haven't even kind of doubted it, but as a psychologist I guess it's important to be aware of my background and the difference between myself and the client I'm working with, **so**, it's something that I do hold in mind.

Participant's use of 'think' and 'wondering' and the going back and forth in contemplation of what might have hindered her work, shows her reflection on her work with religious clients. Then she happens upon something: 'It has'. Again, the problem resides with the thinking of the religious clients. There is then a series of statements, beginning with 'so', as she sets out the problems and asserts her judgement and a positive view of how she works., re-establishing her equilibrium as a competent therapist after the earlier seeming questioning and wobble on her part.

Paragraph 11

(1) I mean, I think it's when I'm working in palliative care, it's often something that comes up as people are approaching the end phase of their lives. (2) And in that way, I think it's somewhat more useful having a religious background. (3) And, because, you know, where you, because that's where they're losing control of what's going to happen, it's whether you have this discussion, especially if the person believes that they're going to go, you know, there's a life after. (4) They wouldn't have been, that's been a kind of a **helpful** discussion to have. (5) I guess, in my view, although I don't, you know, I don't necessarily believe there is, kind of, an afterlife, I am not so closed to that. (6) I know the idea, **so** that's been really **helpful**. (7) I guess it's always important to be curious as well of other people's religion.

Participant stays with a positive view of her work with religious clients as she moves back to 'helpful', what has helped her in her work. Usage of 'so' to indicate her conclusion.

<p>Paragraph 12</p> <p>(1) So, in that way, it's, you know, in terms of my background, I was kind of, in my own country, I was a ethnic group. (2) And then I came over to the UK, and I'm an ethnic group here as well. (3) And I think that gives you, as you've mentioned before, gives me more, almost sensitizes me a little bit more about different people's experiences and beliefs. (4) And, you know, not to make assumptions.</p>	<p>The participant begins another assertive statement beginning with 'so'. This time, and keeping with the now positive theme and what has been helpful, it is a positive statement about her work with religious clients.</p>
<p>Paragraph 13</p> <p>(1) Sometimes, yeah, in palliative care, I probably would have asked about a client's religion more so: 'Do you identify yourself as being religious or spiritual?' (2) I would ask that. (3) In my other kind of areas that I don't acknowledge it is not something that, it's not on a form or even an assessment unless there seems to be something in the referral to indicate so. (4) But where it does come up, I'm open to hearing it, but I'm not sure if I'm as well informed as I should be, in terms of religious matters. (5) So, yeah, I think probably, probably, you know, I guess you can only be so much informed. (6) I think I probably should be more informed about different religions and different practices and so forth. (7) So that's a little bit of a hinderance, because of our training doesn't cover these things. (8) It's very much focused on, approaches and how to apply them, but it doesn't look at individual differences and individual needs in terms of religion and culture or race. (9) That's something that you kind of learn as you go along. (10) No, I don't think my initial training was useful in terms of working with religious clients. (11) There wasn't very much anyway. (12) It was definitely not a module or some module related to religious things and how to work with a client that might have a different religious background to you. (13) So that has been very much learned on the job as I go along really.</p>	<p>Participant first continues the positive theme of her work, with religious clients, how she is open to exploring their religious faith with them. Then she hesitates as she considers whether or not she knows enough about such matters: 'I'm not sure', 'as I should be', 'I think', 'probably', 'you know', 'I guess', 'only be so much'. She then realises her lack of religious knowledge might hinder her work, and then puts the blame for her lack on the training institute in a fairly lengthy discourse about that. 'So', begins the assertive statement that she has had to learn on the job, i.e. make up for the failings of the training institution.</p>

Part 3: Reflections on my work and training

Transcript of completed and numbered story	Paragraphs organised around a topic
<p>Paragraph 1</p> <p>(1) I mean, I hope things have changed, but I think it's quite vital given that we now live in a multicultural, very diverse Britain, but there needs to be at least one module along that three years that is dedicated to working with, you know, different people from different backgrounds, religions, or racial. (2) And to really kind of, even throughout, I think there was some of this, but it wasn't taught, you know, it was kind of, I think maybe one or two lectures might have indicated how, you know, some of the theories that we read, and the approaches that we put into practice, and how we, but they don't necessarily account for differences. (3) It comes from a very, kind of particular background that one needs to be aware of I think, when you're working with different groups of people. (4) And that wasn't even there really, unless, you know, one questioned it. (5) It was a bit of a black and white method of teaching this. (6) This is separate, this is the model, this is the approach, you go out and apply it, regardless of the person. (7) Which seems very un-Person-centred really. (8) I think there are probably only post, post-studies that have gone into working looking at religious issues. (9) I think only really one approach I've seen that really takes that on board is the systemic approach. (10) The systemic family, that seems to really understand the value of those different elements.</p>	<p>In her reflections on her work and training, there is the conclusion that specific training in this is really important: there is the contrast between the importance of training in working with religious clients, 'vital', really understand', and 'value', and the failings of the training institution, 'wasn't taught', 'they don't necessarily account for difference', wasn't even there'.</p>
<p>Paragraph 2</p> <p>(1) I think it's an important and interesting area. (2) I think more work needs to be done in this, because like I said, there isn't that much training available, and actually my kind of understanding and awareness has come through people working directly with clients and feel the need to go and educate myself and doing further personal training. (3) Or through, you know, watching theatre that might be addressing these issues. (4) So, those kinds of resources as well others more than formal training.</p>	<p>Re-iterates her conclusions about training for working with religious clients: 'important', 'more work needs to be done', when there 'isn't much training'.</p> <p>She ends with another assertive statement, beginning with 'so', indicated she has had to make up for what was lacking as best she could in a number of ways.</p>
<p>Paragraph 3</p> <p>(1) In terms of when you're into work life, you know, there are mandatory training such as equality and diversity, but that's taking a very broad approach. (2) I don't work out specifics in terms of a therapeutic approach when working directly with someone. (3) So yeah, hopefully more of what you're researching will come forward and actually make a difference in terms of practice.</p>	<p>Acknowledges some work training then adds 'but' this is non-specific. She ends with a final assertive statement beginning with 'so', in reference to the value of my research.</p>

Appendix P: Critical Narrative Analysis

The Holistic/Categorical-Content/Form analysis revealed Amy to be actively making sense of her experiences, moving from content to process as she analysed and reflected on her unfolding life, to create the meaning in her story she felt comfortable with, and a sense of her personal and professional identities. She moved between a number of identity positions: the sensitive philosophically religious woman who inhabited two different cultures, and the competent Counselling Psychologist. In the telling of her story, and her on-going meaning-making, Amy seemed to be demonstrating both to me, but primarily to herself, that she was this competent Counselling Psychologist and able to work clinically in an effective way with religious clients. Her need to control the story, and to assign any shortcomings that she might have in her work with religious clients to external factors, the dogmatic faith of some clients, and/or training institutions providing inadequate training, though displayed an unsureness in relation to working with religious clients.

Appendix Q: Narrative of Participant 2: Rosie

My experience of working with religious clients: what has helped, hindered, and what might benefit it

Part 1

- **My personal and professional background**

❖ Personal background

Paragraph 1

(1) So, I was raised in [REDACTED] or just outside [REDACTED] with my mum, my dad, and my elder brother. (2) My mum is from [REDACTED] and my dad's from [REDACTED], so we didn't have family necessarily nearby. (3) The nearest family would have been [REDACTED] to us which is about a two-hour drive. (4) We could be there in about three hours. (5) So, growing up we tended to act as a small family unit, until like school holidays and we would go off and visit whoever we could. (6) At the time, I think, when we were, when I was small, it was more the lower socio-economic kind of status in that my parents were quite proud to do things for themselves. (7) So, there wasn't a lot of money coming in, in that my parents were both teachers but my mum took time off from having my brother through to when I was about four or five before she went back into work because they just couldn't afford childcare and for her to be in. (8) So, my dad was the only person bringing money into the house. (9) But, to be honest, I never think, you never really know any different, growing up it just felt normal. (10) There's only things, I think, when you go into school now, reflecting back, like, our birthday cake and such would be a pack of mini-rolls because there'd be enough in there for one each. (11) Rather than, like, the big birthday cakes until my mum went back into school, and that's when things began to change.

Paragraph 2

(1) It was a lovely upbringing to be honest. (2) I wouldn't have changed anything about it. (3) It was all more about like experience, kind of, driven upbringing in that, I think, because our lives were curtailed around school holidays, with parents being teachers, we never splashed out around the house. (4) I think my childhood house is the same as when, like, looking the same, as when I was growing up in it, to be honest. (5) Nothing's changed in there. (6) It's never been the new cars, new technologies. (7) But instead, during the six weeks summer holiday, we tried to travel instead, just to try and get a bit more of a cultural understanding of the world, which, for me, was ideal. (8) Now I think I consider myself very privileged to have had that.

Paragraph 3

(1) My mum is a [REDACTED] Baptist, and back in the valleys where she grew up, there's a family chapel actually where my mum and dad got married, my grandmother got married to her partner. (2) It's where now my granddad is buried. (3) It's where my gran and my auntie still go. (4) My auntie's actually a deacon at that chapel. (5) But she never found a chapel down by us that she connected to, so when we'd go up and visit the [REDACTED] family, we'd go to Sunday school, we'd partake in service, but that would be our only real input. (6) Partly because it was done in [REDACTED], and me and my brother can't speak [REDACTED] so, we could just about get around with Sunday school because a lot of it was more like pictured-based and stories which we could get a hold of. (7) But in terms of service, it was always really difficult to kind of understand what was going on. (8) But even now when it's like Christmas time, they do a bilingual service, so I'll go along and drive down for that, just to show support more than anything. (9) So, it was a shame that we never had anything down south, and it's something my mum always wished we'd had.

Paragraph 4

(1) She, my gran's way of, I guess, raising her kids was that whilst they were part of the chapel, they were to be baptised rather than christened, so it was their choice later down the line. (2) And that's something that my mum had wanted for me and my brother. (3) But because she couldn't find us a chapel or anything like that that she was comfortable in, we just never went.

(4) So, it was never part of our, I guess, upbringing in that sort of like more traditional sense. (5) But that's why I think I'd class myself as, like, non-practicing [REDACTED] Baptist. (6) Because, technically, I've not been christened or baptised, but if I was to follow one that would be where'd I go. (7) So, I still have I think beliefs without having had the traditional teachings or traditional sort of I guess religious support from that sort of side.

Paragraph 5

(1) Yeah, I think it's a very important chapel, to be honest. (2) I think because it's been, well it was 1800s or so in that sort of stereotypical [REDACTED] people don't leave the valleys, the majority of that graveyard is my family back from the generations over and over. (3) There's very few in there that wouldn't be connected to us via cousins or something, in some way. (4) So, the majority of the family have gotten married there, like, that's where deaths have happened, that's where, if there are going to be christenings, they would have happened. (5) So, it's very much connected to the family, and I think, if that was to ever go for whatever reason, then I probably wouldn't go back because, I think, it's more the connection to that building and what it's represented for our family over time that's meant something.

Paragraph 6

(1) I think my dad is probably more atheist than anything. (2) He was christened, but it's never anything that ... (3) So, for example, in my [REDACTED] grandmother's house if you were to say, "Oh my God" or something, she'd kind of chastise you for blaspheming. (4) Whereas, in my English grandparents' house, there would be none of that. (5) There'd be nothing religious in there at all, and there'd be no Bible or anything. (6) So, whilst they were christened, I think it was more a, kind of, part and parcel of tradition that you would get your child christened, rather than it being meaningful. (7) I think, to be honest, I wouldn't even know what my dad's beliefs were in that sense as to whether he did or didn't believe in God. (8) Because it's something that he's never really discussed. (9) He always would come with us to Sunday school if we were there in [REDACTED], more to support my mum. (10) But, it's never anything that's come up on that side of that. (11) So, I think he'd tick the box of Christianity, but I don't think if it'd be hand on heart that he believes in it.

Paragraph 7

(1) The ethos within the home was Christian. (2) It was very much my mum, I guess, kind of following the Ten Commandments in like, do no harm, be honest, and actually, you know, there are consequences to those behaviours, and very much down to those more moral beliefs, I think, than anything that came from it. (3) So, none of it was, I guess, explicitly linked back to religion or a certain following. (4) But when we look at our upbringing now, it was definitely in line with that.

Paragraph 8

(1) So, I think my upbringing was definitely beneficial in just being open to seeing other ways and the fact that I think the religious upbringing I had was quite loose in that, there was, obviously when we would go to chapel, and my mum's faith was very present, but because it was never imposed upon us, it was always a choice for us. (2) We were always welcome to explore other areas that might fit better with us as my mum was through her family town. (3) Whereas, I think, if it had been closed off and that had been the only religion, we were able to engage with, then I think I'd have been at a detriment. (4) I think being able to be open and curious about it all and being encouraged to do so was definitely helpful for me as a practitioner and as a person growing.

Paragraph 9

(1) I think my belief system today is very much similar to be honest. (2) I think it, I am someone who, I think, has a quite wondering mind in the sense that I'm convinced there has to be something else out there. (2) But I think that's because that provides me with comfort. (3) Partly because I'm claustrophobic, so the idea of death terrifies me in the sense that I'm going to be stuck in a box. (4) So, the idea of there being something more calms that down in my head, that I'm not stuck in a box. (5) And, it's just one of those intrinsic fears, I think, that's always left me with the heebie jeebies. (6) But other than that, I think on a day-to-day living, I think, even to the path of doing this as a career choice, I think it's going back and helping others who are in need of help, making sure that I do no harm on a day-to-day basis. (7) And that, it's a much more, I guess, supportive way of living, rather than, I guess, greed in that sense.

Paragraph 10

(1) My choice of career and the way I work fits with my belief system I think more so now because I work in the prison service. (2) So, a lot of our clients have no choice, in terms of, if it's parole directed, yes, we say they don't have to do it, but they kind of do. (3) In terms of treatment, whereas I was very clear from the beginning that actually the service I run in there is fully choice based. (4) And if they don't want to engage, they don't have to engage; there's no consequence to that. (5) Because actually I think, people's choice is important and actually their consent and want to do something should be prioritized over forcing someone to engage in a behaviour that they either don't believe in or agree with. (6) I think that's where my moral philosophy kind of kicks in.

Paragraph 11

(1) I guess for me, I think the difference between being religious and being spiritual is the practicing sense, in that, whilst I hold the beliefs and kind of use them as, I guess, a loose guide, to my life. (2) I, well, it's been, cause I couldn't go this Christmas, so it's been over, well, nearly eighteen months now since I last stepped foot in a chapel, let alone a different place of worship. (3) And I think it's for me, in that's the difference, in that I think when religion comes and it gets classed as a religion, there's more of an active element in terms of your practice and guidance. (4) Whereas, I probably would, in that sense, be somewhere between that and spiritual because I don't actively practice, whereas I think with spiritual it's less defined to one denomination. (5) I think it's slightly more open to continually choose your own path rather than align in a certain way. (6) I'm, sort of, between those two. (7) I think there's the open umbrella at home in that, whilst religion was always there, it was never (8) Like, I'll probably label myself a [REDACTED] Baptist, purely because that's the historical and depending of where any of my guidance has come from. (9) But that was never really mentioned in the fact that I just know mum's a [REDACTED] Baptist. (10) She would, I've never openly say that this is what I am. (11) So, I think I class myself between that too, because it's where my behaviour and beliefs are lying without actively doing anything about it.

Paragraph 12

(1) Yeah, I think I believe in God. (2) I think sometimes it wavers. (3) I think when, especially in the current climate when, with everything going on. (4) I think actually, that's kind of strengthened it. (5) Because in my head, I think, "there has to be a master plan to this somewhere for us to be able to come through the other side." (6) And it gives me a sense of comfort, like I said, in terms of that sometimes the types of struggles I have around the practicalities of death. (7) But I can't say I've ever prayed to him or, kind of, sought guidance from him in any way. (8) I think it's just the idea of his presence is what gives me comfort on most days.

❖ Professional background

Paragraph 13

(1) Part of the reason I actually chose A is I liked the layout of its course at the time. (2) I don't know if they're still the same, but that your first year was purely person-centred and person-centred only. (3) And I thought that was such a nice way to make sure you always saw the individual in front of you rather than coming with a collective idea of what you might do as psychotherapy or treatment that actually you just worked with the individual in front of you, and techniques came secondary. (4) And then we moved on to a psychodynamic year, where you're purely focused more on psychodynamic. (5) And then your third year was technically our integrative year, so we only did, I think, it was about ten weeks of CBT. (6) It was just the first term. (7) So, the CBT component was the smallest, but because my placements at that point were in the NHS it was CBT and CBT only. (8) Cause that's the model moving forward, and I think that's what's the same with the prison service, it's just what's needed in terms of the normal. (9) So yeah, I'm trained in the other two, but, and I think I would use a psychodynamic understanding to formulation whilst I formulate when I'm working with the clients in terms of like a compassion-focused therapy template. (10) I think it's a really nice way that's palatable for them to understand where I'm going in terms of my understanding and where we can put it on the ground and walk through it. (11) But I like the relationship understanding that comes from the psychodynamic, I think it gives me a greater insight into the role I play in the room whereas I think sometimes with CBT you forget that entirely. (12) It's not always consciously spoken about, that actually you play a very large part of that person's journey through therapy. (13) So,

I'm glad that I have the other two underpinnings to be able to see the individual in front of me, and see myself in that prior to even engaging in the therapeutic intervention. (14) I think it's shaped it a lot and I think it's been a while since I've done pure CBT as it was back in the day, so now it's more your compassion focused therapy or like acceptance and commitment therapy, or it's called behaviour therapy is what I tend to practice on a day-to-day basis. (15) So, it tends to be a mix of most the different modalities mixed in, and to be honest in terms of my style, but it would come under the CBT umbrella.

Part 2

- **My work with religious clients**

Paragraph 1

(1) So, especially in terms of working in the prison service, religious beliefs can be a massive block sometimes for peoples' therapy. (2) In that, so in particular, one of the prisons I work with is for those convicted of sexual offenses, and part of their work is to do an offending behaviour program as such, where we look at more pro-social ways of being. (3) So, it's not about changing someone's sexual beliefs, because I think all of us who work in the service see your belief or your sexual orientation as kind of determined, and therefore it's not something you can just say, oh, like in traditional conversion therapies. (4) So, actually, that's always going to be there, but it's about how we can manage that, and that's where the new ways of sex offender treatment programs have come from, of just management techniques for the community, or better relationships, how could we work with those.

Paragraph 2

(1) But a lot of those programs will openly speak about masturbation and sexual practice, which, for a lot of individuals, is obviously an uncomfortable subject, and rightfully so, it's personal, and we have to do it in groups of eight to twelve, plus your two facilitators. (2) And we don't work with female offenders in Wales, we only work with male offenders. (3) Our female offenders go to England, but our team is predominantly female. (4) So, generally you have two female

facilitators, of a team of three, and the third one will also probably be a female. (5) There's only ever two in the room at the time with eight males, where they're trying to generalize or normalize a conversation about masturbation while saying nothing about ourselves and just facilitating a group. (6) And that is a massive difficulty, understandably, for the guys to overcome. (7) But when they then have a religious belief on top of that, it can be a real block.

Paragraph 3

(1) So, for me I've spent a lot of time working with our different chaplains because we have a chaplain of pretty much every denomination of some kind within the prison service in Wales, to speak about, from my ignorance, of what is and isn't okay. (2) So, for example we've had individuals with a Sikh belief saying that actually one of the programs is about learning to masturbate to different sort of stimulus. (3) And it's not one I deliver, but I do the work beforehand. (4) So, if someone's lacking motivation to engage, I will do sort of engagement sessions with them to work out what the barriers are, if we can overcome them, and then it's back to their choice in the end if they want to engage with that. (5) So, I'll spend time with the different chaplains to work out actually is that the case, that actually, for example, with a Sikh individual who is saying he can't masturbate, that's a massive sin to him, and there's no way he would tolerate it. (6) Now actually, is that the case, or is that actually that someone has put that block up for him of misunderstanding of what is written in the text. (7) Or what we have had is individuals align to religious beliefs because they know it rules them out of certain treatments, so it's trying to understand it. (8) And I think, for me, if it's a misinterpretation of the text, I'm still keen to not touch that, because that's actually their interpretation of it. (9) And, who's to say that the chaplain hasn't misinterpreted it? (10) As far as I'm concerned, it's up to you and your reading.

Paragraph 4

(1) But what we do have to justify is that they are actively attending classes, which is something I struggle with, if we're going to say that they're ruling themselves out for a religious belief from the sense that I don't actively practice. (2) So, that can be a big block in our sessions when it's just a outright, "I don't talk of that because of my religion." (3) Normally over time, when we just get to know each other a bit better, and they realize I'm not prying, it's not from nosiness, it's a

genuine desire to help, and to help them move forward. (4) That will open up the conversation a bit more and they'll begin to stop seeing me as just female, as such and young female, ultimately which in that environment, it's a bit of a double- whammy in terms of awkwardness. (5) And sometimes I think they understand that I'm not gonna push them to discuss something that they don't want to discuss. (6) So, for example, with that guy who said masturbation is a big no-no, it's like, "Absolutely, that's fine, you're here, and we're all the same, to get to here you actually have to do this program, but we can't do that program. (7) What else is it you think you could do that helps demonstrate this without having to do that?" and working with them to come up with more viable alternatives. (8) And I think that's been the more benefit I think of especially my training to have a look more at that individualistic side of things rather than say, "Right, that's it, you have to go with it."

Paragraph 5

(1) Yeah, for me it's been fantastic, I think, to have the chaplains of all the different faith traditions to call upon. (2) Because it's been whilst I was growing up, like, it was discussed in the family that we'd go to Sunday school there was always that kind of background, it was never explicitly discussed. (3) And I think if I'm honest, religious education, I think, particularly in my school, we did Christianity, and we did Islam, but we didn't touch any other religions. (4) And therefore, I've got massive holes in my understanding, and even when I've spoken to, like, the Christian chaplain, my understanding, actually, of the different denominations within that is way beyond what my understanding of it was beforehand. (5) And the last thing I'd ever wanted to do would be to accidentally offend someone through ignorance. (6) So, for me, they are the living experts in that, because they're happy to say, kind of, I guess, as we are with confidence to say, "I don't know". (7) I've always found them very receptive to when I just pop up and like I've got another question, just one more question. (8) To them being open enough to say "I don't know the answer to that one", or actually, "Oh, that's a good one". (9) We thought back in this.

Paragraph 6

(1) I think it's especially in our prison for convicted sexual offenders, I think there it's been imperative to have that good relationship. (2) Because actually, that, of all the treatments, is the

one that tends to get the blocks more, in terms of what people who follow a strict religious belief are not willing to do. (3) And, actually, to have their engagement with us, in terms of that, and putting their own beliefs aside to openly discuss sex with me and what that might mean, and how actually we could help to get around that has been fantastic.

Paragraph 7

(1) And just to know, actually, what support is available for the guys inside in terms of their religious beliefs, I think, especially with the other strand of my work, which is, I'll do the trauma work with the guys. (2) So, whether it occurred inside or outside of custody, I'll work through it with them, and a lot of those traumas involve loss. (3) And I think the first thing what most people think of with loss is some type of religious connotation, and I think, for me, understanding, kind of, beginning to understand anyway, how the different religions process that, and the type of support they can get in that specific custodial environment for that, in terms of, "so we can't get them to a funeral, but what might that look like in custody? (4) What support can we offer them?" (5) Is it different if it's a Sikh guy coming over or um, even things like when I was going to start to do trauma work with a guy, and I was mindful I was coming up to Ramadan, so I went and spoke, with, I can't think of his technical name now... (6) Yes, there we go, Imam. (7) I knew it begins with an "I". (8) I went to speak with them about actually the appropriateness of that during this time, and what, like, the toll on the body would be. (9) If they'd be potentially recounting mental trauma, would they actually have the energy to be doing that? (10) Was it safe? (11) And actually, what we ended up discussing was that it was safe, up to the individual's choice, but to try to do sessions later in the day, because it was coming nearer to their time for replenishment. (12) That actually, they could get that source of support. (13) So that sort of stuff I think, without their guidance and better knowledge, I think, would have been really difficult, just to be able to know more.

Paragraph 8

(1) I think it's kind of like, how we would use supervision to discuss complex cases in terms of where to go from here. (2) I kind of use the chaplaincy service as very similar when I've got a client, just to make sure, actually, is what I'm doing in line with what is and isn't okay from a religious perspective. (3) And then I take it back to the client to say, that actually, you now need

to tell me kind of a bit if I'm straying away from your specific beliefs so we know it's in line with what chaplaincy might say is okay. (4) But I don't know where your beliefs lie within that, so then it comes back down to them to saying, "No, I'm fine to discuss that that's not a problem.", or, "Actually they might think it's fine, but I don't. (5) That's why I'm not going to." And again, just respecting that.

Paragraph 9

(1) I think it depends on the individual to be honest whether I would talk to them about religious issues and spirituality. (2) I think it's something that, actually, we've reflected on more recently as a team in terms of the Black Lives Matter movement. (3) And actually, our equality stance in general, and we all kind of sat there saying, when we do, like, in the formulation of their historical past. (4) None of us have really ever openly said, like, what is your history, what is your upbringing in terms of sexuality, religion, race. (5) We've never deep dived into that, because you're normally thought, oh, if it's important, it'll come to the surface. (6) And we were saying that actually, that's not the case. (7) They might assume we know because it's obvious, and actually we don't. (8) So, it's always listed on someone's form when we go to see them in the prison service. (9) You pop up their page and see what their religion is for you. (10) But other than that, in my sessions, up until recently, it was always only if they brought it up would we discuss it. (11) Otherwise, it was always, kind of, left in the background. (12) And then, when it has come up, I was always mindful to understand what their perspective of that is.

Paragraph 10

(1) So, I had one guy who had unfortunately lost a padmate, so his cellmate had unfortunately taken his life. (2) And sadly, that was a huge trauma for him in custody, and he was shortly going to be leaving us to go back the community. (3) And he was saying about how, if he was in the community, this is what he would have done, he would have gone to church, there'd have been the funeral, and then he kind of moved on. (4) And I was like it's really important, if you don't mind, for me to understand that. (5) If you're saying that's what your normal way of coping is, it great for me to be able to understand that so we can kind of facilitate, where we can, something around here for you to be able to use for your effective coping. (6) And then it turned out that actually, from what I would have understood as a normal funeral service, wasn't quite

the case. (7) It was much more, I guess, more humanistic, spiritual in the sense of actually of being a sharing of memories. (8) Less of mourning and more about the celebration of life. (9) And I think, without having dived into that, it would have been very easy to recommend that he goes down to the chapel and lights a candle and remembers the person. (10) But that wouldn't have been in keeping with his coping and his way of getting through that.

Paragraph 11

(1) So, I think it's always important to dive into it, but I think there is a nervousness. (2) I think now it's my nervousness of, it's a very sensitive area to question and to explore with someone without over-treading that step to becoming intrusive into someone's beliefs or making it seem that you're judging them based on that when I'm just trying to find out more information. (3) Especially when it comes down to their engagement within a program, because I don't want it to, for example, with the Sikh individual, it wasn't that we didn't believe that he was a Sikh, we just wanted to give him every opportunity to work with that program to help him get out of custody. (4) But I can absolutely see from his point of view and I'd say, "So there's absolutely no way in this text it could be said, or there's ways working around that." (5) That actually, if someone did that to me and my belief system, I'd have just said, "No, no, no.", that I'd get really exasperated about it, and offended that actually people are trying to pick holes in my belief to find a way around something.

Paragraph 12

(1) So, I think it's such a convoluted area to try and explore, and I don't think, whilst I'm sensitive to it, and probably one of more sensitive team members. (2) I think a lot of my team members are very "black and white, and that it doesn't matter. (3) "If that's what's on your sentence, then we're getting you through it." (4) I still don't think I've done enough to understand that individual, and how it impacts them, to be honest, outside of, even things like CBT to understanding thoughts, feelings, behaviour and how it all links in. (5) That actually beliefs play a massive role in that, and it's not something I've ever actively considered when formulating or developing a treatment plan with someone, unless they've made it explicit.

Paragraph 13

(1) I think my own belief system influences the way I approach my work, in that, I think, because, I guess my belief system is more implicit than explicit. (2) I kind of have an implicit understanding that everyone probably at some level has some sort of beliefs guiding them. (3) That they might not know what those are, because that's where I've kind of come in and out of the different things that influence me. (4) I think because for me, there was the explicitness of we'd go to chapel when we were in Wales, that I kind of could see where that was coming from. (5) But mindful that others don't have that, but there are still principles there that. (6) I think that's why, for me, seeing each client as an individual is so important, to really try and understand how they view themselves and the world around them, cause that gives me, I guess, that implicit idea of their belief structure, without it needing to be labelled I guess. (7) I think, because certain things, like my dad never discussing his religion for example, and even with my mum now, whilst I know what her religion is, and yes, we go to chapel when we're together, it's still never really explicitly discussed in the family home. (8) I guess I wouldn't, therefore, do it with a client, I think, because it's outside of my norm in that sense. (9) And I think that's where it's influenced me for good because I'm sensitive to it, but more so in a sort of negative way because it's just never openly explored.

Paragraph 14

(1) I think my work with religious client differs from my work with people who are not religious in the sense of, instilling a sense of hope. (2) So, outside of the prison where the convicted sexual offenders are, we have two other prisons. (3) So, we don't, X is a confusing nation because we're devolved in terms of criminal justice, but we don't house females and we don't house individual who've got a lengthy sentence. (4) They have to go into Y. (5) So, what we do have is our two remand prisons where we'd hold people whilst they're awaiting charge regardless of the crime. (6) Even if it's going to be, for example, like a murder, and it's a lengthy, lengthy sentence coming their way, we'll still hold them whilst they're awaiting sentence. (7) And I think, when we're working with those guys who are non-religious and will definitely identify as not following a belief at all, it's instilling a sense of hope of life or life after this prison life. (8) It's really hard, because, for them, their life is over. (9) Whereas, I've always found that when I'm working with clients who've got some type of religious or spiritual belief, they can tap into that sense of hope and coping much easier because they've got something that going to help them, I

guess guide them through. (10) Whereas, trying to tap into someone's coping techniques and ways of survival when they're in their fifties and they've got a twenty-odd year sentence, it's really hard when they don't have that because they in effect it's, "That's it, my life is over, I'm done". (11) And that is much more, I guess, darker in sessions, but it's also, I don't know whether, I can't say it's correlation or what, but their behaviour tends to be more extreme in terms of self-harm and suicidality than those who've got something, that, even in their darkest moment, is there to keep them stable and safe.

Paragraph 15

(1) So, therefore it tends to be more crisis-based work in terms of, "Right, we're going to have to hit the ground running with some type of grounding" and just have to make them feel safe and then instil a sense of hope. (2) And only after we've done those two things can we really get to what the crux of the issue is. (3) Whereas, I've found that when I work with clients who've got some type of belief system that's somewhat strong for them, that actually we can do the grounding work to make them feel safe. (4) But that sense of hope is actually, can be covered in just a couple of sessions, because they can talk to me through what their sense of hope is moving forward and actually get to the proper classes and therapeutic work much quicker. (5) And I think as well, I guess, because the nature of the service I work in, we see a lot of people who are querying their faith in terms of where it is that they've ended up, how that's happened to them, and it's a somewhat wavering time. (6) But I think, as psychology, that's where we're not so great, because unless it's directly self-harm related, or a program need in terms of an offending behaviour program, generally we won't work with those clients. (7) We will instead send them off to chaplaincy for support. (8) And I think sometimes actually what people need in that time is a safe space to explore themselves and explore the difficulties they've got without it needing to be labelled already as it's the chaplain who's come to support me. (9) But that's just due to resourcing requirements.

Paragraph 16

(1) But, yeah, I think it's, it is different, and I've also noticed a difference in the guys who, I guess, another strand of our work is the more relapse prevention stuff and actually how AA, NA, all that stuff is built on, I guess, religious steps in terms of them progressing forward. (2) And

how, I think, you see those who can more quickly adapt to that type of treatment are those generally who've got some type of religious belief system, because, I guess, they can understand the steps, and they don't mind buying into that. (3) And actually, it's a way of working. (4) Whereas, the clients we've got who are almost to an extent anti-religion in the sense that they are determined to not belong to a religious group. (5) As soon as they kind of twig what the steps are, vis-à-vis referring to the big book, they're instantly out. (6) They don't want to be there; they feel like it's not for them. (7) And it's a much slower process for them, I think. (8) And I don't know whether that's even down to the fact that it's religious because or just because they struggle to believe in something. (9) Or their potential upbringings, but there is definitely for me, a difference between those who've got some type of belief they hold on to, compared to those who feel, or I perceive, who have very little belief in the world.

Paragraph 17

(1) Yeah, I think it's just enabling to tap into I guess what we'd class as protective strategies or protective coping in terms of sort of psychology point of view. (2) And when you've got something in there, that for us, it's the other way of looking at it in terms of those who might not believe. (3) They have children, so actually, let's tap into that, because that might help deescalate some of that self-harming behaviour, because actually they've got a hope that their child is there for them at the end. (4) It's that type of, actually "Right, so let's tap into what have you got to believe in, what is going to keep you safe." (5) And I think when they've got a belief, it's so much easier to do that work than being in the pits of despair and having nothing to cling to.

Paragraph 18

(1) The only thing I think, that has hindered my work with religious clients is more a resourcing issue more than anything. (2) It's that we can only see individuals during our log hours which is three hours in the morning, between half-eight and half-eleven, and half-one and half-four in the afternoon. (3) But, because I work regionally, and I cover X and the X prisons, I'm only in each prison for one day a week, which means my clients there have to fit into those six hours. (4) As well as time for writing up notes, so I'll generally see four a day. (5) That's really tricky when, in all fairness, during the same unlock hours, the chaplains have to run their sessions, their

groups, and when it ends up being a conflicting time slot, then actually then, it's the awkward prioritization that that you have to have with someone to be like, "I absolutely get that you believe in that, and that's your outlet, but we also need you to engage in this work." (6) Especially when it's been around, like, self-harm management, because ultimately, we want to keep them safe. (7) And it's never, you know, a disagreement with the chaplaincy in all fairness, they're always of the same opinion in actually that that work has to come in first because that's what ultimately, right now lifesaving for them. (8) But I absolutely understand the guy's point of view of, their lifeline is that service, and therefore, they don't understand why I can't see them at a different time.

Paragraph 19

(1) We've had a couple of real tricky clients where that's been a real massive block, because they're not willing to step aside from that, and to be honest, I get it, that's their commitment, that's they don't feel why they should have to break that. (2) When, especially for one guy, the type of service they had was only on a Monday morning, but that was the only time I had to see him, and he didn't understand why I couldn't see him the other six and a half days of the week. (3) Kind of like, "Why have you chosen that one time slot?" (4) And that's the really tricky part, I think, which, outside of the prison environment, you probably wouldn't have, cause actually you might be able to be more flexible with it.

Paragraph 20

(1) Or, because that's the other part of it, I should say, in terms of the counselling service, for my team, I'm it. (2) So, the rest of them are all forensic psychologists who do the risk assessments, so the therapeutic intervention side is only me. (3) But they see it as, we're a team of thirty-five, so they don't understand why someone in the team can't just see them when I'm not there, why it has to be me. (4) Or, and to be fair, I get that. (5) If it was another community, there'd probably be either a referral to a different member of the team or a different service, or you would just choose a different therapist. (6) Whereas in prison, they haven't got that choice, it's you're nobody, and when I have a time slot, you can have that or go back on the wait list, but it might be another eight, twelve weeks before I get another time opening. (7) And if that time opening is also in the morning, then you still can't do it, so then you have to go back

on the list again. (8) So, it's just really tricky I think in terms of that. (9) That's the only other hindrance. (10) And to be honest, we've never come a way to get over it. (11) You've got some guys who understand that it's just eight weeks, "Absolutely, fine. I'll plough through therapy, I'll get through it and come out the other side." (12) Which is never my favourite attitude for someone to enter therapy to be honest. (13) They don't tend to be the best, but I get it. (14) And we get those who are absolutely adamant they'll wait until a better time slot comes along, and then it's fine. (15) And I don't know how we'll ever overcome that unless we get a bigger team.

Paragraph 21

(1) Or, when actually, my gender comes into it, that actually, especially those from more Islamic faith, who really struggle opening up to a female, and a lot of that just goes way beyond cultural and religious upbringing and understanding, and I'm their only option. (2) And that in that essence, depending on what their work is, some of our chaplains are therapeutic trained in terms of like mental support and stuff and so therefore I'll try and make a recommendation. (3) Or, we're lucky, that in our NHS sister team, we've got one male nurse who can do EMDR for trauma. (4) So, in those situations, I'll try desperately where I can to find a male to work with them. (5) Because I don't believe, in their situations, they should be forced to deal with a female. (6) Where actually, it's going to take, it's gonna, well, luckily I can work for as long as I wanted to with someone, but it would take years to overcome that type of engrained cultural belief, and even a part of, "Why should they have to if they don't want to?" is my point of view. (7) Like, I understand, why sometimes with our behaviour programs that actually working with a female is absolutely what's needed when their beliefs that are antisocial are against females, because it's a great way to challenge. (8) But therapy's not about that, in terms of the work that I do. (9) So therefore, it feels to me, so morally unjust to make someone sit in front of a female and talk about their trauma, when that level of discomfort is just through the roof when there are male alternatives. (10) So, they're the two biggies that I find.

Paragraph 22

(1) I think part of it, things that might help when working with religious clients is the assessment process that we've got in terms of my service in that what I do is that I agree to sit down with a

person whilst it's classed as an assessment. (2) When I write up a letter in advance to say who I am and what I am and in my approach and profession. (3) I say it's classed as an assessment but it is genuinely just a chat. (4) It's not 'pass or fail', unlike other assessments, I guess. (5) It's just that for them to get to know me, me to get to know them, and for me to work out what is the best support avenue open to them in our prison. (6) Where I'll say, actually, "Are you happy to work with me as a female? (7) Are you not happy to work with me? (8) Is there anything you need to know about me within reason?" (9) And that's where I am happy to use personal disclosure tricks: "How long have you worked here?"; "How do you know you could help me?" (10) That stuff I'm happy for them to ask me questions, I think, because I don't, I think it's always been one of the things I've struggled with, with therapy, especially more of the psychoanalytic styles of working. (11) I wouldn't talk to a complete stranger, I might as well talk to a wall, I don't get that, that's not me. (12) And I don't expect someone to talk to me either if they know nothing about me. (13) And it's breaking down that thing, where all of our prison correspondence has to be like Doctor A, whereas I'm like, "No, I'm B. (14) We're just going to get rid of those formalities from day one, it's just B. (15) That's where I'll be from here on in."

Paragraph 23

(1) But the whole purpose for me for that session is to understand what they are and aren't comfortable with so that actually I can signpost them on. (2) What is the appropriate support? (3) So, whether that is working out with the chaplains what I can and can't do, or what services they can and can't offer. (4) Or, whether if it is a certain things like males and Ramadan and stuff is coming up with actually what we can do to work around that. (5) And I think that is massively helpful in terms of our individualized approach, and the fact that we don't offer a, like, I guess, a manualized approach to the clients in that. (6) Because I could work with one client for a week, or I could work with some for eighteen months. (7) It's up to me and my discretion as a therapist. (8) So actually, I can see guys when it's the most appropriate time, or keep them if it's more appropriate. (9) And I think that allows us to be more flexible with those different types of clients and those different types of beliefs.

Paragraph 24

(1) And I think because of the close rapport I've got with the chaplains, I can happily go and say, whilst I am normally with a client, if they've said, I don't know, a particular word. (2) Especially for those who, for example, come for two days and like don't understand some of the terminology that's being used and what that festival is. (3) I'll ask them for further explaining and if it doesn't come up in session and I'm pondering about it, I can happily go and understand it better from one of the chaplains. (4) And that more open way of working. (5) But I think, yeah, the thing I found that helps most is just respecting their belief in that, if that's what their stance is, I'm not going to contradict it. (6) I'll use appropriate challenge where necessary, but otherwise, I'm more than happy to respect it and keep my boundaries. (7) And also respect their anniversaries.

Paragraph 25

(1) So, there have been times where actually, we've got the rule that if you miss two sessions, they'll actually begin to start, kind of, treatment end procedures just because of the wait list we've got. (2) But what I'll try and do in the assessment phase is to say, "Let me know what days are absolute no-goes for you. (3) Because there are religious festivals coming up if there are births, deaths, anniversaries that you know you don't want to engage on, if I know about them in advance, I just don't schedule a session, and therefore we've not missed one." (4) And to work with them with that is actually to respect the fact that, especially when it's coming up to, like, Easter, and there's quite a lot of different services coming up, that the guys aren't being penalized because what they want to do is express their faith. (5) And often then they don't have the chance to let me know in advance because I'm not there for them to pop down on their way and say, "Sorry, I can't see you today." (6) So, it's just to try and give them as much support to maintain their belief where possible.

Paragraph 26

(1) It never comes up to be honest about disclosing that I come from a faith tradition. (2) I'm trying to think about it. (3) In all the years of training and what not, is somewhat miraculous, I guess actually that no one has bothered to ask. (4) Or no one's ever been interested to. (5) I think, if it did come up, if someone particularly wanted to know, I don't think I would have an

issue with it, as long as it was appropriate. (6) The only time I probably wouldn't is when it's in the sessions with the guys who are struggling with engaging in one of our sex offender treatment programs because of an element of it. (7) Because actually, because it's the more sexualized content that they have the issue with, I wouldn't feel comfortable discussing my religious beliefs with them in that sense because it's, I guess, also talking about myself sexual beliefs with them which would be a big no-no in our service. (8) But that would be the only time I think I feel would be an absolute no. (9) Otherwise, I think I'd be more than happy to. (10) I think because of my, somewhat, looseness to it, in that, whilst it's there as a guiding principle, it's not dominating my life.

Paragraph 27

(1) So, I think I can demonstrate good flexibility with it, which sometimes it can be a great challenge back there actually, I follow this. (2) I think because everyone follows it slightly differently, I would be mindful if someone where to say, "Oh I'm a [REDACTED] Baptist too." (3) That actually, I still would have no idea what their belief system was. (4) So, I don't know how helpful it would be for them to know who I am because I follow it so differently. (5) But I wouldn't be opposed to answering the question if it came up, same as, I think I have with clients who I've worked with who are transgender who wanted to know what, how I identify. (6) That, I'm happy to have that conversation because I can say, "No, I don't know what you're experiencing, so what I'd love to know is how you experience your gender. (7) How you experience moving forward, because obviously we have different experiences." (8) And I think, that's where, if a client was to say to me, you wouldn't understand Ramadan, for example, I'd be happy to say, "No, I don't, because it's not a part of my experiences. (9) Please can you let me know?" (10) I think in that sense, it can be useful conversation starter. (11) It's just never come up.

Paragraph 28

(1) Clients who are religious impacted me only in the sense that sometimes when I'm, in the cultural belief part of it where, not in terms of therapeutic interaction, I've never had it in session. (2) But when I've walked onto the wings for example, people won't even make eye contact with me. (3) And it's very to them, disrespectful that I guess I'm in what is in essence, their home, uninvited. (4) And that I've spent a long time working with the chaplains about, because I just

wanted to work out what it was in essence, I was doing wrong by just walking through the wing. (5) And how actually I could be more mindful about that so as actually there's certain times of day I should be avoiding. (6) So, the last thing I'd wanted to do is be walking through the wing at the call to prayer, if actually my presence is putting them in the wrong frame of mind to engage in Islam, to be respectful.

Paragraph 29

(1) Or when, I guess more in terms of the challenge, so the guy that we had who was Sikh had a padmate who'd gone through about five different religions on his hotpage by the time he'd come through to do the program. (2) And part of that, the hard part of that was challenging that, we kind of knew he was changing his religion because it meant he got to avoid certain things. (3) Or, for example, he became Jewish for a while because he thought the Jewish, I guess, the Kosher food would taste better. (4) It was absolutely his choice. (5) Then he went to Roman Catholic, then he went to Sikh, then he went to Christian. (6) And it was just endless to find loopholes, and that I found awfully challenging because I didn't want to diminish his belief system. (7) But also, there was the appropriateness of it, to work out actually, right within all of this, "What do you believe, and what do you want?" (8) So, we can actually challenge that, that I found really difficult. (9) Because the last thing I wanted to do was discourage his belief or disbelieve his belief, but at the same time we had to challenge it because he was extremely vulnerable, and putting up barriers left, right, and centre which were becoming nonsensical. (10) And we just couldn't make that, I guess, from a professional point of view, we couldn't make sense of that. (11) That I really struggled with, and I spoke with, I mean, in all fairness, I spoke with the chaplains and they said the same thing too because in essence, he'd gone round all of them. (12) And they said they didn't really know how to best support him because they didn't know which one of them was the best way to support him or, whether actually, he was just more fluid with his belief systems, and therefore, why should we be labelling him at all? (13) We haven't got a label for 'moves around' or 'believes in a more' or 'we have to put you down as something distinct'. (14) And I think, that was a really challenging couple of months. (15) I mean, I say thankfully, he moved to a different prison, so it stopped being my exploration because I don't think I'd have ever gotten an answer that I needed to help me make sense of it. (16) And I think, that's the only real challenge, is that sometimes I just don't get it.

Paragraph 30

(1) Yeah, yes, I am happy to engage with religion. (2) I think especially because of the nature of our work, in that, for my friends and colleagues who are doing risk assessments, especially, for example, the guys who are doing extremism, I don't think you can shy away from it. (3) I think you have to understand someone's beliefs to understand someone's behaviour, whether that's really just spiritual or whatever. (4) You're never really going to fully understand why they're doing what they're doing or what the function is of their behaviour unless you know what they believe in, and therefore, I think you have to be open to exploring it and opening yourself up to different, whether you understand it or not, you have to have that debate to be able to help someone move forward.

Paragraph 31

(1) I think working with religious clients opened me to different ideas and new ideas, and actually, I think before, when I was in the NHS, I think, partly because I worked England, and in a very wealthy area, it was drug and alcohol work, but it was, you never really had to explore for an answer. (2) I guess it was always just, kind of, given to you on a plate. (3) You could move on, whereas, I think in the prison service, I have to come to terms very quickly with being comfortable, of sitting with not knowing and not understanding, and that that was okay as a therapist, in that, I was still able to do my job with not quite being able to understand. (4) So, I could acknowledge and accept that someone did what they did from it, but I wouldn't necessarily understand their rationale. (5) And I learned that that was okay, which, for me took a lot. (6) Because I think beforehand, I was quite, "But, hang on, but if A doesn't equal B and how on earth am I'm getting to C" and this doesn't especially, in terms of CBT training, like they all link together. (7) Whereas, just because I don't understand the link to them together, that doesn't mean the client hadn't. (8) And actually, that's how they've linked them together, and that's what's important, regardless of whether I can neatly conceptualize that or whether I just have to work with their mess. (9) I think it's definitely changed that part of me a lot, in that, now, I probably have one of the few members of the team that is more willing to sit with that mess, and have it be messy if that's what they needed it to be. (10) If that's what they feel safe, rather than meddle with it to get it into an understandable box, because that's what I need, when actually it won't benefit them at all. (11) It's definitely yeah, it's definitely changed that part of it.

Paragraph 32

(1) I think I, I think partly it's that actually meeting people from different faith beliefs that has changed me, in that, where I was when I did the work in [REDACTED] and [REDACTED] I think it's because it was NHS, what I've found since I've worked with the chaplains in the prison service is that, for example, those who follow the Islamic belief system would've just gone to the mosques for support, they wouldn't have necessarily come to a service. (2) Whereas, in the prison, partially one of the reasons I love working there, you get all the people who need support and need a therapeutic intervention, but probably would never request it, or would never come to you for support. (3) And I think, therefore, it's actually opened my eyes to even understanding and even being open to understanding different religious beliefs and how that impacts a person. (4) Where in school we did the two, but it wasn't until I came into the prison service that I'd never actually engaged with a different belief. (5) I never had to try I guess to parcel off mine entirely to understand someone else's different point of view and how that might work.

Paragraph 33

(1) And sometimes it's harder switching between clients with very different beliefs which is why I'm, even though we've got the three hours in the morning and the afternoon, I'll make sure I've got the hour in between just to unwind from one and to pick up with the other because I've tried to understand the different constraints of what an individual might be going through before entering the room.

Paragraph 34

(1) I think it's very easy in the prison to be black and white, so it's easy to say, "Right, this is what you're presented with, so that's what you're going to engage with. (2) So that's the support for you." (3) Whereas, actually, just having worked with the guys who've come from different backgrounds of actually just needing to see them all as different people, and that the only thing that makes them similar is that they're under the same roof. (4) Other than that, they're chalk and cheese, and that's a good thing. (5) I think as a service, we do better at acknowledging that and supporting that rather than trying to create the same system. (6) But it's definitely a work in progress, but a good work in progress I think that is challenging us

psychologists to not just accept that, because someone's presenting with self-harm, for example, that that's what they need to work on, that's how we get through it. (7) It's about looking at the priorities and the respect level that they need to have with that. (8) And so, I think working with the different religious belief clients has been farther making me grow as a practitioner.

Part 3

- **Reflections on my work with religious clients and my training**

Paragraph 1

(1) I think it was helpful in order that I did the training. (2) I think my stance might have been very different, for example, I know one of my colleagues in the NHS went through different training, and theirs is very CBT heavy, and very more manualized type of work. (3) And I think, had I have trained in that way, I'd have struggled to work with difference in the room, whereas, that's one of the biggest parts of Z was actually difference, and let's work with individual difference in let's name it, let's own it, let's work with it. (4) And I think it's made me more comfortable to walk in with and accept and manage whatever it is that walks into the room, rather than trying to predetermine it.

Paragraph 2

(1) The only thing I think that potentially was let down by it, is that the examples we would use in role-play when we would be doing our training would be about working with a client who is overly sexualized. (2) Or, which is, turned out great for my job, but we didn't work with clients who might be averse to different therapeutic interventions because of religion. (3) And actually, how we would work with that. (4) Or, how we could adjust as practitioners, were we willing to, what would our stance be on that? (5) What would be the ethics of that? (6) I think it was always a, Z kind of built you more for private practice, which is great. (7) Because I guess, people would choose to come to you based on your profile, so actually, you probably wouldn't get a client who would might disagree with you based on religious beliefs for that reason. (8)

But if you go into the NHS, or I guess, the statutory service, they don't get that choice and nor do you. (9) But we have to learn to manage that. (10) And I think that's one of the things that was lacking from my training, is more that explicit conversation about it.

Paragraph 3

(1) What was lacking was an explicit conversation about religion and how it might impact therapy yeah, and how it might impact us. (2) As, a, cause I remember one day when I walked into Z, actually to deliver a lecture after I'd left, and there was a, you know, I don't want to call it an exhibition, not, you know when there's posters everywhere kind of display? (3) And it happened to be all about Islam, and I remember some of the posters, to me, had very concerning kind of, headlines, for something that was actively promoting joining their society. (4) It was about the quotes they'd chosen from the Quran were kind of about women remaining in their place. (5) And I remember being like, "Actually that would have been a fab kind of lecture or role-play series of working with a client who believes that about you." (6) Because in a statutory service, they don't necessarily get to choose a different clinician, they're stuck with you, you're stuck with them, so let's work through that. (7) But I think it could be, well like in the four years since I've left, that that's what they do do now. (8) But I think prepping for that, and having the space to explore that and get it wrong, and get it messy, and get your fingers in whilst you're not going to get burnt and there isn't someone on the other side who can get really hurt from it, would have been probably well I would have felt more comfortable earlier, talking about it in session.

Paragraph 4

(1) And I think the only reason I am somewhat more comfortable now is that the chaplain team have been so receptive and open to having those conversations. (2) If they'd been closed off, I'd probably never have gone back for a second conversation. (3) But actually, it's not on them to teach me. (4) It's not on them to help make me feel comfortable as a practitioner. (5) And I think while the modality training and the order of it prepped me fantastically for seeing individual difference and working with that, and not just saying, "Oh you're anxious so you must have CBT and this is what we're going to do." (6) Having that explicit challenge and using or working with

clients who do see you differently because of your difference to them, I think would have been fantastic.

Paragraph 5

(1) Yeah it would have been good to have had some specific training on the religious aspect of the person, I hope so anyway, like I said on the back of the Black Lives Matter movement, I think, I know we as a service are doing more to look at equality more generally with all those umbrellas under. (2) So, I'd hope training institutes are going to do the same. (3) Because I think to start naming and working with it more explicitly is necessary and helpful. (4) And I think Z already had a fantastic platform due to the different lectures they had, and actually, their openness to it. (5) I think it just could be brought to the forefront even more but I think that's always the benefit of hindsight, and even if they brought that in, there probably would always be other bits I'd wished they had or could have done. (6) This is part of growth. (7) But, yeah, on a whole, I think they did a fab job of preparing us to be open, and also being open to look at ourselves in response to that. (8) So, knowing when I'm annoyed at something, it's just as much me as it is them. (9) So, where did it come from in me? (10) Which without, I don't think I'd ever be able to sit through, especially that client who kept switching up different religions to be like, "Alright, why is this bugging me?" cause it's not just him, that's me he's irritating. (11) So, I'm playing a part in this as well. (12) And that, yeah, they massively helped in that.

Appendix R: Narrative of Participant 3 Mia

My experience of working with religious clients: what has helped and/or hindered, and what might benefit it

Part 1

- **My personal and professional background**

❖ Personal background

Paragraph 1

(1) So, I was brought up in a very normal middle-class British family, mother and father, older brother. (2) And my mother is actually [REDACTED] and had emigrated to England when she was in her early 20s and met my father. (3) And we were brought up in London, privileged I would say, very of its time. (4) So, my dad was a public-school boy who had a sort of big public-school network around him. (5) And the reason why I'm saying that is because the religious side of things comes with facts. (6) It's a very Church of England established sort of approach to religion. (7) So, religion comes with your schooling and all of the religious experiences I had as a child were... it was almost as if they were part of your social life as much as anything. (8) So, the rhythm of the Church of England here would be part of our lives. (9) It's sort of what you did, but we didn't go to church on Sunday and there never really felt to be that much the spiritual aspect to it. (10) It's just what you did. (11) You went to Harvest Festival, and you went to Christmas services, and when we went to school speech day, there would be a religious aspect to it.

Paragraph 2

(1) My mother's parents who were in [REDACTED] and... that it was a bit more of a sort of thoughtful attitude towards religion. (2) So, they were both religious and they had, had a sort of, I don't know, a kind, some kind of Anglican, I don't know, sort of slightly strange religion that they would go to as you find quite often in these newer countries from a white point of view. (3) But

they, my grandmother was [REDACTED] (4) She was an original [REDACTED] from a [REDACTED] family, and she was very dismissive of the [REDACTED] Reformed Church, which is where the [REDACTED] came out of, and in fact, she used to call it the much-deformed church.

Paragraph 3

(1) And so, I think from her I, and from her being [REDACTED], living in [REDACTED], and the whole apartheid system, I got a very early introduction to the relationship between organized religion and politics, and organized religion and fundamentalism, and organized religion and power. (2) And so, she would talk to me about the relationship between the [REDACTED] reform church and [REDACTED] and belief that white was better than black and how that came out of their reading of the Bible. (3) So, I think, as quite an early child, I was heading down that sort of anti-organized religion path because of that. (4) However, at the same time, in my English life and at home, there was a lot of comfort to be had from going to the services and being part of communities and knowing the hymns that were sung, that all your friends would know because we'd all go to the same church services and so on.

Paragraph 4

(1) And my dad, my dad was religious throughout his life. (2) Actually, he would sometimes go to church on his own. (3) And as he got older, as happens with a lot of people, he relied on the church quite a lot. (4) And then I guess another thing that comes into my life. (5) So that my parents got divorced, when I was 16, I think, and remarried, and my father remarried an atheist. (6) And that was quite an interesting relationship between them. (7) She had lost a child when the child was four and she was very angry about that and was angry for the whole of her life. (8) And sort of became angry against God, I think, and so she and my father would have these sometimes painful discussions about it.

Paragraph 5

(1) And then my mother remarried a lovely man, my stepfather. (2) He's still alive and who I'm very close to. (3) And he's an opera singer. (4) And he, because of his work, he's in the church a lot. (5) So, you know, opera singers tend to grow up as children singing in the church and

singing in church choirs and so on. (6) And then it's always, there's often a very religious aspect to the things that opera singers are singing. (7) I mean, sometimes not so much the operas, although operas are quite often about biblical stories and so on. (8) So again, through him, he has a very interesting relationship with religion. (9) He's, he's one of those people on the edge of things, doesn't know whether he believes but he feels the power of music and how it moves you, and the power of singing religious anthems and songs and so on. (10) And so, I've spent quite a lot of time in churches listening to him sing and also getting to know the texts of what he is singing. (11) So, he'll quite often be singing something that's from a religious text or a poem that's written about something religious. (12) So, I guess I've had those kind of thoughtful, reflective moments with it.

Paragraph 6

(1) Then I married my husband, and my husband is a Catholic, or was a Catholic, and so... he... when I first married him, he was still trying to think about his own Catholicism, I think. (2) And when we got married, we ended up getting married in the Catholic Church, because it was very important to his family. (3) So, there was a while I think when we were first married when I tried to think about the Catholic faith and sort of understand what it might have been like growing up in a Catholic family. (4) And his parents were very religious and go to church every Sunday, and so the decision was very important to him as a child, but it's not, it hasn't been good. (5) It's not a great relationship. (6) It was and he has now turned away from it, I would say pretty much completely, and went through, I think, probably angry phases of it. (7) So, again, that to me feels like a brush with a very over organized, dominant, authoritarian religion. (8) And so, as we've grown up, we've both grown away from any kind of religious affiliation, so much so that a few years ago I ended up joining the Humanist Society because I still felt like I wanted something, some kind of set of ideas that meant something to me. (9) And I find most of the humanist ideas to be not that dissimilar to a basic Christian belief. (10) You know, do good and think about others, generally equality in society, all of those sorts of things. (11) So, it's like it takes the bit that I used to find good out of religion, but then dismembers the organization around it.

Paragraph 7

(1) And we've got children. (2) Got two 18-year-old daughters, twins, and they were baptized as Catholic because back then I think it was still important to my husband. (3) But they neither of them are at all religious and weren't confirmed and don't see themselves as Catholic at all, wouldn't label themselves as that at all.

Paragraph 8

(1) So, I think, when it comes to the difference and similarities between religious faith and spirituality that what I have done with it is separated out from feeling and structure. (2) So, I think what I am what I understand a religious faith to be is a bit more of a top down, this is what you need to believe, this is what we believe structure. (3) Whereas I see spirituality as the feeling one gets, the feeling one gets when one feels connected to something, or to another person or the feeling one gets when one wants, wants to, or needs to create a set of rules or a sense of belonging or something like that. (4) So, I think that that's my way of separating them out. (5) And it's the reason why I wouldn't want to say that I'm not a spiritual person, because those feelings of connection to nature, for instance, for me is very important and my feelings of connection to other people in my work is very important. (6) And I don't mind calling that spiritual or something. (7) I don't mind thinking there's more to this than I know, but I definitely do not want to be told what I should believe or... I don't want to follow somebody else's rules about it. (8) And that's what I would call religious faith, I think.

Paragraph 9

(1) Yeah... so... I was thinking about the relationship between religious faith and mental health and... my mind, when I think about religious faith, and I think this is why I was thinking about my grandmother. (2) When I think about religious faith, I go very quickly to fundamentalism or I go very quickly to thinking about somebody's mental state whereby they are just accepting a set of rules that somebody else has told them they should accept. (3) And I wonder about that state of mind: the rigidity of it, the unthinking, that's the lack of reflection, the accepting, like the kind of superego or I would call it, I suppose in my language, the kind of accepting of somebody else's ideas that I will now obey. (4) So, I wonder about it in terms of mental health, about what that does to one's mental health, in that I see mental health as having the capacity for flexibility and

curiosity and growing your sense of self. (5) So, there's that and then I also, I really worry about shame, and especially from the Catholic faith point of view or that end of things that if you, if you don't obey the rules, if you don't do what we tell you is right, then you should feel shame. (6) There's that idea, I think, and obviously, as we all know, shame is at the root of so much mental unhealth and unwell-being. (7) And then, what was I was going to say? (8) OK, it'll come back. (9) Something else is going to say and anyway, it'll come back. (10) Yeah, yeah, there was something else. (11) No, it is gone. (12) OK, it'll come back at some point.

❖ Professional background

Paragraph 10

(1) So originally, before I trained as a Counselling Psychologist, I was [REDACTED] nurse and then, and actually, that is quite important to the way I view human beings. (2) I very much place human beings amongst the animal kingdom, and I like to think about the instincts and animal in and all of that sort of stuff. (3) But I got bored of working as a [REDACTED] nurse, and so I went to university to do my psychology degree when I was 26 at [REDACTED] in London. (4) And through doing that psychology degree, I knew I wanted to go into the psychotherapy or clinical end of things. (5) So, then I applied to do the Counselling Psychology training and I wanted to do that more than the Clinical Psychology training because I had a sort of awareness then about being a bit uncomfortable about pushing human experience into the medical model. (6) And so, I was sort of a bit aware that most of the Clinical Psychology trainings are very much based on what they call, which I think are the Emperor's New Clothes, is evidence-based therapy and, you know, all of that sort of stuff. (7) I wanted something a little bit more philosophical and thoughtful, I think. (8) So, I did. (9) That's why I applied to Counselling Psychology training instead.

Paragraph 11

(1) And so, then I got offered the place at X to do the doctorate, and I was keen to do the doctorate, which at that time was the only doctorate. (2) It was the first doctorate in Counselling Psychology and it was the only one. (3) So, I ended up there and, as I said, the first year was a sort of Person-centred, Humanistic year. (4) And the brilliant thing about that course is that they organised all your placements for you, which was just such a relief. (5) So, I know. (6) And because they ran

it alongside their Clinical Psychology training and so because they had the all the placements for the Clinical Psychologist and trainees, they just slotted us in alongside them. (7) So, we had really good all NHS based placements, which, yeah, that was, that was another reason to do it really. (8) And then the second year was Psychodynamic in the third year was CBT.

Paragraph 12

(1) So, as I've said, I then re-trained as a Psychoanalytic Psychotherapist, which took bloody years from start to finish. (2) I started off by doing an MSc at Y university in it, and then I went all the way to London. (3) I went to the Z and did that for a hundred years. (4) And, oh my God, it was such a drama, but anyway I qualified a couple of years ago. (5) So, I suppose the reason why I'm saying it took so long is that I've been working analytically, I think, for much longer than I've been qualified because I've been doing the training for so long. (6) So, now I am purely in private practice. (7) I don't, I used to work in the NHS before I re-trained, so now I'm purely in private practice, so I can do what I like, which is great, apart from I still have a psychoanalytic supervisor. (8) I would say my way of working now is at the psychoanalytic end of things, but I am not working as a Kleinian psychoanalyst or anything like that.

Paragraph 13

(1) I'm still a Counselling Psychologist. (2) I still have my ideas rooted in something to do with people as animals and watching body language and communicating unconsciously, as one does a little bit when you're working with animals and nursing animals. (3) So, yeah, but I am I suppose, I am still I'm very much rooted in the Psychodynamic theory of things. (4) Definitely, so some of my patients in my private practice come three times a week and lie on the couch, and they are getting a much more Psychoanalytic experience. (5) But others of my patients either come once or twice a week and sit up in the chair, and my once-a-week people are much more counselling, I would say, than getting an analysis. (6) It's a conversation and some people come for a specific problem to talk through. (7) But I think most of my people who come to me want long term treatment. (8) So, at the moment, I've got a caseload that hasn't changed for like a year and I very rarely take new people on. (9) People tend to stay with me for one, two, three, four years, I would say. (10) So, it's long-term intensive work.

Part 2

- **My work with religious clients**

Paragraph 1

(1) Yeah, so I was trying to think about my work with religious clients and of course, one will have worked, I think, with more religious clients than one knows. (2) I think something that doesn't get talked about very much. (3) Well, for me, in my practice and sometimes I've come across a person who will suddenly say something about religion, and I think "goodness, I didn't know that that was important to you". (4) So, there's sort of been that end of things. (5) But right at the other end of things, I worked with a Catholic priest for a couple of years. (6) And so, I've been trying to think about working with him and what was his religion? (7) How his religion affected our therapy? (8) And I, I ... It was something that was in my mind a lot, I would be wondering about it in terms of our therapy and wondering about what, how he was understanding the work that I was doing with him, and then the work that he does with his parishioners.

Paragraph 2

(1) And I also used to wonder about... my beliefs about the mental state of somebody who has this kind of religious belief, and is in such a restrictive culture, I suppose, and then coming into an analytic therapy. (2) But really interestingly, **he** never brought it up. (3) **He** never talked about it explicitly. (4) **He** never. (5) He would talk about his parishioners, and he would talk about the relationships he'd have with his parishioners, and he would talk about the problems he would have with some of them from a personality point of view. (6) So, he used to get quite intimidated by angry people, for instance. (7) And that's one of the reasons why he would come to me, because he was very anxious about dealing with people. (8) And... so, from an analytic point of view, I began to wonder whether he was very angry, that part of the anxiety was coming out of being furious with people when they questioned him or told him off, so there was a sort of sense of narcissism to him which would get crushed if someone criticized him, or told him he wasn't doing a good enough job, or his sermon hadn't been very good, or whatever, and he'd be crippled with this terrible anxiety about it. (9) And so, I wanted to work with him about his own aggression and his own anger. (10) And I would be thinking all the time, where is this sitting with your religious

beliefs? (11) You know, what I was always wondering about what his religious beliefs say about him feeling angry or aggressive and whether he was minding me, trying to get to those kind of feelings. (12) I think, I suppose I was wondering whether he thought he shouldn't have them, or that he should be able to somehow be better than that or something. (13) These are all the kind of ideas that I have, I think, about how people use religious faith, and be more like Jesus. (14) I don't know, sort of, I would find myself really wondering, surely your religious faith should help you with this. (15) And yet he works really well with me and worked really well analytically. (16) And he didn't seem to bring his faith into it. (17) He didn't. (18) When I would make interpretations about his own aggression, and about how frightened he was of his own anger and aggression and so on, he seemed to be able to reflect on it and be OK with that idea, that concept.

Paragraph 3

(1) To say that that was my next thing is that at the end of that therapy, he ended up ending therapy and we had a good ending and so on. (2) But afterwards, when I was reflecting on it, I was really aware that I had never talked about my wonderings. (3) Now it's partly the model of being a psychoanalyst that you don't bring yourself into it, and he had wanted an analytical experience. (4) He was on the couch and so, that's, that is almost a problem. (5) Maybe it's a problem, maybe it's not, but it's a thing of the model. (6) It's you know, you don't in when you're working analytically you don't sit there saying I'm finding it... I'm finding myself interested in your religion or something like that that you might do in a different, more person-centred model or a more counselling model or something. (7) So afterwards I was thinking, I'm really aware that there's this whole, there's this whole elephant in the room for me. (8) I have no idea whether it was an elephant in the room for him. (9) I'm really aware I never checked that out, but I don't know whether that's because of the model I'm working in or that I just didn't know how to...not that I didn't know how to do it because I can talk to people about anything, really. (10) But I didn't know whether it was my thing or whether it was a thing for him. (11) And I never worked that out. (12) And I still don't know it really to this day, because I think what I worry about is would I have turned something into a theoretical intellectual conversation. (13) Yeah, I would quite like to sit down with him or another Catholic priest and say, what is this? (14) What are these two belief systems, and how do they match and what do we think we're doing? (15) Because my belief system is just a belief system like his belief system. (16) So, my belief system about how psychoanalysis works is absolutely just a philosophy. (17) It's just an idea in the same way that his is in my view, although I think for religious people, I think theirs is more spiritual or it's more

feeling based or... I don't know... than I would say my work is vocation and feeling based. (18) So, I don't know. (19) I'm quite conflicted about it.

Paragraph 4

(1) Yes, my work with religious clients may have hindered because maybe I have not had an opportunity to work this through. (2) Maybe, maybe I'm thinking now as we talk now, I need a workshop, you know, I need a kind of... I need, I need to talk to religious people outside of the consulting room, because I think the work I need to do about it, which is sorting my own mind out about it, can't be done in the consulting room because it's my stuff, it's not my patients. (3) Yeah, I think what's hindered it. (4) Oh, yes, I was just saying that I think what's hindered is that I may not have done enough of my own work in an CPD workshop or wherever it would be because the questions that I have or the thoughts I have in my mind are not from my patients, you know, that they don't come into therapy to educate me. (5) And help me find my own mind about this. (6) So yeah, I think I probably have too many questions, unanswered questions, which I probably need to go and think about somewhere else.

Paragraph 5

(1) Well, I don't know what has helped me in my work with religious clients, I don't know how to answer that really. (2) Because I don't have anything different to say about a religious client and not religious client in terms of whether I've been more helpful or not. (3) I honestly, don't know how to, I don't have anything to say about that, I think.

Paragraph 6

(1) Yeah, so I think... I'm thinking about it. (2) Now, I think what might help is, me being able to do work outside of the consulting room with a religious person who has an understanding about what I do. (3) And maybe more than one religious person because that's the other thing that the religions and themselves are so different. (4) That I would like to talk to various people about what they think I do, and then me have a conversation with them about what they think is the difference between my belief system and their belief system. (5) So, I think what would help is, is outside of the consulting room, workshop base, the kind of interactions and conversations.

Paragraph 7

(1) Yeah, my own belief system influences my work with religious clients, I mean, it must do, mustn't it? (2) It really must do. (3) I think I probably have a slightly negative attitude towards organised religion. (4) So, if someone talks to me about spirituality, I am absolutely fine. (5) I don't get any kind of negative thinking pattern coming into myself at that point, you know, I'm, I'm sort of, I get what they mean, I think by that, whereas I slightly go into a kind of negative state of mind if someone were to talk to me about an organised religion. (6) And so yeah, my I, and I'm, and I am absolutely aware that that is my belief system coming into play. (7) And I think that's probably why I then have to take a breath and just listen and try and understand what their belief system means to them and try and put mine to one side. (8) But it's definitely putting me in a position.

Paragraph 8

(1) Yeah, I find myself having to have, it's like, an extra thing to work through in myself. (2) So, I find myself, I noticed that I go to my judgmental place. (3) And then I have to work quite hard to notice that to refocus back on the patient's work much harder to really find out who they are outside of this. (4) It's like, I sort of have to put that to one side and refocus on finding out who this person is in front of me, to try take, you know, put my judgemental biases to one side. (5) So, I have to... yeah, I definitely have to sort of do that extra work. (6) I think I find that, actually, if anything, it makes me dig deeper to find the connection with the person. (7) I'm, but, you know, I'm aware that I'm making judgments all the time, about the fact that this person has this kind of belief system. (8) So, it will affect my work, but I can't 100% tell you exactly how obviously.

Paragraph 9

(1) Yeah, I mean, personally, I just love all this kind of work. It, it's, it's like an added extra interesting elements to the work for me. (2) And in a sense, the joy of the work for me, it's making the connection with the person. (3) And so, if I have to work even harder to find the person. (4) I'm thinking for some reason, and this might be really telling, I was thinking about one of the most difficult people I've worked with recently who I really struggled to connect with, and how hard I had to work with him. (5) And it was nothing to do with religion, but he was an alcoholic. (6) And

he came to me telling me, at the beginning, that he wasn't drinking very much and his wife had sent him to therapy, because everything was all a disaster, maybe from start to finish. (7) I shouldn't have never taken him on. (8) But I felt terribly sad for him. (9) I knew he was about to leave his marriage and he was sort of in the middle of a crisis really but he was a quite an objectionable man. (10) He was very narcissistic and grandiose and all this stuff. (11) And I had to work so hard to make a connection with him, and to find the parts of him that I could empathise with. (12) And I had to work so hard to get away from my feelings of anger when he was dominating me and you know all this kind of stuff. (13) And I think it must be coming into my mind because there must be a similar process that I go through, if someone comes in telling me explicitly about a religious faith they have or a religious system they have, I think I have to do that work to get past my own feelings about it, to find the connection with the person. (14) Now, that is, that's the joy of the work for me. (15) It's hard. It's difficult, but that's the whole point.

Paragraph 10

(1) Maybe my work with religious clients has changed me, because it makes me think about something I don't often think about. (2) So, it makes me think about religious faith. (3) And it makes me try and understand what it is that they have that I haven't got. (4) And I am aware sometimes of envy, about that, you know that I feel like they're lucky to have that religious faith. (5) And so, I think it does change me because it makes me think about my own spirituality and what I'm looking for. (6) And what I don't have, because I don't belong to a religious faith. (7) And probably that's why I ended up signing up to the humanist society, because I was aware that I wanted something and to belong to something.

Part 3

- **Reflections on my work with religious clients and my training**

Paragraph 1

(1) Yeah, my, I would say, my training was not useful with respect to religious clients at all. (2) I don't think during my training we ever had a conversation about religious faith and stuff, other than I mean, it was such a long time ago. (3) But I think, you know, in my training, we probably

spent time thinking about respecting other people's belief systems. (4) We spent time thinking about what it's like to sit with the other, you know, so we would spend time really thinking about how you get to understand somebody else's experience when their experience is very different from yours. (5) So, there's all that. (6) And we definitely spent a lot of time thinking about gender, and sexuality, and beliefs, and so on, when you're thinking about all the different things that might be between two people, but I don't think we ever, well I can't remember having any time thinking that working with religious people, in particular. (7) And in my psychoanalytic training, we definitely didn't spend any time trying to understand the difference between a religious faith and a psychoanalytic faith or any of those belief systems. (8) I don't think my training has helped me with this at all.

Paragraph 2

(1) And, and really thinking about it now, as I'm talking to you. (2) I could do with having a, as I say, a kind of CPD workshop, a day, a week, I didn't know I sort of, some time to think about this. (3) I will say that working down in A, which I have done now for many years. (4) We moved here, or we moved here right after I qualified back in 2004. (5) So, I've worked in A a lot, and we, I've worked with plenty of different people with mental health difficulties and so on. (6) And I've worked in secondary care, as well as personality disorders services and all that sort of stuff, but we don't have much diversity in A. (7) We don't come across many other religious faiths. (8) It's a very Methodist county, and Methodist is quite a sort of like touch religious faith. So, there's not much Church of England, there's not much Catholicism down here. (9) And there's definitely no, I mean, I don't think I've ever, in all the time I've worked for the NHS, I don't think I've ever worked with a Muslim or a Sikh or any other religious faith, as far as I know. (10) I mean, you know, it's so, from that point of view, it hasn't, it has been something that I've been able to ignore, I think, in my own personal development and in my work development. (11) And that's a shame, actually, you know, I think, thinking about it now, it's a really interesting idea.

Paragraph 3

(1) Yeah, yeah, no, my experience of different religious traditions gave me insights definitely, I mean, I, that's where all my thinking comes from. (2) And, you know, my conversations, as I said, with my grandmother, about religious faiths and different religious faiths, and the fundamentalist

Dutch Reformed Church, and so on. (3) I think that has, that gave me something to think about, definitely, more than anything in my training.

Paragraph 4

(1) I think that what has, what's really sparked my interest in this conversation with you, is hearing from a religious person's point of view. (2) But I really feel like that has been the voice that I have not heard at all. (3) So, I'm aware of thinking about it, I'm aware of some of my own judgments and biases about it. (4) But I feel like there's a whole gap in my experience coming from a religious person's point of view, and that's what I'm really interested in, actually, that's what I now, I've realised, that I would love to hear, hear about.

Appendix S: Narrative of Participant 4 Ben

My experience of working with religious clients: what helped and/or hindered my work, and what might benefit it

Part 1

- **My personal and professional background**

- ❖ **Personal background**

Paragraph 1

1. Religion was a part of my childhood. 2. I went to Sunday school as a, as a younger child. 3. And then I kind of decided that I didn't really like Sunday school and my mum said 'If you don't go to Sunday school, you have to go to church with me'. 4. So, I said 'That's all right, I go to Church with you, then'. 5. So, I thought I'd try that. 6. And then kind of got into the church choir, basically, because the bishop's wife, and we were lucky, we had a bishop from Australia in, in our little village church in the middle of [REDACTED], she made amazing cookies. 7. So, all the kids just go around and join the choir, just for the cookies. 8. That's to be said. 9. I did that for a bit. 10. And then I became an altar boy. 11. I have no idea why I did that. 12. I don't recall thinking that's something I want to aspire to. 13. But ended up doing that for a few years, helping out carrying the cross, generally, I don't know what the term is, generally, hanging out with the vicar, I suppose. 14. And that just I think then just sort of fizzled out. 14. I don't, I didn't think I was very, that I was a very strong believer at the time. 15. But it just became a sort of the thing that you do.

Paragraph 2

1. I think my, my beliefs may be then changed as I went into my teens, which you'd expect, I suppose. 2. But I also then, at that point, started to get more interested in, firstly martial arts and the kind of spiritual elements to those, but then I was also very interested in prophecies and people like Mother Shipton. 3. I can remember reading about and kind of just being interested in it. 4. There's other things going on in this world that I don't really understand. 5. And as I went

into my kind of late teens and early 20s, I was very interested in astrology. 6. There was a lady I knew. I used to work in the media and there was a lady that I knew there used to do, and she was an astrologist. 7. So, she was forever giving me readings and we have lots of kind of conversations about that sort of thing. 6. And my, my kind of spiritual side started to develop a little bit and became very interested in more and more things. 7. And that kind of bubbled along until, until I decided that I wasn't using my brain enough. 8. I was sat on a mountain in the middle of South Africa thinking what am I going to do my life and decided I'm going to go back into education.

Paragraph 3

1. And then came back to the UK and started Open University degree and then went to full time degree and then went into to do my Counselling Psychology training. 2. But during that process, I thought I actually, then went away from my kind of spiritual side and became very scientific and all of that and anything that I was opening prior to that I was thinking about becoming a healer. 3. And what I ended up doing was thinking of being a healer, scientifically. 4. So, all that training kind of stopped my spiritual development. 5. And it wasn't then until I started working in the NHS. I'd been there about a year, I suppose. 5. This is around [REDACTED] 6. And the first CPD event I went on was something run by Bill O'Hanlon in London, a two-three-day course on 'Keeping Your Soul Alive' and how to face you know monotony, really, which seems very apt at the time. 7. And that kind of triggered my thinking again, and I started to explore a little bit more, and then I did my Reiki training over a few years and became a Reiki Master. 8. And then that also kind of influenced my doctoral research, which was about emotional contagion and the therapeutic relationship and maybe how biologically we're picking up on something that's transferred within the ether, something that's happening energetically or transpersonal between two people. 9. And since then, I guess that's just exploded a little bit. 10. Just been, I met another person who's very influential in my professional development. 11. She's now in the SIG. 12. So around, around the time with Reiki, I was also training in EFT, TFT, EMDR, all these kinds of energy-based things. 13. My supervisor at the time, he wrote a book on energy medicine, so he was very much influencing what I was doing that then fed into the research. 14. And his ideas, I think, started to influence me as well in how we used to bring those spiritual elements into the session, which I imagined for some people would exceed, which seemed very wacky, weird, and strange, and not psychology based at all. 15. But actually, they, you know, they connected at a level that, you know, normal words weren't able to, and I found that quite containing.

Paragraph 4

1. But I was still struggling with the idea of how do I come away from this scientific, you know, approach that I've been trained in and qualified in, and I'm working in within an NHS setting, and how do I incorporate all these other ideas that don't really seem to go with that, or are not accepted. 2. I think that's an ongoing struggle that people have. I think those barriers are breaking down now. 3. But it's still a big issue. 4. You are trained in one way, but actually, I think, you know, we're not just a scientific people, we're kind of spiritual people, we're energy people living in a physical body. 5. So, having an understanding of the two, I think, is really important.

Paragraph 5

1. I guess they're, my beliefs are still forming. 2. I wouldn't like to define them in any particular way, except, I suppose, I kind of summed up in my last sentence, pretty that I believe that we're a soul or an energy, or light body that just lives in this kind of blood and skin suit. 3. And that we experience life. 4. And, you know, this lifetime is about experiencing certain things, and that when this lifetime finishes it, it would be nice if I'd achieved all the things that I was set down to do. 5. But if I haven't, then I'll come back and I'll carry on that work. 6. And I think this is an ongoing process of sort of scouting process that somehow, we're collecting information that goes back to a central source. 7. That sounds very sci fi, but that we're all part in some way of something bigger. 8. So, there is there's a sense of being part of something, someone, some body entity, and that we're all we all share that origin. 9. And all our journeys in some way contribute to that.

Paragraph 6

1. I think my problem with religious faith, I think all religions share so many similarities. 2. They were part of my undergraduate degree I did on the kind of creation myths. 3. I was just struck then about how they are all so similar, you know, from different cultures all the way around the world. 3. How can there not be something that binds them all together? 4. I believe there's a common source for all religions and that fighting over which one is best is futile and promotes separation rather than a unified humanity. 5. That to me just seems so... so silly. 6. But for some people, I suppose a spiritual practice has to be something that has rules. 7. And this is you know what you have to do to achieve enlightenment. 8. Some people prefer to follow a rule-based

system. 9. I don't think that's the way for me. 10. I like to explore my own journey. 11. My, my issue with religion is that it becomes, if it becomes too dogmatic, then that leads I think to lots of the problems that we have in the world, rather than all of us getting it together and agreeing that we share similar beliefs. 12. And it's just the same way we wear different clothes. 13. We're all the same under the clothes that we choose to wear.

Paragraph 7

1. I think religious beliefs can have a bearing on mental health. 2. They can be but I think that goes too along with any firm or strict belief system. 3. Research into OCD in different parts of the brain. 4. There is research in different things, in different parts of the brain that seem to be fired when you link to religious thought. 5. If there's strict beliefs, and you fall short of those, then I think that can create lots of stress and disharmony within families and within, within your own mind. 6. I remember working with a young lad who came from a Jehovah's Witness family and OCD. 7. And his rituals were very much part of 'I'm not able to fulfil the role that I should be fulfilling'. 8. That's where his fears were based and it come out in this way. 9. And he wasn't able to talk about his fears or his differing beliefs from his family. 10. And it created this kind of, these mental health symptoms as a result. 11. So yeah, I think that's any, any stringent belief system and any appraisal of yourself as being outside of that, or therefore not accepted by family, friends, society, whatever, I think that does cause mental health difficulties.

❖ Professional background

Paragraph 8

1. So, Open University was my first kind of higher education, exploration. 2. And that was really as a, an attempt to find something that I was interested in for my life, you know, lightbulb moments on the mountain. 3. I did arts and foundation course. 4. And then, I did the other way around. 5. I did social science course D103, I think it was, which was the psychology and politics and philosophy. 6. Though just kind of introduction taster courses. 7. I thoroughly enjoyed it and I had an amazing time in doing that course. 8. I still think of it quite fondly. 9. Very much got hooked in the psychology part. 10. You know, I was only doing it for a few months, but thought this is interesting. 11. And I was thinking: 'you're just doing an open university degree'. 12. So, I did another foundation course. 13. Because they did one which was art, music, poetry, I think it was,

astronomy. 14. It was all part of the arts foundation course A102. 15. That one. 16. And loved that! I thought I was just like 'Oh, this is amazing'. 17. I loved all these things. 18. But still had a kind of inkling for the psychology and thought 'maybe I should just try and do this full time because there's a long old route going at the speed I'm going anyway, in the Open University'. 19. So, I thought 'well, I could probably work'. 20. I was lucky I was working the media, as I said, and getting enough money to get to survive and do a course.

Paragraph 9

1. So, applied to University of [REDACTED] and started training with them, and had a great time. 2. Spent my second year in the [REDACTED] on a on an exchange programme, which was a great experience, and came back and completed my degree. 3. I got my academic prize for the best performance in psychology. 4. I really kind of felt good about that, and wanted to do something. 5. I've been reading more about Jung at the time I was kind of into Carl Jung, and was thinking about doing psychotherapy. 6. And I went to kind of meet people in the department and said 'this what I want to do, where should I go and train?' 7. 'Well, we don't know' for response. 8. They had no idea where to send me. 9. We don't really think about things like that. 10. And there was no kind of courses or anything to show you to know where to go to, there was no support at all.

Paragraph 10

1. So, I just started looking around. 2. I wanted to follow a BPS route since my undergrad had given me graduate basis for registration. 3. And then was choosing between regions: The [REDACTED] [REDACTED] courses, which was a more spiritual element; and also, the one at [REDACTED] which was Counselling Psychology. 4. And I chose that one just because it just been accredited with the BPS and it seemed a better route if I wanted to keep my qualification. 5. So, I did that one, spent two years doing a master's, did it part-time, then did a two-year postgraduate diploma, which in those days was the kind of predoctoral equivalent of the registration as a Counselling Psychologist. 6. And then went straight into practising, CAMHS. 7. And worked there and until I got to the point where I honestly thought I really ought' to top this up, because there was at that time, there was still a bit of animosity between Clinical and Counselling Psychology. 8. And I even went to the supervisors' training at university where the guy who was

teaching, you know, about how to help best supervisees, and you know it was part of the training to get on the BPS RAPPs register, but was slagging off Counselling Psychologists, and I was in this training. 9. And I put my hand up, just thought you ought to know, before you carry on slagging us off this Counselling Psychology scheme. 10. So, I kind of decided that, maybe the only way to reach equivalency, if equivalency was to come up, was to do my doctorate and to do a top up. 11. So, I spent a few years coming up with ideas, writing around. 12. And it wasn't until I trained in EFT and Thought Field Therapy and heard about how to measure heart rate variability that I started to put together my ideas about emotional contagion and measuring that relationship. 13. And that's why I ended up doing my study and it took as long to mark as it did to write. 14. It was the process was completely long and protracted and a right bug bear. 15. But got through it and, and carried on in working in that field ever since really.

Part 2

- **My work with religious clients**

Paragraph 1

1. I was trying to think of some clients as good examples for you. 2. And there's a couple that that spring to mind. 3. So, one was a lady who I worked with, and was part of my doctoral thesis, severely traumatised lady, lovely lady, amazing mum, but very traumatised. 4. Lots of historic abuse and quite severe abuse. 5. And she had been very religious growing up and was having a bit of a crisis of faith when I first met her. 6. And lots of our work included conversations about things that that she'd said to God and how she felt let down by him/her/it. 7. Her safe place initially had been an attachment resource, which was...Who was it? 8. It was a saint, she had a picture of a saint that she used as her, as one of her resources when we first started doing EMDR. 9. Can't remember the saint's name, possibly Archangel Michael. 10. But she'd also, she'd also prayed as a young woman that somebody would one day listen to her. 11. I didn't find this out until I've been working with her for some time. 12. And she found some letters that she'd written as a young woman. 13. And she brought these in, and she wanted to read them to me. 14. And she'd written in the letter, talking about wanting to be listened to, but also, 'What was it she said?' 15. She wanted you to be able to feel somebody's heartbeat. 16. It was in this kind of context of

being listened to. 17. I can't remember the exact words. 18. So, we did a little thing in the session where we kind of rolled up our sleeves, and we linked our wrists. 19. So, I felt her pulse, and she felt my pulse. 20. And we just sat there. 21. And it was a really moving kind of experience. 22. And she was, I was very aware of when we, when we just sat there, we kind of talked about it afterwards, what was that like, just to experience somebody being that close and safe. 23. And I was just struck of how similar our thoughts have been in during that process. 24. There was this clear kind of, we kind of shared something that seemed very important for her. 25. And she was very moved, because it, sort of, answered the thing that she wanted in her letter. 26. That was very moving.

Paragraph 2

1. So, she kind of opened my eyes a lot to spirituality. 2. And she gave me a book as part of the work, which was *The Shack*, which is quite famous, famous book. 3. And I never read it when I was working with her. 4. I just never had the time. 5. And it wasn't until about a year ago, that I saw the film on Netflix. 6. And I thought 'Ah, it's that film! I'll just watch it'. 7. I thought it was a scary movie and watched on a Friday night, and then was kind of blown away and then read the book straight afterwards. 8. And so, I guess, to answer your question, what helped, I think it was just an openness, rather than feeling that I needed to close things down. 9. If you have a different or alternative religious belief, it's very easy to, you know, not to go somewhere. 10. And I think what facilitates that, was just an ability to, and this is her faith, this is what she believes. 11. I don't know whether it's right or wrong. 12. I'm just happy to go with what she says.

Paragraph 3

1. And that came that was very evident with another client I worked with, a teenage girl who reported having an angel. 2. There was two of them: one was a bit rough and ready and one was very protective. 3. And they used to appear all the time. 4. And she spoke about these in a very, very matter-of-fact way to the point that she was known to the CAMHS team. 5. And I think they were thinking about diagnosing her with schizophrenia and goodness knows what or, you know, all these kinds of big labels were flying around. 6. And I just listened to her and asked her about these angels and what they did and how they helped her. 7. And she came from a very spiritual family. 8. And it was just part of her belief and her understanding of the way the world works. 9.

She didn't want to get rid of these angels whereas other people that I knew were trying to get rid of these hallucinations. 10. The angels were comforting and soothing to her as part of her belief system, and it's part of her connection with her grandmother who'd been very spiritual as well, more so than her mum. 11. So, it was just really a part of understanding her, and her approach to the world, and understanding the resources that she has, which might be different to other people, but they were still valid for her. 12. So again, it's that you know, non-judgmental, very basic humanistic kind of approach. 13. Because I don't know the answer. 14. I've heard lots of stories about people seeing things, hearing things, as part of my work, and I say 'what do you think about that?' 15. Because I don't know, might well be that this is a spirit from another world, might be this there's a soul an angel, and I just don't know the answers. 16. I have some beliefs, but I don't know. What do you think? 17. And how is that helpful or not for you? 18. That's what we try to work with. 19. Spirituality can, can be a great strength and a great source of resources for people, and it's just being open rather than closed and having rigid beliefs.

Paragraph 4

1. I was thinking about the lady with the angels. 2. I was watching a video initially yesterday. 3. And she was doing an assessment and she was doing an assessment for hallucinations. 4. She obviously worked in early psychosis unit before she's done self-harm and she was going into seeing things that people don't see and fear things, etc. 5. But I thought a lot of those questions would be prohibitive for anyone to explore spirituality? 6. There was once about something she said. 7. It was something about: "Do you have any beliefs that other people would find hard to understand?" 8. I thought depending on how scientific or spiritual you might be, there might be a real mismatch in terms of solid strong faith, and then a clinician who had no faith. 9. I thought it was just an interesting thought. 10. The way the questions were written, you know, the questions we have to ask or to look for an early psychosis or evidence of the severe mental disorder, would it be appropriate to have spiritual conversation?

Paragraph 5

1. I think that's a good question: Is my religious faith and spirituality background helpful? 2. I don't actually know the answer to. 3. But I think it's, I think, because I don't know the answers, because, for me, it's part of a continuing quest. 4. I have to find my own journey, my own enlightenment,

my own understanding. 5. If I'm willing to explore myself, I think it means I'm open to hear, understand and explore with other people.

Paragraph 6

1. I tend to now ask more generic questions at assessment that would include spirituality or religion. 2. And I might use more metaphor, spiritual base metaphors, with my clients, if they've expressed kind of an interest. 3. People have different degrees. 4. So, some people might be into meditation or mindfulness. 5. Now I can go that far, but if I started to talk about souls, maybe that would be too far. 6. For other people, you know, it could be a lot more in depth. 7. So, I think it opens up the opportunities for greater level of understanding and listening with those people who are not. 8. I've got one or two people, which, you know, very much when you die, you're dead. 9. That's it! I've gone over. 10. Things tend to be a little bit more matter-of-fact and a little bit more scientific, whereas I think when I work with the spiritual or religious people, I tend to allow myself to be a bit more intuitive. 11. Some people are just very matter of fact thinking about. 12. So, yeah, when you're dead, it's all over. 13. So, there's no talking about anything else because that's it, that's my belief. 14. I think that when you allow yourself to be more intuitive, I think what I'm saying is I allow that intuition to come out. 15. Whereas with someone who's very closed in their belief system, I may try to be intuitive to help my case, but it might not be overt.

Paragraph 7

1. Only my lack of understanding hindered my work, I suppose, of some faiths, as being spiritual, kind of open to anything, but I don't have a knowledge of every faith. 2. I've tried reading the Quran and got halfway through. 3. I didn't really manage the whole thing. 4. And so, I have to just be very open and upfront with them. 5. Maybe for some people I don't, I don't understand or might need to be educated in their beliefs. 6. Because I haven't had the experience of those. 7. I only found out the other day I've worked with a girl for a long time, who'd had some sexual abuse when she was in India, and she would talk about her guru, Mahapatra Baba Ji, sacred father and Master Yogi, Baba Ji. 8. And I only found out, I was thinking it was a more kind of a modern-day guru, but it wasn't until, I don't know, maybe only a year ago that I found out he was a Hindu Master, and then been around for thousands of years. 9. So, I just didn't know that at that time.

10. So, I think the hindrance is maybe not, maybe missing some things just because I don't know about every faith. 11. But I just got to be open enough and honest enough to say that, and question and try and find out.

Paragraph 8

1. It's a good question: 'Has working with religious clients affected me in any way?' 2. The answer that's coming to mind, is that I think I feel more relaxed after I've worked with clients where I've been able to have conversations, like that just because I think it feels more fulfilled, or whole, holistic in the approach. 3. My interest in emotional contagion really stemmed from picking up on other people's physical kind of ailments, poor emotional expression. 4. And, I was just wondering whether you said that whether actually getting more of a sense of physical discomfort if I'm with somebody who doesn't have such a spiritual belief system? 5. Almost like I catch more from them? 6. I think every client changes me. 7. And I think every client is sent to you for a reason at some point, because there's as much learning for you as there is for them. 8. But I think because it's subtle, I don't know if I could say, with each one what I've learned that day. 9. But over a period of time, I think even my beliefs have definitely changed.

Paragraph 9

1. And what I find, I suppose most inspiring is that more and more people are open to introducing spirituality into, into their therapy, and more and more therapists are aware of introducing that as part of the work that they do, just even if it's just having those conversations. 2. I remember, I was at the... the, what's it called? 3. This building in London, Institute of... it's not psychiatrists, ... anyway, surgeons, surgeons. 4. They had a display on one day when I was at a conference, and there was the 17th century doctor's kit that they'd put there. 5. And I was just amused by it, because this doctor's kit, you know, there was like, bottles of lotions and potions, and maybe some leeches, but there was also this, you know, a prayer book, and an angel statue. 6. And there was this kind of sense that, you know, a lot of it then was, was linked to spiritual beliefs as well. 7. And I thought, 'well, that's a real shame that all of that, that seems so valid at the time got lost'.

Paragraph 10

1. And, you know, that makes me think about, you know, the thousands of years of understanding of belief and spiritual practices that are embedded in the east. 2. And yet, Western medicine that's few hundred years old, that, you know, rules the world. 3. And that's like that's just like out of balance, I think. 4. I'm hoping that as we progress over the next few years, maybe more of that, those traditional beliefs, those traditional approaches. 5. Yes, Mindfulness managed to squeeze in through the CBT backdoor, which is great. 6. But you know, Mindfulness has been around for thousands of years. 7. And that's great that that's been accepted, and what we need to do more spiritual based work as well.

Paragraph 11

1. I think, what benefits me is knowing that there is, there are other professionals who share this kind of self-exploration, self-discovery, but also recognising the importance of it within the therapeutic field, and I gain confidence from their confidence and hopefully works both ways. 2. And knowing that, you know, we can have these discussions without somebody crying 'Whack, you're a quack!' and yeah poohpoohing everything, which seems such a shame. 3. So yes, but just connecting with other professionals and exploring ideas together, exploring the research, just doing something like this, sharing ideas that people are on, on the same page. 4. We don't all come to those conclusions just randomly. 5. I think it's part of a bigger movement, a bigger understanding that's, that's creeping slowly across the world.

Paragraph 12

1. Yeah, I mean, we've got a transpersonal section within the BPS, there's the spirituality SIG in EMDR UK. 2. I mentioned there's even more in the other organisations around the country. 3. We have courses, transpersonal psychology courses. 4. I think just knowing that you can ask about spirituality in an assessment without being ridiculed is a really important thing. 5. And then when students are being taught about Counselling Psychology that should be as big a part of the assessment as anything else. 6. We are now brave enough to ask about suicidality, and ethnicity and culture in assessment, and we need to develop confidence to do this for spirituality too. 7. I think we need to be brave enough to ask about spirituality to, to teach them.

Paragraph 13

1. There's another aspect there, in that, which ties into understanding the cultural aspects of a client that you're working with because the way you approach the work you do may well need to be adapted to fit the religious and spiritual beliefs of the client. 2. So, if you haven't asked that assessment, or prepared to consider it, then you're not going to tailor your, your treatment plan to their need. 3. So, part of that collaborative process is truly understanding and having the ability to open up a conversation about beliefs systems and all these are what is needed. 4. I work with as a group with some refugee children, who were Muslim children, and, you know, and even just understanding the role of their faith and what they, how we translated the word psychological health and trauma was so important. 5. And being very wary of the importance of their faith in what we're doing. 6. So, we have to stop the group halfway through to make sure that there was opportunity for prayer. 7. So that had to be part of the treatment package. 8. And, you know, so that having that understanding of, this is what I'm saying, this what hinders me, sometimes is that I don't have all the understanding of the religion. 9. But being able to have the discussions about it, how does this fit in with your religious beliefs, if something is believed, you know, if your mental illness is believed to be given to you by God because of something you've done, it's going to be very difficult for a mortal to change that process. 10. So, we need to understand those belief systems and what we are able to work with, what levels we are able to work with.

Part 3

- **Reflections on my work with religious clients and my training**

Paragraph 1

1. Well, certainly that first CPD that I did, which was 'Keeping Your Soul Alive' was just so interesting and presented so well. 2. And there was a saying that he introduced, which was about the people of an Indonesian island, I think, I can't remember which one. 3. And their greeting was, instead of 'Hi, how are you?' 4. It was something like, are you in your skin today? 5. And there was a saying that he introduced, which was about the people of an Indonesian island, I think, I can't remember which one. 6. And I kind of really resonated with it, and I was wondering, what are they actually saying, what does it mean to be truly in your skin. 7. Does that mean that

you are whole and present and being rather than doing? 8. Being present, I suppose. 9. And that was like, kind of, triggering for me, I think. 10. It started me thinking a lot.

Paragraph 2

1. I think, I think, part of my early training too, before I start in psychology, which was the foundation courses, this was about a period of enlightenment and that battle between science and religion at the time as well. 2. That I found fascinating. 3. My training at the undergrads, as I said the creation myths. creation or evolutionary psychology, I found very interesting other trainings?

Paragraph 3

1. No, I don't think my Counselling Psychology training prepared me for work with religious clients. 2. I think maybe my placement, some of the clients that I had along the way, influenced me, taught me. 3. I don't think the course per se did that at all. 4. I think it was very good at delivering the scientific approach. 5. And I guess that's what it was set up to do but I don't think it was holistic enough in that respect. 6. And it was it was later, you know, CPD, self-study, my own exploration into, you know, martial arts, Tai Chi, Reiki, energy-based psychology methods, all of those, kind of, that was part of my personal development afterwards, which really influenced my integrative practice. 7. And if anything, my, my psychology, my counselling psychology training, hindered that, because I was told, you know, here's your CBT, your Psychodynamic theory, and your Family Systems Theory. 8. And you have to decide when you leave this course, which one of those you're going to do. 9. And as I explored more, when I left and started working, I realised, you know, I don't just think in a CBT, or family centred way. 10. Yeah, I think it's all really valid and all these views, and a lot of it is very similar anyway. 11. But I know that I use CBT more with some people than other people. 12. And I'm fine to be able to use all those things as part of my practice and that includes being aware of the needs of people, their religion, there spiritual beliefs. 13. So, it's the extra trainings and my own self-discovery I think that shaped me more than my core training.

Paragraph 4

1. Well, I mean, thinking about what might benefit work with religious clients in terms of initial training and CPD, this opens up a wider, a wider box, because psychology is a very white dominated profession, this is becoming very clear this year. 2. And it lacks teaching staff and perspectives in the training that reflect diversity. 3. Diversity in terms of you know our culture but also in terms of our spiritual and religious beliefs. 4. So, there is part of an approach to increasing truly reflective, an integrative, inclusive approach to teaching. 5. That's where we need to go, we need more people need to be telling their stories about their experiences and their work rather than relying on a number of middle-class white male papers. 6. We need to devise that diversity in teaching because I've got a book on the shelf somewhere which is *Counselling for Islamic Faith*, something like that. 7. And it's okay, so we've got CBT. 8. So, how do you adapt CBT to a Hindu population or a Muslim population? 9. One of the things that we have to consider is what conversations we have to have is: Is that an appropriate form of therapy? 10. Whereas the research that says yes, this works with everybody. 11. Just thinking about the adaptations to the work that we do, for different belief systems is important, as well as understanding maybe in more detail, which I think is what Counselling Psychology is about, the core therapeutic relationship. 12. So, if that is truly kind of the nub of what we do, then we have to expand that to include every kind of conversation and every kind of possibility, every direction relationship can take.

Appendix T: Narrative of Participant 5 Sarah

My experience of working with religious clients: what helped and /or hindered my work, and what might benefit it

Part 1

- **My personal and professional background**

❖ Personal background

Paragraph 1

1. I was born and bred in London. 2. And I have, from most of my life lived in South London. 3. When I was very small, I think we might have moved out of London for a little while and then we returned. 4. Yeah, London girl, and I am British [REDACTED] South Asian. 5. I have been grown up in a Muslim household. 6. And when I came into my young adult years, I made a conscious decision to practice myself and continue practising as a Muslim female.

Paragraph 2

1. I think that there are overlaps and many similarities between religious faith and spirituality. 2. I think, obviously, for people, it's an individual thing. 3. So, some people may say, our spirituality is completely different to religion. 4. And I can see that. 5. I can see both sides. 6. I think, for me, religious beliefs are something that are specific to a particular faith. 7. So, let's say Christianity, they will have their religious beliefs, which will differ or some may be similar to the Muslim faith. 8. So those are the religious beliefs. 9. When it comes to, for example, might be okay, you know, we do a whole month of fasting called Ramadan and after that, we have a celebration of Eid. 10. So that is a religious belief. 11. And something that we within the Muslim faith you do, if you are practising.

Paragraph 3

1. With spirituality, because I would say that I'm quite spiritual person as well. 2. So, in the sense that you're able to understand and connect with a higher being, to whether you're able to, whether you're able to describe that in the sense of God, or a man or Jesus, or whoever it might be. 3. I think spiritual people, they may not necessarily define it as such, but there is an understanding that there is a there is some sort of higher universal power, for example, which in religion, they may not use that terminology, they would say, it's God, or it's Jesus, or it's this prophet. 4. And spirituality, to me, again, is really being able to connect with, with life and the universe around us, being able to tune into certain energies that human beings emit.

Paragraph 4

1. So, I think for me personally, something that I have been always sensitive to is people's energies, which when I was in my late teens, early 20s. 2. I wasn't really sure that I didn't even know that this was actually a thing or I just remember me always being very sensitive to people's energies and vibes and I felt it was just me. 3. As I got older, and I got into contact with more spiritual people. 4. So, they're not necessarily religious because they don't subscribe to a particular religion, but they are spiritual in the sense that they believe in a higher power and they believe in trying to have purpose and meaning in life and connecting with, you know, with nature and world and life. 5. So yeah, again, energies is something that in spiritual people, you'll find, they will talk about this. 6. They're very sensitive to and pick up people's energies quite quickly. 7. Whereas religious people who are not spiritual may not. 8. It's not something that will necessarily be in their dialogue, to say that, I'm sensitive to people's energies, or I pick up on them. 9. So, so, their narrative will more be along the lines of, for me, you know, this is my faith, these are the rituals or that I carry out, these are my beliefs, this is what I do, this is why I dress like this because of my religion.

Paragraph 5

1. So, for me, I would say that yes, I'm Muslim, practising Muslim, I have my faith. 2. But I'm also spiritual in the sense that I tune into energies and I also try to see things from different perspectives. 3. So not just my religion. 4. I also try to think outside of the box, and connect with the world as a human being, which is what I am first and foremost. 5. So, you can be religious

and not spiritual, and religious and spiritual, because the spirituality is intertwined with religion, and you can be spiritual and not religious.

Paragraph 6

1. I think religion has a connection with mental health in the sense that religion can ... 2. Sometimes it shapes and influences the way that you view or whether you even accept mental, mental health issues. 3. Religion or faith can also deter people from seeking help, because they have their faith on one side and the teachings on the other side. 4. And accepting a mental health problem is often viewed by religious people as you have weak faith or you're not practising enough, or you're not practising as you should be. 5. Or your belief in God is weak, or whatever it might be. 6. So that's why you have, you're experiencing mental health problems. 7. So yeah, I think that is definitely linked.

Paragraph 7

1. Yeah, that's a good one, actually: can religious faith cause mental health problems or alleviate it, or both? 2. Ok, I think both. 3. So, can it cause mental health problems? 4. Yes, because I think that with life it's always about balance. 5. So, people who become very, very, very religious, but it almost becomes obsessive, that compulsive mental health problems such as anxiety and/or depression, because then they become very self-critical. 6. And let's say they've not been able to, you know, fulfil, let's say a prayer, and as Muslims we have five, that they will beat themselves down a lot. 7. So initially it might start as something small than just being critical to themselves, but it can get out of hand and it can really cause as I said, anger, quite heightened anxiety and/or depression. 8. So yes, it can and that's when religion, certain individuals, it takes over their life in the sense that there's not much of a balance between being in the here and now, in this world, in this society as well as you still continuing your religious beliefs.

Paragraph 8

1. And with the second part, does it alleviate? 2. It does as well, because I've worked with not even in my professional capacity, but both personal and professional. 3. There's something that I found quite striking and amazing is, I worked with refugees, traumatised refugees, in my second

and third year of the doctorate. 4. And from all angles, they felt stuck, hopeless, really, really struggling with their symptoms of PTSD. 5. And one thing that helps them to try and build up their hope and the motivation to get up each day was their faith. 6. So, and a lot of my clients were Muslim. 7. So, they would say, you know, when I'm feeling just really, really down or, you know, I just feel like my brain is going to explode, I can't stop thinking, or I'm feeling the sensations of my trauma, they would, you know, read verses of the Quran or they may pray. 8. And that seemed to be such a sense of relief for them. 9. So yeah, it can alleviate.

❖ Professional background

Paragraph 9

1. I trained at X University and I trained, I started my training at the end of 20██-- 2. So, it was a three-year doctorate but I took a gap. 3. Once I finished all the professional components, I took some time out, came back and finished my research. 4. So, the three modalities that we were trained in is CBT, Psychodynamic and Person-centred therapy. 5. We did have some teaching on Existential, Humanistic, DBT. 6. But those were just, you know, probably a few classes, they were not the core modules that we were taught. 7. So yes, we've had some introduction and knowledge, but these are the three main modalities.

Paragraph 10

1. So as of this year, I've been working privately from home. 2. I actually began looking for a job in the NHS, I wanted to only have a part time job in the NHS, but the pandemic happened. 3. So, I said, right, let me see if I can you get any private clients? 4. And I did, and that's what I've been doing. 5. So, I would say I work in an integrated manner where I will use, sometimes, CBT interventions, some Psychodynamic principles, and Person-centred. 6. So, it really for me, personally, I feel like it enhances the outcomes of therapy.

Part 2

- **My work with religious clients**

Paragraph 1

1. What helps me to work with religious clients, and they could be Christian as well. 2. So, it may not just be, you know, let's face it, it's a fellow Muslim client. 3. But what helps me is, first and foremost too, because I can't make assumptions as to their level of religiosity. 4. So what I always do is in the first couple of sessions, you know, which always referred to as the assessment sessions, and I will gage, ok, so, right, you've, been born into a, let's say for example, Muslim family, you know: "Is religion a part of your life?" 5. If so, then I will find out the, the level of religiosity, because not everybody is, you know, practising is a really broad umbrella. 6. So, you have to really, I think, something that helps so much, don't make assumptions and find out if that person is practising, and if they are, what does that mean? 7. So, what are the religious rituals, or values or beliefs that they sort of abide by? 8. Because, again, culture and religion is something that you cannot exclude from therapy.

Paragraph 2

1. If you're working with religious clients, and clients from different ethnicities, it needs to be a part of therapy. 2. But again, you have to find out, you know, how much is it in that client's life? 3. What do they believe? 4. What do they do on a daily basis or on a weekly basis? 5. And any sort of religious pilgrimage because then you can also have more insight into the client's belief system, you know, thinking patterns. 6. And again, overall, just as a client, you will have a better look into their life. 7. So that's what helps when working with religious clients really finding out and not making assumptions, and then also asking them, ok, so would it be helpful, you know, for us to incorporate or bear in mind X, Y, and Z into therapy.

Paragraph 3

1. So, for example, let's say when you are feeling low, one of the coping skills for a religious client might be, ok well, we can create a list of coping skills as you would do with some clients. 2. And on that list might be, you know, take some time out to read some verses, or, you know, speak to

somebody from the church. 3. So, it comes into therapy in that way, because it will form, you know, it will be a part of their coping skills. 4. So, that's how it helps.

Paragraph 4

1. How does it hinder? 2. It can hinder therapy, in the sense of if their religious beliefs are very, very strong and rigid, and their beliefs go against therapeutic interventions, that's when it can hinder. 3. For example, ok, I am just not allowed to feel low because that means that my faith is weak. 4. That can be quite hard to work with in therapy. 5. And they may even say, sometimes clients say, this is, you know, even me coming here to therapy speaking to you, this isn't what I should be doing. 6. What I should be doing is spending even more time in my religious activities. 7. So, that's where I think it can hinder, it doesn't happen, often, it hasn't happened often, in my experience. There are some clients, that are of this mindset. 8. And so, it can be very difficult, or it takes much longer to be able to, sort of, loosen the rigidity in a sense and try and work in a way where they are able to feel like they still have their religiosity there, and that the interventions are not violating that. 9. So that can be a piece of work. 10. As I said, it hasn't happened to me often. 11. I have seen some clients who are of this mindset. 12. So that's an example of how I would say how it would hinder therapy.

Paragraph 5

1. And you can also hinder therapy in the sense of let's say, I'm working, I'm a female Muslim, I have a male Muslim client. 2. So again, everybody's different, so some who are very religious, they would not be okay with having a female therapist. 3. So, it would hinder therapy in the sense that they would say, "Sorry, I can't work with you". 4. They would go back on the waiting list, and simply have to wait until a male becomes available. 5. So, that's another example of how it could hinder therapy.

Paragraph 6

1. So, I can think of a few of my traumatised refugees. 2. That, you know, they were alone. 3. They have been trying to seek asylum for so many years. 4. One of my clients didn't have a family in this country. 5. All of his family were back home in in Afghanistan. 6. And he was here

by himself and he had been here for the past, let's say about 15 years. 7. So, his social support system is not really there. 8. He has been housed but it's not, you know, the best of conditions. 9. So, he is having the basics, you know, food and shelter and, and stuff like that, that has been organised for him. 10. But he's just alone. 11. He's alone in in this place and he's really struggling and he doesn't want to, he didn't want to, you know, tell his family back home, what is going on and they didn't even actually know about his PTSD symptoms. 12. So, with this client, the resources that we talked about, useful resources, one of one of them, for him was religion. 13. So, we would talk about certain aspects of the faith that would empower him in sessions. 14. We would talk about using going to the mosque, or reading verses of the Koran, and listening to, reading verses of the Quran in English, or listening to the Arabic recitation on YouTube because it can have a very calming effect. 15. So, we talked about those as coping skills for him.

Paragraph 7

1. And something that he as well as many other clients, many other Muslim clients that I work with, even today, something that they say is, "I do think about suicide", "I feel so alone", "I can't get the trauma out of my head", or "I can't stop thinking about X, Y, and Z". 2. So, for example, you know, the, "the horrific upbringing I had, the neglect by my parents, the bullying that I'm having in school. 3. So, I do think about suicide, but I will never commit suicide because of my faith". 4. And I know that it's something that we are not... Would... that actually we're condemned if you do. 5. So, faith for them prevents them from committing suicide, although they have the urges, they do think about it. 6. But they say, and that was with this specific client example that I'm giving you, he said, "I just will never do it, I can think about it". 7. So, the suicidal ideation was there. 8. But he said, "I will never do it, because you know, I still have faith, I still have imam," is what we call it. 9. "And for that very reason, he prevents me from doing so. Or even self-harming." 10. So yeah.

Paragraph 8

1. I'm now just trying to think whether I had that specific experience of a client where their religious faith has hindered my work. 2. I am not sure If I personally, I mean, I know loads of people who have, those professionals who have. 3. Out of all of the religious clients I've worked with, I don't

think I've actually had that experience personally. 4. It is very, it happens. But I personally haven't experienced that with my clients.

Paragraph 9

1. Even if I have experienced, I mean, what I have experienced is that initially, they may be very reserved, to the concept of therapy, because you know, it is embedded upon Western principles. 2. So many people from diverse cultures and religious backgrounds, they come into the therapy with this, with the concept of, well, this isn't going to help me, you know, it's something that is done in the West. 3. So that's something that I've experienced, and I guess, even with this, which can hinder, it can hinder cultural, sorry, clients of different ethnicities, as well as clients from Buddhist backgrounds.

Paragraph 10

1. But what I've noticed, again, having dialogues with clients, and that sometimes is the work at the very beginning, to be able to subtly sort of challenge their beliefs, but not in a confrontational way, and in a sensitive manner. 2. So, you're having a dialogue, you're not trying to be forceful, "no, we must do but we have to do this intervention today! 3. You have to fill out this outcome measure." 4. No, no, no, that never works! 5. It's about being sensitive, going with the client, building up the rapport, building up the client's stability, and in my experience, clients, for me have always come round. 6. So even if they've come into therapy, saying this is not going to work for me, you know, it's not really part of my culture. 7. It's not a part of my religion, either. 8. With time and with good practice, they do come round. 9. So that's what I've experienced, although I know, many people have experienced the opposite, where they're just not able to make any progress, but I haven't experienced that personally.

Paragraph 11

1. What hinders is the very Westernised background to modalities. 2. Yes, definitely. 3. That's why for me, you know, I always do cultural adaptations of my therapies, you know, there's quite a bit of literature on culturally adapted CBT but I think it's very, very important and something actually, that I felt was lacking on my course. 4. And generally speaking, from what I know, most

training programmes do not and are not (obviously, I can't say all, but from people who I've spoken to who have also trained recently, in the past few years) that the cultural aspect of the emphasis of adapt... appropriate adaptations that need to be made, is not actually taught on our courses.

Paragraph 12

1. Well, the way that my work would differ with a non-religious client, is we're just not going to be spending any time speaking about their experience of religion, you know, the aspects of their faith that they find helpful, the aspects of their faith that they find unhelpful to you is just not, it is all together just absent. 2. And it would differ in the sense that with non-religious clients, they will not have religious coping skills, obviously. 3. So, it would be, you know, it could be anything else. 4. But they did, there is just simply that the whole faith aspect of it is just not there. 5. And it's just not a part of therapy. 6. However, they may have non-religious clients, and we're talking about the main faiths, so, you know, Islam, Christianity, Judaism, Hinduism, you know, are among the main faiths, non-religious clients of who are not subscribing to these faiths. 7. Again, they may be spiritual. 8. So, or they may be, they may blend principles of different main things. 9. So, it might be incorporated into therapy in that way. 10. But yeah, so when you work with non-religious clients, it's just not part of the therapy, it doesn't form any of the coping skills either.

Paragraph 13

1. When I'm working with clients, I don't draw upon my own faith. 2. It would, it would only be theirs. It's not to say that, you know, whilst I'm working with them, I might be learning something or I might be thinking, "hmm, you know, I don't do that", or "I see it this way". 3. There's always that sort of internal processing going on. 4. But it's nothing that I verbalise and I don't bring my faith, my own cultural beliefs and values, I don't bring them into therapy, no.

Paragraph 14

1. Yeah, I think working with a client who is religious it does impact me impacts me in the way that I just think, I think I'm, you know, each time I'm pleasantly surprised whichever, you know, client of whichever faith I'm working with. 2. When I see the power behind, you know, this non-tangible thing. 3. This way of thinking the religion and what it can do for clients, I'm amazed! 4.

So, I feel a sense of. 5. What's the word? 6. I feel, I feel that each time I'm working with such clients, I see the beauty that diverse religions can bring. 7. That's what I see. 8. And for me, you know, it may get me thinking about my faith and, and it might get me thinking about, ok, maybe I want to actually, sometimes this inspires me, so I'll say, ok, I want to actually go and spend some time and do some reading. 9. Or, you know, it might trigger me in the sense that I say, you know, while I want to actually go and, you know, give some charity, you know. 10. These clients have reminded me, sometimes working with clients, they can be big reminders of things that you do in your daily life that say, you know, is kind of not been in your attention for a long time. 11. And when I'm working with such clients, I just see what the power of religion can do.

Paragraph 15

1. We can go in both ways, sometimes, obviously, anything that positive or negative, but the sense of hope, the sense of healing that religion can provide, you know, it amazes me. 2. So yeah, sometimes clients definitely inspire me to go and do some personal work. 3. So, I would say it's affects me in that way. It affects, it can affect me in a negative way, where, when I see, oh, gosh, you know, this client has really harsh principles, you know, that they are, in their view, they are deriving from the religion. 4. And I may, you know, just see it in a completely different way. 5. So, I just say "oh go..." and I'll say to myself, "Oh gosh!" you know, they're seeing in that way, and I just wish that they didn't see it in that way, because it would help their healing so much more. 6. But again, it's not something that I would verbalise.

Part 3

Reflections on my work with religious clients and my training

Paragraph 1

1. So, for me, in terms of what has helped by work with religious clients is actually myself. 2. My, me doing work in the sense of being mindful to incorporate their religious beliefs and actually inquire about it. 3. So obviously, I'm religious myself. 4. So, it makes it much easier because I know, okay, I'm Muslim, my friend is Muslim, but we are very different. 5. We don't carry out the

same, you know, rituals, or we don't have the same beliefs. 6. So, when you grow up in any type of religious household, you see, you know, there's varying degrees of religion, so you need to pay attention to it and enquire, never make assumptions. 7. So that's what's helped. 8. This is my personal experience with my faith, and growing up in a religious household and knowing that everybody is different in their levels of religiosity.

Paragraph 2

1. What hasn't? 2. I think something that hinders many practitioners, and something that I felt a bit disappointed about, like I said, is ongoing training. 2. There wasn't any emphasis or attention paid to culture and religion, and what that might look like in the therapy room. 3. What do you need to do when working with clients? 4. There was only an optional module. 5. So, we had elective modules, then you could choose. 6. So, there were, you know, there were a bunch of different classes to choose within this module. 7. So, it wasn't mandatory. 8. And I had chosen the one that was to do with cultural adaptations of CBT. 9. And there were not even many people who chose to take this class. 10. My cohort included about 30 to 35 people. 11. And I will say there were probably 10 people in the class. 12. And, you know, I remember speaking with the lecturer and just saying, gosh, like, our training does not include this and we're here today but this is an optional class to take and actually, how hindering it can be when working with clients. 13. And especially if you're not religious yourself, but you're working with a religious client. 14. I just think it's going to be quite challenging to know to be mindful of it, to even know how to incorporate it.

Paragraph 3

1. As I said, I'm lucky in the sense that I've been mindful of it. 2. And I've even thought of my own ways as well how to incorporate it. 3. Because I'm religious, and also just kind of drawing upon all the principles over the years that I've learned. 4. So, I've blended my personal experiences with the professional teachings. 5. But I think that this is worrying, because we live in let's say, you know, I live in London. 6. The university is in London. 7. You know, there are many, many ethnically diverse and religious groups here. 8. The clients that are coming to us, you know, that we can't, and they're not, you know, they are all diverse, but we're not actually being taught, you

know, to pay attention to that. 9. So that's where I would say, the training has, has been hindering. 10. And I just feel like it has completely excluded people's, you know, ethnicity, and religion.

Paragraph 4

1. So, I feel like there's always emphasis, and maybe too much emphasis, on clinical interventions, clinical diagnoses, modalities of therapy. 2. Whilst though they are all important, we need to be paying attention to the demographics of the very client, that we're working with, the very person in front of us, you know, we can we can use all these theories, we can try all these different interventions. 3. But if we're not taking into account who they are as a whole person, and all the different elements to them, how effective are the interventions, and so on, and so on, going to be. 4. And it makes the world's difference, talking from experience, when you do include and incorporate their religion and their culture into therapy, just world's difference. 5. Therapy, and there's so much literature to back this up, therapy is actually far less effective when you're working with cultural and religious clients, yet their culture or religion is not even incorporated into therapy. 6. And actually, it's just about the interventions.

Paragraph 5

1. Yeah, I think that training programmes need to, I think we need to go back to basics. 2. I think the people who are drawing up the, the training programmes need to incorporate these, these as a core module, you know, culture and religion clients from different diverse groups. 3. It really is the training providers' duty to incorporate that. 4. We're in 2020. 5. I think this should have been done, gosh, so many years back. 6. I just don't even think there's an excuse for it, personally. 7. Because we are working with people. 8. So, if you're working with people, but you're completely missing, you know, the aspect of what makes them what, what are the different aspects that make them up, right? 9. And we're only looking at mental health and understanding the diagnosis and the symptoms. 10. That's one part of it. 11. But you know, we're not working with a blank canvas. 12. We're working with a human being, and their religion and culture, may very well be contributing to their mental health problem. 13. So how can you not, you know, even pay attention to that? 14. I think it's dangerous! 14. So, training providers need to, as I said, incorporate this and go back to basics, and go to the drawing board and actually look at, you know, the modules that are being taught.

Paragraph 6

1. CPD, I mean, I've started doing some CPD recently. 2. And there was one training that I did that was specifically to do with trauma in the black community. 3. So that's a good example of how it wasn't specifically religion, but it was culture or ethnicity. So CPD trainings like that are going to be very helpful. 4. And I don't know how much of them there are out there. 5. I know that there is the black African and Asian network, which is who I did the training with in trauma in black clients. 6. So, they, obviously, do pay attention to ethnicity as well as religion. 7. So, they will have their different training programmes on, but I don't think there's so much out there out there to do with, this topic, you know, working with religious clients. 8. What does that mean? 9. What should we be paying attention to? 10. I don't think there's much out there.

Paragraph 7

1. So, I think that if in the training programmes, you know, this is mandatory, it's already in there, we're talking about it. 2. That's the starting point. 3. And that's where it actually really needs to be. 4. Because even if there are, let's say, the training programmes are not incorporating these core modules, which I think should be core modules, but CPD, you can find workshops on it, CPD not everybody does, although we are taught, you know, you should continue it. 5. So again, there is only going to be a certain amount of professionals who are even going to engage in their CPD workshops. 6. And that's most likely going to be because they are interested in it themselves. 7. But again, I don't think this should be whether you're, I don't think it should be a choice. 8. I think if you're a psychologist, you're counsellor, you're therapist, you're working with people delivering therapy, it shouldn't be optional. 9. I think it is mandatory. 10. And we need to have it in the training programmes.

Paragraph 8

1. I think is because obviously, we all know that therapy is based on Western principles. 2. Yet, that you know, even if we're looking at that, in the West, Christianity is a big faith that is practiced. 3. So, your therapy is based upon Western principles, but in the West, Christianity is one faith that's, you know, widely practiced. 4. That, again, there is no, you know, room or space given in the training programmes for faith. 5. Yeah, so if we're basing it on Western principles, so why is

the religion aspect of the West taken out as well, that, you know? 6. I just think that is a really interesting question. 7. And actually, I would love to ask training providers, why they don't. 8. I think it's just because it's something that isn't at the forefront of their mind.

Paragraph 9

1. I think, as I said, I personally feel in the world of therapy people are really paying so much attention to, probably too much attention to at times, to the clinical interventions, diagnosis, symptoms, and theories. 2. That's where I think mostly the attention has been. 3. Which is important. 3. However, that's, that's one side of things. 4. We also need to be paying attention to: who are we actually working with, who is in front of me in the therapy room, who am I actually applying these theories, interventions and principles on? 5. Right? 6. So yeah, I just think it's just not really been a priority. 7. I think the priority has been, you know, all this theory interventions, you know, getting them right, being evidence based, which are all important, don't get me wrong, but equally important, is understanding the diverse clients that walk into the room.

Appendix U: Narrative of Participant 6 Chloe

My experience of working with religious clients: what helped and/or hindered my work, and what might benefit it

- **My personal and professional background**

❖ Personal background

Paragraph 1

1. I was born and raised in London, England. 2. Both my parents are British. 3. I mean, my grandmother was [from Europe] [REDACTED] 4. But apart from that they were, they both, yeah, were born and raised in [REDACTED] and [REDACTED] respectively. 5. Both my parents are Christian. 6. And I mean, Christian is a wide term, but committed Christians. 7. So, my dad's father was actually a Baptist minister. 8. My mum's parents initially weren't Christian; she came to faith through a youth group. 9. Her parents later, sort of, came to church and came to faith. 10. But yeah, my parents met actually through church. 11. And, I was brought up going to church each Sunday. 12. And that was influential, but I think more than that. 13. I think it was the witness of my parents' faith that I think had the biggest impact on me. 14. So, it was very much, (I don't know if you're familiar with the word grace), but it was very much a family, in one sense, a community of grace where we were accepted and loved and forgiveness was given and offered.

Paragraph 2

1. And they my parents also ran somewhat of an open home, so we had lots of people living with us throughout my childhood. 2. It was just my sister and I as part of our biological family. 3. I had a brother who died at birth. 4. And in the home, there was always three or four extra people living with us. 5. Either people who are friends of friends who were coming to London for a period of time and needed somewhere to stay, or people who were in difficult situations. 6. So, for example, there was a young woman, friend of a friend, who was pregnant and didn't have a partner, didn't have a job, you know, so she came and lived with us for a while. 7. We had missionaries who would come over from abroad. 8. And, I think, from that I got a flavour of not just, I suppose, Christian things or the church in this country, but more globally as well. 9. And saw just so many

wonderful things within, I suppose, that the impact that Jesus, that Christianity would have on people and their lives. 10. So yeah, I mean, that was very much my background.

Paragraph 3

1. I don't think there was ever a point that I can remember not believing. 2. There were kind of two significant points in my life, I think, where I more actively made a decision for myself. 3. One was when I was five, actually, my mum took me to a Billy Graham sort of thing at Wembley, and they did a call at the end and, apparently, I ran off. 4. And she was sort of trying to find me through the crowds. 5. And but I, you know, that that's probably one of my earliest memories. 6. And then the other was when I was a teenager, very much wanting to, kind of, live, sort of, with one foot, if you like, in the church and the other foot in the world. 7. With one part of me wanting to just go along with everything that anyone else was doing or thinking or whatever. 8. And then another part of me thinking, but you know, that I do actually think this is true. 9. And I was challenged on a week away that I went to, and, yeah, and that made it a big difference in my life in terms of actually thinking what do I personally believe and taking the responsibility, I suppose, for myself rather than depending on the kind of culture of my parents taking me to church and things like that. 10. So, my home church now is called [REDACTED]. 11. It's a Church of England church that is based in [REDACTED]. My husband's actually the minister there.

Paragraph 4

1. I think the terms religious and spiritual probably mean different things to different people. 2. I think probably the issue of definition is a tricky one. 3. I think probably typically, spirituality would be defined more by more of a kind of personal individual, perhaps internal belief or faith, or sense of something beyond oneself that may not be very clearly defined or be. 4. But I suppose in my experience, spiritual tends to be more fluid and flexible and more to do with the individual and their perspective is sort of their own, I wouldn't want to say kind of creation of the belief, but their own perception of what it is. 5. And I suppose when thinking about a sort of religious belief or faith, or religion itself, it tends to, I think, refer to something that's maybe a bit more structured, often there's some sort of organisational aspect to it. 6. I suppose I think more of a doctrine or a set of beliefs that has been passed down and in more of a kind of structured external form, and that religious belief, or religiosity, could be more to do with external behaviour, perhaps as well

as a kind of cognitive ascent to something but is more perhaps to do with what one does rather than what one feels or believes. 7. And I suppose for myself, I would want to marry the two in from my own personal perspective, but I realise that other people would separate them.

Paragraph 5

1. So, I wouldn't necessarily think that the religious person will be a spiritual person. 2. I know plenty of people who wouldn't describe themselves as spiritual nor would have, I suppose, an internal sense of things, but would be religious in that they would attend certain services or do certain practices. 3. So, I don't think someone who's religious has to be spiritual necessarily, but I suppose my own personal faith or experience or expression of Christianity would combine the two of them. 4. So, both internal and external. 5. Both are sort of personal and community organisation or both one's own feelings as well as one's own behaviour. 6. But you know, I suppose, having the two of these things.

Paragraph 6

1. There is plenty of studies that show that religious faith does have an impact on mental health. 2. And that particularly things like belonging to a community aids mental well-being, things like certain beliefs, that there is a purpose beyond oneself or in a benevolent being, or God or beliefs about the afterlife. 3. I think, that the sense of meaning making that it gives to people and I think it does have quite significant positive on the whole, not always, but predominantly impact on people's mental well-being. 4. And, I think also things like this sort of structures that people have the kind of rhythms to life, I think also has a positive impact.

Paragraph 7

1. Yeah, I think religious faith can have a negative impact on mental health or can do as well. 2. Again, depending on what people's beliefs are, and how they sort of conceptualise or understand God, for example, if they see Him as someone who is judgmental, who is distant, who is punishing, controlling perhaps, sort of all those things, I think can have quite a negative impact on people. 3. I think it can sometimes bring guilt. 4. Sometimes I've had people who, sort of,

think their suffering is caused by God as a result of their wrongdoing. 5. And that can be very difficult for them.

Paragraph 8

1. My experience of faith is something that is very life giving and joyous. 2. That's not to say that I don't that... I suppose, from my perspective, and what I think, I suppose, as a Christian, I am a Bible believing Christian, and adhere to all belief that that is inspired by the Lord or by God. 3. And I think the overarching message is one of graces, of forgiveness, is of love, is of joy. 4. That's not to say that it's sort of a... you're perfect, just as you are. 5. And I think there is a sense of unconditional love, but also a call to grow into change, to admit where we've done wrong, and to experience the joy of being forgiven and restored and that. 6. So, I suppose it, I think the end goal is one of joy and beauty and restoration.

Paragraph 9

1. I can understand why some people might get stuck along the way with being told that they're not perfect just as they are. 2. Or even being told that, actually, they need to be forgiven. 3. That in itself is quite a potentially difficult thing to get one's head around. 4. And I think if one sees God as someone who was hammering down on that rather than saying this is the problem, but this is the solution, come to me. 5. Then, you know, I can I can appreciate it when people might experience that negatively, without being able to kind of get past that point.

❖ Professional background

Paragraph 10

1. So, I trained as a Counselling Psychologist. 2. Our course was structured around three primary models of practice. 3. First year was Person-centred or Humanistic. 4. The second year was Psychodynamic/Psychoanalytic, and the third year was CBT. 5. With the idea of as you came towards the ends of the training, that you would, I suppose, work out your own place, how you want to work, but also consider how if you wanted, how you might want to, sort of, bring different elements of those different ways of working together. 6. And I was, you know, sort of, by the end of my training, I think I had a particularly high value on the therapeutic relationship, that being the

context and the primary, not only, kind of, forum, but also means of change. 7. Within that, being able to kind of pull on different strands, whether it be, you know, ideas of kind of like Object Relations theory, or whether that be, you know, drawing on resting on the core conditions from a kind of a Person-centred perspective, or whether it be using perhaps thought records to address a particular issue in someone's life. 8. So that, yeah, that's sort of how it came out.

Paragraph 11

1. So post-qualifying, I then worked in the NHS, and that was probably primarily CBT based work, and then went into private practice. 2. Worked in an addictions' clinic for a while, that was, that drew on more kind of third wave ideas of, like Compassion Focussed therapy, and Mindfulness, and stuff like that. 3. And then went into private practice. 4. And now doing a mixture of private practice and also running a counselling service that's actually linked to a church, which is quite an unusual situation. 5. And run a team of people. 6. And I would say now, I would say I probably still work, I mean, in one sense, I hate the word integratively, so, I do not think you can thoroughly integrate these diverse things. 7. But I don't like eclectic either, because it just feels a bit wishy-washy. 8. But I suppose I still prize the relationship and, in my context, would continue to draw on many different theories. 9. I think schema therapy is something that I've spent a bit more time drawing from recently, largely because my supervisor up until this last month, where I've just decided to switch was a schema therapist, so we would often conceptualise the clients in that model. 10. But also, I suppose, in my context, drawing from Christian resources, within my practice, so as and when appropriate, thinking about how kind of the community aspect of church how that can be harnessed as part of someone's recovery or healing or, you know, thinking about their particular relationship with God, and how that might be integrated as part of the work and using scriptures, even that are meaningful or relevant.

Part 2

- **My work with religious clients**

Paragraph 1

1. So as part of my assessment of anyone who I see, both personally, and also for our, for our team, we will ask questions about faith, along with all the stuff that, you know, one would ask that background and previous counselling and risk and, etc. 2. But we would also ask about faith, and if they had a particular faith, what their understanding of it was, what their experiences of it were. 3. What that looks like day to day. 4. That's really helpful just to get, and also how much they want it to be a part or a kind of explicit part of what we do in the therapeutic work. 5. And that really helps determine how we then work together in this particular area. 6. Now, because of the context in which I work, as I said, it's a service that's linked or sort of funded by a large central London church, not my church that I go to, but another one, it means that a lot of the people who come to be seen would identify as Christians. 7. Some wouldn't, but the majority would, and within that, some will be sort of very keen on thinking about faith. 8. And that's, that's the kind of primary reason why when they have come to the us rather than someone else, because they want someone who can understand their spiritual religious perspective and think about it together. 9. And other people will not either really not want to, or just be sort of uncertain about whether that's something they'd like.

Paragraph 2

1. With the people who are keen in terms of things that would that would help that, or as we sort of explore the impact of faith, it would largely be sort of asking questions about what, you know: "What's the faith like?"; "What's the faith perspective on this?" 2. Or even something, like: "I don't know, this may not sound strange to you, or it may do"; but even asking things like, you know: "Where is God in all of this?" 3. And I suppose, that helps them to see that, you know, sometimes people may be like: "Oh, yes, you know, I believe this, and I believe He's always there. 4. And yet, in this particular context, it feels like He's absent. 5. It feels like He's left the room or He's not really, He's or He's not actively involved. 6. Or, I know in my head that actually, the Bible tells me that He loves me. 7. In fact, He delights over me and sings over me. 8. And yet in this context, I

feel like He's, you know, He's actually pretty cross with me, he judges me pretty harshly. 9. I've done it again, you know, have found myself in this situation again." 10. So, asking questions like: "How do you imagine God's disposition? You know, His face? What's His facial expression, like, towards you at the moment?" 11. I suppose getting them to, to actually think about their sort of instinctive beliefs or feelings about what God is, is thinking, or of them, or how he's viewing them, or his presence with them "or absence. 12. And then, and then I suppose, as they reflect on it, then thinking: "Actually, I don't, I don't think that's true"; or "I don't think that's what He's like". 13. And, and then kind of experimenting and exploring with the idea of: "Okay, well, what if, what if He was here with you?"; "What difference would that make?" 14. Or, you know, sometimes I might ask a client to go away and think if there's a particular verse or passage of scripture or concept that has been a particular comfort to them, or is particularly meaningful to them. 15. I mean, they might come up with all sorts of things, but you know, often there'll be something in there that I'll say: "Okay, well, you know, that this has been something that's really, really precious to you, this kind of view of God or how He sees you what, you know, what, what would it be like, in this situation to, to know that that's how God felt about you, or, or whatever it might be". 16. So, I think that kind of gentle exploring of their, their view of God, and in relation to their struggles has been really helpful for some.

Paragraph 3

1. And other things, I mean, also, things like, you know, if we're drawing on more CBT kind of concepts using thought record and you're wanting to think about the kind of, the sort of an alternative or balanced thought or whatever. 2. It might be, often can... a scripture might come in there or... clients might use scripture, or a kind of religious or spiritual concept as part of that. 3. Using things like flashcards sometimes, you know. 4. If there's a particularly difficult situation they're facing or experience that they tend to regularly have, if there's been something that has been particularly meaningful for them, again, in terms of a verse or a concept, or perhaps even a picture, then kind of writing that down and kind of keeping that with them. 5. And thinking about that.

Paragraph 4

1. Also, I suppose to give a kind of more specific example, that thinking the other day about someone who was, who has experienced abuse, one of the, kind of, more distressing moments for her was being asked to undress and having that awful experience of being exposed and vulnerable and powerless. 2. And, and, again, this is not kind of a first and right, let's just throw out all that kind of. 3. Over time and gently, we got to the place of there's a... when Jesus goes to his crucifixion has a particular part, which talks about how he was stripped naked. 4. And there was one time when she was, she went away and was sort of just reflecting on these, on these verses well, being given any very specific direction about it, or what should you pick up, but again, that was something that was hugely meaningful to her kind of thinking "Jesus knows what that's like". 5. You know, He, either He, He has experienced that sort of shame, and almost transformed her experience of that, in some ways. 6. Knowing that there was someone and in fact not just anyone, but like her God, who has almost been there with her in that most shameful moment. 7. And in Him, she, sort of, took great, great comfort and strength.

Paragraph 5

1. So sometimes, sometimes there will be things that have hindered my work with religious clients. 2. I suppose, the most tricky part, the most tricky experiences I have are when people come with a suppose a view of God, I don't think, is a view of God of the Bible, because that's the God who I, who I, I suppose know most about, which I don't think is correct. 3. And I think it's also really psychologically unhelpful for them. 4. And, it's really hard in those moments to stay with a client and to know how to sort of, I suppose, question things in a way that isn't undermining. 5. And there's been a couple of times when I felt like clients have, sort of almost been drawing me into this into getting into some sort of theological debate or discussion. 6. And, they are, sometimes I found people are always trying to prove their, how awful they are, by calling on I suppose religious narratives to prove that, and that's why they shouldn't be shown compassion. 7. That's why they deserve whatever issues they're facing. 8. That's why, you know, they're not willing to think differently, or change or because this, you know, that if God says that they're sinful, and if I knew how bad they were, then I would agree.

Paragraph 6

1. So, it's in those situations that I, that I find most difficult, that you're one of the ways in which I deal with that is by saying: "Is there someone who you could talk to about this from within your church?" 2. Or, you know, somehow trying to partner with someone else who might be able to address that particular theological struggle. 3. And then apart from that, kind of looking at the impact that that view has on them. 4. And I suppose, if there's opportunity to, to kind of gently or occasionally question or prompt, or perhaps a new way of considering it. 5. But it feels quite delicate to do that.

Paragraph 7

1. And then the other way that I think these things can hinder is when you sort of, feel sometimes like the process can be short, that can be like, it can be short circuited, or shortcut, because they sort of get to the answer that they think is right. 2. From their kind of religious or theological or spiritual perspective, and almost, potentially almost hide behind that rather than, sometimes really engaging with what is actually going on. 3. So, typically, I think, for Christians, the issue of anger can be really a difficult one to manage. 4. I found that some clients can feel really angry, and really bitter and jealous, or all sorts of things about something that's going on in their lives, but, but because their kind of theology says: "Oh, no, you mustn't be angry", or "you mustn't be jealous" or whatever. 5. Then they sort of almost find it difficult to engage or acknowledge those sorts of emotions. 6. So those are the things I think that in one sense the client brings, but also, I find it difficult, particularly the first one, I mean. 7. I suppose the second one I find easier to engage, just like you would with any emotional experience that people want to sort of deny or avoid. 8. You know, you would, you would kind of gently, therapeutically try to you know, try to try to help one to confront it.

Paragraph 8

1. But in terms of ways in which I think my faith can negatively impact things I probably think there were times, I think there were times I think that yeah, I think there were times within the NHS particularly where I would just think oh, I suppose I believe that you need something more than what I can give you. 2. It's not my position to, you haven't come here to share with you my own religious or spiritual perspective on this. 3. And so, I suppose being filled with a sense of, like

limitedness, disappointment, frustration sometimes. 4. I haven't come across, you know, I used to think in training, because obviously, we did quite a lot of reflection on how our own perceptions might impact our work. 5. I suppose I used to, I used to think that, I might have issues around certain moral activities that I would, I suppose not agree with. 6. And so, find it difficult to engage with that with clients. 7. But, to be honest, that hasn't, that hasn't been, either I haven't come across things where it's really been challenged, or hasn't been so much of an issue. 8. So, I thought it might be so, yeah, I think I think probably that first, the first sort of example that I gave of when one doesn't see when you're both Christian, and yet you don't see eye to eye on certain theological matters, and you feel like their perception is hindering them in some way. 9. I think that's the that's the time where I'm, I find it most hard.

Paragraph 9

1. So sometimes, my work with people who are religious wouldn't really look any different from my work with people who are not religious and sometimes it would. 2. Depending on the nature of the issue, depending on the extent to which someone wants to think specifically about faith, it may look very much the same. 3. I mean, one of the ways in which I particularly bring my own spiritual religious perspective into my work is in the way that I view people and the, the desire that I have to embody, I suppose, in one sense, God's love for me, that I have for that person. 4. So, accepting them, valuing them, loving them, not being surprised when they are messy. 5. Or there are things which are, you know, really difficult or unpleasant. 6. Because I suppose that's, you know, that's part of my religious and spiritual perspective, thinking that, believing that I suppose to use religious language that we're sinful and yet loved, to use more secular language that we're flawed, and yet, and yet precious, valuable. 7. So, you know, whilst those implicit things will be present, regardless of who I'm working with. 8. So sometimes it might look the same, but other times it will look quite distinctive, if there's someone who is wanting to think explicitly about their faith and how to think and you know, even things like using scripture, which I'm unlikely to do with someone who isn't a Christian, or isn't religious.

Paragraph 10

1. I suppose there are ways I have been affected by religious clients. 2. I don't think that there's, I don't think kind of doctrinally my faith has been changed by people. 3. Because it's not based

on... I suppose what I believe. 4. I don't think it's based on what people say. 5. So that's the change. I think I have been changed in my own personal faith and my own personal walk with the Lord by seeing other people's, I suppose, in one sense, faith that worked. 6. So, where people have faced extreme suffering, and yet, you know, and yet have continued to trust that God is with them, or that there are purposes beyond that, what they can understand or, you know, whatever it might be, that there's ways in which there that perseverance has been really challenging or a great encouragement to me. 7. Or indeed, like the depths, just simply the depths of people suffering, and, and, you know, often, I feel like I live quite an easy life, you know. 8. I'm physically able, and well, I, you know, have a family at home, with financially, like, there's just so many things that so many blessings that I enjoy, and probably a lot that I take for granted. 9. And, and yet, for some people, their lives are really, really hard, and it's just heart-breaking. 10. And that has challenged my faith, I suppose, in terms of thinking actually do I do I believe and trust that God is good, because he gives me good things? 11. Or because he simply is, and that his goodness, is not just based on these temporal or material blessings. 12. But it's based on something far, far greater, far deeper, far longer lasting, I suppose. 13. And so that that I think is has challenged my faith I think like, wow, you know, are you, are you still good God, when you are allowing just this terrible situation, you know, when people have suffered and so greatly.

Part 3

- **Reflections on my work with religious clients and my training**

Paragraph 1

1. So, I've never really thought about how my personal background it hinders, I suppose, just because I'm aware of how has helped. 2. But let me start talking, and we'll see if I can think of anything. 3. I think the way it's helped is that, that well in one sense, I think, my upbringing, sort of within our family and the church, I just had a great awareness of mental health issues and the need and the importance of addressing them. 4. My mum is actually a psychiatrist. 5. So, everything from I suppose our, you know, the way that our house was run with lots of different people coming and staying for periods of time through to, she was often the person at church, she people would sort of go and talk to, you know, when they wanted help. 6. My dad, he is an

architect by profession and, are both retired now, but he used to volunteer at Borstal at one of the young offenders' facilities. 7. And just things like my experience on Christmas Day, we always my sister and I always used to get taken round all the locked wards in the hospital to play our violins and sing carols to the to the people there. 8. So, I suppose it I just I grew up with an awareness of mental health needs and also, I suppose, not being afraid of them, maybe in a way not necessarily seeing people as other than me. 9. I suppose valuing, valuing people not based on that kind of competence and psychological robustness, but simply because they were in the image of God, you know, people who were made and loved by Lord. 10. So, I suppose that's given me fundamentally an appreciation and value for individuals, and I suppose probably a particular heart for those who are struggling. 11. You know, part of the reason why I love the job that I'm doing and why I wanted to do it was because I particularly saw a need within the church because I think historically that there, there was some views of, you know, you shouldn't be depressed because you've got so much to give thanks for and, or, you know, what, I suppose the ways in which, a kind of, theological perspective could then lead people away from feeling like they can really address these issues. 12. So, I think those are some other ways in which has helped my current practice.

Paragraph 2

1. Yes, I'm sure having a religious faith sensitizes me to religious clients. 2. So, even the fact that I will ask about it and assess, I suppose, because it's important to me. 3. Yes, I think it doesn't surprise me, ask me about it from that from the get go. 4. And I suppose also thinking about meaning of purpose beyond the immediate. 5. So, in one sense I can imagine, you know, I've always had an interest in existential theory, because it, kind of, rules on these bigger ideas of meaning and freedom and uncertainty and things like that. 6. But I see those as not necessarily things that you always need to work on it sometimes come with quite specific issues. 7. But that underlie kind of the building blocks for one's worldview and engagement with everything. 8. So, because those are concepts that I think about a lot. 9. Yeah, those are things that I think that sensitizes me, yeah.

Paragraph 3

1. I wouldn't say that someone who is not coming from a religious faith tradition would be inhibited in any way. 2. No, in that, you know, different people come to therapy for different reasons. 3. And there are some people who don't, you really aren't interested and don't want to think about those bigger things, you know, they would just like to be able to sleep better. 4. Thanks very much, or, you know, whatever it might be. 5. And so, I don't think that addressing those existential issues is always necessary or always wanted. 6. And I think probably people who aren't spiritual religious, nevertheless, might be deep thinking about these things. 7. So, even those who do want to think about these things, they may well be equipped, you know, in some way to do it.

Paragraph 4

1. So, my professional training, in one sense, it was a very anti-religious, pro-spiritual, but anti-religious, training content context. 2. I was the only Christian in my cohort, and, in fact, in any of the cohorts that have, above or below me, or throughout the time that I was there. 3. It was pretty left-wing, pretty kind of constructionist, and, and would questions sort of lots of things, lots of things now. 4. I think it... The difficulty was that I don't think, in one sense, I think spirituality was becoming increasingly trendy as a concept when I was training, and I remember us having some sort of seminars or workshops on spirituality and the potential value of it, and religion was pretty pooh-pooed. 5. And I don't think enough space or appreciation was given to some of the benefits of religious aspects. 6. Now, as I said, I, you know, I suppose I would, my faith goes beyond the kind of religious, religiously oriented aspects, but nonetheless, I think there is there, there is like, just the richness of tradition and things like that, that I think can be really beneficial. 7. So, it meant that I don't think I was equipped necessarily to work with religious clients, and weren't given specific tools for thinking, how can we, I suppose, really engage with someone's spiritual or religious beliefs.

Paragraph 5

1. I mean, that's actually, in some ways what I did my own research on. 2. But so, I suppose, in that sense, I felt like I was more equipped by the time I finished. 3. But that wasn't necessarily through teaching. 4. The ways in which it will really help, though, and this was one of the things that I loved about my training is that it did question everything. 5. And it just meant that, you know,

at the time, the thought of, for example, like bringing scripture into the counselling room, in one sense would have been, you know, you can't, you can't do that like that's imposing an idea from something external, and what if they don't agree with it? 6. Or what if their understanding is different from you know, there were just so many ways in which it was just presumed that that wouldn't be a no-go. 7. Yet, because the whole philosophy was like, let's, let's question everything. 8. So, whilst all these great leaders of these different therapeutic schools said: "Oh, you should never do this": actually, they then ended up, you know, doing that. 9. Or, you know, hold the frame and only see them for 50 minutes, and you then find out that they actually had that client live with them, or, you know, something like that. 10. I suppose it, in one sense, gave me the confidence to question the norms, like the expected norms.

Paragraph 6

1. And, indeed, my second piece of research was looking at dual relationships, specifically. 2. And I was interested in kind of dual relationships within a kind of church and therapeutic context, not that I knew I was going to be doing this job that I'm doing. 3. But sort of looked at dual relationships in military areas, and in sort of smaller communities within the homosexual community with, you know, just in different places where they might have therapists who are working in particular community, but also have other relationships with them. 4. And I suppose in that sense, it just gave me the freedom to be like, Okay, well, that's, it's alright to question it and it's okay to not necessarily go along with what is just presumed, would be the right thing to do. 5. So, in that sense, I kind of felt like I could then, I could risk being creative, and hopefully, you know, clinically responsible and reflective, but, you know, I could ask these questions and push these boundaries for the well-being of my clients.

Paragraph 7

1. I think what might benefit working with religious clients in training maybe in inviting occasionally lecturers or people to give workshops who actually believed those things themselves. 2. So, all the workshops that we had within this area, whilst they were great, they weren't run by people who actually had that, that own particular faith commitment, or whatever it might be. 3. So, it to a certain extent, it still felt a bit hypothetical, and there wasn't any model of someone who was willing to engage with these sorts of things themselves. 4. So, I think that I think probably yeah,

having open discussions about ways in which it can help or hinder and exploring that in a kind of genuinely open-minded way rather than kind of automatically resorting to a very clear distinction or delineation as to what can and can't be included within therapy. 5. Probably just supporting individuals who themselves had spiritual religious beliefs. 6. So, it was it felt pretty scary to hold, to be a Christian at times, you know. 7. I very much felt like goodness, I'm only one who thinks this particular way and it's very different how everyone else thinks. 8. And, I suppose, not that I would want things to be oriented around me, but just, I suppose, occasionally, to like to welcome that different perspective. 9. Perhaps even to celebrate it, at times, I think would, yeah, help and encourage people to be able to cope, I suppose, forge their own path within this. 10. Of course, with respect and empathy, both ways.

Paragraph 8

1. I suppose for me, having a supervisor who is able to support me and exploring these sorts of things is really important. 2. They don't have to themselves hold those views, but who will who are willing and able to, to do that. 3. I have different supervisors in different years, and the times when I had a supervisor with whom we could have that explicit conversation, and she would occasionally ask me, you know, does, you know, in terms of your faith perspective, how does that, how might you frame this, you know, or, you know, just, I suppose, invite that dialogue. 4. Again, I'm not quite sure whether that that would be something to set up with in training, but I suppose to, to maybe have just had the conversation about what could be supportive. 5. I love to train with people who weren't from my own faith perspective. 6. I love being challenged to think differently. 7. And so yeah, so I suppose I wouldn't advocate creating a bubble in which you can just be with like-minded people. 8. Yeah!

Appendix V: Narrative of Participant 7 Daisy

My experience of working with religious client: what helped and/or hindered my work, and what might benefit it

- **My personal and professional background**

❖ Personal background

Paragraph 1

1. I spent the first few years in a rural town in a Western-Europe in the countryside close to family. 2. Attended a Jesuit school there, which is pretty normal in this town. 3. Even people, I think, that are not practicing religion, will it will still be a part of their culture, you know, attending church, things like that. 4. When I was nine years old, we moved to the UK. 5. Two years later, back to Western Europe, back to the UK in boarding school. 6. So, from about eight or nine years old, I went from an environment that was really strictly Western European, no diversity... you know, growing up in a very specific Western European mindset, which is keep your head down, don't stand out, you know, be humble, you know, be nice to your neighbours and definitely don't cause any conflicts. 7. A little bit of a sense of any sort of issues gets swept under the rug. 8. And then moved to, you know, speaking no English moved to a really strong international environment in UK. 9. I went to an international school and suddenly was exposed to really, sort of, diverse groups of people from different countries from different backgrounds, different ethnicities, different cultures, which was a really an eye-opening experience.

Paragraph 2

1. I think growing up in Western Europe, religion was part of my background just because it's so ingrained into the school system into sort of smaller communities that you live in within family, practising all the religious holidays. 2. But because my parents were... my dad is a... he has as a very scientific brain, so very non-religious and I think my mom didn't care too much for it. 3. So, once we moved to the UK that was never... religion, practising religion even talking about it wasn't part of our, our environment.

Paragraph 3

1. My current belief system is a complicated one, I think, because I don't know how to say it. 2. I think on the one hand, I find a lot of comfort in knowing that things are random, that there is no higher power manoeuvring situations or creating destiny or things like karma. 3. I find very comforting that things around them that good things can happen to bad people and bad things can happen to good people. 4. It's not because there's a bigger plan, it just is what it is. 5. I find personally a lot of comfort in that. 6. But, then, on the other hand, I sometimes get very envious of people who are religious or have spiritual beliefs because it adds a different level of meaning, a different layer of meaning to life and understanding hardships or difficult situations. 7. Because the religious practices or spiritual things, they come with rituals, they come with community building. 8. On the one hand, I find comfort in non-religious beliefs and the more scientific understanding of the world. 9. I equally envy at times the meaning that religion can create. 10. That's it, I think, my current belief is a little bit of a battle between the two. 11. Because they're in such opposite sides of the spectrum and it's inherently a part of me to be scientific. 12. You know, there's a big, huge time in my life where I kind of thought religion was the world's biggest psychosis. 13. You know, and I prided myself on sort of seeing things rationally and clearly and just for what it is, but now there's that sense of, like longing for being part of a belief system or structure, that I'm not quite sure how that sometimes integrates with my current sense of self. 14. So, I'm considering my options.

Paragraph 4

1. In my understanding, I think religious beliefs are part of a larger, are part of larger religious institutions, have specific rules and traditions and rituals. 2. And it's quite important to abide by those, quote unquote, rules in order to be a member, an accepted member of that belief system or that institution. 3. Or spiritual beliefs are, in my understanding, a little bit more flexible, and there's no, there's no gatekeeper, no middle man. 4. So, if you look at Christianity, the priest often is the middle man, the one who helps you communicate with God, the one you go to confessions to, was in my experience. 5. In spiritual beliefs it's much more the direct connection the individual has with the powers to be or what they believe in.

Paragraph 5

1. Yeah, you can be religious and spiritual, absolutely and definitely... an overlap between the two. 2. I actually think my, my family's move, sort of against Christianity as time went on, is because there was less spiritual belief. 3. So, when, you know, my grandparents were quite religious until all the stories came out about the priest and what they were doing to kids. 4. And I think, because my grandparents were more traditional than spiritual, they lost their belief system. 5. You know, once institution lost its reputation, they lost their belief. 6. And I think if there was spiritual connection there, that may have been able to hold on to something.

Paragraph 6

1. I think there are scenarios in which somebody's faith (I'm going to call it faith) sort of encompassing both religious and spiritual aspects) that somebody's faith is a massive protective factor. 2. When really terrible things happen, or things that don't make sense, we know that, in order for us to process things, as human beings, we have to be able to give it a place, it has to make sense, you know, thinking in cases where trauma occurs, that's not been processed. 3. It's because it hasn't found its place, it doesn't make sense. 4. When clients come to therapy, the question they often ask is, 'Well, why me?' or, 'Why did this happen?' or, is the question of, 'Why does this person treat me this way?' or 'What was it that I did?' 5. You know, it's all around meaning making. 6. So, I think faith can provide very significant meaning needed to process difficult things in life.

Paragraph 7

1. Religion can also provide a structure, and a framework, and boundaries that some people really need in order to function day to day. 2. It can provide the sense of connection and community that we need for our mental health. 3. It can help with things like grieving. 4. You know, if we think there's a bigger plan, or it's God's wish, it helps us to, in some cases, can help with the grieving process. 5. The religious rituals related to, for example, things like, you know, funerals or, you know, if we look in the Jewish culture how their grieving process takes shape, because of the religion. 6. It allows, allows for things to process in a way that it's different thing when there's no faith.

Paragraph 8

1. But there's also been some examples, I think in, you know, especially in client work whereby certain religious beliefs have impacted people quite negatively, you know. 2. I've commonly heard of is a person in Israel, actually who I met a few years ago was doing their research on spiritual trauma. 3. You know, what happens when the institution or the belief system that was such a deep part of you, or when that relationship or that trust gets ruptured or shattered, you know, what does that do to one sense of self for how they, you know, their position in the world. 4. So, that's one aspect that is really important to consider.

Paragraph 9

1. For example, when a client comes to therapy, who... who came with... and he was a male in his 20s, and he, from Africa, and had concerns around intrusive thoughts he had about harming sexually harming young children. 2. And as the therapy went on, it turns out that the client had when he was younger, and growing up in Africa, and you know, involved with the local priest, and, and there were quite some heavy religious practices going on, the clients had a, what he calls a psychotic episode, in which he had a vision of himself sexually harming a child. 3. And he went to the local priest, and disclosed it. 4. And the priest, kind of said, he was possessed by the devil, you would never be able to get rid of this. 5. And, you know, some very powerful religious beliefs were sort of instilled in the client who was quite vulnerable at the time. 6. So fast forward a couple of years, the client actually didn't have any desire or intention to harm children, and he was so overtaken by this, you know, what the priest had said, because he took the priests word as God's word. 7. So that was a situation where I kind of realised that... was probably not helpful for the client or his mental health. 8. Because what happened over the years, he isolated himself, he didn't leave his house because he was too scared, he might do something.

❖ Professional background

Paragraph 10

1. Did my training at X. 2. First year we did existentialism, I believe second year psychodynamic, third year CBT, something like that. 3. I am also working psychodynamic and

existentially. 4. Not, not practising CBT so much. 5. I also trained but that was separately served alongside my trainings, I did mentalization based therapy, for sometimes.

Part 2

- **My work with religious clients**

Paragraph 1

1. I think what helps my work with religious clients is taking a phenomenological approach, both with clients of a different belief system or the same one to really ensure at all stages, I'm understanding where the client is coming from, and the meaning that they're giving to their belief systems or whatever it is. 2. And to ask a lot of phenomenological questions in order to make sure I'm not filtering what the client says through my own sort of cognitive and emotional processes, or my cultural knowledge or my own some sort of understanding of the world. 3. That's sort of a fundamental, basic therapy. 4. It is tricky sometimes, I think, when clients of a certain culture and a certain religious background, present with something that is outside of my sort of Western understanding of things.

Paragraph 2

1. So, I once had a client from the Middle East, who used sort of low-level physical aggression towards his children, as a way of socialising them, and as a way of sort of, not punishments, but as a way of parenting. 2. Now, I very much understood that in that culture in that religion that was very appropriate. And that's all that person knew. 3. But for me coming from the West and having different beliefs, I found really difficult to understand that's an acceptable form of parenting and how to bring it up with the clients in a way that's not offending their, their culture or their belief systems.

Paragraph 3

1. Those things, I think, in my practice, I've had to figure out how to manage them in those therapeutic relationships, because it's not, for example, something that got taught at my training institution. 2. There was no sort of practical advice, and how do you have these conversations with clients, or how do you bring these things up in a non-judgmental way and, you know, create an invitation for conversation rather than, you know, enforcing my own belief systems.

Paragraph 4

1. I think asking questions is helpful. 2. I think it's important to have some understanding of... the clients' whatever is their spiritual or religious belief system, whether there is some information about it, you know. 3. It's not the client's role to educate me in full. 4. But it is important to ask open questions where when I'm unsure about something, and then to come from a place of curiosity. 5. And that also helps me think about whatever feelings or thoughts I might have about the difference between the client and myself. Just thinking of some other examples.

Paragraph 5

1. I think what's been tricky in the past is, for me, personally, is if a client is making sense of something, or creating meaning around an event in their life, and they are coming from a religious perspective, so they're talking about God's Will or, you know, bigger plan or destiny. 2. I have found myself at times struggling to stay with that, especially when I was coming before from a place of, you know, things are random, and that for me, that's comforting. 3. You know, sometimes trying to find the right questions to ask or staying with the client's narrative. 4. And understanding that that's useful for the clients. 5. You know, I can't impose my own ways of processing on to the clients.

Paragraph 6

1. It's a little bit tricky sometimes. 2. I think it's, it's really important to be mindful of even things like cultural, what's the word? like courtesy! 3. And understanding, you know, maybe is religious but kind of culturally. 4. There might be a way that Westerners impose themselves or

ask questions or make statements that's appropriate to Western culture, but then might not necessarily be appropriate for other cultures? 5. Does that make sense? 6. That would definitely be more, more mindful, especially if there's a client of, of a religious background that I have little experience in or with.

Paragraph 7

1. I think definitely earlier on in when I started practising this was something that hindered my work with religious clients. 2. You know, as time goes on, and you meet lots of clients naturally build an understanding of different religious beliefs over time. 3. I think when I was very new, it definitely felt a little to be careful here don't want to say the wrong thing. 4. I don't want to offend anyone, which is fine to think that, you know, we don't want to do any harm. 5. But the more my mind was consumed with, 'I don't want to say the wrong thing', also took my attention away from, from listening and being there with the clients.

Paragraph 8

1. I would use their belief system or spirituality in my work with religious clients, but I wouldn't impose my belief systems onto the client or filter their experience through that. 2. But I would definitely, I'm very open to, you know, if clients are religious, and that's important to them, and that's a big aspect of who they are, how they relate to themselves, how they relate to other people. 3. I might use a line of questioning that includes that. 4. But at the end of the day, you know, it's our, it's our role as practitioners to be deeply, deeply curious about what it is like, you know. 5. Deeply curious about the person who's sitting in front of us, and what it's been like for them to be them and live their life and have their experiences, as much as possible to be curious about how they understand the world. 6. I would definitely stick with the clients narrative and language, if that's what they were bringing. I might also stay in, if it became quite apparent that religion was a, something the client brings regularly and was important to them.

Paragraph 9

1. I would also probably state that there are of different religious beliefs, and that I would invite the clients to raise with me at any point, if they felt I wasn't understanding them. 2. Because I

wouldn't have tried to give the client an impression that I'm going to understand everything they say, you know, we are coming from different lenses and different perspectives. 3. So, I would kind of, I think it's my responsibility as a practitioner to raise that when appropriate at the right time, and invite the clients to bring it up, if they ever feel that it hinders the therapeutic relationship. 4. Or if I'm not understanding something correctly.

Paragraph 10

1. I think my work with people who are religious caused me to question some things. 2. It's moved me from a place of, you know, everything is random and I'm a scientist. 3. So, really sitting with people and seeing how they process things and give meaning to you know, through religion and through spiritual belief. 4. And that's, kind of, made me question or I think is a started that sense of sort of envy, that I don't have that same ability.

Paragraph 11

1. I think working with religious clients has changed me. 2. I think it's, it's softened my, my position, you know. 3. I think if he asked me four years ago, before I qualified, I mean, I was, I was quite firm and strict about thinking rationally and scientifically. 4. And I don't mean to say that you know, having religious beliefs is irrational but yeah, would have been very firm on the fact that, you know, things are random and, you know, this is a way of life and it got softer over time.

Part 3

- **Reflection on my work with religious clients and my training**

Paragraph 1

1. I think overall, it's definitely life experience that has helped my work with religious clients, you know, moving to a hugely international environment from being very young, having that exposure to different cultures, you know, religions, people in general. 2. But then that was

definitely a really important part I think and helping me now work with people. 3. Working with clients over the years, you know, even before my, from my training work to social services for a while within what is a first primary school, clinical experience gave me, was really helpful in sort of navigating different situations with clients and, and understanding things from different perspectives. 4. And so, I think exposure on those, those sides, those two sides were the most helpful.

Paragraph 2

1. In terms of my, my training course, we had one module on difference and diversity, one term, and each three-hour lecture over the course of eight weeks or 12, weeks, whatever it was, was a different topic. 2. So, one would cover a sort of disabilities and other race and other, you know, religion, and, you know, working with clients understanding all these things are more than a three-hour lecture. 3. You know, it's, there was very little space, I think, to or very little opportunity for really our unconscious biases to be reflected on. 4. And, you know, at the end of the day, we are people who are, who have other people's mental health in our hands. 5. I find it looking back absolutely extraordinary that no further training was provided, and things like diversity in general, the diversity in general, but, you know, including things like religion. 6. And these things are experiential. 7. They're, they're not a lecture. 8. They can be, but it's about reflecting on our unconscious biases. 9. How do we bracket our own stuff? 10. How do we practically approach conversations with clients? 11. Do we point out or difference from the beginning or do we not? 12. You know, those basic things that are real skills in the counselling practice. 13. I had to learn it through doing it. 14. You know, that's always going to be an aspect of the experience. 15. But it worries me that large cohorts of students are qualifying with very little training on diversity.

Paragraph 3

1. Things like difference in diversity, including religion, is not an add-on. 2. It's not an add-on to this very, sort of white middle class, heterosexual lens that we've got going on in the counselling profession or psychology profession. 3. Most theories that we know have been developed by middle-aged white men who are heterosexual and have a certain socio-economic class. 4. So, these differences and diversity aspects are not an add-on we have to use difference and

diversity as the lens through which we see everything. 5. That's the shift, I think that needs to take place in training institutions, and things like the things in diversity including religion, it's not a tick boxing exercise. 6. Isn't 'yeah, we covered that in a three-hour lecture'. 7. You know, how are training institutions evaluating whether students are reflecting and incorporating knowledge that is not just the white, heterosexual and all of that but really incorporating the knowledge and understanding, educating themselves. 8. Now how are we assessing that? 9. You know, a 2000-word essay on difference in diversity what, whichever topic we choose isn't going to cut it. 10. Especially not when we are sending these people out to have placements in community organisations.

Appendix W: Narrative of Participant 8 Bella

My experience of working with religious clients: what has helped and/or hindered my work, and what might benefit it

- **My personal and professional background**

❖ Personal background

Paragraph 1

1. I was raised, born and raised in South East England. 2. I was christened with my younger brother when I was approximately four or five years old. 3. So, sort of very much a done to rather than a choice position. 4. That was something that my parents wanted my brother and I to experience, to have. 5. They're not religious themselves. I actually don't know if they've been christened. 6. Interestingly, now I'm thinking about it, I don't know their religion. 7. I mean, I know they're not, I know they're not particularly religious, but whether or not they were christened, I don't know. 8. But my brother and I were, and then we went to a Church of England school. 9. So, from as early as I can remember, there was weekly chapel, hymns, you know, Easters, Christmases, prayers in assembly. 10. But for me it didn't really translate out of the school environment. 11. So, I think for a very long time, religion and schooling almost sort of coincided, you know, I went to school, and then I also went to chapel. 12. But it was never something that my family practised actively. 13. I'm sitting here and I'm remembering I did have a children's Bible with lots of pictures, which I loved. 14. And, did I, did I pray as a child? 15. I remember speaking to the stars. 16. So, I'm not sure if that is a prayer when, when you're that young. 17. Or... All I knew is that I believed that when people died, they went and live with the stars, and as a young child, I would speak to the people that I had lost to the stars. 18. So, I do remember doing that. 19. But never, never anything particularly active.

Paragraph 2

1. But it feels we've always had sort of very traditional funerals in my family. 2. They've always been in churches. 3. I recently got married in a church. 4. And this is quite interesting as my husband, he is a Baptist. 5. And he, when we first met, he attended church quite regularly. 6. I

went occasionally, but never regularly. 7. I think, I think I always enjoyed the sermons I always enjoyed the hymns, but I always noticed an element of discomfort around the assumption that we were all horrible sinners and we should all repent. 8. And that was, I had as almost sort of visceral reactions in the church when that particular part of the service would come up. 9. I enjoyed what it symbolised for coming together, safety containment, the hymns, the sermon, sort of guidance around how to be but then the assumption that we had done wrong made me uncomfortable. 10. That part it still makes me uncomfortable.

Paragraph 3

1. My current belief system? 2. I believe that there is more than just our current planet and our current state of being. 3. I do not subscribe to an omniscient, omnibenevolent sort of one being that oversees everything that created everything. 4. So, I would probably tell myself as a little bit more spiritual. 5. I sort of believe a little bit more in essences and you go somewhere and you can pick up on if there's a good vibe or a bad vibe. 6. And, I don't think God, I don't think there's a God as such. 7. I don't think we all have a plan as such. 8. But I suppose the word karma is coming into my mind. 9. And that feels like something I could relate to just a little bit more. 10. Just sort of putting vibes in the universe. 11. Getting vibes back out of the universe. 12. But allowing evolution and science to do its thing. 13. But I think there is a lot that we do not know, that we can't explain, that felt sense. 14. And I think we all have it. 15. I just think we probably name it in different ways, be it God, or Allah, or Buddha or a different belief. 16. I think we can, all in. 17. We're all, sort of, in touch with something in that way. 18. It's just how we put a story to it, I think, differs.

Paragraph 4

1. Yes, yeah, there's some sort of transcendent reality definitely. 2. There's something more. 3. I just, I'm not articulate in what that more could be because I'm not working or believing in the boundaries of the Bible, or the teaching and the answers that they offer. 4. I suppose, I just question. 5. I think there's, I think there's more, I think, there's something that we can't explain. 6. I think we can pick up on senses that, yeah, but beyond.

Paragraph 5

1. I think there's an element of spirituality in all religious faiths, is what I'm inclined to say, particularly around death and dying. 2. And I, you know, I think, with religious faiths, I think they offer a beautiful guidance of maybe how to be a good person, or how to live your life in a meaningful way. 3. And I think we can all do with a compass every now and again, when we feel a little bit lost. 4. You know, what do I do? 5. How should you know that? 6. I think they doesn't have to be tied to a religion as such, and I don't think it needs to be encouraged through a position of fear. 7. If you do this, then this will happen. 8. But I think in terms of spirituality and religion, there is an element of it because it requires belief. 9. It requires that leap of faith, you know. 10. It requires believing that which you might not be able to tangibly see or feel all the time. 11. And particularly with death, there's this belief that you go somewhere with somebody to some place kind of with others. 12. Or, sometimes, actually, but now I'm thinking sort of reincarnation is. 13. But then your spirit lives on just through a different mode just sort of different. 14. So, I think they're, I think they're very intertwined. 15. But I align with the language of spirituality more than religion.

Paragraph 6

1. I love this question: Does religious faith have any bearing on mental health at all? 2. This is a big one. 3. And the first thing that I think about this, this may a bit of a side path, but I but I worked with psychosis for quite a long time, one of the clients said to me: "How come people are allowed to believe in God and yet, I'm not allowed to believe in a blue alien?" 4. And I just thought in that moment, "Wow! Yeah!" 5. You know, what a, what a question? 6. What a way of highlighting how certain beliefs are almost allowed, and how others can be kind of pathologized or seen as abnormal or not allowed. 7. And it was a really impactful moment for me kind of personally and professionally, because I didn't know what to say to him, because I honestly thought, "yeah, fair enough!" 8. You know, that's a it's a really valid point. 9. And equally, you know, that I worked with other clients who had real beliefs of being higher beings, you know, sort of Jesus or, you know, quite superior and had a very direct relationship with Jesus or thought that they were Jesus. 10. When I couldn't help but think in another community, they may have been sort of a Shaman, they may have been sort of the head of, of a collective group of people and I was working with them in a very medicalised environment.

Paragraph 7

1. So, I think religion and mental health, I think religion can have a bearing on mental health. 2. There's **so** many avenues to it because equally, I think, maybe for some people with their very distress, religion offers, I'm thinking of say depression, you know, the church community or religious community could be instrumental. 3. I worked with one client, and she said that she would just go and sit with her priest for comfort, for containment for knowing that God would guide her would look out for her. 4. So, she didn't feel alone. 5. She had this sense of somebody being there with her in her distress. 6. So, I think there are so many, I know there is so many facets.

Paragraph 8

1. And then equally, gosh, now I am like a bit of a roll now. 2. Now, I think my, another client comes to mind that, in some, you know, some ways religion, I think, can act as a catalyst for deteriorating mental health. 3. One of my clients is very young, she's a young woman, she's twenty, she spent time in London, and now they've had to go back to Egypt. 4. And she no longer subscribes to quite a traditional Muslim way of living that her parents do. 5. And so, she's now back in an environment where the religious beliefs of her household and her culture are impacting her ability to speak freely, to kind of dress how she wants, to sort of drink, to have certain opinions, to have certain conversations around sort of gay rights and gay marriage. 6. And it's weighing her down, mentally, and she, and she's almost feeling quite silenced, and quite low in mood. 7. And a lot of our conversations are sort of around that, because I'm very aware that geographically, there's not too much that can be done at the moment. 8. But how is she managing having gone from living in London to back living in Egypt and all of those tensions. 9. So, I think religion and mental health are huge, actually. 10. And I've never probably thought about it in that way but now I am. 11. I think it's a huge area. 12. I would say so, definitely that that some aspects of religious faith are really beneficial to people, but other things can in certain contexts be difficult. 13. It could be a hindrance or help, I think, depending on the individual circumstances and the context, or maybe the nature of the beliefs.

❖ Professional background

Paragraph 9

1. I trained at Z, which kind of by definition advocates quite an integrative way of working and part of that involves each trainee articulating their own integrative model. 2. And quite a lot of time for me was spent around looking at what goes into my model and, predominantly, for me, I work with, I work relationally. 3. And I would say, sort of existentially and the fundamental, I suppose, piece of that is that I believe that humans, we all need to connect, and we are all kind in the Heideggerian sense of being in the world. 4. You know, we are sort of thrown into this world, we are in the world with others. 5. And I look at the relationships that people have not just with themselves, but with loved ones, friends, family, their culture, their society, sort of the wider relational rings. 6. And then equally, some of the existential givens that we are that we all have, you know, some may be born with chronic illnesses, some may have some disabilities and how do we work within the parameters of those existence or kind of the being towards death and dying and mortality and the fact that we, we won't all live forever. 7. And so, for me, those pieces aligned through that relational lens. 8. And I hold that space.

Paragraph 10

1. My training was an integrative training, sort of by nature. 2. And so, we trained, we looked at psychodynamic we looked at existential, we look at CBT, CBT and the third wave, CBT approaches. 3. I think they were the they were the main three. 4. Yeah, I would say, Existential, Psychodynamic, and then sort of the CBT and Third Wave. 5. And then Humanistic would have come in there as well, at some point, as the foundation of the profession. 6. So, I would say those were the main, the main trainings.

• My work with religious clients

Paragraph 1

1. Let's start with what has helped. 2. I think what has helped has been leaning in to the intersubjective space with me and clients, and naming a process. 3. And that took a little while to learn, I think, because I think there are some times when we, when we practice or when we

qualify, and you think, Oh, you know, I should I know this? 4. Maybe I should have known that it was Ramadan coming up, or maybe I should have known that, you know, this religious culture doesn't eat this, or subscribe to this or do this. 5. And, I think when I first started working with religion, I just feel those little prickles of shame coming up, you know, all the not knowing, or I should know that. 6. And feeling quite uncomfortable when religion was brought into the room.

Paragraph 2

1. But I do ask about it with all client assessments. 2. So, I do ask every client, you know, if there is, you know, do they hold on to, you know, is there a religious belief? 3. Are they practising their spirituality? 4. And if they, they will answer for themselves, and then they also answer for their family, which I think is also quite interesting. 5. So, it might be, I don't, but my family do. 6. And so, I think, working with my own shame around the not knowing the ins and outs of every religious belief, culture was a big part. 7. And also tackling the fear of saying the wrong thing. 8. And I think that's a big one, I think it feels certain topics can almost feel like you're walking through a field of landmines, you know, you're doing your best, but you might put a step wrong, and you know, you might set one off and how bad would the damage be. 9. And I think, rather than trying to avoid the landmines I now always say "Well, I don't know that".

Paragraph 3

1. You know, I'm really aware that I'm sitting here and I'm sitting here from a perspective of being a white female with, you know, no strong religious affiliation either way. 2. So, help me understand what this is like for you; help me understand a little bit about the religious context that you're in. 3. And that has been incredibly helpful. 4. So, the naming of my not knowing and naming my process that actually I'm trying to understand, but, you know, arguably, you're the expert, this is part of your narrative and help, help me understand. 5. Because somebody's Christianity may be completely different to another person's experience of Christianity or Catholicism or Judaism, or almost that remembering the subjectivity of religious beliefs as well. 6. So, actually, I could never know, and that is very comforting.

Paragraph 4

1. But I don't think that's something that I was ever trained or taught to do. 2. I think, it actually came from one of my lecturers who would talk about race. 3. And, you know, in a similar tone, she said, you know, how do we approach, you know, as a black woman, she was saying, one of the best things that she finds you can do is know that you you'll probably make mistakes, know that you'll probably say the wrong thing. 4. But own the process to name the process. 5. To just say, I'm trying to find a way to ask this question that isn't particularly clumsy, but I'm not sure how to do it, or I don't really know much about this or how it could be impacting you. 6. And it was just a tiny nugget, as opposed to a piece of the training as such, and I sort of took the nugget and ran with it. 7. And I think that has really helped.

Paragraph 5

1. An example of my work with religious clients is, the young girl that I referred to earlier, who is now in, in Egypt, her parents are Muslim, and, she's sort of based in Cairo, and, you know, we had a very, sort of, to provide some background. 2. I don't know a whole lot about the Muslim religion. 3. It's never something that I've had particularly close contact with, you know, I probably know, very, very little, and I'm very aware of that. 4. And she went home, and she had to provide me with a bit of an education, you know, because she was sort of say, you know, I find it really hard when my parents expressed particular beliefs around, sort of homosexuality, and she identifies as bisexual, but her parents aren't able to know that. 5. And I suppose one part of my narrative was thinking, well, let's find a way to have this discussion. 6. You know, could there be a way, and she provided me with a little bit of an education around, actually, that probably would be quite unsafe for her where she currently was to have those discussions, or they wouldn't be heard, or they would bring shame upon the family.

Paragraph 6

1. And so, these things couldn't be said, and, you know, I had to say to her, you know, I don't know about this, you're gonna have to tell me, what is it? 2. What is it like for you to not be able to say those things, for you to identify in this way, but not feel that they can be discussed? 3. And, and what do we do from here, and it really felt like a levelling out of expertise and knowledge, because I almost felt like I couldn't do what's best for her kind of, practically, or clinically, or

therapeutically, without actually understanding the context that she was in. 4. She had to help me understand the context that she was in from that religious perspective. 5. I think Ramadan is coming up. 6. And she's telling me how she, her parents will be asking her if she fasting, is she praying, and she doesn't want to do any of these things. 7. But it's not possible for her to say to her parents, no, I'm not fasting. 8. So, she's already thinking about how she can lie. 9. You know how she can say, "Oh, I prayed with my colleagues at work, or I'm not fasting this week, because I'm on my period". 10. And apparently, it's an exemption when you're on your period, not too fast. 11. I had no idea about these things. 12. And I know that this is a process that I'll be helping her through, therapeutically, as best I can, while she provides me with the context from a religious perspective, almost. 13. So, it feels like a very much a being with scenario.

Paragraph 7

1. It's challenging, it's challenging for me and it's challenging on a few levels, I think sort of professionally, it's taking me to new layers. 2. It's provoking me to think about things in a different way. 3. I'm taking it to supervision. 4. You know, this, this is so difficult for her this poor, this poor young woman has had three or four years of being able to sort of live how she wants kind of express herself how she wants to feel embrace by London and all of its layers and colours and individuality and now she's gone back to Egypt and is always having to edit and senser herself. 5. Personally, that makes me feel really conflicted because I, you know, would love her to not feel that way and to be able to kind of almost be a little bit more truer to who she is and express herself, her she wants to. 6. But at the same time, it may not be possible for her in the current situation that she's in, it may not be safe for her to do that, where she currently is.

Paragraph 8

1. And so, I have to put my feelings aside maybe of being a little bit more towards the feminist position, and understanding that it's about working within the context that she's in, irrespective of how much I would like her to turn around and go, "well actually", you know, "I'm bisexual", and it's, it's okay, you know, that's, that's my narrative. 2. And I can't put that onto her, onto her family or on to the context that she's in. 3. So, it's challenging on sort of that professional, and that personal, and I definitely have taken up a lot of space in supervision going: "What do I do?" "What am I supposed, what am I supposed to do?" 4. She's kind of effectively stuck in Cairo, living in a

way that she no longer aligns with. 5. And she can't leave because of visas and COVID? 6. And what, what do I do? 7. And it's, you know, my supervisor said to me, "You've probably worked with clients before, that have felt trapped or stuck, yet what is it about the religious piece that is making it more alive?" 8. And I think it's probably the first time somebody's stuckness or trappedness has been so directly associated with a change in culture, and therefore a change in societal expectations deriving from a religious point.

Paragraph 9

1. Think religion is a layer. 2. I think religion is a layer that I'm aware of. 3. If somebody says, you know, they are religious, then I'm aware of it in terms of, you know, say there's a bereavement or a death, or a real strong family belief around alcohol or arranged marriage. 4. So, arranged marriage is another one that I've sort of worked with one of my clients whose parents want him to have an arranged marriage have been pushing for it for a long time. 5. And he's in, he's incredibly lonely. 6. And he longs for relational connection, but he does not want an arranged marriage. 7. So, it's important for me to be aware of the fact that that's a pressure that he has. 8. So, does it influence my work with clients? 9. It does, in the sense that it highlights another dimension of their being. 10. And so, I think it's important for me to be aware of it. 11. Similarly, if somebody says, you know, I'm, I'm really spiritual, or, you know, or I've lived in ten different countries in twelve years, and I don't really feel like I have a home, I think it all paints the picture of the client, so you can't ignore it. 12. I think it's important to inquire about it, because it's part of their fabric of being in some way.

Paragraph 10

1. I will bring religious faith into the therapeutic space in the context of, say, the two clients, that sort of the girl, the Muslim girl, you know, it's very much present in the room actively. 2. And it's very much there with the other client in terms of his loneliness, but acknowledging that he doesn't want an arranged marriage, because what does that mean to him? 3. You know, it means that he would have failed because he couldn't get that relational connection on his own and he sees his parents arranged marriage and how there's no love there. 4. And so, it's very much in the room and I will ask about it if I don't, if I don't know, or if somebody experiences a loss or miscarriage.

Paragraph 11

1. I had one client who had about five or six miscarriages and for her, it was incredibly important to believe that the babies that she had lost went somewhere. 2. It wasn't death, you know, they didn't die and that was it. 3. And so, I think in the context of things that are happening in an individual's life, I'll inquire about it because if I'm there going, "Oh, that's awful that this person has died", "And you must feel so sad". 4. Yet actually, they're believing that something really positive has happened in terms of their afterlife. 5. Then it would be a bit of a rupture, if I hadn't, but I've never brought my own religious perspective in. 6. And that's quite interesting. 7. When I talk about the intersubjective space, or admit I've never brought that in, I've never disclosed where I sit. 8. I don't know why. 9. Nobody's ever asked, and if I ever felt that it would be beneficial to the sessions for somebody to know. 10. I'm not sure. 11. That's a point for reflection. 12. Why has that been absent? 13. When?

Paragraph 12

1. I think my own belief system must influence my work with religious clients. 2. Yeah, I mean, definitely, definitely, I think it does. 3. I think even if you're not actively aware of it, you're in, you know, you're even just on the implicit. 4. How do you make sense of things? 5. Maybe your position around things, it definitely has. 6. I'm thinking, you know, if I held a particular religious strong point, would I hold particular beliefs around sort of pro-life or pro-choice, or sort of homosexuality, or, you know, women's rights, or, you know, even just marriage or gender roles? 7. You know, and I know that there is a lot of fluidity in a lot of religions, and some more, so than others. 8. But I think because I don't subscribe to any, well, I didn't know why I'm thinking about abortion, but I am. 9. So, I, I hold very much a pro-choice perspective. 10. I know that if, you know, one of my clients has an abortion, and she went through a lot of process around, should she, or shouldn't she? 11. And how she felt before and then afterwards, and part of her decision was because her mother is very much pro, was pro-life because of a religious belief. 12. And in that moment, I think, yeah, my belief system does influence the way that I practice, but it can't lead. 13. And I think that's a really important distinction. 14. You know, just as my systemic experiences, relational experiences, educational experiences, all kinds of influence who I am and how I practice. 15. I think you need to be aware of when they may be leading a narrative. 16. I think you need to be aware of when they may be leading a narrative. 17. And at that point, I

believe it's kind of your professional responsibility to just check in with yourself and think, ok, am I saying this because I feel like it's in the best interests of the client, or it's my own sort of personal position kind of seeping in? 18. And I need to just check in with it.

Paragraph 13

1. The religious faith position of religious clients has affected me. 2. I think with, with, with the young girl who's currently in Cairo, I feel very protective of her. 3. I feel very, like her situation is unfair. 4. I feel very much like I want her to come back over to London and say the things that she wants to say. 5. And I don't think it's fair that she can't express herself, how she wants to and she knows has to, you know, she's not allowed to drive, drive the car her father won't let her she now has to ask permission to leave the house. 6. She can't wear what she would like to wear. 7. And, yeah... I think it's unfair. 8. I feel quite angry about the situation that she's now found herself in. 9. And it does, it does make me defensive, but equally it's of no help me going to her "This is horrendous.", "This is completely ridiculous!" 10. You know, I can empathise. 11. But I don't want to add. 12. I don't want to catalyse. 13. But yeah, it does make me think, what is what is this like, you know, this is just not fair for her, especially when, you know, the dad is able to have multiple sexual relationships with women. 14. And, you know, nobody's allowed to question what he does, nobody's allowed to raise, you know, confront him or raise things to him. 15. And he's very much head of the household. 16. And what he says goes, and she's almost kind of been stripped of her individuality and expression to conform. 17. And she says, "I no longer fit in", "I have no friends anymore", "I don't subscribe to my family's position". 18. So, she's kind of alone and trapped. 19. And that does make me feel angry for her, that maybe if there was a little bit more tolerance, or a little bit more ability to have some open discussions that she might feel differently, and how many other people might feel that way as well. 20. So that's, it's been really interesting working with her from when she was within London to when where she's now in Cairo. 21. And I think, you know, it's been a really interesting process for the both of us.

Paragraph 14

1. I think I've learned a lot of lessons working with religious clients. 2. I feel like it has taught me to be curious and not be afraid to get things wrong, or ask, you know. 3. I might sound ignorant. 4. I might sound like I don't know, but that's the genuine truth of it. 5. And I would rather say, I

don't know, then have for five or six sessions pretending I do know, because, you know, over the long term, it's just not a good way to build a relationship with clients. 6. But I don't think I've experienced any kind of shift in terms of my own religious or kind of spiritual perspective, working with clients who do hold really like working religiously. 7. I feel more comfortable, I feel a bit more fluid, kind of a little bit more used to it. 8. But it hasn't shifted me in the sense that it's made me think about my own position, or kind of reconsider it.

- **Reflections on my work with religious clients and my training**

Paragraph 1

1. I think the training piece, those, feels where I want to start because there's so much emphasis on a module around, I remember, I think I had multiple modules on sort of inclusion and diversity, and how to talk about race and ethnicity. 2. And, you know, religion was sort of part of that, but not massively, actually. 3. It was more around with sexuality, and gender, and identity, and race, and ethnicity, and these big things. 4. And religion really didn't get much of a look in actually, when aligned with all of those other, all those other pieces. 5. And I think whilst a module may have been helpful, I think what's more helpful is just having discussions around it, having a space and I think that's, that's what feels difficult.

Paragraph 2

1. I think to learn about things about how to approach religion, how to talk about religion, you need a space where you can be clumsy about it to start off with. 2. I feel like you need a space where you can potentially use the wrong terminology, or say something that might offend somebody just through some ignorance, but you need you need to work through it first. 3. I think it would have been really helpful, even in a training scenario, you know, when training for somebody to say, "What would you do in this scenario?" 4. And to be confronted with the "I don't know", but then work through it in a space where you could make mistakes, or you could, you know, really highlight your ignorance, but it was safe and contained.

Paragraph 3

1. And I don't think I personally didn't have that, and I don't know, other colleagues who have trained in other institutions, they haven't had that. 2. And I think [REDACTED] is really good at providing spaces across the whole. 3. It's, it's, I have to commend it, but with religion, it didn't. 4. And I'm wondering, does it just feel like a dangerous topic because it is always the forgotten topic. 5. I feel like it's more of a forgotten topic than a dangerous topic. 6. I feel like the hot topics are more gender, race, ethnicity, the minorities, and I feel like religion just gets a bit lost, maybe because you can't physically see it, maybe because it's not, oh wait, I mean, sometimes you can you see, symbols, dress of religion. 7. I feel like it gets forgotten, is where I'm landing on. 8. I think like it gets forgotten.

Paragraph 4

1. I think what might have benefitted working with religious clients in training, would have been naming it. 2. I think bringing it out, sort of dusting it down. 3. And even if it would just be each trainee being encouraged to reflect on their own religious or spirituality. 4. And even just how you said to me, how does that influence my practice is the first time anybody has ever asked me that, in particularly with regards to religion. 5. We're encouraged to think about relational processes, or education, or trauma. 6. And maybe for some people, religion is an easier or a more accessible route, you know, that, for me, it's, it gets a bit blurred, it doesn't really have a central seat. 7. But that doesn't mean that it's not important. 8. So, I think more needs to be done in terms of encouraging people to reflect on that particular aspect of their life if it isn't quite loud. 9. To begin with, and I think the way to do that is through, maybe like a kind of a group processesque, for it, but with a little bit of containment and direction, because what you wouldn't want is for that space to start to feel kind of punitive or critical. 10. Because if it does, people are just going to retreat from the topic. 11. So, I think I would have enjoyed some gentle encouragement and containment around my own position, how that impacts my practice, and then how to approach it with clients rather than just: "Are you religious, are you spiritual?" 12. Something a little bit more appropriate.

Paragraph 5

1. I think my own personal experience of religion has added a touch of familiarity in some way. 2. I think it's added a sense of their religious faith and I'm not completely in the dark. 3. I suppose

it's a point of contact. 4. It may not be the strongest. 5. It may not be, you know, that I subscribe to it the most. 6. But I you know, I think it may be just a point of "Oh, yes, Okay, you have a religious ceremony for this". 7. That reminds me of when I had to do something for the school harvest or midnight mass or Christmas Eve. 8. I think it offers a point of, you know, context and going to symbols of religious worship at church or synagogue or mosque, whatever it might be. 9. I'm familiar with the Christian version of both spaces. 10. And because of that, I think it offers a slight touch of connection, as opposed to if I was completely atheist and didn't, wasn't open to hearing it or didn't want to hear it. 11. It's I think, I think it, I think there's an element of openness and acceptance.

Paragraph 6

1. It shouldn't make any difference that people have no personal experience of religion or are not believers themselves, is my instant response. 2. You know, you would you would hope that if somebody is working kind of, therapeutically with a client, they're able to tolerate differences in beliefs. 3. But I think maybe implicitly, it might, you know. 4. Even if it's, somebody says, "Oh, you know, God, you know, this is what God wants for me". 5. You know, that, you know, somebody who doesn't have a religious background may not attend to it as much, I mean, but I wouldn't believe that necessarily, either. 6. I think it shouldn't, is where I want to go. 7. But yeah, it might I think it probably implicitly would enter the room in some way. 8. Would that be detrimental? 9. I think it all depends on the practitioner. 10. You're allowed to be different from your clients. 11. You're supposed to be different from your clients, but I think it's how you work with and tolerate the different. 12. It's different, it's not right versus wrong. 13. And that's feels important.

Paragraph 7

1. Yeah, it shouldn't negatively affect your work with religious clients, but it may do. 2. I would say is that implicit piece again, isn't it? 3. It's the what is going on that we meet beneath the awareness? 4. You know, are we not exploring an avenue further, because we don't align with it as much. 5. Are we moving away from topics? 6. Are we kind of cutting them short, so we not inquiring? 7. We may not be doing that intentionally. 8. It may just be that we don't have that

curiosity of that avenue, because of our own positions. 9. So, I think in those sorts of ways, it might influence.

Appendix X: Narrative of Participant 9 Emma

My experience of working with religious clients: what has helped and/or hindered my work, and what might benefit it

- **My personal and professional background**

❖ Personal background

Paragraph 1

1. My personal background probably was not traditionally religious. 2. My parents, I don't know at all, whether or not they were religious. 3. But my grandmother and her sister (they live together) especially her sister, my grandmother's sister was quite religious, Lutheran Christian. 4. And so, we had to go to church, and we prayed, and my grandmother always seemed that she didn't really take it very seriously. 5. She did it because her older sister did it. 6. But so that was a presence in my life.

Paragraph 2

1. But I'm actually, one of my father's girlfriends, she was very spiritual, and she would have defined her (and she died), but she would have defined herself more as a Buddhist. 2. And I took a lot from her. 3. And, unfortunately, she died when I was about fourteen. 4. And it was very upsetting for me, and I fell in protest, because I felt that she was such a good person, and she lived life so well and she did everything right. 5. And I didn't understand why she needed to die and there were so many more awful people. 6. So, I turned my back a bit on her spirituality, but then I came back to it later. 7. So, I feel it's a, so I think that has always been quite influential in my life.

Paragraph 3

1. In terms of the more traditional Christian upbringing, I did. 2. I was christened and I did have the confirmation when I was thirteen-fourteen, but was more in boarding school, and my friends did it and we sort of, well, it was a fun thing to do. 3. It didn't feel because we were so religious, that we did it.

Paragraph 4

1. And then later on in life, I didn't feel. 2. I think that what was interesting for me, studying existentially, which isn't very religious at all, and assumes personal responsibility and sort of negates the notion of believing, you know, in an outside power, it was interesting, because it didn't come natural to me. 3. So, I like to, I tend to like doing what makes me feel uncomfortable. 4. So, when I was training, I think I would have naturally gravitated towards more psychodynamic practice. 5. So, I thought, I'm not going to do it, I'm going to do what feels very foreign to me, the existential, but actually, I've really come to like it. 6. And I see parallels to Buddhist teaching and actually one of my students, he, he's becoming a Buddhist monk. 7. And, so he draws a lot of parallels in, very interesting.

Paragraph 5

1. And I think in in my life now, my partner is Jewish, but doesn't believe. 2. But that brought up a lot of stuff for me, and obviously being German, a lot of guilt. 3. And going to Israel, was the first time, was very, very interesting. 4. I was very scared and I thought I was going to get kicked out the country just for being German until I understood. 5. I understood that actually, Israelis like Germans. 6. They don't equate Germans with Nazis. 7. And I went to the Wailing Wall. 8. And I remember being very, it was very emotional for me, very. 9. I was crying. 10. It was very hard. 11. And I've always had a big affinity to Judaism. 12. I don't know if that's part of my German guilt, or because we've been taught so much about it in school.

Paragraph 6

1. But I've always lived in a quite Jewish area here in [REDACTED], and I've been around, like friends of mine are Jewish and I've had several Orthodox Jewish clients, and one coming specifically from Israel. 2. So, I feel like it was very interesting when I met my partner, who's from Israel, and I was like "Ah, that seems..." you know, and I was so interested in learning about the religion a bit more you know, and I was so interested in learning about the religion a bit more. 3. And he doesn't know very much and his mother who grew up in Israel, she also doesn't. 4. So, but they've tried to do some of the more typical things when I was there. 5. I went to synagogue with a friend of mine before, but yeah, so, I think more as an observer. 6. I find it interesting.

Paragraph 7

1. So, I think today, I would probably to make it easy to define myself as an agnostic. 2. So, I don't, I don't not believe but I'm not really religious. 3. I've always really disliked the notion of

being a follower of something and somebody telling me what I need to do in order to be accepted into something. 3. And so, I think the notion of Buddhism really resonates with me, because it feels like it's about me building up something from inside of me, and wanting to be a better person. 4. But I do believe in some sort of, I don't know if it's right to say like higher power, but I believe that there's some sort of purpose. 5. But I am aware that existentially, I might be just trying to give myself meaning, but I'm fine with it.

Paragraph 8

1. I don't think there is a difference between being religious and being spiritual. 2. I mean, you know, I look at it maybe more from the outside, so maybe somebody who's religious would tell me otherwise. 3. But the way I have seen religious clients, or religious friends, it seemed very much the desire to be part of something, and to belong to something and to work together towards a greater good, ideally, and also to have something or someone to believe in to give their life meaning and purpose.

Paragraph 9

1. I think religious faith can have a bearing on mental health in different ways. 2. It can have a negative effect, but I wouldn't discount religious faith from having a positive effect. 3. I don't know. 3. I think it's, I think certainly the sense of meaning can have a fantastically positive impact. 4. Keeping, revolving one's life around something that gives them purpose that makes him get up in the morning doesn't make them feel isolated. 5. And I think is very possible.

❖ Professional background

Paragraph 10

1. So, I was trained at X's when it was still predominantly existential, but because we were trained as Counselling Psychologists, we obviously have to be trained in a variety of modalities in order to be able to work integratively. 2. But so, the underlying theme would have been Existential, Phenomenological, I think. 3. And then we learned about CBT; we learned very little about CBT, and we learned quite a bit more about Psychodynamic practices. 4. And not as critically as I would see it at Y, and Y, it seems to be very much always coming from a critical standpoint, and with the, and with that, you had better be Existential, whereas I didn't experience that at X's. 5. I was trained by people who work Psychodynamically. 6. And so, and then, you know, we got a little introduction to Systemic, into Rational Emotive Behaviour

Therapy, but different kinds. 7. And I would say so because I'm a Counselling Psychologist, I would have to say I work integratively. 8. But I work predominantly from an Existential standpoint. And I also do EMDR, but not as often.

- **My work with religious clients**

Paragraph 1

1. I have had a number of clients from different faith traditions. 2. I think what's helped my work with religious clients is that, I'm actually in it. 3. For me, it's helped that I'm not married to one religion and I'm curious and open about wanting to know. 3. So, I think I was always, I am always very open minded about what religion, their religion means to them and in a very non-judgmental way, and really wanting to understand.

Paragraph 2

1. I think what's definitely helped my clients is that I am not part of their community; they might be worried that word goes out and they might feel judged if they stayed within the community. 2. With me, they are not worried and are free to talk openly. 3. I think that some clients have sought me out because of that. 4. But I think what's also helped me that, that over the years I've actually learned quite a bit about the different practices what, you know, one does when and so I feel relatively familiar with typical things and so it helps me to understand.

Paragraph 3

1. I don't want to say nothing has hindered my work with religious client, because I think that would feel like I am not aware of my pitfalls. 2. I might think maybe, if something would feel too constricting. 3. And I could sometimes feel myself thinking, you know, "Why is it so important?" 4. Maybe not being understanding enough? 5. I mean, I think I am, but, you know, I think it may be then sometimes a lack of being able to see the importance of belonging to one group. 6. And I could sometimes feel myself thinking, you know, "Why is it so important?" 7. "Ah! Why is religion so important?" 8. "Ah! Or, why is it so important to me?" 9. So maybe...hmm... the fact that I don't identify as belonging to a religious group that might... might make me less able to see the importance of what it means for somebody to belong.

Paragraph 4

1. No, I don't think my work with religious clients differs in any way from my work with non-religious clients. 2. I think, you know, I think therapy is different with each client, because they're different personalities. 3. But I think the fact that some of them are religious, doesn't need to make it different, because I would take it just one of the things that come up in therapy, and then I work with what, what is being brought in, but I don't assign maybe more meaning to it than other things.

Paragraph 5

1. I think I use both my own background and their religious background. 2. Sometimes it helps that I can, I feel my way into... in wanting to... you know, believe in something bigger than me, and, you know, to certain extent, believing in something bigger than me. 3. I think if I had no understanding of it, or no kind of desire to do the same, then it would maybe be harder for me to put myself in their shoes. 4. And sometimes if I don't understand something, I will ask: "What does it mean for you?"; and, "In what way is significant?". 5. And sometimes I will refer back to it. 6. And comes up in a significant way. 7. So, yeah, I do draw on my clients' religious faith traditions in my work with religious clients.

Paragraph 6

1. My work with one particular religious client really touched me that she, a religious client, was so, she was so serious about who she wants to be. 2. I felt very inspired by another religious client, but not because of her, her belief system, but about how brave she is in questioning probably. 3. I think she touches me as a person, but not because of her religion, but because of her ability to question it, and forging your own path. 4. It hasn't changed me in any way working with religious client though, not really, no.

• Reflections on my work with religious clients and my training

Paragraph 1

1. Well, I think, definitely my training has helped me, even though it's not based in religion at all, quite the opposite. 2. But I've found that still the approach to it, I found that helpful, because I don't, I'm not seeing anything through one specific lens size. 3. I feel it's made me more open. 4. And maybe my desire to believe in something personally has helped me to have greater

understanding for those for those who do believe in something today, but I don't think my initial training prepared me for working with religious clients, no it didn't.

Paragraph 2

1. I think in terms of training, it was never even spoken about what's one would do with a very religious client. 2. Because, and I know this is not a client, but I've got a friend, who I've known since I was a child, and she, in adult life, became very religious, and then cut off everybody out of her life who wasn't religious. 3. And, and I was one of the last ones remaining, because she said that we have similar values, even though I didn't believe, but then she kept me out as well. 4. And I find... I found that very troubling that, you know, for me religion, and my thought is meant to be something good. 5. And something to help me lead a better life and be a better person. 6. And I, but I really like about those religious leaders, you know, I read about who welcome debates, who are not scared of talking about uncomfortable things. 7. I think that's inspirational.

Paragraph 3

1. I don't have I think I would have liked to have more background in working with people who were really going into one thing but not wanting to be contradicted. 2. And because it's, I don't know, my assumption, maybe their foundation is too rocky, so they don't want to hear anything else.

Paragraph 4

1. And I think, you know, the times that we live in now, where there's so little debate between opposing anything, and I think it would have been very helpful to have a bit of foundation and how to facilitate conversation between two opposing groups. 2. And not even opposing but believing and unbelieving, for example, I know plenty of people who wouldn't work with religious clients. 3. And I know people who wouldn't see a therapist who is religious, and in fact, I mean, it's, you, you see how some therapists are really taken aback by certain things that would maybe interfere with their beliefs, which I find very troubling.

Paragraph 5

1. I think it would have been useful in my initial training to have had some introduction to these matters, well at least some debate about it. 2. That this is something that can happen. 3. But either side: "What if you are religious therapist?"; "What if you're not a religious therapist, but then you get a religious client?" 4. But if you are religious therapists and you've got a, you get a

client who's just went through an abortion and you know, stole from somebody or you know, "How do you suspend your own belief system?" 5. Or, on the other side, "How do you suspend your own disbelief system and allow yourself to be part of their world?"