

Wilfrid Laurier University

Scholars Commons @ Laurier

---

Theses and Dissertations (Comprehensive)

---

2021

## Exploring Spiritually Integrated Psychotherapy In Clinical Practice

Tim Rieck  
tr33@tmw.com

Follow this and additional works at: <https://scholars.wlu.ca/etd>



Part of the [Clinical Psychology Commons](#), [Counseling Commons](#), [Counseling Psychology Commons](#), and the [Practical Theology Commons](#)

---

### Recommended Citation

Rieck, Tim, "Exploring Spiritually Integrated Psychotherapy In Clinical Practice" (2021). *Theses and Dissertations (Comprehensive)*. 2356.  
<https://scholars.wlu.ca/etd/2356>

This Dissertation is brought to you for free and open access by Scholars Commons @ Laurier. It has been accepted for inclusion in Theses and Dissertations (Comprehensive) by an authorized administrator of Scholars Commons @ Laurier. For more information, please contact [scholarscommons@wlu.ca](mailto:scholarscommons@wlu.ca).

EXPLORING SPIRITUALLY INTEGRATED PSYCHOTHERAPY IN CLINICAL  
PRACTICE

By

Timothy William Rieck

M.A. Theology: Spiritual Care and Psychotherapy

Martin Luther University College 2012

DISSERTATION

Submitted to Martin Luther University College

In partial fulfillment of the requirements for

Doctoral Degree

Wilfrid Laurier University

2020

©Timothy William Rieck, 2020

## ABSTRACT

*Key Words:* religion, spirituality, sacred, intervention, spiritual intervention, soul

Over the past twenty years, spirituality and religion have gained increased attention in the field of psychotherapy. In the research of psychotherapy, psychology, and social work, there is recognition that spirituality and religion can contribute to positive outcomes when people are faced with various challenges and distresses in life.

The main challenges are tied into determining how to move the research beyond the fact that spirituality has importance in psychotherapy to exploring how spirituality is integrated in psychotherapy. There are numerous questions to explore regarding the application of spirituality into psychotherapy. What is a spiritual intervention and how is it integrated into a theory of psychotherapy? How can a therapist use spirituality as a resource in therapy? Can any therapist, regardless of his/her personal beliefs and values, integrate spirituality into his/her clinical practice? Does a therapist's perceptions and definition of spirituality determine his/her hesitancy to incorporate spirituality into therapy? These questions led me to the following research question: What is a therapist's experience of integrating spirituality in the context of a client's cognitive, emotional, or behavioural challenges and distresses in life?

This qualitative, phenomenological study investigates the meaning and essence of fifteen therapists' experiences of integrating spirituality into psychotherapy.

This research takes place in a Canadian context where statistically, the demographic landscape reflects a spirituality that is moving towards a non-theistic perspective rather than a theistic-orientated worldview. Statistically, the Canadian landscape is less on common religious

worldviews with more of an emphasis on spirituality. The Pew Research Center's (2019) most recent survey in Canada, conducted in 2018, suggested a declining share of Canadians identify as Christian while an increasing share say they have no religion. The Angus Reid Institute (2017) identified the non-believers at 19% of the total population; spiritually uncertain 30%; the privately faithful 30% and 21% religiously committed. Secondly, in the Canadian context, the term spiritual care is associated with psychotherapy more so than the term pastoral counseling.

The data analysis is guided by a phenomenological, heuristic method, which will explore the lived experiences of therapists who practice a spiritually integrated approach to psychotherapy. The implications for practice will be addressed.

## Table of Contents

Chapter I: Introduction	1
Aim of Study	5
Chapter II: Literature Review	6
Definitions: Religion, Spirituality, and Sacred	6
The Terms Religious and Sacred.	7
The Terms Spirituality and Sacred.	12
Spiritually Integrated Approaches to Psychotherapy	19
The Historical Context.	19
Theory.	20
Reservations to integration.	21
Interventions.	23
Integration.	23
Summary.	35
Chapter III: Methodology	38
Purpose Statement	40
Research Questions	40
Central Question.	40
Interview Questions.	40
Research Design	41
Data Collection Procedure.	42
Data Analysis.	45
Summary.	46
Chapter IV: Findings	48
Spiritual Experiences	49
Participants' Stuckness	59
Opening Up Space—Connection to Self and Therapist	63
Spirituality and Mental Health Challenges	75
Summary	81
Chapter V: Discussion	85
Introduction	85
Definitions and Perspectives	86
Summary	94

Spiritually Integrated Approaches and Perspectives	99
General Observations.	99
Common Factor—Client/Therapist Alliance.	101
Common Factor—Phenomena and Expectation.	105
Spirituality and Models of Change.	107
Models of Change—Traditional Participants.	107
Models of Change—Non-Traditional.	110
Models of Change—Contemporary Participants.	114
Conclusion	117
Chapter VI: Conclusion	123
Limitations of the Study	127
Recommendations for Future Research	127
Chapter VII: Theological Reflection	130
The Narrative – Opening Up Space	131
The Analysis – Opening Up Space	134
The Meaning – Opening Up Space	136
The Enactment – Opening Up Space	142
References	144
Appendix A: Figure 1	155
Appendix B: Figure 2	156
Appendix C: Consent Form	157
Appendix D: Information Letter	160
Appendix E: Poster	162

## Chapter I: Introduction

Throughout my life, my passion has always been to care for people. In the pursuit of that passion, I had a desire to understand my own religious and spiritual journey. I recognized that my beliefs and action within my faith allowed me to overcome a low self-esteem, insecurities, and lack of confidence; I felt emotionally crippled. It was a spiritual revelation to recognize that if the God of this universe could love me, there is no reason I cannot love myself. The foundation of my trust, hope, confidence, and belief was rooted in my spiritual experiences of God's love and acceptance. It's a simple concept, but profound and reframed how I saw myself. To this day, that truth resonates every time I sit in front of a person who comes in for therapy that through our interactions, they feel safe and understood in a room filled with hope, compassion, care, and acceptance. I believe within that kind of environment, a person can explore the inner terrain of how they see and understand themselves. Within their presenting challenges, engaging their religion, spirituality, or meaning-making experiences in such a way they can gain new understandings of themselves and become equipped with skills to handle life's challenges.

My college education consisted of theological training at Winnipeg Bible College and Theological Seminary which is now called Providence College (B.Th.) and Seminary in Winnipeg, Manitoba (M.Div.) and Denver Seminary (M.A.) Denver, Colorado. Over the years, I moved away from pastoral care and moved into the field of counselling. I missed and longed to contribute to the well-being of others (but not in a pastoral context) so I pursued graduate studies at the Waterloo Lutheran Seminary which is now Martin Luther College and University in psychotherapy and spiritual care. My practicums and supervision were from two agencies: Inter-Faith Pastoral Counselling and the School of Family Medicine. Upon graduating with an M.A. in psychotherapy and spiritual care, I opened up a part-time therapy practice in Waterloo, Ontario.

It has been and continues to be one of the most rewarding experiences of my life. It was through my private practice that churches would refer some of their church attendees for therapy since I was identified as a Christian psychotherapist because of my training and background in theology. I wondered what they were expecting that would be different than a “secular” psychotherapist. I came to realize that in the field of spirituality and psychotherapy, there was no clear unified approach in the integration of spirituality in psychotherapy. Is there something unique and separate that would distinguish “spiritual” and “secular” psychotherapy in practice? Is there a difference and how does spirituality fit in psychotherapy? What does a spiritually integrated approach look like in clinical practice? How do therapists who identify themselves as having a spiritually-oriented approach to psychotherapy integrate spirituality into their practice? It had become clear to me that there was an existing gap of practical guidelines and uniform approaches when it came to implementing spirituality into the practice of psychotherapy.

In the past two decades, the definitions and application of the words “spiritual”, “sacred”, and “religious” have gained greater prominence in the research and practice of psychotherapy. Researchers in psychotherapy, psychology, and social work acknowledged that one’s spiritual and religious beliefs have contributed to positive outcomes when they are faced with various challenges and distresses in life (Arczynski, Morrow, & Englar-Carlson, 2016; Shaw, Bayne, & Lorelle, 2012; Meakes & O’Connor, 2013; Pargament, 2007; Plante, 2007; Saunders, Miller & Bright, 2010; Shealy & Qijuan, 2014). Pargament, Lomax, McGee, and Fang (2014) suggested that “sacred experiences can serve as a vital resource of purposeful living, feeling connected with a larger community, and a sense of continuity bridging the past, present, and future” (p. 249). Additional studies have shown that there is a positive association between spiritual and religious beliefs and mental health care outcomes (Meakes & O’Connor, 2013; Pargament, 2017;

Saunders et al., 2010; Shealy & Qijuan, 2014). Further, Mayhew (2004) reaffirms that one's spirituality is a resource that strengthens and assists clients in living life more purposefully.

Researchers acknowledged that those practicing psychotherapy and those training to be psychotherapists need to include a spiritually oriented approach to treatment (Shaw et al., 2012; Bright & Miller, 2010; Brown, 2016). Plante (2007) suggests, "after many decades of neglect and indifference, professional psychology has rediscovered the benefits of spirituality and has become more mindful, respectful, and thoughtful about integrating spirituality into professional clinical practice" (p. 276). Similarly, Pargament (2007), a significant and prolific writer in the field of spiritually integrated psychotherapy, advocates for an approach to psychotherapy that integrates spirituality into clinical practice, not however suggested there is not a "unified field theory" in understanding how spirituality can be applied in the clinical treatment of clients (p. 4). Over the past decade, various academic books and articles have been written on spirituality. Spirituality and psychotherapy have been explored, as Jones (2019) suggested within the various disciplines of psychology, sociology, health, the arts, and social change (Jones, 2019), with many just on the topic of spirituality and psychotherapy.

In the research on integrating psychotherapy and spirituality are multiple definitions and interpretations of the words "spiritual", "sacred", and "religious" (Brown, 2016; Meakes & Connor, 2013; Pargament, 2007), which suggests that it could create challenges for the therapist to know how to apply spirituality in the psychotherapeutic treatment of clients. Those constructs are "reflected in our definitions of reality" (Brown, 2016, p. 187). Depending on how those constructs are defined and understood will determine how therapists would interpret approach assessment and engage a client in treatment.

In the published literature, the words “sacred” and “spiritual” are used interchangeably but seldom applied to “religion”. What does “religious” mean? Why is it not interchangeable with the terms “spiritual” or “sacred”? Is one who practices the sacred different than one who identifies themselves as spiritual or religious? Are religious experiences different than sacred and spiritual experiences? Many religions such as Catholicism have its historic roots in spirituality and its followers would identify themselves as both religious and spiritual. Again, the definitions of these terms raise questions. Are all religious persons spiritual as well? Are all people “spiritual” and express their “spirituality” through “sacred” experiences?

Pargament (1997), in his initial research, defined religion in the broader sense to include “both institutional religious expressions and personal religious expression, such as feelings of spirituality, beliefs about the sacred and religious practice” (p. 4). In the same research, he used the words “spirituality” and “religion” interchangeably. However, in his later research, he broadens the definition of “spirituality” to include the word “sacred”, but the term “religious” is never interchanged with “sacred” or “spiritual” but makes no reference as to why (Pargament, 2007).

Thomas Moore (2014) suggests that being religious can have meaningful experiences that are sacred or spiritual. In the context of his definition of life, all of life is sacred (p. 7). He advocates that one’s life is the total expression of self and trying to understand how to live well suggests that all life is spiritual.

In an effort to explore “spirituality”, O’Connor (2013) suggesting the fundamental meaning of “psychotherapy” in its broadest etymological sense originating from the Greek word “to heal” or “heal the soul”. Psychotherapy is a spiritual practice that includes helping a client “heal their soul” by drawing on their understanding of self, their values, and their “spiritual”,

“religious”, or “sacred” experiences. This leads to further questions. For example, are people with no spiritual or religious beliefs looking to live a meaningful life by drawing on their own inner resources to handle life’s challenges?

In psychotherapy, the understanding and meaning of the words “spiritual”, “sacred”, and “religious” will impact and define a therapist’s assessment and interventions in treating clients. As a result, there are various ways to understand these terms which many psychotherapists are unaware and/or uncomfortable to address a client’s “religious”, “sacred”, and “spiritual” experiences.

By becoming better informed of the definitions of “spiritual”, “sacred”, and “religious”, will therapists be able to better explore therapy from a spiritually integrative perspective? Secondly, how can a therapist access a client’s “religious”, “spiritual”, or “sacred” experiences to assist them in the therapeutic treatment? Thirdly, is it possible to develop a unified approach to a spiritually integrated approach to psychotherapy?

### **Aim of Study**

The following question is to be explored in this research paper: What is a therapist’s experience of addressing spirituality in the context of a client’s cognitive, emotional, or behavioural challenges and distresses in life?

## Chapter II: Literature Review

The purpose of the literature review is to identify the literature on the practice of a spiritually integrated approach to psychotherapy in a clinical practice. Is there value in discussing a client's spirituality in psychotherapy? Is spirituality important in a client's way of living? What is a therapist's understanding of the term "religious", "sacred", and "spiritual"? How does a therapist's understanding of spiritually integrated psychotherapy inform their approach to clinical treatment? Are those clients who value spirituality looking for the therapist to discuss their spirituality? How is a spiritually integrated approach to psychotherapy incorporated into a clinical practice?

This literature review begins by examining the definitions of the words "religious", "sacred", and "spirituality" to understand how the meanings and understandings of these words inform and influence a therapist's practice of a spiritually integrated approach to psychotherapy. This section also explores the past and current approaches of therapies that are spiritually integrated approaches to clinical interventions.

### **Definitions: Religion, Spirituality, and Sacred**

The words "religion", "spirituality", and "sacred" are broad and inclusive words that are often used interchangeably when speaking to the topic of spiritually integrated approaches to therapy (Ammondson et al., 2013). The words, depending on the definition, can be complex, personal, and have distinctive meanings that shift in application (Pargament, 1997). Hathaway (2013) suggested that "religion represents one of the most ubiquitous and polyform facets of human experience" (p. 638). By extension Thoresen and Miller (2003) suggested that religion cannot necessarily be defined as a single linear dimension, which can be oversimplified and

misleading. The terms spirituality and religion have been described as closely related, yet distinct and overlapping constructs (Luna & MacMillan, 2015).

**The Terms Religious and Sacred.** Etymologically, the word “religion” comes from the Latin root *litigare*, meaning “to bind” or “to connect” and is “related to or manifesting faithful devotion to an acknowledged ultimate reality or deity” (Merriam-Webster Dictionary, n.d.). Synonyms of the word include creed, credo, and persuasion and it is associated with related words including church denomination, doctrine, dogma, and theology. The word “religion” is based on a broader understanding of the definition and is associated with institutional beliefs and practices (Lee, 2001). To put it another way, as Plante (2007) suggested, “religion refers to the organizational and community structures that attempt to provide people with a spiritual environment, often highlighting rituals (e.g. liturgy, prayer, fasting), idealized models (e.g. Jesus, Buddha), sacred writings (e.g. the Bible), and particular beliefs and practices” (p. 277). Embedded in those communities is a set of beliefs and practices that is central to the definition that religion, as Koenig (2009) suggested, is “rooted in an established tradition that arises out of a group of people with common beliefs and practices concerning the sacred” (p. 284). Thoresen and Miller (2003) suggested that religions are social entities or institutions, defined by their boundaries, and are “differentiated by particular beliefs and practices, requirements of membership, and modes of social organization” (p. 27). Further, Rose, Westefeld, and Ansely (2001) described religiosity as an “allegiance to the beliefs and practices of institutional, organized religion” (p. 61). When one identifies as being religious, it does not mean that they do not also identify as being spiritual. However, their understanding of spirituality may be informed by their institutional beliefs and practices. This affirms Thoresen and Miller’s (2003) suggestion that religion is an “adherence to beliefs, practices, and/or precepts of religion”, which is

understood, taught, and given expression through a religious institution (i.e. church, mosque, an organized community, or synagogue; p. 28). Although the definitions of religion or religiousness reference a larger social, institutional, and cultural context of those institutions (Pargament, 2007), one's institutional (belief) and personal religious experience (practices) can be an expression of their spirituality and their sacred experiences can find expression through their religious beliefs. VanKatwyk (2001) stated that "religion can perform the task of constructing communal places of the sacred as focal points for spiritual formation of life, suggesting the sacred can be located in the public places, creeds, rituals and liturgies of worship" (p. 127). In other words, a person's sense of spirituality or significance can occur within the context of established institutions (Ammondson et al., 2013). Typically, within the context of an established institution or denomination is a systematic set of teachings and also a less formal traditional code of conduct in practicing spirituality by aligning one's behaviour accordingly. A code of conduct is a set of rules outlining the social norms, responsibilities, or proper practices for an individual on what is right and wrong (Merriam-Webster Dictionary, 2018).

Etymologically, the term "moral" comes from the Latin *mos*, which means customs or habits that shape how a person thinks, how they might live, or what might be understood as a good life (Merriam-Webster Dictionary, n.d.). Individuals would be expected to hold a certain theological outlook based on the truth and tenants of that religious affiliation, which would have moral implications (Yamane, 2007). He explained "the content and scope of beliefs would vary not only between religions, but often within the same religious traditions" (p. 34). In the published literature, mainline Protestants are identified as being more moderate and varying in their traditions, doctrine, and ethical teaching, while Roman Catholicism historically and theologically maintained a strong centralized teaching authority with more of an extensive and comprehensive

body of moral and ethical teachings. However, as Yamane (2007) suggested, “Catholics themselves have become more pluralistic and voluntaristic as they move into the mainstream of society” (p. 41). Having historical roots in Catholicism confessing a creed expresses the unity of the authoritative teachings of a religious body and the beliefs of the individual, such as the Creed of Nicaea and the Apostles’ Creed (Yamane, 2007). A code of conduct and morality is reflected in the Judeo-Christian traditions in the adherence to the Ten Commandments, which is displayed in the beliefs of the supernatural (Peterson, 1993). Yamane (2007) suggested that religion identifies itself as organized around specific doctrinal teachings and set of beliefs. By contrast, Meakes and O’Connor (2013) see spirituality as being wider than religion, in that it includes a growing number of people who do not belong to one faith, but embrace “many diverse spiritual beliefs and practices” (p. 19). People who would identify themselves as spiritual and not religious might have a narrower definition of religion, referring to it as “a particular system of beliefs and behaviors that is formally sanctioned by an external entity, such as a church body” (Saunders et al., 2010, p. 356). McCarroll, O’Connor, and Meakes (2005), in their research of the term spirituality in healthcare literature, concluded that religion is multifaceted in beliefs, practices, social structures, and values. One may decide that they are religious because they acknowledge the existence or presence of God, higher power, transcendent forces, or supernatural, but not necessarily embrace a particular organizational institutional code of conduct, practice, gathering, or belief system (Pargament, 1997). In other words, they might see themselves as religious based on acknowledging a higher power or divine essence, but practice spirituality as a search for “understanding and relatedness to the transcendent” (Ammondson et al., 2013, p. 2).

Within the definitions of religion and spirituality, Moore (2014) bridged the interchanging constructs by defining religion as the creative and concrete response to the mysteries that permeate life (spiritual) and formal religion as an institution or organization. He suggested that people may be practicing less formal religion but still strive to identify with spiritual meaning-making in their lives.

According to the Pew Research Center's Forum on Religion and Public Life (2013), the percentage of Canadians who identify as Catholic has dropped from 47% to 39% over the last four decades, while the share that identifies as Protestant has fallen even more steeply, from 41% to 17%. There are also a growing number of individuals that are religiously unaffiliated. Recent generations of Canadians are significantly less affiliated than earlier generations. For example, 29% of Canadians born between 1967 and 1986 had no religious affiliation as of 2011. Canadians born between 1987 and 1995 have similar rates of disaffiliation to the previous generation (29% unaffiliated). Moreover, one in ten Canadians born between 1947 and 1966 had no religious affiliation in 1981, but one in five was unaffiliated as of 2011. The self-reported rates of attendance at religious services have dropped significantly in Canada as well. Those born between 1944 and 1953 stated that they attend religious services monthly, but those born 1954 and later reported attending religious services less frequently (Pew Research Center, 2013). The National Post (2013) conducted a nationwide survey and found that a majority of Canadians do not consider religion important to them, although two-thirds of the population stated that they believed in God. Reginald Bibby, who has monitored Canadian social and religious trends, suggested that no less than two in three people across the country say their religious or spiritual beliefs are important to the way they live their lives; however, almost 42% have no particular church or religious affiliation (Project Canada Survey, Press Release 2012, University of

Lethbridge). In the broader context of the culture, there is a shift occurring as Boswell (2013) observed people have associated meaning-making as part of their spiritual/religious experiences. It speaks to Harris, Howell, and Spurgeon's (2017) view of religion and spirituality as a multidimensional construct. Gockel (2011) identified spirituality as a quality intrinsic to a person and suggested that "an array of interwoven beliefs, feelings, practice, and experiences make meaning of their daily experiences and guide their choices" (p. 158).

People who define themselves as religious and/or spiritual do not necessarily participate in or identify with any particular belief system or organized religious institution; their practice of spirituality is personal and private. Conversely, others who attend an organized religious institution find that their spirituality is cultivated in the institutional belief system. Thoresen and Miller (2003) suggested that those who identify themselves as spiritual and religious have a common belief in God, a higher power, and/or have religion in their overall lives, whereas spirituality indicates beliefs, experiences, and practices involving an individual's relationship with a higher being or the universe.

In summary, some people's belief systems and way of living are identified and associated with a location or a place with a group of people who affirm similar beliefs and doctrine. Religion involves an activity of going to a church, mosque, community center, synagogue, etc. and supports the development of an identity to a group, institution, or structure. In a location, there is a sense of community, belonging, association, allegiance, affirmation, encouragement, and security to reinforce what gives meaning and purpose to individuals. In this manner, religions are not isolated beliefs that are private and personal, but more of a community belief system of practice that is associated with people of similar beliefs, particular activities, a code of conduct, and morality. It also includes symbols (prayer, fasting, singing, giving), rituals

(communion, celebrations), and liturgy (chants, mantras, creeds). These symbols and activities represent meaning and purpose, which connects people to the spiritual part of their lives and gives expression in their daily choices and decisions. Moore (2014) suggested that religion has a soul, even though the “teachings and admonitions fade” (p. 3). Recognizing that religion can be associated to duty, responsibility, legacy, familiarity, respect, and an obligation to a heritage that may be fading, “spiritual traditions offer the basics of a spiritual life” and as Moore (2014) suggests, they can help people envision a meaningful world (p. 14).

**The Terms Spirituality and Sacred.** Spirituality and religiosity have many similarities and have been used interchangeably as a multi-dimensional construct with no singular measure or dimension to capture the essential meaning. However, what is distinctive regarding the term spirituality is that it may or may not have its roots in religious adherence to a particular belief system or doctrinal approach based on a religious affiliation, such as Catholic, Protestant, or other religions. Spirituality, in contrast to religion, derives from the Latin word *spiritus*, meaning “breath” or “transcendent reality” that gives a person “meaning, purpose and wisdom” (Ammondson et al., 2013, p. 2). Further, Saunders et al. (2010) defined the concept of spirituality as a person’s “thoughts, feelings, and behaviors related to concern about, a search for, or a striving for understanding and relatedness to the transcendent” (p. 356). To put it another way, Luna and MacMillan (2015) suggested that spirituality has two distinct components: (1) an existential dimension and (2) a relational dimension. The existential dimension would encompass the search for the meaning in life that involves a sense of connection to oneself and to the broader environment. The relational dimension of spirituality concerns an individual’s relationship with God, a higher power, or a personal connection to self and others. Religion is viewed as an expression of spirituality in the search for meaning as people attempt to fulfill a

longing to find meaning, purpose, and fulfillment in life. Mayhew (2004), in a study of eight different worldviews (i.e. Agnosticism, Atheism, Buddhism, Hinduism, Judaism, Muslim, Protestantism, and Roman Catholicism), demonstrated that common to all is the idea that spirituality “is the human attempt to make meaning of the self in connection to and with the external world” (p. 647). Meakes and O’Connor (2013) write that “humans strive to make sense (meaning) of their experiences, based on the premise that life is not meaningless” (p. 20).

Spirituality is often defined as being connected to all of life (VanKatwyk, 2003). Specifically, spirituality as VanKatwyk (2003) suggested is a person finding one’s place in the world and making sense of self; what one thinks, feels, and how one behaves. VanKatwyk (2003) suggested that “self-integration is life”, in contrast to “disintegration” which leads to a closed and rigid self (p. 13). He goes on to mention that “being a participant with self and interacting with the world is spiritual” (VanKatwyk, 2003, p. 13). In this definition, spirituality interfaces with people as they engage themselves through how they think, feel, respond to life’s circumstances, and seek to be purposeful and productive in life. For example, Thoresen and Miller (2003) cited the work of William James (1902/1961), who suggested that the central understanding of spirituality was based on a person’s human experiences (i.e. character, personality, social and emotional style, and manner of living) and also on the human experiences of the physical senses of sight, smell, sound, taste, and hearing, which enable a person to understand the world that they are experiencing.

Sanders et al. (2010) proposed that spirituality is inclusive of religion and “denotes a person’s thoughts, feelings and behaviors related to concern about, a search for, or a striving for understanding and relatedness to the transcendent” or self-actualization (p. 356). Yalom (1980) takes the terms “self-actualization” or “inbuilt motivations” and views them through the lens of

Maslow's hierarchy of human needs of safety, security, love, belonging, identity, and self-esteem (p. 438). The Satir model calls the self "I am" as the universal human longing to be loved, accepted, validated, and confirmed (Lee, 2001).

In the study of humanistic psychology, as a person engages the world, they have an inner curiosity and desire to know and understand who they are and what brings meaning and purpose to their lives. Pandya (2014) suggested that spirituality may be a reasonably nebulous construct but would include "four concepts – meaning and purpose, moral and ethical values, relationships and transcendence" (p. 30). In these constructs of spirituality, Thoresen and Miller (2003) cited William James' (1902/1961) understanding of spirituality by ignoring institutional religion when using "spiritual terminology to refer to that which is experienced and considered to be transcendent, sacred, holy, or divine" and can be considered "multi-dimensional, which defies simple clear-cut boundaries" (p. 27).

Spirituality is not divorced from the psychological, social, and physical dimensions of life. As Pargament (2007) suggested, spirituality is embedded in the very fabric of life and cannot be isolated from a client's life. This resonates with Walsh (1999), whose philosophical stance in family therapy was clear when suggesting that "we are not human beings having a spiritual experience, we are spiritual beings having a human experience" (p. 5). When considering the various understanding of the construct, McCarroll et al. (2005) suggested that when it comes to spirituality, a "singular definition is neither ethical nor possible in our pluralistic society" (p. 43). They concluded in their research on twenty-seven healthcare articles that there are multiple ways that people understand and experience spirituality. Twenty-three of the twenty-seven articles identified that the concept of meaning and purpose were central aspects of spirituality. Nine of those identified that spirituality shaped their values, approach to life, and

orientation to the universe. This fits with Pargament (2007), who introduced the words “sacred” and “spiritual” and used them interchangeably. He applied the term “spirituality” to broaden the scope of how people see life’s experiences, which can be called sacred moments. He defined the term “sacred moments” as referring to those periods of time in which people “experience spiritual qualities of transcendence, intimacy and boundlessness, interconnectedness, and spiritual emotions” (p. 84). Finally, Pargament et al. (2014) defined “transcendence” as “those experiences that are perceived to be set apart from the ordinary and day-to-day, and go beyond the limited self, which are sacred moments” (p. 249).

In summary, as Luna and MacMillan (2015) suggested, spirituality is a complex and multidimensional construct that has components in the existential dimension and relational dimension. The existential dimension encompasses the search for meaning that involves the connection to oneself and the broader environment.

Spirituality is rooted in how a person experiences life. It is a search for purpose and meaning motivated by a longing for fulfilment, understanding, and a connection to self and life. The experiences of spirituality are defined as sacred moments that help a person connect to the larger sense of self and the world. The expressions and experiences could be rooted in a belief system and historical religious roots, but are not associated to any formal institution or place of worship. Secondly, it is interpersonal in the context of a person’s experiences of belonging, caring, interacting, feeling, interconnected, and bonding. Spirituality can fill one’s sense of being needed by contributing, sharing, giving, and experiencing the warmth and love of others and returning those same experiences to others. Thirdly, there is a part of spirituality that transcends our ability and capacity to understand and know, which has been associated with the terms mysterious, cosmic, divine, divine light, and God. It is a search that is given expression through

music, arts, nature, and quietness with a desire to experience a sixth sense of energy or a possibility outside of self (Gockel, 2011).

With the decline of the mainline religious institutions in the past 25 years, there is a changing understanding and meaning of the terms religious and spiritual and what defines religious beliefs and activities. Pargament, Scott, and Zinnbauer (1999) suggested that religion and spirituality are important; however, there is an increased interest, citing Harris et al. (2017), of “personalized and individualized forms of expression, and a culture of religious pluralism” (p. 892). This shows that the central meanings of these multifaceted constructs are open to various interpretations.

Religion, spirituality, and the sacred have multi-faceted meanings, which cannot be approached in isolation from the client’s experiences, background, and understanding of their world, in the context of therapy. A person who identifies themselves as religious and/or spiritual will, in some form or expression, view some life experiences as moments that they would refer to as sacred in time and space or in beliefs and traditions. Those moments can be informed by their doctrinal teaching, beliefs, and values from a religious institution and/or outside of a religious institution through life’s experiences, such as meaning-making that became sacred moments or experiences in their lives. Moore (2014) reinforces those ideas, suggesting that a religion of one’s own comes out of a person’s heart and mind and could be tailored to their values and sensitivities drawn from a formal religion or insights that are nurtured and cultivated through their life experiences. Greider, Kathleen J. (2015) reinforces this idea, suggesting “religion constitutes a location” which brings “self-reflexivity to our social and personal locations” (p.237) and within those “religious locations are deep structure of meaning and values informs our worldview or philosophy of life” (p.244). It could also be drawn from a place where an

individual who has no religious background and does not identify with any religious institution experiences a sacred moment that changes their outlook on self and their circumstances. As Pargament (2007) suggested, the sacred occurs in “many different shapes and forms, nontraditional as well as traditional” (p. 51). This understanding of the sacred “extends the boundaries of spirituality to encompass the full range of human experience” (p. 51). Welwood (2000) described sacred as a “movement toward deeper truth, deeper connections, deeper understandings” (p.187). Spirituality is a search for a relationship with the sacred and the sacred is “manifestations of the divine, existential meaningfulness or an ultimate concern as perceived by an individual” (Harris, Howell, & Spurgeon, 2017). Pargament mentioned that spirituality “starts and stops with the sacred” (p. 49).

Pargament (2007) suggested that not everyone has to have a strong spiritual motivation to experience the sacred in their lives, but every person has “spiritual potential”, which is reflected in the definitions of spirituality (p. 60). Pargament (2007) also proposes that built into human nature is the will to “strive” (p. 53), which is part of what “makes people unique” (p. 61) and gives expression through their search for intimacy and meaning. Yalom’s (1980) research, suggesting that existentially people are confronted with four ultimate concerns: “death, freedom, isolation, and meaninglessness” (p. 8).

People want to understand what is happening in their lives and access resources within themselves and outside themselves to assist in those understandings and possible change processes. As Brown (2016) put it, “a person’s spirituality is expressed across the whole spectrum of their experiences and beliefs and has to do with the living experiences of meaning” (p. 188).

It becomes clear that one's spiritual identity or experiences are not necessarily grounded in "religious authority but in a recognition that the sacred experiences can be found in ordinary living" (Pargament, 2007, p. 19). The sacred is not limited to traditional concepts of God, higher power, or the divine, and can be described in vast and diverse expressions (Pargament et al., 1999). Hill et al. (2000) put it another way, stating that "both spirituality and religion involve a search process of an individual seeking that which is sacred" (p. 67).

Based on the review of spirituality, religion, and sacred, the working definition in this research will define spirituality as a meaning-making experience in one's life that enables them to live a purposeful life in relationship to self, others, and the world they experience. Religion is a pathway to one's spirituality and is cultivated through an organized belief system. The sacred are experiences that inform and enhance one's spirituality or religious beliefs. This definition is reflected in Jones (2019) suggested,

spirituality refers to the multiple, interrelated, and culturally diverse dynamics by which humans experience the sacred or transcendent dimension of life. These multiple, interrelated, and culturally diverse dynamics include the desire for transcendent experiences, the substances of such experiences, behaviors, (beliefs, values, emotions, somatic experience, behaviors, interactive-relational-social elements), and the process and practice that make possible or facilitate such experiences. The sacred or transcendent dimensions of life include theistic-oriented and non-theistic oriented awareness of realities larger than the individual self, awareness that comes via experience with the divine, with others, with nature, with the arts etc. (p.30).

Integrating spirituality in psychotherapy is a process within psychotherapy, which is the exploration of personality in a manner inclusive or aware of the client's religion, spirituality, and

sacred experiences. Carl Jung suggested that the process of integration occurs when “the individual and the collective unconscious are integrated into the personality” (Merriam-Webster Dictionary, 2018). Addressing spirituality, as David Tracy (1987) suggested, is bringing together the psychological, social, and spiritual tendencies of a personality into a harmonious whole. In Tracy’s chapter on *Practical Theology in an age of Global Pluralism: in Mudge and Poling Formation and Reflection*, he mentioned that the “whole” is within a correlation of an “ever-shifting cultural, political, ethical, and religious situation” (p. 139). He stated that a “mutually critical correlation” suggests the “presence of analogies” (as similarities-in-difference) between cognitive claims in the “ever-shifting cultural, political, ethical, and religious situation” that inform psychotherapy (p. 139). The integration of spirituality and psychotherapy in this research is understood in the broader context of a “postmodern” world view characterized by increasing plurality and ambiguity.

### **Spiritually Integrated Approaches to Psychotherapy**

**The Historical Context.** Previous to the rise of psychology, social work, and Freudian psychiatry in the West, the term psychotherapy was associated with pastoral care and counseling. The meaning of the word psychotherapy is from the Greek term translated into English, meaning care and cure of the soul (Meakes & O’Connor, 2013). McNeil (1977) defined the soul as the essence of human personality and is a central concept to the mental well-being of clients. With the onset of psychology and the social science in human development, a shift occurred that placed psychotherapy in contrast to the field of pastoral care and counseling. Collins (1977), Ellis (1971), and Freud (1961) suggested that historically psychology pulled away from religion (disintegration) and sought its own scientific basis. Barbour (1967) suggested that religion and science shifted but within the same circle and were conflictual out of fear and anxiety. Plante

(2007) suggested that “in the 20<sup>th</sup> century psychology prided itself on being serious about science and shied away from all things religious or spiritual” (p. 892). The concern and focus was that things like religion or spirituality were not readily observable and measurable. Plante (2007) stated that all things religious or spiritual were avoided “in an effort to maximize and emphasize the rigorous scientific approach to both research and clinical practice” (p. 892). Tillich (1964) suggested that even though science and religion affected each other, they remained independent of each other.

However, there was an element in the psychological world that sought to integrate their faith traditions into professional work. Prominent forefathers of psychology including William James, Gordon Allport, Erich Fromm, Viktor Frankl, Abraham Maslow, and Rollo May made spirituality a focus of their work.

Evidence-based research on spirituality is emanating from the health care sector which suggests that there is a cultural shift of how people view and experience religion, spirituality, and the sacred with a recognition of its value as a resource in helping people through stressful times. Pargament et al. (2014) put it succinctly, “sacred experiences can be a source of meaning in a client’s life, feelings of connectedness” (p. 249) to self and with others amidst personal challenges and crisis.

**Theory.** Psychotherapists understand that people, in their efforts to make sense of what is happening in their lives, draw on various resources to support those efforts. A fundamental resource that a therapist has is the ability to demonstrate care to the client. To care, as VanKatwyk (2001) suggested, means helping the client find meaning in their life and “reframe its uncertainty into possibility and potentiality” (p. 127). Meakes and O’Connor (2013)

suggested, in its broadest etymological sense, that the Greek word “to heal” or to “heal the soul”, underscores the fundamental meaning of psychotherapy. Further, Moore (2014) explored the word soul as the “unreachable depth, felt vitality, and full presence of a person” (p. 2). He also suggested that each person’s soul is the total expression of self-trying to understand how to live well. His definition of soul fits into the various meanings behind the terms religion, sacred, and spiritual, suggesting that “nothing is not sacred” and wants to “promote a religion that is felt and not just thought out, meaningful and not just emotional” (p. 7). In the context of therapy, therapeutic interventions help clients explore their own sense of self and if a client’s religious or spirituality informs how they live life, there must be ways that a therapist can explore interventions that enable a client to find solutions to their own path of living well.

**Reservations to integration.** Past research has demonstrated that religious, spiritual, or sacred experiences can shape, inform, or assist in a client’s well-being, yet the literature shows that many therapists hesitate to approach therapy from a spiritual perspective (Saunders et al., 2010). Pargament (2007) advocates that “implicitly or explicitly spiritual facts often enter the process of psychotherapy yet many therapists are unaware or unprepared to deal with this dimension in treatment” (p. 4).

Some therapists are uneasy when it comes to having a spiritual conversation with a client (Pargament, 2007). Drobin (2014) noted that “fifty-one percent of therapists identify themselves as atheists or have little awareness of the dynamics of the spiritual life”, which may be a reason for the uneasiness (p. 790). Other studies have recognized therapists as questioning the ethics in addressing the subject and do not feel competent enough to speak into the subject matter (Saunders et al., 2010). When exploring the ethical concerns, there are uncertainties around boundary violations related to imposing a certain perspective or making inappropriate comments

that might be detrimental to the client's well-being. Shaw et al. (2012) suggested that therapists, in their efforts to cultivate an environment of openness, should be cautious because of the perceived "value laden nature of spirituality and religion" (p. 204). Arczynski et al. (2016) identified that therapists are "wary of spiritual coercion" (p. 204). Additional studies have also suggested that therapists are not comfortable and lack clinical confidence to know when or how to introduce spirituality in a clinical setting. Further, in a random selection of American Psychological Association (APA) affiliated psychologists, 76% suggested that their graduate program did not adequately address the training related issues of spirituality and clinical treatment (Saunders, Petrik, & Miller, 2014). Hathaway (2013) identified the training to include an "acquisition of specialized knowledge, assessment skills, interventions approaches, and multicultural competencies as well as awareness of relevant process and ethical consideration", which she finds vital for clinical practices with religious and spiritual issues (p. 637).

Therapists who are comfortable addressing spirituality believe that spirituality is at the core of the "human condition" and it is important to explore with the client their understanding of self, in relation to their worldview and values (Arczynski et al., 2016). The therapists that value spirituality in their personal lives seem to have a high enough level of confidence to address questions of spirituality with their clients, which is typically from their personal frame of reference or experience. The therapist's ability to be comfortable with spirituality needs to "cultivate an environment of exploration and openness to varying perspectives" (Shaw et al., 2012, p. 271).

**Interventions.** If the spiritual, sacred, and religious expressions are woven into one's narrative, the therapist must know how to draw on the strengths of those experiences and shape their clinical intervention so that it supports the process of change for the client. If spirituality,

religion, or sacredness have benefited a client in their lives, interventions need to be applied in the context of the client's spirituality in such a way that fits within their values and beliefs. A therapist must have the ability to help a client recognize and explore the spiritual or sacred in their lives as a resource in the treatment of their cognitive, emotional, or behavioural disturbance. All in all, there are diverse beliefs and theories about the use of various therapeutic techniques and interventions in supporting change in a client (Anderson, Lunnen, and Ogles, 2010).

**Integration.** This research will explore how therapists presently integrate spirituality in the practice of psychotherapy. Pargament (2007) uses the term "integrated", suggesting that spirituality can be "interwoven into virtually any psychotherapeutic traditions whether it be psychodynamic, cognitive-behavioral, family systems, interpersonal, experimental, humanistic and existential" (p. 21). In recent years, there has been increased attention towards exploring spirituality and its relationship to clinical theories, such as: how to integrate spirituality from a psychodynamic perspective (Rizzuto & Shafranske, 2013), integrating cognitive and spirituality in the treatment of post-traumatic stress disorder (Wade, 2016), the effects of religiosity and spirituality on the treatment of patients with depressive disorders (Harris et al., 2017), its role with acute psychiatric patients (Rosmarin, Forester, Shassian, Webb & Bjorgvinsson, 2015), and with behavioural and cognitive therapies (Green, Pirutinsky, Rosmarin and McKay, 2013).

In this research the word integration in relationship to spirituality and psychotherapy is understood in the larger context of an interrelated, complex cultural shift in the practice of spirituality over the years.

The integration of spirituality and religion in psychotherapy started gaining attention in the postmodern period where the focus of spiritual care (pastoral care) was receiving attention

from the health care sector (Meakes & O'Connor, 2013). Over the past couple of decades, a considerable body of research has tied spiritual or religious life to mental health and functioning, which underscores the clinical relevance to therapy (Rosmarin et al., 2015). In the field of psychotherapy, there has been a shift to humanistic psychology as a reaction to the “determinism of Freudianism and the mechanistic assumptions of Watsonian behaviorism” (Elkins, 2005, p. 135). In the 1950s and 1960s, Carl Rogers, Abraham Maslow, Rollo May and others “wanted a psychology that focused less on pathology and the prediction and control of human behavior and more on the positive potentials and distinctive attributes” of people (Elkins, 2005, p. 132). To this point Clutter, Demmitt, Morrison, and Pritchett (2009) mentioned that educational institutions started to recognize that spirituality needs to be integrated in the curriculum because it has significant therapeutic value in psychotherapy.

Pargament (2007) believed that for a therapist to create or be aware of the possibilities of change in a client, they need to recognize the possibility that people have a disposition towards spirituality. In the very fabric of life itself, people are driven to find meaning and purpose to their lives (Yalom, 1980; Elkins, 1998; and Geller and Greenberg, 2012) and seek out and want to attach to something larger than themselves (Pargament et al., 2014).

A therapist’s psychotherapeutic approach is shaped by the way that they understand their world based on their beliefs, values, and understanding of life; what it is, how it works, and how it is measured. Their therapeutic practice is “mapped out” by the way that they think about people, problems, and the change process (Pargament, 2007, p. 29). It seems that it should be natural in psychotherapy to validate and explore the client’s life experiences. Bergin & Payne (1991) asked, “why would clinicians be reluctant to address one of the most fundamental concerns of humankind- morality and spirituality” (p. 7)? In a research study on youth,

Arczynski et al. (2016) found that the client “rarely brought up spirituality on their own”, but once the therapist initiated spiritually related conversations, they were open and receptive (p. 202). Further, Saunders et al. (2010) suggested that spiritually integrated psychotherapy is not about changing one’s specific beliefs, doctrines, practices, and rituals. Instead, as Pargament (2007) put it, it is about utilizing a client’s spiritual and religious beliefs and practice in the treatment of emotional problems.

In the academic setting, competencies and standards are being reviewed for spiritual integration with psychotherapy in an effort to assist students in knowing how to engage clients’ values and beliefs that can create meaning-making interventions (Shaw et al., 2012). To ensure that the therapist would not be prone to transfer a value-laden perspective, the training would be from a constructionist approach, so that the therapist can explore contextual interventions based on the client and not that of the therapist. A therapist with a constructionist viewpoint can engage the client’s perspective which in turn creates space for differences with the recognition that there are no absolute truths. By “embracing differences and plurality”, a therapist could create interventions that are contextual to the client’s worldview (Shaw et al., 2012, p. 272). This view is reinforced by the research of Pargament (2007), suggesting that a therapist, “regardless of their personal views about truth and spiritual claims” and through active reflection, needs to hear the story of the client (p. 60). This can be facilitated with the disposition that values what may be perceived as spiritual and important as to the client’s choices, creating a non-judgmental environment of “openness, tolerance, self-awareness and authenticity” (Pargament, 2007, p. 177).

Shaw et al. (2012) suggested that a therapist’s assessment explores the client’s values and beliefs, “recognizing that the client’s beliefs are central to his or her worldview and can influence

psychosocial functioning” (p. 274). Saunders et al. (2010) suggested that when a therapist engages in “spiritual conscious care”, it improves rapport and builds on the client-therapist relationship to explore more existential questions (p. 359). They also identified four published recommendations for therapists into “three categories”, which are: general questions about beliefs and behaviours, the relationship between the problem and spirituality/religion, and potential resources when assessing religion and spirituality with clients (Saunders et al., 2010, p. 359). Assessments can be viewed as a means to assist the client in gaining awareness of self by asking existential questions to help them articulate views about life, relationships, and personal encounters with adversity. As Griffith and Magyar-Russell (2016) wrote,

What has sustained you through hard times? From where do you draw strength? Where do you find peace? Who truly understands your situation? When you are afraid or in pain, how do you find comfort? For what are you deeply grateful? What is your clearest sense of the meaning of your life at this time? Why is it important that you are alive (p. 160)?

By extension, VanKatwyk (2003) would call these meaning-making questions with the client as “transcendent moments”, which are created in an environment where “congruence, empathy and acceptance” is experienced in the client-therapist relationship (p. 18). The therapist would not see themselves as the task-centred expert imparting knowledge; rather they would see themselves from a client-centred disposition that explores the understanding of the client’s life to create meaning-making interventions. It is an environment of presence between the therapist and client. As Kabat-Zinn (1994) wrote, “stillness, insight, and wisdom arise only when we can settle into being complete in this moment, without having to seek or hold on to or reject anything” (p. 54). It is that context which enables a client to freely explore all aspects of their values and

beliefs in light of their challenges. In Gockel's (2011) narrative research study of twelve participants based in Vancouver, British Columbia, participants experienced a sense of spirituality describing that the therapist's "tune into demonstrated warmth, empathy, openness, acceptance, and genuineness" that extended beyond the bond identified in mainstream counseling literature (p. 164).

Shaw et al. (2012) recommended the use of genograms, which represent a family's history, to understand better a client's religion or spirituality and to introduce a "family history of spiritual or religious beliefs and value with special attention given to noting shifts in beliefs within the family" (p. 276). A spiritual genogram would enable the therapist to understand better their client's worldview and issues that might unfold in therapy.

Corey (2015) classified spiritual interventions under multicultural issues in therapy and focused on the therapist's relationship to the client. He argued that religion and spirituality should be viewed from a multicultural perspective, inclusive of the spiritual, religious and ethnic context and themes that have "healing influences including love, caring, learning to listen, compassion, challenging clients' basic life assumptions" and asking questions of "who am I?" and "what is the meaning life" (p. 453)? Corey's focus is on the therapist's assessment process which should include questions that help a therapist understand the client's worldviews and assist "clients in grappling with questions regarding the purpose of their lives and what they most value, exploring religion and spirituality as a client's resources, and uncovering religious and spiritual problems" (p. 437).

Arcyznski et al. (2016) suggested that creating a context or understanding of the relevance of spirituality in a client's life requires "multicultural counseling competence" (p.

196). The authors suggested that the therapist needs to be “self-aware and sensitizing themselves to their clients’ spiritual cultures” (p. 196). Integrating spirituality and religion requires the therapist’s ability to create that context of matching psychotherapy processes by “mirroring the client’s language attuning interventions to their clients’ preferred modes of expression” (p. 203) of spirituality. Snodgrass, Jill L. and Manyard, Elizabeth A. (2015) suggested if spirituality is inclusive of religious beliefs and practices, both explicit and implicit spiritual content, it would require therapists to be spiritually and theologically flexible (p.141).

There is research in the context of spiritual interventions showing that it is appropriate and helpful for highly religious clients. These types of interventions were classified as religious interventions, which include: a therapist’s references to Scriptures, encouraging forgiveness, involving religious community resources, conducting assessments of client spirituality, and self-disclosure about religious or spiritual issues (Saenz & Waldo, 2013). Further, Wade (2016) suggested that when therapists practice the inclusion of spiritual or religious practices, such as prayer, meditation, scripture memory, and participate in many different forms of spiritual or religious support groups, this can increase positive outcomes in psychotherapy.

Pargament’s (2007) approach to engaging a client in spirituality could be accessed by the client’s emotional experiences, suggesting that spirituality is woven within the social and cultural context of the problem. Therapists need to know “when to see it, know where it starts and stops, and know how it operates in people’s lives” (p. 32). This approach to creating interventions comes out of the context of the client’s story. Bradley, Exline, Pargament, and Uzdavines (2016) suggested that an atheist might not be comfortable talking about how they struggle with an understanding of God; however, “they might be comfortable talking about their ambivalent history with belief in God, or the ways that echoes of prior belief that still affect their current

life” (p. 195). Pargament (2007) concluded that, “spirituality grows out of a larger field of social forces made up of family, friends, congregations, communities, and culture” (p. 218).

Further, Pargament (2007) suggested that spiritually integrated psychotherapy will never compete with nor replace other forms of treatment. He stated that “spirituality can be interwoven into virtually any psychotherapeutic tradition”, including psychodynamic, cognitive-behavioural, family systems, interpersonal, experimental, humanistic, and existential (p. 21). Rizzuto and Shafranske (2013) referenced Vergote (2002), who reinforced this idea, suggesting that “a patient’s religious ideas and feelings (no more than sexuality, work, professional interest, and family relationships) should not be discarded from the psychoanalytic endeavor” (p. 127). Rizzuto and Shafranske (2013) also suggested that the therapist “owes the patient a full analytic experience in which his (or her) private religious world is explored with the same attentiveness and respectful exploration as the rest of (his or her) psychic life” (p. 202).

An approach to “spiritual interventions” is defined by some as biblical interventions that help individuals understand their life and life experiences. Some of the major advocates of this approach to therapy are Jay Adams (1970), Lawrence Crabb (1975), and Gary Collins (2007). Their underlying theme and fundamental premise is that the client needs to address their concerns with their desired outcome of being more like Christ in their choices and decisions. Fundamentally, this approach to therapy is solely based on the Bible (nouthetic counselling). It is driven by the concept and belief that authentic Christian living involves the bringing together of the “fundamental ideas of Christianity and the whole experience of living on the basis within the scope of the Christian faith” (Frederick, 2014, p. 111). Christian spirituality is the application of Christian practices with the goal of fostering Christ-likeness (Adams, 1970; Willard, 1991). It is

following the actions of Jesus Christ and exhibited by the characteristics expressed in the Bible.

Galatians 5: 22-23 (The New Testament), translated in *The Message* states,

But what happens when we live God's way? He brings gifts into our lives, much the same way that fruit appears in an orchard – things like affection for others, exuberance about life, serenity. We develop willingness to stick with things, a sense of compassion in the heart, and a conviction that a basic holiness permeates things and people. We find ourselves involved in loyal commitments, not needing to force our way in life, able to marshal and direct our energies wisely.

The above qualities are fostered by biblical interventions based on the concept of discipleship within the Christian community and in nouthetic counselling, using such interventions as prayers, meditation, promoting forgiveness, encouraging spiritual practices of devotions, quiet time, the memorization of verses in the Bible, and worship experiences/liturgy in the church community.

In the clinical setting, the Christian therapist would explore and apply Bible-based teaching as a form of dialogue and intervention, which could be called “Spiritual Bibliotherapy” (Frederick, 2014, p. 112). Davis, Hook, McDaniel, and Worthington (2010) illustrated such an intervention when assisting a client with depression by placing psychotherapy in a religious context. The client, a Christian, had negative beliefs about himself, believing that he was worthless and that no one would ever love and accept him. These beliefs seemed to be related to childhood physical abuse by his mother, who eventually abandoned him. The therapist explored and modified the client's negative core beliefs by discussing how God viewed him. Several passages of the Bible comforted the client and helped him realize that although he viewed himself negatively, God and other people loved and accepted him in the midst of these

challenges facing his life (p. 206). In nouthetic therapy, the Bible is the interventional resource. It is based on the concept and belief that the transformation of a person's character to Christ-likeness is experienced through the actualization of spirituality by incorporating Bible truth in their life experiences. As Frederick (2014) stated, transcendence is through their "emotional, physical, moral, and cognitive experiences of the divine or sacred" (p. 112).

Eriksen and Weld (2007) noted that "integrating spirituality and psychology is widespread among Christian counselors, among whom prayer is the most commonly used spiritual intervention" (p. 330). Research has shown that Christian clients expect prayers to be included in Christian counselling and "78% of counselors in Christian agencies and 100% in Christian private practices believe it is appropriate to pray with or for a client", while another study noted that only "11% of the therapist in secular agencies thought that praying with or for a client was appropriate" (Saenz & Waldo, 2013, p. 326).

Nouthetic counselling might be perceived as client-centered, but it is also "about solving people's problems; it is about discovering the cause of their problems and then apply[ing] biblical principles to those causes" (Lambert, 2009, p. 104). The focus of the therapy would seem to be client-centered, but the practice is a cognitive- and behavioural-based approach to treatment. The goal of nouthetic counselling is to help the client identify what aspects of their beliefs may be incorrect or what they need to rethink in the context of God's truth. Nouthetic counselling has a significant element being prescriptive as an underlying current to treatment based on Biblical teaching. This particular approach to interventions seems to be helpful to those whose beliefs or faith in Christ-likeness was a motivating factor in their lives. Secondly, it is impactful on those who have had "spiritual experiences" associated with their beliefs and practices in their lives. Davis et al. (2010) suggested that people who embrace and practice the

Christian traditions and/or are active participants in their Christian community would find biblical counselling of value. They also affirm that many people who would experience or make sense of their spirituality would do so in the context of their religion.

Nouthetic counselling, in application, minimizes the value and importance of the social science disciplines of psychotherapy, psychology, and psychiatry, and has a limited definition of the terms religious or spiritual. Fundamentally, the disposition of nouthetic counselling comes out of a pre-modern approach of care, which is based on a literal interpretation of the Bible, and as Meakes and O'Connor (2013) suggested, it is another way that "God can be known objectively through biblical revelation" (p. 15). The limitations of this approach vary from the client possibly feeling judged by not complying with the "interpretations" explained and secondly, the therapist moving away from a client-centered approach to evangelizing or proselytizing the client. In particular, this approach to therapy would exclude non-Christians or Christians who may have different views of the Bible and other related texts, than those of the Christian therapist.

Doehring (2015) developed an approach to integrate spirituality in psychotherapy through a narrative model. The therapist would approach the client's distresses in the context of how the client sees their challenges in life. The narratives gathered are based on the client's values and beliefs which function in tandem with their feelings, perceptions, and expectations of themselves. Doehring (2015) described this as "storytelling" and within that story, the therapist would gain understanding of the client's experiences and underlying values and beliefs suggesting "human beings are fundamentally storytellers and underlying this assumption is the belief that personal identity, or as White (2007, p. 230) mentioned that personality, is socially constructed through ongoing, meaning-making storytelling (White, 2007) in Psychotherapy:

Cure of the Soul, Edited by Thomas St, James O'Connor, Kristine Lund, Patricia Berendsen eds. Waterloo Lutheran Seminary, 2013 – by: Alida van Dijk; Victoria Shepherd Rao, and Thomas St. James O'Connor p.229-243 (p.230).

This is a client-centered model with a therapeutic approach of listening and working with a client's story to help them unpack its meaning and then explore new meanings by reframing how they might consider those experiences.

According to Doehring, the therapist's approach to knowledge is central in creating a spiritually integrated approach to psychotherapy. She views knowledge from a trifocal lens of pre-critical, modern, and postmodern. The *pre-critical* lens is "first-order language of religious and spiritual experiences through sacred texts" (p. xxv). Next, she describes the *modern* lens as "second-order language that reflects on experiences using rational and empirical methods, a critical method of reinterpreting the Bible and the social sciences" (p. xxv). Finally, the *postmodern* lens is the "third-order language that brings into focus the contextual and provisional nature of knowledge, including knowledge of God, or transcendent dimensions and uses third-order languages that articulate methods of knowing" (p. xxv).

Doehring (2015) suggested that if a therapist practices "active listening", he/she can explore the client's values and beliefs. Through the construct of first-order, second-order or third-order language, a therapist can understand and engage their client in meaning-making conversations (p. xxv). Doehring believes that "narrative illustrates the ways that people embody values and beliefs in daily practice" (p. 5).

In the context of integrating spirituality, the therapist works with the client's understanding of their spirituality or religion that is informed by their interpretation of their

concerns. Doehring (2015) described this as moving the client from a private theology to a public theology. For example, a client may have a “shame base” story informed by their “private theology” and the therapist’s goal would be to help the client see their distress from a “public theology” of “compassion” and hence, the client would co-create new meanings to their experiences with the therapist.

This model is in stark contrast to nouthetic counseling, which Deohring (2015) would call “deductive”, which is seen as an application of “abstract theological doctrines” in contrast to this model as “inductive” through a relational, communal, and collaborative approach to therapy which is “meaning-making” and rooted in theological reflection. Doehring (2015) sees this as an integration of psychotherapy and spirituality suggesting that “caregiving brings theological (religious), cultural and psychological expertise to evaluating personal and public theologies in order to account for suffering in complex systemic and interdisciplinary ways” (p. xvi). To practice this approach to therapy requires the therapist to have, as Doehring (2015) suggested, trifocal lenses that include preclinical, modern, and postmodern approaches to knowledge (p. xxv). Jones (2019) would suggest that trifocal lenses would include “theistic-oriented and non-theistic oriented awareness of realities larger than the individual self, awareness that comes via experience with the divine, with others, with nature, with the arts etc.,” (p.30). Historically, theological / religious studies have shared a “common religious” worldview suggesting that a common world view was viewed as an integrated approach to spirituality in psychotherapy. Doehring (2013) noted, it was based on “evangelical Christianity as well as an inclusive comparative approach to the study of religion” (p.89).

The challenges to an integrated approach to spirituality in psychotherapy required, as Doehring suggested, “interdisciplinary methods which are shaped by implicit or explicit religious

orientations” (p.87). The therapist would draw on both “psychological and religious/theological knowledge in the counseling they do” (p.87) which moves beyond theistic religious traditions and within the context of contemporary religion, through recognizing various faces of religion and spirituality, which Jones (2019) called “Spirit Ground Reality” (p.11). It is a broad and inclusive term which implies that integrating spirituality in psychotherapy is not to parse out who’s right about God [spirituality] and who’s not. Jones (2019) suggested “our job is to hear what our client’s experiences with God [spirituality] and beliefs about God [spirituality] mean, how they are a resource in their lives, or how our clients might be struggling with this God [spirituality] in some way” (p.11).

**Summary.** The literature does not reflect any particular unified approach of incorporating spirituality in clinical intervention does not necessarily have or consensus of the use and application of “intervention” and “integrate” in the context of spirituality. Corey (2013) suggested the term “integrate is a combination of methods and approaches” of conducting therapy (p. 466), which would require the therapist to be informed of the client’s “culture, beliefs, knowledge and skills” or worldview (p. 468).

The interventions identified in the literature focus on the following:

1. To practice and create spiritual interventions, therapists need to embrace the value of possibilities that spirituality and religion might have in how it informs their client’s life.
2. Therapists need to recognize that religion and spirituality is a meaning-making experience with their client and could be considered a form of spiritually integrated psychotherapy.
3. A form of a spiritual intervention is recognizing the value of presence, compassion, acceptance, and care that can contribute to a client’s well-being.

4. The narrative of the client's story, in what they say, what they leave out, and the emotions around those stories are opportunities to see the spiritual strength, spiritual confusion, and misinformation in their struggles to make sense out of their lives.
5. Spiritual interventions can be considered grounded in a variety of spiritual and religious frameworks that are explicit and implicit (Noronha & Snodgrass, 2015; Jones, 2019) but at the essence of spirituality is the interaction and engaging the client in therapy in the context of empathy and compassion. The therapist's goal is to capture moments and apply an existential approach to engaging the client in a way that captures those moments, which could be called "sacred" or as VanKatwyk (2003) suggests, "transcendent moments".
6. Spiritually integrated interventions are more readily possible through an assessment and spiritual genograms that will inform the therapist of the client's knowledge, understanding, and practices of religion and spirituality. If a therapist becomes aware of the client's religious and spiritual history, they can inform them of how that history may interplay with the client's thoughts, emotions, and behaviour.
7. Biblical counselling is a form of interventions based on the teachings of the Bible and in the context of a spiritual community. Many of these interventions are Bible based, helping the client align their thoughts to Christ and to be "Christ-like" in behaviour. Their spirituality is rooted out of their belief system and given expression through the sacraments, baptism, meditation, prayer, memorizing portions of the Bible, and having devotions.
8. Some theories might be more adaptable to spiritual interventions than others, depending on the nature of the presenting challenges, the client-therapist relationship, the therapist's

understanding of spirituality and religion, and what informs their philosophical perspective (epistemology, axiology, ontological) of theories regarding the change process in practice.

9. The literature does however recognize explicitly the value of spiritual assessments, meditation, prayer, and genograms as resources to engage the client in discussion that focuses with clients from a religious and spiritual heritage. However, from a non-theistic spiritual perspective, there continues to be limited information on how to integrate spirituality implicitly in an informed way to support those clients in life challenges.

In general terms, the literature does not address how to incorporate “spirituality” explicitly into present day clinical theories that can be inclusive to an eclectic way of practicing therapy. Presently, the research seems to be satisfied with the therapist’s need to be aware and consider approaching spirituality in a clinical setting, but there is a gap in possible interventions that could be used to move the process forward, clinically. Further, it would be important for a therapist to identify and support interventions that are aligned to the client’s disposition to religious beliefs and/or spiritual experiences. Hathaway (2013) suggested that therapists must “inform themselves of a client’s spiritual/religious experiences” by eliciting a spiritual history (p. 637). A competent clinical practice should overlap with religious or spiritual constructs to explore what possible interventions would fit with the client’s religious or spiritual background and present day experiences.

### **Chapter III: Methodology**

This research was conducted through a qualitative phenomenological method with a philosophical underpinning across post-positivism to a constructivism continuum (Moustakas, 1994). Realities are plural, subjective, and dependent on an individual's worldview where a multiplicity of diverse interpretations of truth, being, and ways of seeing are acknowledged. This philosophical framework is based on a postmodern approach in which experience can inform understanding and meaning can be co-created, recognizing there are multiple ways of knowing. The research methodology and method are based on Moustakas's (1994) model of phenomenological heuristic research. The term heuristic comes from the Greek word *heuriskein*, which means to discover or to find (Moustakas, 1994). Moustakas (1990) wrote,

Heuristics is a way of engaging in scientific search through methods and processes aimed at discovery; a way of self-inquiry and dialogue with others aimed at finding the underlying meanings of important human experiences. The deepest currents of meaning and knowledge take place within the individual through one's senses, perceptions, beliefs, and judgments. This requires a passionate, disciplined commitment to remain with a question intensely and continuously until it is illuminated or answered. (p. 15)

This form of research calls for freedom from suppositions of "epoche", where the researcher sets aside personal prejudice, biases, and preconceived ideas about things (Moustakas, 1994, p. 85). It focuses on seeing things as they appear and "allowing things, events, and people to enter into consciousness, and to look and see them again, as if for the first time" (Moustakas, 1994, p. 85).

This qualitative phenomenological method gave a descriptive account of those lived experiences of the participants which resulted in a thick and rich description of the phenomena.

This method provided the essence of those experiences in order to make sense of the emerging narratives or trends, i.e., what does this mean? Mahoney (1991), in his book *Human Change Processes*, wrote that the “private or personal theories about ourselves and our world lie at the heart of all our experiences” (p. 25). Phenomenological methodology captures those experiences in order to understand the constructs that informed the therapists’ thoughts, ideas, and perceptions of the subjective lived experiences (Terrell, 2016). Further, Kvale (1996) asserted,

Phenomenology is interested in elucidating both that which appears and the manner in which it appears. It studies the subjects’ perspective on their world; attempts to describe in detail the content and structure of the subjects’ consciousness, to grasp the qualitative diversity of their experiences and to explicate their essential meanings. (p. 53)

This research was active, exploratory, and involved a commitment to knowing. Eatough and Smith (2008) defined it as the “detailed examination of individuals’ lived experiences and how individuals make sense of that experience” (p. 178). In other words, phenomenology moves “beyond immediate experienced meanings in order to articulate the pre-reflective level of lived meanings, to make the invisible visible” (Kvale, 1996, p. 53).

This chapter will include the purpose statement and research question, as well as the research design, including the population (sample), data collection process, and data analysis procedure. Prior to the data collection for this study, approval will be obtained from the Wilfrid Laurier University by the Research Ethics Board (REB).

## **Purpose Statement**

The purpose of this qualitative phenomenological study was to understand psychotherapists practice of integrating spirituality into their clinical practice.

### **Research Questions**

**Central Question.** What is a therapist's experience of integrating spirituality in the context of a client's cognitive, emotional, or behavioural challenges and distresses in life?

### **Interview Questions.**

1. How do your personal experiences, understandings, and views of spirituality inform your approach to clinical interventions with clients?
2. What was happening in a session where you recognized that spiritual/religious resources contributed to resolving the client's concerns?
3. What spiritual/religious resources have guided your practice and approach in therapy?
4. Describe a client's presenting concern and how you explored spirituality/religion in the context of that concern.
5. Describe an experience where a client indicated that their spiritual/religious understandings had a negative impact on resolving the concerns that they presented in therapy.
6. How does your theoretical framework of therapy inform and facilitate your approach to spiritual/religious resources to support a client's challenges in life?
7. What spiritual/religious resources did a client bring into therapy that supported the changes that they wanted to make in their lives?
8. When your values and beliefs of spirituality/religion conflicted with those of the client, how did it impact the therapeutic process?

9. What indicators did you observe that the client's religious/spiritual resources contributed to positive change in their life?
10. Describe an experience with a client that you considered was a spiritual/religious intervention that supported change.
11. Is your view of spirituality/religion part of the therapeutic approach or would you consider it as the overall approach to the change process with a client?
12. Identify a situation when spiritual/religious discussions took place and images or pictures were part of your clinical experience with the client.
13. How does your professional identity and spiritual/religious identity inform your practice of psychotherapy?

### **Research Design**

A qualitative phenomenological approach enabled the researcher to gain a clearer understanding and awareness of the therapist's approach and experience of integrating spirituality into their clinical practice. The goal was to know the therapist's understandings, meanings, insights, and essence of their lived experiences rather than just an explanation of their approach to spirituality in psychotherapy. The value of qualitative research was that it enabled the researcher to interview therapists to discover information that a quantitative approach to research cannot find out by merely observing them. This research was designed to know the feelings, thoughts, and intentions of the therapists. Through open, non-leading questions I, "the researcher", explored the participants' feelings and perceptions in their own words to gain a concrete description of the phenomenon. Follow up questions emanated from the participants' responses with the attempt to pull out the essence or heart of what they experienced. As Dahl and Boss (2005) suggested, questions of meaning can help the researcher to "understand the lived

experience of the participants” on how they integrate spirituality to support the change process in a client’s life (p. 70). The goal of the research is to be “descriptive and empathetic, trying to stand in the shoes of the participants” (p. 70).

**Data Collection Procedure.** There was no specific instrument used. The primary tool of data collection in a phenomenological study was the interview, during which the researcher sought to gain insight on how the participants (therapists) integrated spirituality into their practice of psychotherapy. By using a phenomenological qualitative method of analysis, it provided a different perspective than quantitative techniques because it allowed the participants to describe their experiences in their own words. The researcher approached the interview with an open mind, recognizing that there were multiple ways of understanding the responses from the participants. The study of the therapists’ experiences called for the researcher to suspend judgment. Kvale (1996) explained the emphasis was on the “plurality of diverging interpretations” (p. 58). In other words, the researcher’s goal was to cultivate an environment of exploration and openness by engaging in the epoche process and creating an atmosphere of rapport, while putting aside personal understandings, facts, and biases when conducting the interview.

The data was collected through in-depth sixty-to-ninety-minute interviews with the participants. Common themes were discerned during data collection and the initial analysis. As each participant was interviewed, the researcher went back to the data of the interview and read it again slowly and analyzed it for specific statements, meaning units, textual or structural descriptions, and questions (Creswell & Poth, 2018). Within each interview, there were follow up questions that provided additional themes. The data gathered from the interviews started to

achieve a saturation point at the eleventh interview. It became apparent as the interviews shortened in length that no additional interviewing would result in additional distinctive findings.

The auto recordings were transcribed by the researcher and were password protected. Once the auto recordings were transcribed all identifying information of the participants and the audio recordings were destroyed.

There was interplay between the data collection and analysis. The field notes of the data collection aided in identifying patterns throughout the research.

The design involved a study of 15 therapists who practiced a spiritually integrated approach to therapy. The therapists ranged in age from twenty-eight and sixty-nine years. The therapists in the study were all Registered Psychotherapists (RP), which included members of other regulatory professions that practice psychotherapy and are classified as “Registered Psychotherapists” (i.e. psychologist and social workers), in Ontario. The therapists had different backgrounds in educational training.

**Table 1**

*Data Collection of Participants*

Gender	Age	Graduate Education	Field of Study	Years of Practice
9 females	20-29 (2)	University (7)	Theology (5)	
6 males	30-39 (5)	Seminary (8)	Marriage & Family Studies (2)	5 < 10 years
	40-49 (2)		Music Therapy (2)	5 < 20 years
	50-59 (3)		Social Work (2)	5 > 20 years
	60-69 (3)		Religious Studies (3)	
			Education (1)	

Additionally, the participants were self-selected and had to meet the requirement of practicing spiritually integrated psychotherapy in a private practice or clinic for a minimum of two years. The potential participants were those who responded from an information poster and email identifying themselves as practicing a spiritually integrated approach to psychotherapy. Out of eighty-six potential therapists, eighteen agreed to participate in the study. It should be noted at no time did the participants invited into the project had an emotional or social relationship with the researcher. The participants were selected through a criteria based on a “non-random snowball” sample (Terrell, 2016, p. 77). An information poster (Appendix: E) of this research project was sent out to various agencies in the Kitchener-Waterloo Region. Potential participants were sent an email that reiterated the purpose of the study, informed consent, the rights of the participants, confidentiality, as well as information about the researcher and the researcher’s background (Appendix D). Follow-up phone calls were made to meet the possible participants. This research took place in a Canadian context where statistical the demographic landscape reflects a spiritually that has more of a non –theistic perspective than necessarily theistic oriented awareness to reality. Statistically the Canadian landscape is less on common religious worldviews with more of an emphasis is on spirituality. The Pew Research Center (2019) most recent survey in Canada conducted in 2018 suggested a declining share of Canadians identify as Christian while an increasing share say they have no religion. The Angus Reid Institute (2017) identified the non-believers at 19% of the total population; spiritually uncertain 30%; the privately faithful 30% and 21% religiously committed.

Further, the participants were asked to sign an informed consent agreement (Appendix C) noting that their participation is voluntary, that their interviews will be recorded, and that they will not be identified by name in the reports written from the interviews. They were then asked to

agree on a time and place, whether their office or mine, for the interview through a phone conversation or an email.

The research questions were designed to understand how a therapist integrates spirituality in a clinical setting. The in-depth semi-structured interviews explored the perceptions, feelings, and experiences of the therapists (Moustakas, 1994). Although the researcher had developed a set of questions, they were used to “guide, not dictate the course of the interview” (Eatough & Smith, 2008, p. 188).

**Data Analysis.** The method of data analysis that guided the research and overall structure was Moustakas’s (1994) modification of methods of Stevick-Colaizzi-Keen. The analysis entailed an examination of the therapists’ life experiences, as well as how to make sense of those experiences (Eatough & Smith, 2008). The data collected was organized, evaluated, and analyzed based on common, reoccurring, and emergent themes according to the research question. Themes can bring meaning and identity to recurrent experiences. Basically, data analysis identifies significant statements, creates meaningful units, and clusters the themes while remaining open to all possible theoretical understandings.

To make sense of the data, the interview transcripts were coded as heuristic and the researcher looked for significant phrases that made meaning for common ideas, thoughts, or statements across the participants with an emerging analysis. There was an open code analysis of the data collected that combined like themes. In open coding, the researcher forms categories of the information about the phenomenon. Saldaña (2016) explained coding as “heuristic (from the Greek, meaning ‘to discover’) – an exploratory problem-solving technique without specific formulas or algorithms to follow” (p. 9). It is imperative that the researcher stays close to the

data and looks for words and actions of those interviewed to understand their perspective, so that images and meanings are not missed.

Within each category and subcategory, the researcher explored the data gained from the interviews. In all cases, the researcher viewed the particular ideas, thoughts, and statements at a conceptual level and considered what other data fragments supported that evidence. A storyline emerged and connected the categories based on a visual model (mapping) that visually represented the relationship among the categories, with a resultant theory, and further questions that the research stimulated. What do we still need to know?

**Summary.** This study took place over a fourteen-month period. The research processes were evaluated and assessed to ensure neutrality in the study by identifying pre existing biases, assumptions, and beliefs. All of the data that was collected is password protected and located in the researcher's office and locked in a file drawer with all identifying information removed indefinitely. The results of this research will be used for training graduate students in spirituality and psychotherapy, workshops, and future publications.

## **Chapter IV: Findings**

The intention of this field research was to explore a therapist's experience of integrating spirituality in the treatment of a client's cognitive, emotional, and behavioural challenges and distresses in life. In this dissertation the researcher is defining spirituality as a meaning-making experience in one's life that enables them to live a purposeful life in relationship to self, others, and the world that they experience. Religion is defined as a pathway to one's spirituality and is cultivated through an organized belief system. The sacred is defined as experiences that inform and enhance one's spirituality or religious beliefs.

The initial findings show that the participants' (n=15) personal understanding of spirituality affected the depth of their willingness to integrate spirituality into their

psychotherapy. As Sally<sup>1</sup> suggested, not exploring a client's spirituality "limits the possibility of who the client is and it may dismiss the spiritual orientation of the client".

All participants (n=15) reported similarities in their understanding of spirituality considering their spirituality to include an emphasis on compassion and empathy. Similarly, all reported a desire to help their client make sense out of their life circumstances based on what they value and what gives them peace.

The participants reported similarities in their understanding of spirituality, however it became apparent that three groups of participants had emerging narratives with common shared experiences based on their personal religious and spiritual experiences. It became apparent in this emerging data that the participants' religious and spiritual differences informed their practice that led to the three groups of participants. Greider (2015) called it "religious locations" noting "all persons inhabit a particular location relative to their religion" (p.235). The participants embodied "attitudes and positions towards religion that affected their clinical work" (p.235). It is noted from the findings it is not about the participant's religious location but how their religious location informed their practice. This basis became threaded throughout the research findings.

The first group were those who held to a traditional religious paradigm. This group had a common approach and view of spirituality based on religious traditions and exclusivist beliefs. This group (n=6) included the following participants: Dan, John, Gary, George, Brenda, and Greg. The second group of participants are classified as non-traditional (n=6). They had a traditional religious practice but were open to experiencing other religious practices and in turn, informed their religious traditions and spiritual experiences. This group consisted of the participants Kelly, Lora, Cindy, Janice, Sally, and Cathy. The third group is classified as the

contemporary group. This group may have had exposure to religious traditions but never embraced any particular religious tradition to inform their spirituality. This group included participants Pat, Jack, and Susan.

The findings within these three groups were explored in the following four themes: the participants' spiritual experiences, the participants' stuckness, opening space, and spirituality and mental well-being.

### **Spiritual Experiences**

All participants (n=15) recognized that their personal spiritual experiences had contributed to their overall mental well-being, which subsequently informed and shaped their understanding and practice of psychotherapy. The participants (n=15) stated that people are spiritual, as well as cognitive and emotional beings. Dan said: "there is more to us than just the physical and emotional—we are a triad: spiritual, psychological, and physical". Lora's own spiritual experiences assisted in her own mental health challenges and gave her a renewed sense of purpose in life. She suggested, "I think that if we ignore the spiritual side of who we are, we are likely to continue struggling". She continued suggesting that her spiritual experiences enlarged her perspective of understanding life and "that perspective of life is needed". Susan's spiritual experiences created a recognition that we are more than a function of our body and mind as she explained: "I am working with someone's heart and soul. I am trying to give them space to be with themselves". It reaffirms what Sally mentioned that "everyone has a spiritual core, whether they recognize it or not". Similar to Sally's comment, Pat explained that "there is a spiritual dimension to who we are and I think psychotherapeutic work is inherently spiritual, believing that positive change of any kind is a spiritual shift". It is noted that 14 of the 15

participants suggested that the topic of spirituality should be accessed and discussed in a therapeutic context, there was one exception. Janice did not consider her religious and spiritual experiences with her practice of psychotherapy and was more cautious in describing how her spirituality shaped her approach to psychotherapy. She stated that her spirituality was personal and that she did not want it to influence how she engaged with her clients. She stated, “I never felt comfortable thinking about it as an opportunity to proselytize anyone”. Janice reported keeping her personal beliefs separate from her therapeutic work and would not ask any questions regarding a client’s religious beliefs or spiritual background unless the client initiated it themselves.

Although there are similarities, there were also distinct differences in how the participants approached spirituality in their practice. For example, only some participants (n=6) reported a desire to help their clients reconcile their religious values and beliefs with conflicting behaviours. It became apparent that such differences were based on the traditional participants (n=6) own religious beliefs, spiritual experiences, and understandings.

The traditional group (n=6) noted that their spiritual experiences were informed by their theological training and beliefs. As George described: “I cannot practice psychotherapy and leave spirituality out of the room. I wear it as the mantle of my spirituality, as the first frontier”. John stated: “I am a spiritual being first...rooted out of religious traditions and my professional identity grows out of that”. It became apparent that these participants saw the integration of spirituality and psychotherapy through a lens of their own theological and religious beliefs and practices. For this group, psychotherapy appeared to be inevitably integrated with spirituality when working with clients of similar faith and beliefs. George said that he believed that his spiritual experiences contributed to his ability to connect in a meaningful way to his clients,

stating, “I believe God interacts with us in our personal relationship with others and guides us as we talk therapeutically”. George and Dan said that they saw their relationship to God as a means of providing direction in therapy and that their words and thoughts were guided by God, which made their approach to therapy larger than “secular” therapy. George described his overall practice of spirituality as the container, suggesting that, “Psychology runs through my lens of theology. Theology is the whole and the theories and methods of psychotherapy are its parts”. Dan stated that, “God is within everyone. When I speak to my clients, it’s like there’s God. It guides how I relate to my clients and it helps me be very honoring by giving them a lot of space and time to discern what’s there”. George reported a similar experience to Dan. He stated,

I listen to God, asking him to lead me in how I can support a client, whether to validate and challenge them, and inviting God’s presence into that encounter. I believe God interacts with us in our personal relationship with each other, guiding us as we talk therapeutically.

Cindy indicated a similar belief, noting that “when people are encountering me, they are encountering that which is within me”. The participants’ personal spiritual beliefs gave them a sense of being present with their clients with God and enhanced the way they engaged their clients in conversation. George stated, “I believe in God and therefore I believe God interacts with us in our personal relationships and helps guide us as we talk therapeutically”. Greg captured the essence of the interviews with the participants in this traditional group, suggesting that “spiritual experiences are the truth of psychotherapy”, and for psychotherapy to be integrated into spirituality, it needs to align and “inform biblical truth”. As Greg (n=6) suggested, as long as psychotherapy and Christianity were aligned, it was a spiritually integrated approach to therapy. It is similar to John’s approach, “my theoretical framework starts with the Scriptures

as the word of God and then I incorporate theories of change that align to what is taught in the Bible”.

This particular group would integrate various therapeutic approaches as long as they aligned to their religious or theological beliefs and spiritual experiences.

The contemporary group of participants (n=3) provided a different perspective. This group consisted of those who reported not having any specific theological or religious traditions, beliefs, or practices but instead having a spiritual paradigm informed by their personal spiritual experiences. Susan’s, Jack’s, and Pat’s experiences of spirituality were rooted in their own personal experience outside of any formal theological and religious training. Pat stated that her broad experiences of spirituality “changed the way I saw the world; I saw it a little bit different and that itself is spirituality”. Even though Pat’s spiritual identity was rooted in Catholicism, which allowed her to be aware of spirituality, it did not lead her to become a practicing Catholic. She suggested that her non-traditional spiritual paradigm enabled her to be open and comfortable in exploring spirituality with most clients. Jack said he started to recognize that “there are many ways to see and cultivate spirituality, which is beyond any one religious tradition”. Susan’s spiritual experiences informed her approach too, “my spirituality comes through in the way that I see healing and suffering and formulas of psychotherapy for health and well-being are limited in how far it will take someone and how sustainable it will be”.

It became apparent that Susan’s, Jack’s, and Pat’s experiences of spirituality opened up space to talk to clients without any hesitation regarding spirituality. This informed paradigm of working with clients became apparent when they described their personal experiences of spirituality. Susan reported that she became aware of experiences that she could only articulate

as spiritual. Over the years, she pursued this heightened spiritual curiosity and wanted to understand what those experiences were and started reading anything related to spirituality that focused on healing and self-actualization to a higher consciousness. Her personal paradigm of spirituality started to evolve and become clearer as she discussed the topic of spirituality with friends and family and participated in meditation and yoga practices. She explained, “I noticed I became more open spiritually and gained a larger understanding that our senses aren’t necessarily the five senses, but that there’s a connection between greater connections between all of us”. It became apparent with Susan that this newfound experience of spirituality created a different sense of awareness in her clinical practice, as she felt that there was something other interacting through her as she applied her skills to psychotherapy. She described it this way,

In my search for personal meaning in everyday life, I started to embrace my own understanding of spirituality, recognizing it to be a source of personal strength. I saw that it had benefits in my therapeutic approach with clients as well.

She explained it as a sense of phenomena or energy when engaging a client in therapy, noting that “there was this energetic exchange that I couldn’t fit into a certain model of therapy”. On one occasion Susan mused,

What was this experience? I felt this overwhelming sense of connection in ways I couldn’t assess...almost like I could not put language to it. It was like this type of utmost respect for another human being, but not just for the human form but the soul.

Susan continued, saying that “in exploring my own spirituality, I was more open to conversations with clients about their spirituality rather than focusing on a particular model of therapy”.

Similar to Susan, Jack said that spirituality is “a higher sense of consciousness or purpose,” and

that the interrelationship with self, others, and world continuously informs who we are and how therapists engage clients in therapy. For “what is deeply spiritual is seeing a client gain a sense of wonder, curiosity, and growth of wisdom for their lives”. This natural progression of understanding their own spirituality enabled them to form a personal view of spirituality that was larger than traditional theology or religion.

Susan, Pat, and Jack did not see spirituality as separate from themselves or see spirituality in terms of “secular and sacred” or “secular and religious”. To them, spirituality was a therapeutic experience with a client that enabled the client to reconnect to themselves, regardless of whether the client had a specific religious or theological belief system.

The non-traditional group of “combined” participants (n=6) had further distinctions in their approach to integrating spirituality into their practice. This group reported a willingness to hold multiple spiritual paradigms in their therapeutic interaction with clients while maintaining a core theological or belief system of their own. This group reported that their spiritual experiences and/or theological background enabled them to be more inclusive of other faith backgrounds and/or understanding of spirituality.

Kelly and Sally said that their understanding of spirituality can extend beyond their religious background and be open to a religiously diverse context which has enabled them to explore spirituality outside of an exclusivist religious faith. As Kelly explained, “I have no singular-focus, box-like formation. Spirituality is sensing the presence of God and honoring the inherent dignity of people”.

For these participants (n=6), although they had a theological and traditional belief background, they held multiple paradigms of spirituality. It had influenced their approach to

engaging the client in meaning-making experiences because they saw spirituality from a variety of perspectives and experiences. For example, Sally described, “spiritually speaking, clients are meaning-making machines, which is the heart and soul of everything we are”. For Sally, she saw God in the arts, music, and poetry. Sally described that it was her introduction to the mystics that challenged her with alternative perspectives, which enhanced her spirituality, although prior to that it was rooted in her fundamental beliefs about God. For example, she described the philosopher Rainer Maria Rilke who wrote,

To be patient with all questions, dare to live the questions, do not be in a hurry to answer the questions, because if we're in a hurry to answer the questions, we might actually miss the essence of what is at the heart of the question.

Sally saw spiritual meaning in poetry, reflecting a mystery side to truth, relationships, and understanding about God. Keeping multiple paradigms of truth, yet staying rooted in her fundamental beliefs of who God is, continued to inform her approach to spirituality in psychotherapy. Sally suggested that a connection with God can happen through song, poetry, and nature and in her spiritual or theological terms, one can see that transaction as a connection to the Creator, suggesting that “the core of a person is their authentic self, the territorial imperative”. Cindy affirmed Sally’s remarks, suggesting that in therapy, helping the client understand themselves without judgment is “simply receiving and exploring the belief that God is within everyone”. She continued this train of thought and stated that, “I believe God is within everyone and when I speak to someone it’s like there’s God”.

Lora, a music therapist, viewed her music therapy through her own theological belief system, but through music she increased her spiritual experiences stating that, “Music-centered

psychotherapy is inherently spiritual...whether we know it or not, music is a vehicle for encountering God and brings hope and restoration”.

To these participants, their understanding of spirituality was larger than a belief system recognizing that God is to be experienced. When people experience themselves in a meaningful way, they are connecting to God and self. God is found in meaning-making experiences, whether the client sees it that way or not. The core work for these participants is helping the client connect their sense of self and who they are as a person in the context of their concerns. Sally explained it this way, “I see the soul as the makeup of their mind and emotions. I think it is a connection of thoughts and feelings”, describing it as an essence and explaining that, “the breath of life is not just breath, it’s who they are”. She described her work in terms of working with their heart and soul and focusing on giving the client space to connect with themselves. As a music therapist, Lora stated that through music, there is a “spiritually heightened feeling in the room that gives the client space to express what they need to express”. She suggested that “music holds space for the client to sing or share whatever comes as their lyrics”. Relationally, Lora mentioned to the clients, “I’m here with you, I feel with you”. Her clients would continue singing the words over and over again, which brought calmness to their bodies. Lora described this kind of free association singing, stating that in her spiritual paradigm “it became like a prayer to the client...just the musical space that I created allowed for the client to feel safe”. She described “one client processed her experience in the music and started sharing about her spiritual searching and experience with AA and began to bring elements of a request over her substance challenges through singing”. Music was a vehicle for this client to connect with themselves and feel safe, which Lora viewed as a spiritual experience for the client. She suggested, “the therapeutic exchange with the client is at its core spiritual”.

Kelly described meeting an Indigenous woman with no particular faith tradition, who lost her son due to him dying from an overdose and explained her meeting with that client. “There was nothing to do but to be with her in her grief”, describing that “it would have been an insult to her if anything that involved a lot of cognitive work or even emotional work took place in that moment”. When Kelly experienced the raw grief of that client’s pain, she felt that her presence to that woman was her holding her pain. Kelly said that experience was overwhelmingly emotional for her. She explained, “it was a spiritual experience just to be present with this woman, holding her in her pain and there never was a word associated with spirituality that came up in our conversation”. Kelly’s experiences reinforced Sally’s experience that “spirituality was in the therapy session all the time”, while Lora would feel that this heightened sense of something other in the room and stated that “it felt like this is holy space”. Sally defined them as mystical experiences suggesting that, “the words of the therapist are not what informs the client, but essentially the energy behind those words is more important than any particular theory or technique”.

In this non-traditional group, the participants’ spiritual experiences were informed by their increased spiritual understandings of themselves and they were comfortable with exploring clients’ spiritual or faith traditions. Cindy described the combined approach this way: “There is an air of spirituality across so many different cultures. So, whenever I work with a client with a particular cultural or religious background, I would undertake an assessment asking them what that [spiritual experience] meant to them”. Kelly’s perspective was consistent with Cindy’s, stating that “my values, beliefs, and definition of spirituality is broad and deep”. As Cindy said, although she recognized and honored her own theological and belief system, “I need to see through my clients’ eyes, how they experience their lives and not through my own”. Kelly

described the importance of the interactions she had with a Muslim client related to wisdom literature. As she shared her Judeo-Christian perspective and he shared his near Eastern views, “it became therapeutically important for him in terms of what he was working on in his life”. Kelly’s theological and faith background, combined with her broader sense of spirituality, enabled them to establish a stronger alliance. She described the interactions as, “it gave perspective and we could both talk about the story because we both knew it”.

Pat described a couple who came from different cultural backgrounds and held different religious beliefs. The wife was an East Indian woman who practiced Hinduism and her husband was raised as a Christian. Their different faiths and cultures were reportedly contributing to the conflict in their marriage. Pat said: “I explored with them the differences they had and how their religious beliefs had informed, shaped, and contributed to many positive aspects of their relationship”. Pat noted that she was comfortable working with various religious traditions and recognized that spirituality can be both conflictual as well as a source of strength.

In summary, the participants’ (n=15) approach and practice of spiritually integrated psychotherapy was informed by their own spiritual experiences and/or religious experiences. Their spiritual experiences informed their understanding and practice of a spiritually integrated approach to clinical practice.

### **Participants’ Stuckness**

The traditional participants (n=6) reported being unsure of how to invite spiritual integration into the session, unless the client clearly shared the same belief structure and initiated the discussion. They reported feeling challenged by non-traditional views of spirituality, feeling some constraints in not knowing how to integrate spirituality within their treatment plan with, as

they described, “secular” clients. Dan and others in this group viewed their approach to psychotherapy through a religious or theological lens or paradigm, which in turn became challenging in establishing how to interact with “secular” clients in the way that they understood as a spiritually-integrated approach to psychotherapy. Dan stated, “I recognize I cannot counsel from a Christian narrative when dealing with my secular clients, so I take the Bible scriptures and change the wording of biblical teaching to that of an ancient philosopher”. Dan’s approach to therapy was clearly informed by his theological training and his religious beliefs, which in turn is his understanding of a spiritually integrated approach to psychotherapy. Dan’s approach suggested that spiritually integrated psychotherapy is about giving an alternative perspective and that alternative perspective is informed by his personal views of spirituality. When he engaged clients regarding spirituality, it was directly with the same religious identity and indirectly with other clients. This was the same as George, who clearly had a paradigm that separated “spiritual” from “secular” based on his religious and theological background. He described it this way suggesting that, “inside, there is psychotherapy, the theories, practices, and various methods that I use to help people but it is within my spirituality”. George would see a “Christian” struggling with their relationship with God or a “secular” client looking for inner peace. It was his way of how he saw his clients and those encounters were filtered through his spiritual experiences and religious understandings. On another occasion, George described a client coming in with anxiety and he started to explore questions with the client regarding his meaning and purpose in life. George felt that he was becoming uncomfortable with knowing that the meaning and purposes in life can be seen as a spiritual question, but as George stated, “I would ask him questions around spirituality but I did not want to push my faith on him”. George’s paradigm of spirituality led him back to his own faith traditions or view of spirituality. As he mentioned, “I did not pursue a

spiritual approach to handling anxiety”, so “I moved on to a cognitive behavioural approach to therapy”. In all cases, this group incorporated their spirituality directly with “Christians” and indirectly with “secular” clients or not at all.

Greg, a former pastor, decided to study psychotherapy because he realized that he did not have all the tools in his theological or pastoral training necessary to support people with life’s challenges and found that the study of psychotherapy was another resource to help people. In fact, he thought that the field of psychotherapy aligned with his spirituality. This became very real to him in his study of attachment theory explaining, “it was in line with my understanding of love, safety, and protection—which is reflected in the life of Jesus Christ and teaching of Christianity”. In his experiences, psychotherapy was a resource that affirmed his theology and his spiritual experiences. The challenge for Greg, as with Dan and George, was that they felt stuck in knowing how to incorporate spirituality in clinical practice with “secular” clients. When they tried, there was an inability to know how to move the process forward from a spiritually integrated approach. Within that framework, they would see clients from the context of Christian tradition as “sinful” and in contrast, from the secular perspective as “broken souls” in need of healing.

The contemporary group (n=3) reported greater ease in initiating spiritual conversations with their clients, regardless of the clients’ spiritual paradigm. The research with this group revealed that they were more fluid and open; however they felt challenged working with clients with a religious or faith tradition. Where they became stuck was over how to direct their religious clients towards greater traditional understandings or a more fluid spirituality. They would address the client’s struggles but did not engage the client with their beliefs, but still offered an alternative reality for them to consider. Susan gave an example of working with a

couple that was considering divorce; the couple belonged to a highly religious community. The wife started questioning her values and beliefs associated with her relationship to her husband. She was questioning the role of a woman in marriage and why a woman should stay in a negative relationship, recognizing that divorce was not an acceptable practice in her religious community. The presenting concerns were deeply rooted in the couple's religious context and they were filled with shame and fear. Susan mentioned how she struggled in knowing how to approach this couple. Susan recalled that when the couple described their religious background, she did not feel comfortable and felt at a loss to know how to talk to them. The only goal she had in mind was to help them move out of the shame so they could make a more informed decision. Susan stated,

How do I know if I am being more therapeutic than harmful? My goal was to open up space for them to think differently, whether to stay together, how they treat each other, and explore power and control issues in their relationship.

Susan focused her work on sexism, gender roles, and control, describing that this couple living in a small conservative community “had a lot at stake if they would pursue divorce but also had a lot at stake if they chose to stay together”. She found that those clients with conflicting religious values and beliefs are complicated stating, “the challenges of integrating spirituality in therapy are challenging because religion and spirituality can be so complex for people”. Susan described an incident where a client was moving into anxiety and depression triggered from past trauma over a conflict in the church where many members were leaving. The client described that it was important to have a therapist who understood religion and spirituality. Susan mentioned, “she just wanted someone who could understand a little bit more about the dynamics of church life”. Susan recognized she was limited in knowing how to support clients with a religious identity. It

became apparent that her lack of theological and/or religious training limited her ability to grasp or understand fully how to work with clients. Although open and responsive to spirituality outside of organized religion, Susan was stuck in knowing how to best support and guide the client through her challenges. Susan's worldview was outside the context of her client's worldview of organized religion. Susan was struggling to know how to address those aspects of a client's spiritually oriented system which may be "life-giving" but also "life-limiting", which required Susan to move "back and forth between psychological, theological, and culture" aspects of clients with a religious identity (Doehring, 2017, p. 19).

In summary, the traditional group (n=6) with a religious and theological background would take various theories and techniques of psychotherapy and apply them to those in the Christian tradition. In regards to secular clients, it became apparent that it was harder to navigate not knowing how to apply spirituality. Even though the traditional group felt stuck in knowing how to integrate spirituality with the secular client, they believed that having a relationship with God was still a spiritually integrated approach to therapy because God was guiding them in the therapy with a secular client. The non-traditional group (n=6) with a broader view of spirituality and with a religious or theological background were more fluid and adaptable to engage clients in ways that connected the clients' spiritual paradigm. Finally, those in the contemporary group (n=3) with no theological or religious background felt limited to engage those clients who came from a religious background. These participants were readily willing and responsive to talk about spirituality and religion with their clients; however, having little to no formal theological or religious training seemed to be a constraint.

### **Opening Up Space—Connection to Self and Therapist**

The participants' (n=15) approach to spiritually integrated psychotherapy was a client-centered approach to therapy. It became apparent that helping the client understand themselves was "opening up space" for them to explore their own values, beliefs, and understandings in a meaningful and purposeful way. For instance, Susan explained, "my goal is always to open up space for people to think differently about themselves. I want to create space for their genuine self". Sally puts it another way, suggesting that "making space for the client to find their authentic self" is called "meaning-making" and is basically making sense of their experiences in life. Laura affirmed this concept when she mentioned, "an emotional connection with self can be a spiritual thing even though it doesn't overtly look like it".

The participants were focused on the person more than the presenting concern, helping the client look at themselves by exploring their values and beliefs in a meaningful and purposeful way. The interventions applied in talk therapy focused on helping the clients self-reflect and reconnect to themselves in a meaningful and purposeful way. To create this context, alliances were established in a collaborative environment. The participants would ask questions and actively listen rather than immediately focus on a specific model of treatment or action plan. The information the participants (n=14) gathered included questions of spirituality and how it may or may not inform the client's life and life challenges. The individual participant not included was Janice, suggesting that unless the client engaged her, the participant with spiritual questions in light of life's challenges she would not probe or address questions of spirituality. The participants' goal was to help the client explore alternative ways of seeing their challenges while practicing a compassionate, empathetic, and safe environment, which opens up space for the client to engage the challenges they are facing in life. Dan, from the traditional group (n=6), suggested that God has an "unconditional positive regard and it doesn't matter what the

presenting issue is, I am going to love regardless”. Dan correlated his secular training in therapy, referencing the work of Carl Rogers as aligning to his belief of God’s positive regard for people.

He stated,

Carl Rogers would dictate if I can create a certain atmosphere I can help anyone regardless of what the issue is. Carl Rogers showed unconditional positive regard. When you look at theology, you look at God, look at the Bible that is really the presentation of God. I am going to love you regardless of whatever, for God so loved the world that he sent his only begotten son.

With all of the participants, a client-centered and compassionate approach to therapy opened up space for the client to engage in conversation regarding the challenges that they were facing in life. This approach would be viewed as a spiritually integrated approach, regardless of the client’s spiritual disposition. George explained,

Whatever their perception is of God or spirituality, they’re getting their sense of worth and their sense of value and understanding of self from therapy. The client may not attach that to God, but where are they attaching it to and then how do I help them to get meaning out of wherever they’re attaching it to? I’m not trying to evangelize people, I’m trying to help them with an inner and outer peace, life, and how they value that life. So that’s what I’m trying to do.

When it came to specific theories of the change process and opening up space for the clients to understand themselves, the traditional participants (n=6) were drawn to cognitive behavioural therapy, attachment theory and emotional-focused therapy. Greg took attachment theory and applied it to Christians in the context of their faith belief of a “loving heavenly father”, viewing it

as a way of integrating attachment theory into spirituality. It was clear that the paradigm of integrating spirituality in psychotherapy related primarily to Christians, with a distinct contrast between “secular” and “Christian”. Attachment theory would be viewed as a spiritually integrated approach to therapy for “Christians” because it informs, reaffirms, and highlights those aspects of Christianity that demonstrate compassion. Greg explained it as, “my psychotherapy degree helped me see things about Jesus I never saw before”. Taking the concepts of attachment theory and associating them to a person’s religious experiences of a “heavenly father” enabled Greg to open up space to engage Christian clients with their paternal family challenges.

John worked primarily with Christians and applied an emotional-focused approach to integrating spirituality. He described a client’s case where he asked the client how his present behaviour impacted his everyday life, relationships to others, and understanding of how he read the Bible. John’s goal was to help facilitate the client’s connection with his real self through his feelings. John used biblical stories to open up space to affirm the challenges that the client was facing so they would not be so anxious, recognizing that there are stories in the Bible that demonstrate the same challenges his clients were facing. John described how he worked primarily on the emotions and feelings, which he described as “the client’s emotional heart”. Feelings were addressed in their perception of God, whether they felt distant, abandoned, or believed that God was not listening to them. To give expression to those feelings, John suggested that he “would invite the client to practice a meaningful prayer, recognizing that God knows everything and he can express his emotions, feelings, and thoughts honestly to God without feeling abandoned or rejected”. John explained that attachment theory, from a Christian perspective, is looking to Jesus to provide the security from lost attachment figures from the past,

suggesting that the client can always count on Jesus being there for them. It seemed to open up space for the client to make sense of their experiences and bring new meaning to the client's biblical beliefs.

The kinds of meaning-making or opening up space that these participants considered using were those that best aligned to their belief system. The participants' focus was on a client's personal beliefs and they used psychotherapy to better inform those beliefs and understandings of self. They viewed a spiritually integrated approach that God is present in the therapy and God is guiding the client/therapist interaction and that the therapeutic alliance comes from an unconditional regard for the clients, which creates a context for meaning-making experiences with the client.

The contemporary group (n=3) used a variety of approaches to help their clients focus on their ability to understand themselves and their relationship with others. It became apparent that a spiritually integrated approach to therapy, to these participants, took a holistic approach to the client's understanding of self, which included questions of spirituality. The participants' experiences of spirituality shifted their approach to clinical work, seeing spirituality as an important element of a client's awareness and understanding of self. Susan mentioned that when she looked back over her practice, she found an ease to chat and have spiritual conversations with her clients because she was aware of her spiritual biases and no longer felt unfamiliar, nervous, and no longer had a discomfort with conversations of spirituality. As Susan became more familiar with her own spiritual experiences, "[she] asked clients to tell [her] about their experiences of religion and spirituality without any fear of [her] own biases getting in the way". She came to the realization that engaging and exploring spirituality was no different than approaching the topic of sex. She would naturally ask clients if spirituality meant anything to

them or if saying the word spiritual brought anything to mind for them. Her initial intake process would include the questions of spirituality in order to understand how it may inform the client's life. She mentioned how important it was to pick up on the client's words, which may give an indication that they might have a spiritual or religious aspect to their lives. In her experience of therapy, clients welcomed and appreciated being asked about their spirituality. Asking about their spirituality opened up space to enlarge the conversation. Susan explained, "They did not have an opportunity to talk to someone without thinking they were crazy. They felt there was permission to explore spirituality which was extremely normalizing". It was Susan's personal spiritual experiences that enabled her to openly give the client permission to explore every aspect of their thoughts, ideas, opinions, and beliefs about themselves, which would include spirituality.

Pat and Jack described that as they had a heightened sense of their own spiritual experiences, they saw it come through in the way they felt about their work and handled their client's emotional pain. Jack mentioned that his heightened sense of spirituality enhanced his use of empathy and compassion in therapy, recognizing that it had become a core value when working with clients. He explained, "I can quickly put myself in the other person's shoes". Jack felt he had the ability to understand the mental state of the client and hold both the client and himself in their experience. Jack described this interconnectedness as a deeply spiritual experience.

For Susan, Pat, and Jack, their personal spiritual experiences changed how they viewed their work with their clients and approach to treatment, finding that the interpersonal connectedness with clients was a spiritual experience for them and their clients and the focus of their approach to therapy. By opening up space, they encouraged their clients to focus on their values, beliefs, and what gives their lives meaning. Jack described it as a "sense of their worth,

their sense of value and meaning, and entering a higher state of consciousness to self” in their lives. Interventions varied to the degree that the participant viewed, understood, reflected, and engaged their own spirituality and spiritual experiences. Susan suggested that, “Spirituality has helped me get to know my authentic self with my very secular training. Spirituality helps me be true to me and it comes through in the way I see humans, see healing, and the way I see suffering”.

Susan described that her approach to therapy had shifted, suggesting that “most of the approach to therapy is to help the client focus within themselves by becoming more self-aware and exploring themselves as much as the struggles they are facing”. She mentioned that by just asking questions of the clients’ feelings and experiences are within themselves a spiritual intervention and opens up space suggesting that “when the client is connected with their core essence – I don’t care if the client does not call it spirituality – it is spirituality”. Susan described her work as “opening space” for the client to be their genuine self, in direct contrast to her training in a cognitive behavioural approach to therapy, which she described was “a concrete tool kit of how we can fix clients”.

Pat’s spiritual experiences enabled her to focus on conversations that would help the client connect within themselves. She described using the Shamanic and indigenous healing model as a way of opening up space with the client to explore their emotional, spiritual, physical, and mental well-being of self-suggesting that,

It just seems like the holistic view would be helpful where clients may never think about spirituality as part of their lives and sometimes it would bring out yearnings that people

have, in feeling a sense of wellness with self, at home in this world, or in the universe generally.

She felt that the checklist approach helped clients identify or become aware of choices that they made in their lives to enhance their physical, emotional, mental, and spiritual well-being. By assisting the clients with this kind of resources was a means of opening up space for the client to see themselves in light of how they live their life.

Another resource that Pat used to open up space with the client was hypnotherapy, a technique in an effort to help clients reconnect to their unconscious and inner past. She stated, “if you look at core beliefs I think you’re getting into the client’s spiritual work” which she stated, is “allowing the mind to go to a memory; it could be materially unconscious and that is really significant for healing and change and it’s quite emotional, which is spiritual”. Pat found it helpful for the clients to connect to their strengths and higher selves, which she described as “inherently spiritual work”.

Jack suggested that, “anything that helps a client reconnect with themselves is meaning-making, which is a spiritual practice”. When a client can connect emotionally to themselves, they get to know themselves, as Jack suggested “in an intimate and deep and vulnerable way never thought possible before, even to feel comfortable with failure and growth”. Jack focused on a model of cognitive science associated with Buddhism where the client learns to befriend their mind, centre their attitude, and look *at* their mind and not *through* their mind to find the centre of balance—a calm and clear mind.

In helping clients connect emotionally, Jack described that Gestalt therapy was conducive to spirituality with the practice of psychodrama. He believed that it opened up space for

individuals to understand themselves and others through shared reconstruction of past memories by resetting the scenario. Jack suggested that it opened up space for them to understand how past experiences gave them insight in their understanding of themselves today. Jack explained that, “the client reconstructs the memory in a way that feels supportive and healing” and described this as “deeply spiritual”. Jack went on and explained that “this psychodrama approach to therapy helped the client gain a renewed understanding of themselves, having enhanced their sense of wonder, curiosity, and wisdom about themselves”.

These participants viewed spirituality as meaning-making through helping the client connect to self through their personal experiences. Their spirituality was informed by their experiences of something other and in the wonder of the human change process. The client/therapist relationship was one of equals and the participants were experiencing their spirituality through the client’s spirituality.

To the non-traditional participants, an assessment facilitated or cultivated meaning-making experiences in session when engaging the client in the change process. Cindy, for example, explained that “[she] would undertake an assessment and ask the client what their particular cultural or religious background meant to them and how it informed their lives”. She believed that this information would open up space to help the client gain better understandings of themselves. She stated that, “[she] couldn’t really make a lot of progress with the clients unless [she] was willing to recognize how their past beliefs and values informed their life”. She would ask what spirituality meant to her clients with an effort to explore how spirituality informed their thoughts and behaviours. If a client had no spiritual or religious background, she would ask them directly if they were interested in exploring this part of themselves. As she

explained, “I really map that into my assessment and my therapeutic plan”. If she did not ask about their spirituality it was limiting to the work they would be doing and hence close off space.

Kelly asked her clients questions around their purposes in life and where they found meaning, describing it this way, “I would talk about their sense of well-being in terms of connection to things that are greater or that ground them, or what they feel they connected to” suggesting that “these kind of questions would lead to spiritual conversations”.

Lora used music as a vehicle to open up space with clients to connect to themselves and described it as having a spiritual experience. Lora mentioned that when a client connects to themselves through music, it becomes a vehicle of healing and speaks of the interaction, suggesting “that is spiritual”. Lora has strong religious roots, yet suggested “our interaction or connection with God does not have to be within the walls of a church, within formal prayer, suggesting music can actually be a prayer to something other than the traditional clinical practice of talk therapy. Music, whether by an instrument or singing, opens up space for the client to connect to themselves. She mentioned that even repetitive cords or singing a song, is a “vehicle to sing into that place of anxiety and can bring calmness to the body”. To her, connecting spiritually within self can be beyond Christian hymns or spiritual songs. She stated, “I think you can have amazing experiences with God through listening to the Beatles or any other music that has nor religion or a spiritual connection”. She described music therapy as a means for the client and therapist to connect beyond talk therapy. Music opens up space. As she described it, it is “an access point for the client to have experiences with their emotions and memories that can bring them to a place of inner healing and something spiritual”, which is meaning-making. Lora accesses music as a source of a client’s well-being, suggesting that “Connecting to God does not need to be within the walls of a church or through formal prayer. The vehicle of music can be

seen indirectly as a prayer to God because music is inherently spiritual”. Lora explained that, “God touches us through the arts”. She gave an example of this by describing her work in a women’s shelter where there was significant trauma experienced in her clients’ lives. She suggested that music was emotionally healing for her clients, as it opened up space for the client to meditate and created a sense of calmness which she calls vocal holding, explaining that “[she] would play a simple, repetitive cord to hold space for the client to sing or share whatever comes up”. Lora believed that it helped in building a working alliance with her clients and in particular, when singing back to them signaled that “I am here with you and I feel with you”. Lora believed the use of repetitive cords acted as a mantra or prayer with the client. She described those experiences suggesting, “whether the client brought up God in their conversation or not, there was this spiritually heightened feeling in the room and it felt like holy space and a calmness came over the clients”. Lora believed that an emotional connection with a client, as she described, “is a spiritual thing even if it does not overtly look like it” and meaning-making for the client.

Grounding techniques are images or creating experiences that create a calm and quiet space for the client to relax and self-reflect. This approach opens up space for clients to connect with themselves. As Sally suggested, “images of nature helped the client connect to themselves as the higher self within them”. She described using the image of waves of an ocean and having the client visualize the movement of those waves coming up to the shore, then moving back into the ocean, and moving back to shore almost like a “hypnotic-like experience of energetic movement bringing healing and inner peace”.

These various resources opened up space to help clients connect with themselves on a deeper and more personal level. Kelly and Sally found that their spirituality fit well with the Satir

model of the change process and opened up space for clients to explore their beliefs, assumptions, fears, hopes, and expectations (Satir Iceberg Metaphor) incorporating Satir's mandala as a visual (congruence: self, others, and context) of self, which would help the client explore their authentic self. Kelly saw the Satir work on therapy as inherently being a spiritually integrated model, suggesting it was a growth-oriented and process-oriented model and post-humanistic existential psychotherapy. The "I am" concept was emphasized for the importance of the "heart and soul", which is reflected in the uniqueness of a person. As Sally described,

One of the things I love about the iceberg, not only is the "I am" at the bottom of it, but it is very easy then to help people look at what's in between the behaviour that is exhibited on the top and the foundation, which is the "I am" and so I'll quickly go into beliefs, expectations, fears, and hopes.

Kelly found the model to be useful to enable people to explore the essence of "I am", which resonated with her theological background stating that, "the Satir model is growth-oriented, it is process-oriented, and it comes out of post or humanistic existential psychotherapy that is inherently relational".

In summary, opening up space enables the clients to practice reason and reflection with the participants. Participants created an environment of opening up space by listening and experiencing the story, which enabled clients to understand that what was going on in their own experiences was meaning-making and part of a spiritually integrated approach to psychotherapy. Various interventions and techniques were used to facilitate that process. Secondly, the participants' experiences affirmed that opening up space helped the clients connect to themselves in the midst of the distresses they were facing in life. Thirdly, the participants viewed that a

client reconnecting with themselves can be facilitated through the client/therapist relationship, which the participants would view as a spiritual encounter.

### **Spirituality and Mental Health Challenges**

All of the participants (n=15) recognized that when conversations were initiated around spirituality, it resulted in an increased awareness that mental health issues can be associated with spiritual or religious trauma in their clients' lives. When asking questions around a client's spirituality, Susan shared how she "benefited from those conversations, realizing a lot of mental health issues were related around spiritual crises or religious trauma". It became apparent that mental health intersected with people's spiritual beliefs and experiences. Kelly suggested that "spirituality is a resource that clients can draw on as a source of strength, but never assume it is a good thing, [explaining that] some people might have had a very difficult spiritual experience that might be a source of pain". This became apparent in the research when the participants described clients wrestling with shame, guilt, anxiety, and depression which was rooted in their conflicting values and beliefs.

The traditional group (n=6) worked easily with those that had conflicting mental health challenges when associating with clients coming from a similar belief and religious tradition. For example, George had a client who was diagnosed with cancer and fell into depression. He described that the client was filled with guilt and shame, suggesting that God was punishing him for smoking. George described, "all of his regrets and things he did wrong, he did not feel

worthy for anything that God might do in his life and thought God was punishing him”. Through talk therapy, George explored the client’s religious beliefs and recognized that the client’s view of God was framed so that God was judging him. Because George had a theological and religious background, he explored the theological concept of grace and God’s relationship to the client. George described the dialogue with his client stating, “Where do you get that? Where does it say that God punishes you? You live in grace”. After having that conversation, George stated that “the client felt free from the shame and guilt”. George challenged the client’s faulty information processes. He opened up new possibilities of how the client thought, how he viewed his world, and informed his personal expectations. These reduced the client’s anxiety and depression.

Dan described a woman who was in an emotionally abusive relationship. This client was having conflicting thoughts on whether or not to leave her husband. Her religious beliefs were holding her back from leaving. He stated, “she was overcome with guilt and shame when recalling the Scriptures, which tell her to be submissive to her husband is a way of honoring God”. As she considered staying or leaving, Dan redirected her thought process and stated, “we explored the love God has for her, and God would not abandon her, explaining Psalms 139, recognizing she needed to make the choices that were right for her”. Dan approached the clinical situation by affirming to her that God is love and he will not abandon or forsake her if she leaves him and that she needs to make the choice that is right for herself. Dan stated, “people can make different spiritual choices if they can see an alternative belief that justifies it”. In the same manner, John described a woman who encountered physical and emotional abuse, coming from a home setting where her spiritual belief held a patriarchal stance of the dominant role of the male.

John stated, “I needed to help this woman recognize how insidious it is as a belief”, suggesting “a badly taught biblical teaching really created hindrances by asking her to be compliant”.

George had a client that identified herself as a Christian who was struggling with depression and anxiety. As the sessions unfolded, the client described her experience of being sexually abused as a child and struggling with her relationship to God, asking why God would allow this to happen in her life, or as Jack described it, “what went wrong in her life”? Through the talk therapy it became apparent that she had a difficult time forgiving the perpetrator. Jack responded using the biblical example of Christ dying on the cross, suggesting that,

Christ was on the cross dying for her, suffering for her so that she could be saved, and that’s where he was and he also died for the perpetrator who abused her and God felt every touch, every pain, and every sore she ever felt.

Through subsequent conversations, the woman released the perpetrator from her anger and forgave him. George suggested that interacting with her on religious beliefs helped her rethink her thoughts from a spiritual perspective of forgiveness and letting go of resentment by giving it over to God. George described, “I’m helping her, in part to consider a spiritual perspective of forgiveness; letting go of resentment and giving that to God because God’s in control and he’s going to do the judging”. The client had a desire to be right and to be certain, but as she worked through her thoughts, she gained new understandings about her beliefs and her depression subsided.

Kelly had a similar experience when she reached out to a client and asked about their spiritual resources in relation to handling a miscarriage. She described the client’s response, “I can’t even get comforted by God because I have such a complicated history with spirituality and

religion”. Kelly explained that the woman could not even think that there could be spiritual resources that would be helpful with her loss. She explored with the client her negative spiritual history and through that process, helped the client explore aspects of her spirituality and spiritual resources that could be of help. Kelly’s client had automatic thoughts that reinforced aspects of her depression until she experienced a shift in her thinking.

Janice described a client coming to her after seeing three other “Christian counselors” who suggested that “she needed to pray more”. Janice described the client’s experience as infuriating because she felt like they did not understand that she was struggling with depression. Janice discovered that the underlying concern for the client was that she felt unworthy of God’s love. She advised the client to “listen to that inner voice and dial down the voices that she hears from others”. Janice explored the Christian traditional text of the Psalm and King David’s encounter with depression and the songs he wrote in the Psalm as he moved through his depression as a helpful guide for understanding and compassion for self.

Cindy came across a couple who were struggling in their marriage and the core of their frustration was based on the husband’s understanding of feelings and his beliefs regarding anger. The husband felt that to express anger was a sin and as Cindy described, “he kept it in a box and would not talk about his anger”. Pat felt that she needed to explore his beliefs around anger prior to helping the couple explore meaningful ways to improve their communication.

John described a client struggling with pornography over a period of time and described it as an addiction. The client mentioned the practice of pornography would come and go over a period of time. John felt that the client started to lose track of his own sense of self, living in a secretive world and keeping this behaviour from his wife and those that they associate with

through work and church. This secret life overwhelmed the client with guilt and shame. John stated that the client had “started to lose connection with himself”. John’s focus was on his client’s religious identity by helping the client revisit his beliefs of the kind of person he wanted to be with his wife based on his religious values and beliefs. When a client’s spirituality and behaviour are not aligned or congruent it impacts mental health. It becomes apparent that when a client’s spiritual beliefs and values are in conflict with their behaviour it creates mental health concerns.

With George, Dan, Kelly, Janice, John, and Cindy, mental health issues were addressed recognizing that the client’s faulty processes of their beliefs had reinforced aspects of depression and anxiety. It seemed that the traditional participants (n=6) worked easily with those clients that had conflicting mental health issues who came from a similar belief and religious tradition. The participants, based on their own religious and theological training, provided an alternative narrative of how the clients viewed their behaviour with their religious beliefs. As Cindy suggested, “as part of my spiritual beliefs and spirituality, I feel comfortable engaging clients with various religious or spiritual perspectives”. In that context, it opened up space to explore those mental health challenges that are associated with religion and spirituality.

The contemporary group (n=3) worked easily with those clients that had conflicting mental health concerns but felt some constraint in knowing how to approach clients with religious beliefs that impacted their mental health issues. For example, Susan identified a number of experiences that she had with clients whose religious backgrounds and beliefs were in stark contrast to how they were living their lives. She described having clients that could not reconcile the guilt and shame they were experiencing. Susan started to realize a pattern, “religious values can increase levels of shame and become part of the presenting concern”. She described that

clients in the LGBTQ+ community found their spiritual and religious background as problematic. She mentioned working with gay men in their fifties who grew up in a more religious context that felt isolated from their religion, marginalized, or discriminated against because of their sexual orientation. She described how clients internalized shame because their values did not align with their authentic selves; the shame was rooted in a lack of belonging. She expressed her clients' experiences stating,

They grow up with these religious values but also not feeling completely seen and a lot of times marginalized or discriminated against. They internalize shame. Shame hugely impacts mental health. They internalize religious values that didn't quite align with their authentic selves, feeling that the authentic self was wrong.

Susan did not hesitate to talk to her clients about their relationship with religion and their conflicting lifestyles; however, her focus included talking about the anger around not belonging, how to externalize, and their feelings of shame around their sexuality. She described how the conversations around spirituality created more awareness on how clients' religious values, at times, are not working for them in their lives.

Susan described how extremely challenging it was for the client to deal with a pornography addiction in light of their religious values and beliefs. In one case, she felt that the client viewed himself as a sinner because he wanted to use pornography, so she focused on his sexual desires and explored how pornography conflicted with his values and care of negative beliefs. It became apparent to Susan that she struggled to help clients that had mental health issues and stresses in life that were directly influenced by their religious beliefs.

In summary, a spiritually integrated approach to therapy helped identify mental health challenges that were rooted in a client's values and beliefs in life's challenges. As one participant described, spirituality is a resource that clients can draw upon, but as she stated, "some people might have had very difficult spiritual experiences that might be a source of pain". Through this study, the following mental health challenges came up in the context of client's beliefs and values: pornography, divorce, shame and guilt, anxiety, sex, forgiveness, loss and death, OCD and religious rituals, relationships in church conflicts, depression, marital conflict, feminism, and religion.

The participants' awareness that spirituality is an important part of clinical practice enabled them to recognize that some mental health issues are associated with the client's personal religious beliefs. The participants (n=6) that had a theological and religious background seemed to approach mental health challenges by exploring their clients' beliefs while the other participants (n=9) focused on the clients' values regarding those things they experienced that were useful, worthwhile, or desirable, but conflict with their belief.

## **Summary**

The research question was designed to explore the therapist's experience of integrating spirituality in the context of a client's cognitive, emotional, or behavioural challenges and distresses in life. In summary, the participants' (n=15) spiritual identities informed and shaped their practice of psychotherapy. The participants' beliefs and spiritual experiences framed the manner in how they approached psychotherapy and the application of interventions in the change process. At no time throughout the research did the participants (n=15) use the term "sacred"

when describing their clinical practice or specifically use the term “integration of spirituality” but did describe phenomena as “transcendent” in the context of being a spiritual experience.

Even though the participants identified themselves as spiritual and viewed their practice of therapy as spiritually integrated, their approach to integrating spirituality and psychotherapy were different based on their own religious or spiritual paradigms.

Three distinct groups of participants emerged from the field research. The traditionalist, who maintained a perspective framed by an institutional religion; the contemporary group, who held a sense of spirituality outside of any institutional religion; and the non-traditional group with a combined spirituality, who held both traditional and non-traditional belief structures.

Participants (n=6) from a traditional paradigm were more comfortable engaging clients in spirituality who are like-minded in beliefs and theological tradition. They believe that change happens when the gap in the client’s belief framework realigns and becomes congruent when addressing those conflicting beliefs which can cause mental health challenges.

The contemporary group (n=3) who had a spirituality outside of the traditional paradigm were comfortable with all forms of spirituality, believing that change happened in a client’s life through self-exploration and aligning their congruency in addressing conflicting values. However, participants in this group found it difficult engaging clients who had a traditional theological or religious belief and lifestyle.

The non-traditional group (n=6) held a combined spiritual paradigm, with both a traditional and non-traditional belief structure, were able to engage their clients with a variety of

spiritual experiences and religious beliefs when they had conflicting values and beliefs, but approached spirituality from their religious location spiritually.

What all participants had in common was a focus on meaning-making and helping clients make sense out of what is happening in their lives. Part of each participant's spiritual identity was helping a client explore who they are in the context of life challenges. Spirituality is as much an approach as it is a practice where the participants focused on the core work that was deep inside a client. This was demonstrated by the participants' focus on who the client is, what they value, what gives them peace, and assisting them in reconciling religious values and beliefs that may be in conflict with their behaviour.

All participants recognized that when exploring spirituality, mental health challenges can be rooted in a client's spiritual or religious beliefs.

Despite the different understandings and approaches of integrating spirituality into clinical work, all participants reported spiritual integration as beneficial to their clients.

It is important to note that the participants with a more religious and theological background had an emphasis on the client's understanding and knowing in their way of living, while the non-traditional and contemporary participants focused more on the clients' experiences as a way of understanding and dealing life challenges.

All participants' approaches to spirituality, as an integrated approach to psychotherapy, were based on their own spiritual experiences and or theological background. The participants, it seems, could be placed on a continuum of an informed approach to spirituality based on their theological background to an experiential approach to spirituality that would inform their

practice in how they engage their clients in psychotherapy. It became apparent the participants' philosophical, theological, and worldview shaped their understanding of spirituality in the practice of psychotherapy.

There were no distinctions in views, ideas, or approaches to therapy based on the participant's gender. The differences were based on the participants' own experiences and/or theological/religious training.

The questions that emerge for further research are: Do graduate schools intentionally develop curriculum in theory and practice of integrating spirituality in clinical practice and what place should that have in clinical supervision?

Secondly, is it possible to develop a coherent theory of change in a spiritually integrated approach to psychotherapy with therapists having such diverse spiritual backgrounds?

Thirdly, if therapists hold to a religious belief system and look to integrate psychotherapy into their spirituality, would that not impact the therapist's ethical practice in an integrated approach to spirituality?

## **Chapter V: Discussion**

### **Introduction**

The existing research identified multiple definitions, understandings, and meanings of the terms spirituality, religion, and the sacred. In this research project, what informed the multiple understandings and meanings of the term spirituality were dependent on each participant's worldviews.

Secondly, much of the current research suggested that there are multiple approaches, perspectives, and applications on how psychotherapists integrated spirituality into psychotherapy. The findings showed that each participant's understanding and practice of integrating spirituality in psychotherapy varied based on their background, education, and life experiences. However, the findings also revealed some "common factors" and similarities in their practices that revolved around the therapeutic alliance and an existential approach of engaging the client, which many authors suggested are "transcendent moments" (Elkins, 1998; Johnson, 2013; Hyland et al., 2010; Pargament, 2007; Pargament et al., 2014; McCarroll et al., 2005; Welwood, 1984; VanKatwyk, 2011).

The purpose of this discussion chapter is to explore, from the findings, the participants' lived experiences of integrating spirituality into psychotherapy in the context of the existing research.

### **Definitions and Perspectives**

Based on the findings, the participants had variations in their understanding of the term spirituality, which was reflected in the various definitions in the existing research and their approaches to clinical practice.

The participants' understanding and applications to a spiritually integrated approach emerged from the findings into three groups: (a) traditional, (b) non-traditional, and (c) contemporary. The traditionalist, who maintained a perspective framed by an institutional religion; the non-traditional group with a combined spirituality, who held both traditional and non-traditional belief structures; and the contemporary group, who held a sense of spirituality outside of any institutional religion.

Within these groups they had various degrees of understanding and application of spirituality in psychotherapy. The traditionalist has, as Doehring (2015) described, a "pre-critical" lense or "first order" language that spirituality is experienced through the sacred text, which is philosophically interpreted as a post-positivist view of a single reality of truth (a priori). Knitter (2019) would see this group struggle with genuine dialogue with other religions and

identified them as having a “traditional theological telescope” (p.109). Fowler (1981) viewed religious experiences as “stages of faith” or structural development theory of faith stages and would identify the traditional group as having difficulty dealing with “belief systems” contrary to their own, describing it as “synthetic-conventional” (p. 172). The findings in this research coming out of their religious context struggled with genuine dialogue with clients of other religious backgrounds. The non-traditional group would be viewed by Doehring (2015) as “modern” or second-order language using rational or empirical methods of reinterpreting sacred text and integrating social science, philosophically recognizing multiple realities are constructed through our lived experiences and interactions with others. Fowler (1981) viewed this group as “individuating – reflective” faith where they struggle with the possibility of an absolute. The contemporary group as Doehring (2015) described it as a third-order language that brings into focus the contextual and provisional nature of knowledge, including knowledge of God, or transcendent dimensions. This could be viewed philosophically as a “postmodern” lens where subjective and objective realities emerge recognizing there are multiple ways of knowing. Fowler (1981) would consider this stage of faith as “universalizing” faith, or what some might call “enlightenment” (p. 200). What was similar with all of the participants, despite having varied understandings of spirituality, was that spirituality was positive to their personal growth and professional development and secondly, it contributed to the change process that they experienced with their clients. Susan described it this way,

In my search for personal meaning in everyday life, I started to embrace my own understanding of spirituality, recognizing it to be a source of personal strength. I saw that it had benefits in my therapeutic approach with clients as well.

The traditional group identified themselves as having a religious background but described themselves as spiritual. Although the existing literature classified them as religious because their personal theology was informed by institutional beliefs and practices, they did not see themselves as religious because they had a narrower definition of religion. Their definition of religion was: “a code of conduct as a set of rules outlining the social norms, responsibility, or proper practices for an individual on what is right and wrong” (Merriam-Webster Dictionary, 2018). Hyland et al. (2010) and Thoresen and Miller (2003) suggested that the traditional group’s spiritual experiences were informed by their religious or institutional beliefs or belief systems and practices, but this group’s religious experiences (practices) were an expression of their spirituality (Pargament, 2007). Their spiritual experiences were framed out of their embedded and deliberate theology (Doehring, 2006). This group made sense of their spiritual experiences within the context of a literal interpretation of the Bible. They did not identify themselves as religious and instead identified as spiritual because they embraced a theology that was personal and meaningful to daily living and not just an expression of ideas, thoughts, and beliefs. It was a theology that was experienced within the context of their “religious world”, or as they saw it, their “spiritual world” (Saunders & Miller, 2010). Doehring (2006) suggested it is a spirituality in the context of a “spiritually oriented system” which contributed to their spiritual life and experiences (p. 19). John mentioned, “My theoretical framework starts with the Scriptures as the word of God and then I incorporate theories of change that align to what is taught in the Bible”. They had institutional beliefs and practices that cultivated their spirituality through organizational and/or community structures that aligned to their particular beliefs and practices. Embedded in the traditional participants were a set of beliefs and practices that were central to cultivating their spirituality. Those theological constructs informed the practice of these

participants and they applied them in their approaches to psychotherapy. The language used when describing how they approached psychotherapy and spirituality was informed by their beliefs. For example, Gary described that the overall interaction with his clients was within the context and framework of practicing what he called shalom. He stated, “Clients that come to me have a lot of hurt and pain in their lives and I practice the concept of shalom”. Shalom, he described, “is the Hebrew word meaning peace, harmony, wholeness, and completeness”. He also suggested that, “When people feel disconnected to themselves, it is fear-based and it is the opposite of shalom and my goal is to help them connect to themselves”. Similar to Gary, Brenda framed her clinical practice within the framework of her religious background and training. She suggested, “I am trying to hear God’s voice in light of the wounds and pain they bring into therapy and I ask God’s spirit to partner with me in the session”. This group’s understanding of spirituality was informed by their institutional beliefs and practices (Ammondson, 2013; Pargament, 2007; Rose & Ansely, 2001; Thoresen & Miller, 2013; VanKatwyk, 2001). For this group, the participants’ theological training and their religious practices shaped their experiences of spirituality and informed how they approached their clinical practice.

Where the traditional participants struggled was with knowing how to integrate or approach spirituality with those who were not of like faith. There was a hesitation to inquire of a client’s spiritual background. This group tried to find other indirect approaches to integrate spirituality with what they saw as “secular” clients. Gary stated, “I am reintroducing religious, spiritual, or Christian language in my practice that a secular person could understand. I would introduce soul as the person’s authentic self”. Within these participants’ frameworks, they saw clients from the context of the Christian tradition as “sinful” and in contrast, from the secular perspective as “broken souls” in need of healing. The findings showed that they had a difficult

time bridging spiritually integrated work that was inclusive to all clients because they only viewed spirituality within a belief system similar to their own.

Pargament (2007) suggested that the traditional group exercised “exclusivism” and in some cases also demonstrated “spiritual intolerance” because the orientation of this group rested on the assumption that there was a “single absolute truth and a single best way to approach it” (p. 188). Within the framework of the traditional group, spirituality was associated with clients having a belief system similar to their own. This group differentiated Christian therapists from “secular” therapists and this difference was reflected in how they viewed their practice. Integrating spirituality into psychotherapy was generally associated with clients who had similar beliefs, practices, and experiences, which was why there were also mixed messages with the participants’ applications of psychotherapeutic theories of the change process. It seemed that all applications were filtered or interpreted through their theological or religious beliefs. For example, Brenda explained, “I pull from different modalities recognizing that all truth is God’s truth”. Similarly, John suggested, “My theoretical framework starts with the Scriptures as the word of God and then I incorporate theories of change that align to what is taught in the Bible”.

It seemed clear from this group that having a theological and spiritual background informed and reinforced how they approached a spiritually integrated approach to psychotherapy. This group talked about spirituality directly with those clients that had personal religious beliefs similar to theirs and indirectly with those that did not have any personal religious beliefs, who they labelled as “secular”. Doehring (2015) described these participants as “religious oriented therapists” whose habits, values, relationships, and beliefs were “informed by their embedded and deliberative theologies inherent in their religious world” (p. 19). The traditional group took their religious beliefs literally with very little need for interpretation. It

was challenging for them to “co-construct” or work with the narratives of clients whose values, beliefs, and practices of spirituality were different than their own. As Doehring (2015) explained, the traditional group saw “all other religious practices and worldviews as essentially related to the same God and their God becomes the norm used to define religion” (p. 3). The traditional group’s “spiritually oriented system” was expressed through “first-order religious language” of religious and spiritual experiences through sacred texts and it was challenging to co-construct a client’s narrative if his/her spirituality was different than their own (Doehring, 2015).

The non-traditional group was less hesitant to explore spirituality with all clients. These participants showed more agility and flexibility when engaging others who had different religious or spiritual experiences, while they themselves held to their own religious practices and spiritual experiences. Elkins (1998) and Meakes and O’Connor (2013) suggested that a growing number of people may not belong to one particular faith group but may hold a particular belief system. The belief system may or may not necessarily be supported by and informed within any particular organized religion. This group fell in line with the Pew Research Forum on Religion and Public Life (2013), which suggested that there is a growing number of individuals who are unaffiliated with any religion. The Angus Reid Institute (2017) suggested that Canadians’ religious and spiritual beliefs fall along a continuum, which is split into four broad segments: the Non-Believers (19% of the total population), the Spiritual Uncertain (30%), the Privately Faithful (30%), and the Religiously Committed (21%). The Privately Faithful (30%) still hold many conventional beliefs and sometimes engage in religious practices, including occasional religious service attendance. Angus Reid Institute (2017) suggested they are not particularly devout; but they also have not abandoned religion. They may on occasion attend an organized religious community that supports their spiritual experience, but are open to explore and

understand spirituality in a broader context of various religious and spiritual groups. This group represented 34% of the participants. The findings identified that some participants within this group had negative religious experiences related to organized religion, while others in this group had no negative residual from their religious backgrounds. All of the participants, throughout their lives, developed a more diverse understanding of spirituality that was larger than any particular organized belief system. Boswell (2013) and Harris et al. (2017) suggested that this group had a view of religion and spirituality that was a multidimensional construct. In many cases, these participants had an interwoven practice of beliefs and experiences which were drawn from their daily life experiences. They may have practiced less formal religion but strived to identify with spirituality that provided more meaning-making experiences in their lives. However, like the traditional participants, they had a common belief in God and had a spiritually oriented approach to life. Doehring called this a “spiritually oriented system”, where their clinical work was integrated into their practice of psychotherapy, but within the framework of their own understanding of spirituality (p. 19). Because this group held multiple spiritual paradigms, it enabled them to be more inclusive to explore other faith backgrounds and/or understandings of spirituality. Kelly described her experience working with a Muslim client and mentioned that, “We actually found meeting points around spirituality. We talked specifically about his religious experiences and his Islamic pilgrimage to Mecca. Therapeutically it was extremely helpful to work with his spirituality”. The non-traditional participants had a multi-dimensional construct of religion and spirituality that enabled them to engage other religious beliefs beyond their personal belief system.

The contemporary group was made up of those that had no formal religious background or training in theology but described themselves as being spiritual. This group represented 20%

of the participants. The existing literature described this group as having experiences with a higher being or the universe. Through the interviews, it was clear that this group was on a search for understanding spirituality. They interpreted their spirituality not from a religious perspective, but from an experiential perspective that created greater meaning and purpose in their lives. They were more engaged in viewing spirituality as a creative and concrete response to the mysteries that permeate life. Gonkel (2011) suggested that this group reflected spirituality as a “quality intrinsic to self which consists of an array of interwoven beliefs, feelings, practices and experiences they draw upon to make meaning of their daily experience” (p. 158). These participants were creating a lens of spirituality that informed how they thought and felt in their therapeutic relationships and spiritual experiences with their clients. Susan described this sense of transcendence when interacting with a client in a session, “I had this overwhelming sense of connection with my client that I could not explain or put into language but I had this utmost respect for another human being which I only could explain as soul-to-soul”. Like Susan, Jack had similar experiences with his clients, which he described as “an ‘I-thou’ experience of God working in and through the therapeutic alliance”. Spirituality of the contemporary group had an emphasis on “transcendence” and there was a search or strive for understanding and relatedness to the transcendent. It affirmed Luna and MacMillan’s (2015) suggestion that spirituality had two distinct components: (1) an existential dimension and (2) a relationship dimension (p. 514). This group’s personal spirituality recognized that everyone was a spiritual being and when a client gained new understandings of themselves, it was spiritual work, whether the client was or was not associated with any personal religious beliefs or practices.

The contemporary participants viewed spirituality as assisting clients to find personal meaning, direction, and guidance in their lives. This group was open and responsive to exploring

spirituality with all of their clients, whether they were religious or not, but some did struggle in knowing how to engage with those that had a religious background that informed their beliefs and behaviours. Susan described struggling with a couple that brought up their spiritual/religious background, “I had a difficult time helping them work through their marital concerns knowing that many of the struggles were related to their belief system”. The couple were entertaining a divorce that was in conflict with their belief system and church community. The couple hoped to see if Susan could help them reconcile their relationship. Susan found it to be difficult and stated, “How do I address those beliefs and systemic influences when working with this couple”? Yet within that same group, Jack described a woman who was experiencing post-traumatic stress disorder from a car accident. He described her as being “very Christian” and stated, “After a number of sessions I asked her to imagine Jesus sitting next to her when she was driving. Because she felt Jesus sitting beside her the trauma was alleviated”. Jack mentioned that he took “what was most valuable to her” and integrated it into the therapeutic session. The contemporary group engaged their spirituality from an experiential perspective of meaning-making through relational and transcendent experiences. They were open to explore spirituality with all clients but at times found it challenging to understand and relate to those clients that had a formal spiritual or religious belief.

## **Summary**

The existing research on the definitions of the terms religious and spiritual are diverse and overlapping and that was reflected in the findings based on the groupings identified. The participants approached their understandings of spirituality within their own spiritual experiences and theological training or lack of training. Their understanding and approach to integrating spirituality came from their personal spiritual experiences’ identity as Townsend (2009)

suggested a therapist's identity is central in their practice of a spiritually integrated approach. In this research, the participants were challenged to integrate spirituality intentionally from within their own theoretical framework "trying to hold spirituality and psychotherapy together" (p.75). In their efforts to integrate spirituality and psychotherapy together they struggled, as one of the themes identified "stuckness", suggesting there were limitations on knowing how to integrate spirituality in their practice of psychotherapy. Townsend (2009) suggested it is because spirituality is not something they do, it is "who they are" (p.75). Townsend (2009) explains, spirituality is an "internalized, intuitive sense of appropriate harmony between theology and behavioral sciences (or psychotherapy and spirituality) that was congruent with their personal values, assumptions, and faith traditions" (p. 76). The challenge is as Townsend (2019) noted is to think through the "interface between behavioral sciences and theology" (spirituality) instead of the identification in practice is just what happens internally within a therapist (p. 76). This research explores the interface between spirituality and the social sciences and spirituality from a postmodern paradigm suggesting that the therapist needs to be actively engaged in "thinking through" the interface between behavioral science and spirituality.

What this research found was that there is a broader and more inclusive working definition of religion and of spirituality; a definition that defines spirituality as a meaning-making experience of one's life that enables them to live a purposeful life in relationship to self, others, and the world they experience. Religion can be a pathway to one's spirituality and is cultivated through an organized belief system (Appendix A). There are various pathways that give expression to someone's spirituality that include a "transcendent" dimension or "sacred" experiences that bring meaning and purpose into people's lives. For example, Pargament (2007) described spirituality as pathways:

...that are broad and deep, responsive to life's situations, nurtured by the larger social context, capable of flexibility and continuity, and oriented toward a sacred destination that is large enough to encompass the full range of human potential and luminous enough to provide the individual with a powerful guiding vision. (p. 136)

This is a definition of spirituality and of religion that would enable psychotherapists to formulate a unified approach of integrating spirituality in the field of psychotherapy. Therapists who do not have a religious or theological background can engage their clients' values and beliefs by recognizing that within a broad definition of spirituality they can explore their clients' meaning-making experiences. Pargament (2007) suggested that this encompassed the full range of human potential which shaped a client's narrative and informed how he/she saw themselves within life's challenges and opportunities. By not considering spirituality as part of the integrated whole is practicing psychotherapy "that lacks scope and depth" on how clients are engaging the "challenges and demands of life event" (Pargament, 2007, p. 136).

By this definition, to dismiss spirituality as not being part of psychotherapy is, as Meakes and O'Connor (2013) advocated, a "disintegration" of "old ideas dying in order to make room for new ones" (p. 106). Historically, there was a parting of ways between religion and psychotherapy (Elkins, 1998). Rennick (2005) explained, "In part, the newly developing science of psychology was moving away from its philosophical roots...religious phenomena did not seem to lend themselves to the empirical and objective modes of research that were developing" (p. 24). Researchers in the field (Shaw, Bayne, & Lorelle, 2012; Meakes & O'Connor, 2013; Pargament 2007; Plante, 2007; Saunders, Miller & Bright, 2010; Shealy & Ojjuan, 2014) acknowledged that one's spirituality and religious beliefs contributed to positive outcomes when people were faced with various life challenges and distresses in life. There was a resurgence that

spirituality and religion were beneficial from an evidence based approach to mental health and treatment (Saunders & Miller, 2010). This research recognized that the social sciences and spirituality are “cross disciplines” in psychotherapy (Appendix B). As Doehring (1999) wrote, “the social sciences and religion need to build bridges capable of bearing the weight of twenty first century traffic that moves both cross disciplines between theory and practice” (p. 98).

To define spirituality as inclusive of both religion and spirituality in the context of psychotherapy aligned to the underlying definition of psychotherapy as the “cure or care of the soul” (Benner, 1998; Clebsch & Jackie, 1985; Meakes & O’Connor, 2013; O’Connor, Lund, & Berendsen, 2013). In Greek, the word for soul is *psyche*, and in Latin it is *anima* (Elkin, 1998, p. 40). *Soul*, in ancient Greece was associated with a person’s inner world; now, the term is used to describe the center and deepest passions of a person (Elkins, 1998). Moore (1992) mentioned that the soul is not a thing, but a quality or a dimension of experiencing life and ourselves.

The term soul has been associated with “healing, sustaining, guiding, and reconciliation” (Meakes & O’Connor, 2013). When the participants engaged their clients, they viewed them from the lens of their soul, which was reflected in the participants’ spiritual paradigm. Pat stated, “You can’t measure spirituality but spirituality, from my perspective, is a combination of emotions and thoughts”. VanKatwyk (2003) spoke to this and suggested, “The soul has been associated with the ‘not knowing’ stance of a therapist. Having an informed framework which includes soul helps the therapist to engage a client with an awareness of something else” (p. 71). In the findings, that “something else” was associated with the client-therapist relationship forged by the participant’s empathic and compassionate disposition towards the client. The “not knowing” took place when the participant created the “therapeutic conversation and critical reflection” while actively listening to the client’s “inner subjective source of pain” (p. 71).

VanKatwyk (2003) suggested that, “healing happens in encounters that mutually enlighten client and therapist, opening windows of understanding and hope” (p. 72). In the findings, a spiritually integrated approach to therapy recognized that care of the soul was understanding the “client’s inner world of feelings and thoughts” (VanKatwyk, 2003, p. 72). Susan stated, “I see humans, see healing, and see suffering differently. Now it’s a different concept than it was before”. What was different for Susan was that her understanding and approach to therapy shifted with the recognition, as Pargament (2007) suggested, that therapy “is not simply one more set of techniques” (p. 199). Susan stated, “I saw people suffering from anxiety and I would apply a cognitive behavioral approach to treatment believing this is what they need and this is how they are fixed”. VanKatwyk (2003) spoke to Susan’s experience and differentiated between “change and transformation” versus “understanding and insight” (p. 72). Viewing psychotherapy from a “soul perspective” is a disposition that understanding the client and the client knowing themselves happens in meaning-making conversations. All of the participants recognized that a spiritually integrated approach to psychotherapy included the realm of the “not knowing” stance. They engaged with curious listening and sought to understand the inner experiences of a client’s thoughts and feelings. VanKatwyk (2003) suggested that the “not knowing” teases out in the “helping dialogue” (p. 71), which helped people reconnect with themselves. Elkins (1998) described it as “helping clients to come home to their essential self, to be reconciled to the ground source of their being, to reconnect with who they really are” (p. 183). In the findings, the participants had a grasp of techniques and the change process. What was noticeable was the tone, emphasis, and posture that was reflected from viewing the clients from the lens of their soul. Moore (2014) described this as the “mysteries of self” or “soul awareness” (p. 2).

Based on this research, by definition, spirituality and religion can be placed on a continuum (Appendix A). There are those on the far left who had an informed religious/theological perspective of spirituality, identified in the findings as traditional (i.e. by definition of religious). There are also those in the middle, who were in the non-traditional group, who embraced their theological background and experiences but were open to other views and perspectives of theology and religion. Lastly, the contemporary group is at the far right and had no theological or set religious practices. It fit within this research definition that the integration of spirituality was framed in a pluralistic context on a continuum (Appendix A) based on the therapist's philosophical, theological, and spiritual understandings. The findings in this study showed that each participant's definition of spirituality inhibited a coherent spiritually integrated approach to psychotherapy.

### **Spiritually Integrated Approaches and Perspectives**

**General Observations.** This research identified a number of reasons why therapists hesitate to approach therapy from a spiritual perspective. Often, they are unaware or unprepared to deal with this dimension of therapy. In the findings, all participants were aware of the value and importance of spirituality and felt prepared within their own understanding of spirituality. However, it became apparent that the participants struggled, in various ways, to know how to incorporate spirituality into their clinical practice of psychotherapy. The participants' worldviews informed, but in some ways limited, their capacity to engage the topic of spirituality with their clients.

Fundamentally, the participants' definition of spirituality posed limitations on how they engaged their clients in therapy which, in the findings, suggested that a spiritually integrated

approach to therapy at best was disjointed with all three groups of participants. This research suggested that some therapists were uneasy when it came to having a spiritual conversation with their clients. It became clear in the findings that the participants' approaches to integrating spirituality in their clinical practice was within their own understanding of spirituality. Secondly, it was evident that the participants tended to practice and apply the various models of change that resonated with their spiritual experiences.

The participants had common elements yet different challenges on how they incorporated spirituality into psychotherapy. The participants' approaches were shaped by the way that they understood their world based on their beliefs, values, and understandings of life. Although all the participants used their spirituality as a resource to establish and build an alliance with their clients, their ability and understanding of integrating spirituality therapeutically varied.

The non-traditional group defined spirituality within their personal theology of spirituality. It was more of an integrated approach of exploring and experiencing other faith traditions or spirituality while they maintained a system of beliefs that affirmed their own spiritual experiences. In comparison, the traditional group seemed to have a more embedded belief system that defined spirituality to those who had a similar faith or religious background. This cultivated a more disintegrated approach based on their worldview and understanding of their spiritual experiences. When the traditional participants approached therapy, they easily integrated spirituality with people of "like faith" or "similar faith" and used various models of the change process that affirmed their spiritual perspectives. The struggle for the traditional group was knowing how to integrate spirituality with different clients because their definition reflected their worldview. The non-traditional group was more adaptive and flexible when working with people of "other faith" backgrounds, but remained grounded within the framework

of their theological roots. In many ways, this group was still able to frame spirituality out of their own religious roots and still maintained a broader worldview of spirituality.

The contemporary participants generally did not have a theological background and were at a loss for the most part on how to engage clients with a religious background because they had no reference point or understanding on how their client's behaviour was impacted by their religious and spiritual beliefs. They had no context or frame of reference to understand the client's organized church experiences or religious practices. What guided the contemporary group was based on their existential experiences of transcendence. They were overall open, responsive, engaging, and curious regarding everyone's spirituality, yet struggled with understanding those who had an informed religious background. As Drobin (2014) and Saunders, Petrik, and Miller (2014) suggested, the contemporary participants demonstrated an uneasiness because they did not have a "spiritual" background. Hathaway (2013) noted that the struggle to engage was related to a lack of "competence to address religious and spiritual issues" (p. 637).

**Common Factor—Client/Therapist Alliance.** This research reflected that people are trying to make sense of all that is happening in their lives, which is why the participants were constantly engaging their clients in an effort to support them in meaning-making experiences. The participants had a client-therapist relationship centered approach to therapy and used the client-therapist alliance to support their working relationship. It was a common theme throughout the findings that a participant's disposition was one of compassion, openness, empathy, and creating an environment of hope and belonging for their clients. Words such as process, values, beliefs, and experiences were common in their clinical practice. The other descriptors that came up in the findings were healing, sustaining, guiding, and reconciling. The participants' approaches to their clients clearly demonstrated that they co-created an environment of safety,

care, and unconditional acceptance. From the findings, these elements were dominant and central in establishing a therapeutic experience in helping the clients explore who they are amidst their challenges. Gockel (2011), in her research on therapists' approaches to clinical practice, cited "spirituality as integral to an effective counseling relationship" (p. 158). Gockel (2011) identified that a therapist's ability to communicate love is described as a spiritual quality. In these findings, the participants associated the qualities of warmth, empathy, openness, acceptance, and genuineness as informed by their spirituality. Dan believed that his spirituality informed his practice of having an unconditional positive regard for his clients. Dan suggested, "God has an unconditional positive regard for all, so for me it doesn't matter what the presenting issue is, I am going to love regardless too". That spiritual construct was reinforced and validated in his studies of psychotherapy when he was introduced to Carl Rogers. Dan believed that Rogers's teachings aligned with his belief of God regarding people. He stated,

Carl Rogers would dictate if I can create a certain atmosphere I can help anyone regardless of what the issue is. Carl Rogers showed unconditional positive regard. When you look at theology, you look at God, look at the Bible...that is really the presentation of God. I am going to love you regardless of whatever, for God so loved the world that he sent his only begotten son.

Outside of any particular model of intervention, the participants shared that their relationship to their clients was enhanced by their own spirituality. George stated, "My connection to God enhances my ability to be connected to self and the client". Lora mentioned something similar through her use of music therapy, "I listen to God asking him to lead me in how I can support a client, whether to validate or challenge them. I invite God's presence into the encounter and God touches us through the arts and through conversations".

In all cases, the participants' personal spiritual experiences supported their ability to cultivate a strong alliance with their clients and helped them create an atmosphere of hope. The findings suggested that a therapist creates possibilities of change for a client. Sally explained, "I absolutely believe in the work we are doing with our clients". Lora described her music therapy as "bringing hope and restoration to [her] clients". It affirmed what Stricker (2010) cited, "faith and hope are common factors that are integral to the change process that occurs in successful therapy" (p. 21). The participants' spiritual experiences reinforced their disposition of empathy, compassion, and attention to the possibilities of change for their clients. It created a disposition of hope and belief within their clients.

The participants suggested that this kind of relationship "opened up space" for the client to engage in conversation and more importantly, it enabled the client to access resources within themselves to support the therapeutic outcomes they were looking for. Regardless of the client's spiritual disposition or any particular theories of change that the participants may have applied in the therapy, the dominant factor in the findings was the client-therapist relationship. It was a unique resource to assist the client to connect to themselves and, as Jack described it, have a "sense of their worth, a sense of value and meaning, and enable them to entering a higher state of consciousness to self" in their lives. Mahoney (1991) referenced Freud and suggested the analogy that the psychotherapist served as a "midwife to the soul" in the client's "self-exploration and self-understand" viewing the client in "transition" and the therapist, metaphorically "traveling alongside as a companion and guide" (p. 273). It was a fluid and dynamic reflective of the participants' relationships to their clients, as Mahoney described, "movement, balance, direction, affection, patience, and empowerment..." (p. 274). In Mahoney's use of a "multiplex metaphor of movement" the tone, pacing, reflecting, pausing,

guiding, waiting, and being present with compassion, as VanKatwyk (2003) suggested, “creates space for therapeutic conversations and critical reflection” (p. 71). The client-therapist relationship is a collaborative process in meaning-making conversations. A spiritually integrated approach to psychotherapy is not just about knowledge, theories, and techniques, but also the nature of the client/therapist dialogue which facilitates change. Cindy reflected on this concept,

God is within everyone. Knowing that guides me how I relate to them. I like to be very honouring of the individual and give them lots of space and time to discern what’s there...not to judge but simply receive and explore.

As noted in the findings, all of the participants recognized that their clients were spiritual beings and that their own personal experiences of spirituality shaped and informed their attitudes and dispositions towards their clients. Susan explained: “I am working with someone’s heart and soul. I am trying to give them space to be with themselves”. Gockel (2011) noted in her research that the therapist’s approach and interaction with his/her client was an extension of their own spiritual practices. This “objective kind of love” they received from a therapist “expresses an intimacy” that extended far beyond the “standard conceptualizes of a therapist-client bond in the mainstream counseling literature” (p. 164). The participants encouraged their clients to focus on their values, beliefs, and what gives meaning to their lives. The findings indicated that opening up space for the client enabled them to feel safe enough with themselves to explore their fears and anxieties and the participants described that this is associated with the therapeutic alliance. All fifteen participants suggested that their spirituality was a “common factor” that shaped and enhanced a stronger working alliance with their clients.

In these findings, the participants cultivated close, open, and responsive therapeutic relationships with their clients. It was clear that this was done “through a deep meeting of therapist and client” that was beyond an intellectual dialogue (Geller & Greenberg, 2012, p. 34). Empathy was a central practice of the participants and it enabled them to engage, listen to, and enter into the world of their clients, sit alongside of them, and hold their pain in a way in which they separated the client from their suffering and engaged them regarding that pain (Duncan, Miller, Wampold, & Hubble, 2010; VanKatwyk, 2003; Hayes, Strosahl & Wilson, 2012).

**Common Factor—Phenomena and Expectation.** The participants’ spirituality interacted with their clients with this overall belief that it helped change take place and it was larger than any particular therapeutic model. The participants explained it as a sense of phenomena or energy when they engaged a client in therapy. Susan stated,

What was this experience? I felt this overwhelming sense of connection in ways I couldn’t assess...almost like I could not put language to it. It was like this type of utmost respect for another human being, but not just for the human form but the soul.

When the participants described their experiences with their clients, there was not only the use and practice of the five senses of touch, taste, smell, hearing, and sight, but there was an experience of something else happening in their interaction with their clients that they could not measure or quantify. The participants’ experiences of spirituality created a different sense of awareness in their clinical practice with the belief that there was something other interacting through them as they applied their skills in psychotherapy. The participants could not fit this energetic exchange into any specific model of therapy and the existing literature did not speak to this outside of the term “sacred”. The findings suggested that the participant’s

relationship/interaction with their clients generated those experiences. The participants described that their own spiritual experiences or phenomena created an anticipation of those experiences that happened with their clients.

In the findings, this phenomena was associated to “something other” and “transcendence” but not the “sacred”, but in the research “transcendence” was associated to the term “sacred” (Doehring 2015; Elkins 1998; Pargament 2007; VanKatwyk 2003). Peterson (2013) explained “transcendence” as an “orientation to something greater than ourselves, to an ultimate dimension of being that transcends structure of the ordinary” (p.70). The term transcendence “involves experiences that are perceived to be set apart from the ordinary day-to-day, and go beyond the limited self” (Fang, Lomax, McGee, & Pargament, 2014 (p. 249). The word sacred has been used to differentiate spirituality from other psychological constructs such as meaning, purpose, or wisdom (Ammondson; Lukoff; Pargament; Pilato; Scammell; & Vieten 2013). Fang, Lomax, McGee, and Pargament (2014) referenced Lomax, Kripal, and Pargament (2011) and suggested sacred moments as brief periods of time when people experience spiritual qualities of transcendence, ultimacy, boundlessness, interconnectedness, and spiritual emotions (p. 249). In the context of a psychological versus theological construct, Fang, Lomax, McGee, and Pargament (2014) suggest “human perceptions of qualities often associated with divine or higher powers” which do not speak “one way or another to the ontological reality of the sacred, higher powers or God” (p. 249). Pargament (2007) suggested if people seek out and want to attach to something larger than themselves, the emphasis is on “transcendence” which encompasses “the full range of humane experience” (p. 51).

Rennick (2005) described that religious phenomena did not seem to lend itself to the empirical and objective modes of research that were developing. Historically, there was limited

openness to “religious phenomena” and it was cast as a “sociological than psychological event” (p. 25). Further, Pargament’s (2007) input on this was that psychologists had greater doubts about the ontological validity of spiritual phenomena. Plante (2007) proposed that psychology in the 20th century prided itself on being a serious science yet today, researchers in the field (Bright et al., 2010; Meir, O’Connor, & VanKatwyk, 2005; Fang et al., 2014; Haynes et al., 2018; Giardina & Oxhandler, 2018) see that there is a recognition of the influence of religious and spiritual behaviors and beliefs on both mental and physical health outcomes.

**Spirituality and Models of Change.** In the findings, there was no single model of change, technique, or intervention that was consistent among the participants. The nature of spirituality, as Pargament (2007) suggested, is woven into the very fabric of life and the participants’ spirituality informs the theories of the change process they use in psychotherapy. Pargament (2007) recognized that virtually any psychotherapeutic model, whether it is a psychodynamic, cognitive behavioural, family systems, interpersonal, humanistic, and/or existential, can fit into a spiritually integrated approach to therapy. Corey (2017) suggested that there is no single theory comprehensive enough to account for the complexities of human behaviour, but within the theories there are “basic philosophies” (p. 432). In the findings, each participant’s worldview informed where they placed their emphasis in the practice of the various models because, as Corey (2017) pointed out, theories have basic philosophies and views of human nature. The participants used various models of change; however, the emphasis, tone, and techniques that they used were informed by their worldviews and based on the philosophies of the models.

**Models of Change—Traditional Participants.** The traditional participants did not impose their religious beliefs on their clients but felt at ease and comfortable working with

clients that had the same religious understanding of the Bible. In contrast, they felt uneasy or somewhat at a loss to know how to integrate spirituality with “secular” clients. The talk therapy had, as the overarching approach to therapy, elements of nouthetic counseling as their primary focus to helping people make changes in their lives. It seemed threaded through the participants’ responses. One of the participants, Brenda, described her training as a Bible-centered approach to therapy. She stated that people are created in the image of God, yet fall into sin and suggested that, “negative feelings are the result of negative behaviour which is in turn the result of wrong thinking framed in a sinful disposition. Repentance is the way to right thinking which would bring about right behaviour and positive feelings”. With Christian clients, helping them to align themselves with God’s expectations was explained as a Bible-centered approach to therapy, which also fit well into a cognitive behavioral model of therapy. As George stated, “I help them think and rethink letting go of resentment and giving that to God”. Generally, spirituality would only be engaged within the framework of inquiry or as spirituality would come up in the conversation. The traditional participants found ways to reconcile words that enabled them to connect with “secular” clients while staying true to their worldview and in their perspective, suggesting that they were practicing a spiritually integrated approach to psychotherapy. George, for example, described his work with a “Christian” as someone who struggled with their relationship with God, while he viewed a “secular” client as someone who was looking for inner peace. Regardless if they were “secular”, he viewed this as a spiritually integrated approach by putting into practice alternative words that reflected personal spiritual meaning. Fundamentally, the traditional participants’ core beliefs and values were engaged in their interactions that informed how they saw and approached their client in therapy. Brenda explained, “I think full healing comes when you understand you were created in the image of God and find your identity

from him”. In those same words Brenda stated, “I am a therapist that is a Christian and it informs me as a therapist but not necessarily the overarching approach I take with my clinical work”. She continued, “It is not my job to impose my spirituality, but if it comes up in therapy I will let them know”. George used his theological background as a form of psychological intervention. He referenced the Bible and explained that when someone confesses their sin to God, there is physiological relief of stress and depression and on the other side, spiritual reconciliation with God. As George explained, “there is a balance that not everything is sin and not everything is psychological”, so his role as a spiritually integrated therapist was trying to decipher what the client was dealing with. He introduced spirituality indirectly into the therapeutic conversation by asking questions related to the client’s purpose and meaning in life.

The traditional participant became stuck in knowing how to reconcile a spiritually integrated approach with the “secular” client. A spiritually integrated approach to therapy was associated with those of “like” spirituality. They worked with models of psychotherapy that resonated with their beliefs, as Greg stated, “attachment theory is so aligned with my Christianity”. Secure attachment, as Greg suggested, is where we find unconditional love, stating, “it is where we feel loved, protected, and safe”, hence in our relationship to God. Models of the change process in psychotherapy were often adopted by participants when they could be easily transitioned with clients that had a spiritual orientation. The traditional participants seemed like they were at a loss with those that did not have a Christian belief system to approach spirituality in their practice. Greg explained it this way, “I talk to all my clients about the inestimable worth they have. I would present it to my Christian clients one way and to my non-Christian clients from psychological evidence”.

The traditional participants worked well with religious clients or clients of like faith. The existing research by Lambert (2009), Saenz and Waldo (2013), Ericksen and Weld (2007), and Frederick (2014) referred to these types of interventions with reference to Scriptures, encouraging forgiveness, and self-disclosure to religious issues as Biblical interventions. This was descriptive of Doehring's (2015) first-order religious language which described religious faith being expressed "through prayers, devotional readings of sacred texts, creedal statements, liturgical practices and music" (p. xxv). Their focus on prayer was viewed as a positive outcome in psychotherapy. One participant described a form of psycho-spiritual therapy, where she used prayer for trauma and attachment disorders. The goal was to release "trapped pain" through emotional catharsis facilitated by "God as a primary therapist". It is a belief that anything can be healed with God/Jesus in the therapy room guiding the session. The therapist provides a Bible based form of dialogue and intervention; the Bible would be the interventional resource. It is based on the concept and belief that to actualize their spirituality is to incorporate Bible truth in their life. Therapeutically, spirituality in this context is considered a problem solving tool. In this type of therapy, the client must be willing and have at least some belief in God or Christianity for it to be effective.

**Models of Change—Non-Traditional.** The non-traditional group was "faith-based" on practices and beliefs of Christianity, but had a larger concept of spiritual understanding beyond their own spiritual heritage that enabled them to embrace postmodern therapies. Doehring (2015) suggested that this group came from a modern lens of interpreting the Bible, the influence of multiple resources, and from experiences informing their spirituality. Sally mentioned, "I work with metaphors, poetry, and storytelling. I use a lot of narrative therapy, like children's books where you can take the story into three possible endings". It is a postmodern understanding that

acknowledges the multi-faith characteristics of clients. Kelly described a client who had the same faith background as her but did not believe that she was exclusively Christian enough from his Christian perspective. Kelly described herself this way, “I embrace the threads of truth that run through all religions. My sense of spirituality is broad and it’s also deep”.

This group of participants’ understandings of spirituality were influenced by near eastern practices, which was reflected in the emphasis in their practice on mindfulness, meditation, yoga, and dream work. They had a broader and more fluid approach to psychotherapy that shaped their practice; however, the resources of the Bible and understanding of theology continued to inform their understanding of spirituality.

This group had a broad array of spiritual interest and exposure. Some of the participants found that their approaches to therapy were informed by Christian mysticism. Sally stated that Meister Eckhart, a 13th century Christian theologian, philosopher, and mystic informed and shaped her psychotherapy practice. She stated, “We are a human created species from a creator source” describing Eckhart’s words that, “the soul gets an image of itself and throws it out into the future and then limps into it”. Eckhart was schooled in medieval scholasticism and had as his central theme the presence of God in the individual soul and the dignity of the soul.

Sally and Kelly made reference to Rainer Maria Rilke, a poet and novelist. He was widely recognized for a collection of poetry that focused on existential themes, which positioned him as a transitional figure between the traditional and the modernist writers. Sally identified with Rainer Maria Rilke’s life and poetry and described that his childhood years were informed by religion, and over time as he became older and travelled extensively, he enlarged his understanding of spirituality and gave expression to his spirituality through poetry. She

mentioned that his poetry enlarged her understanding of her own spirituality, which informed her approach to clinical work.

To describe Sally's frame of reference to Rilke's work, she had a painting with a quote from him,

Be patient with all questions, dare to live the questions, do not be in a hurry to answer the questions, because if we're in a hurry to answer the questions, we might actually miss the essence of what is at the heart of the question.

For Sally, this piece fits with the spirit of her clinical practice of "opening up space" for the client to engage with "self" in the spirit of Rainer Maria Rilke's influence that living the question is living your way into the answer.

Poets and mystics informed the participants' approaches to spirituality. It definitely shaped and informed their approaches to therapy beyond a scientific model of the change processes. Kelly described the influence of Rumi, a 13th century Persian poet, Islamic scholar, theologian, and Sufi mystic on her spirituality and furthering her practice of meditation and exploring the mystical side of her spirituality. Kelly stated, "I took a course on mysticism and recognizing the prevalence of the Catholic mystics has been very restorative". She described times when she was in nature or going for a walk, "It is very easy for me to have mystical experiences in nature. I hear things and see things and it is very restorative".

A number of the non-traditional participants found that the Virginia Satir Model of therapy fit with their perspective on spirituality. Satir (1991) talked about the uniqueness of the person and systems with a holistic approach that described the emphasis of her work as

connecting the self with the self. Satir worked with the constructs of the heart and soul and, as Sally suggested, “connects the self with the self”. Lee’s (2001) article *Congruence in Satir’s model: Its spiritual and religious significance* acknowledged the spiritual significance underlying Satir’s work and suggested that the hallmark of this model was the emphasis on health, spirit, and human potential. Lee (2001) focused on Satir’s core construct of congruence and advocated that reconnecting with oneself, others, and one’s spiritual essence (human potential) were starting points of healing. Lee (2001) noted that Satir’s work on congruence captured the state of wholeness, awareness, openness at the interpersonal, intrapsychic, and universal-spiritual dimensions of the human being to maximize human potential. Kelly described the construct personally, “Satir’s work has helped get me get to the place I can sit with myself”.

The participants in this group looked for opportunities to have a discussion regarding spirituality with their clients. Kelly suggested, “In some cases where people identify with a faith/tradition, it can be pretty easy to go to the religious resources” and “because I work in the secular end of things, there aren’t automatic questions that I would ask”. Although she recognized the value of spirituality in her life, she presented the Indigenous life wheel, also known as the medicine wheel, earlier in the therapy as part of her assessment. This indirectly introduced the client to spirituality. The Indigenous wheel includes the spiritual with the mental, emotional, and physical; it is a holistic aspect of traditional health. It suggests that the spiritual aspect of traditional healing is a critical piece to identify the resilience in life. It is building resources that are based in the Creation, such as traditions, teachings, medicines, relationships, sacred items, and connection with the spirit world and the Creator. Other participants created a natural approach to explore spirituality with the client. Susan described how the questions came up naturally, “Does spirituality mean anything to you? When I say the word spirituality, does

anything come to mind”? The questions were more out of curiosity and listening than an immediate focus on a specific model of treatment. For a number of participants, information gathering included the question of spirituality and how it may or may not inform their client’s life and life challenges. The participants picked up on words that informed them if the client had a spiritual or religious understanding of themselves. For example, if the client used the term universe or coincidence, it was potentially a way that the client understood their world and how they interacted with it. When a client took an assessment, Cindy would ask if they had a cultural or religious background. She explained,

I couldn’t really make a lot of progress with clients unless I was willing to recognize and undertake therapy knowing their past beliefs and values and how they inform their lives. I need to see through their eyes, how their past beliefs and values inform their lives.

**Models of Change—Contemporary Participants.** The contemporary participants drew on resources that supported their personal experiences of spirituality and, in turn, they incorporated those resources in their practice of psychotherapy. The focus of these resources were mental health strategies which included grounding exercises, imagery, shamanic and indigenous healing, yoga and body movement, and mandala art activities that may or may not be evidence-based, but are known to improve a person’s well-being. The emphasis was on self-actualization with a reliance on the self as a guide to increase positive thinking and knowing the self better. Susan mentioned, “I read anything that is focused on people’s healing and self-actualization and a higher consciousness”. The participants, like Susan, described those resources as contributors to their spirituality and stated that they influenced their approach on how to engage their clients in therapy. The therapeutic emphasis in each participants’ approach to therapy was to help clients suspend judgment on themselves so it opened up space to be self-

aware and be congruent in aligning their beliefs with their actions through an understanding of themselves. The participants used models of change that helped clients identify self-defeating thoughts and feelings and challenged the rationality of those thoughts and found ways to replace them with positive and more productive ones. One of the participants, Jack, took religious studies and later went on to study Gestalt therapy. He saw spiritual ideas come from this approach to therapy with the emphasis on the client's individual experiences in the present moment with the therapist. Jack associated Gestalt therapy with the "I-thou" philosophy of Martin Buber for his dialogical thinking, which suggested that spiritual moments happen when the therapist meets the deepest self with the client. Jack described his interpersonal encounters on the premise that the client must be understood in the context of their awareness, choices, and responsibilities. The focus was always on the client's perceptions or reality. Jack explained the importance of presence, which was reflected in bringing meaning to the client's reality by facilitating a psychodrama group-oriented session. Jack stated, "as I helped the client reconstruct some memories that were supportive and healing I found it to be a deeply spiritual experience filled with wonder and curiosity".

Other resources included: 1) shamanic and indigenous healing, with the sub themes of emotional, spiritual, physical, and mental well-being and the spirit nature of the universe; 2) the use of Enneagrams that offer self-awareness and uncover patterns of behaviour that subconsciously drive and motivate us to act in certain ways; 3) the application of mandalas as having spiritual significance, particularly for meditative purposes. These interventions represent wholeness, reminding people of their relation to infinity extending beyond and within their bodies and minds. Further, hypnotherapy is used as a means to increase motivation or alter behaviour patterns by integrating psychological therapy, employing clinical hypnosis, and

cognitive behavioral therapy. Hypnotherapy helps the client explore the deep life meanings and is described as exploring the soul or soul awareness. Pat explained, “I don’t pray with clients but the closest spiritual intervention that I came to with clients is hypnotherapy” which suggested that, “any form of psychotherapy is inherently spiritual”. The contemporary group considered all resources that were offered in psychotherapy to support clients to know themselves better in efforts to find resolutions to life’s challenges. The participants’ emphasis were on the basis that any inner change that takes place in a client is a spiritual change.

These approaches informed and shaped their personal spirituality, which in turn informed their approach to psychotherapy. When the social sciences excluded the construct of spirituality as part of psychotherapy, it created a clinical approach to therapy that left out the transcendent nature of people. For example, when a client is suffering from anxiety, the focus would be on the cognitive behavioral model. As Susan described it, “here’s what I think and here’s what we can do to fix you”, referring to it as a “concrete tool kit” that she received in graduate school. In general terms, the findings reflected what Susan summarized, “integrating spirituality is pure presence and connecting my soul with someone else’s and that is where the client experiences the healing power in life’s challenges”. The contemporary participants’ approaches used therapies that had an existential dimension that encompassed the client’s search for meaning, which therapeutically meant connecting oneself and the challenges that they were facing to gain new understandings of themselves amidst the crisis that they were facing in their life. The contemporary participants, based on their own “meaning-making” experiences focused on the client’s understanding of “self” as they made sense of the challenges that faced them in their lives. In general terms, the participants “use of self” to engage their clients was within models

reflective of an existential approach to therapy. The focus was specific to their client's understanding of self as it pertained to what was happening in their lives.

The findings showed that the focus was on the clients reconnecting to themselves to understand what the challenges meant in their lives and finding ways to respond to them. It was in the context of understanding the “mystery of life and the world” that “interface with the health sciences with religion and spirituality” (Doehring, 2015, p. xxi).

The participants recognized that religion posed greater challenges with a limited understanding of theology and religion, but they did embrace the disposition of an “intercultural approach” to a spiritually integrated approach to psychotherapy (Doehring, 2015, p. 1). Doehring (2015) suggested that it can be “life-giving”; however, with a lack of theological or religious training it could be “life-limiting” with those clients who came from a religious background (p. 8). The contemporary participants were seen as having a disposition of “exclusivism” as Pargament (2017) suggested, which challenged the “non-traditional spiritually oriented” participants to “overlook potentially valuable spiritual resources that fall outside their own particular spiritual orientation” (p. 189).

The contemporary participants, based on their own *meaning-making* experiences focused on the client's understanding of *self* as they made sense of the challenges that faced them in their lives. In general terms, the participants' *use of self* to engage their clients was within models reflective of an existential approach to therapy.

The findings suggested that the focus was on the client reconnecting to self to understand what the challenges meant in his/her life and finding ways to respond to them.

## Conclusion

This research was to explore the following question: What was the participants' experience of integrating spirituality in the context of their client's cognitive, emotional, or behavioural challenges and distresses in life? The overall findings suggested that the participants' understandings of a spiritually integrated approach to therapy were interpreted by their worldviews (Appendix A). It was through that lens that they selected and approached theories of change in their interaction with the client (Doehring, 2015; Meakes & O'Connor, 2013; St. James, 2013; Pargament, 2007).

Integrating spirituality was not about the various therapeutic models of therapy. The emphasis was on "opening up space" for the client and applying models and techniques in therapy that resonated with the participants' theology and spiritual experiences. The participants came into the therapeutic session with the expectancy of change and hope for the client. The participants' spiritualities energized the client-therapist relationships and showed that change was possible.

The participants focused on "opening up space" in the therapeutic alliance, which enabled the client to self-disclose and increased their understanding of self as they engaged the participant in meaningful conversations. Opening up space enabled the client to talk about mental health issues associated with conflicting beliefs and values that contributed to their challenges.

It was the client-therapist relationship of compassion, openness, empathy, care, and presence which facilitated spiritual experiences within the clinical setting. The participants thought that every encounter was a spiritual encounter and that the essence of the client was

spiritual, whether they recognized it or not. The participants' fundamental beliefs were that change took place as the client engaged themselves in the therapeutic process. It was not so much the techniques or particular models, but the client-therapist interaction and opening up space for the client to enlarge their self-awareness and self-reflection skills that enabled them to create meaning-making experiences out of the challenges that they were facing in their lives (Gockel, 2011; VanKatwyk, 2003).

The participants, for the most part, asked questions regarding the source of the client's values and beliefs which led to a spiritual or religious discussion. It enabled the participants to explore the client's understanding and how they coped and interacted with the challenges they were facing in their lives. For some participants, their lack of theological or religious training put them at a disadvantage because they did not understand the contextual challenges the client was facing in their religious or spiritual belief system. The opposite was true with the traditional participants, where their values and beliefs aligned to those that were "Christian" and not with those that were "secular" and they were not sure how to engage spirituality with the secular clients.

In conclusion:

This research affirms there were no coherent systematic practical techniques (implicitly) for practice in psychotherapy that integrates religion, spirituality, and sacred in the field of psychotherapy.

It has been noted that the traditional, non-traditional, and contemporary groups did not explicitly or intentionally apply unified techniques in the application of spirituality in psychotherapy. They approached spirituality based on their graduate training in psychotherapy

and theology, spiritual experiences, and philosophical stance on reality and the nature of knowledge and how one acquires it. However, all participants provided practical guidelines in integrating spirituality in psychotherapy.

1. Meaning-making experiences of the client that can enlarge the client's efficacy to address the challenges they are facing in life. When therapists intentionally practice listening to understand the meaning making nuances of the client's experiences, they become resources to reframe or reinforce the possibilities of change.
2. Integrating spirituality is knowing how to understand the client's cultural, spiritual, or religious world and draw on those resources to serve the therapeutic outcomes. Being intentional in drawing on the client's faith, beliefs, and values are essential to engage the client in the therapeutic challenges facing them. Fowler (1981) provided a list of question to engage a client around life-shaping experiences and relationships; present values and commitments and religion. Shaw, Bayne, and Lorelle (2012) suggested clients are actively involved in meaning making, or formulating constructs, based on their experiences in the world. In a spiritually integrated approach to psychotherapy, knowing the client's religion and/or spirituality are essential. With that framework, the challenges of therapists are to embrace differences, approach therapy as a facilitator, use the client's language and meanings, and acknowledge and work with the contextual nature of the client's core values and foundational beliefs and practices. As Doehring (2014) suggested, are those beliefs and ideas of self "life giving or life limiting" (p. 584)?
3. In psychotherapy, there is a high value placed on specific techniques and application of theory in the change processes. This research reinforces the use of self as the greatest

resource when engaging the client in the therapy. The participants' personal resources of spirituality enhanced and enlarged how they sit with the client and engage them in their challenges. Secondly, a spiritually integrated approach is postured in ways that believe the inner resources of the client can come forward through the client/therapist relationship. In the foreword to Epstein's (1995) book, the Dalai Lama wrote, "In order to change conditions outside of ourselves, whether they concern the environment or relations with others, we must first change within ourselves" (p.xiii).

4. This research has an emphasis on the therapist's ability to demonstrate compassion, care, and hope. The therapist's use of self in the therapeutic experience should not be devalued or underestimated as an intervention. The disposition of the therapist is squarely within the client's experiences and not just clinical theories. The client / therapist relationship is the catalysis of moving into areas of a client's life they themselves may not have explored. Those areas where, if given voice and acknowledged in a client / therapist relationship, can bring safety, openness, hope, encouragement, and their understanding, including self-compassion. Holding the client's pain in a compassionate, understanding, caring, and non-judgmental disposition is a spiritual intervention. It is about being with and not doing for, which mirrors client-therapist centered relationships.
5. Questions are asked in such a way to capture the "soul" or "spirit" of the client in a manner that is beyond outward thoughts and explicit techniques. Integrating spirituality in clinical practice has an emphasis on exploring how those challenges impact the way the client sees their life unfolding. The emphasis is on processes more than outcomes; outcomes unfold in the process. This approach could be viewed as an insight-oriented approach to therapy. The greater the client understands themselves within the grid of their

own worldview, the greater the capacity to engage the challenges facing them. As Mahoney (1991) suggested, “The client constructs and reconstructs themselves and their circumstances”.

6. In a spiritually integrated approach to therapy, the therapist recognizes whether the client is aware or not they have spiritual resources they can access. As Pargament (2007) acknowledged, “we are more than psychological, social, and physical beings; we are also spiritual beings” (p. 4). The therapist has a phenomenological approach to therapy that embraces transcendence. Mahoney (1991), suggested that the “earliest human accounts of nature and life were dominated by mystical, mythical, and supernatural metaphors” (p. 29) which laid the groundwork for Buddhism and Zoroastrianism, Islam, Christianity, and other religions. Mahoney (1991) suggested the initial “primitive beliefs transformed into two major and divergent paths of conceptualization: organized religion and rational philosophy” (p. 29). A therapist that integrates spirituality into clinical practice recognizes and values faith and reason in clinical practice.

The findings revealed that the participants varied in their understanding of what spirituality meant and how to integrate spirituality into their clinical practice. The research recognized that there were some “common factors” between the participants’ approaches and experiences with their clients, but their different worldviews regarding spirituality inhibited a unified approach.

## Chapter VI: Conclusion

This research was an attempt to identify and understand 15 psychotherapists' experiences of practicing integrating spirituality into their clinical practice. The participants' approaches to spirituality, as suggested earlier, were placed on a continuum (Figure 1) from left to right based on their worldview and how it informed their interactions with the client.

The *traditional participants* viewed therapy as a way of *living and knowing* with the focus on the interventions as an *outward process* of beliefs, rituals, and traditions. Truth was seen as a priori, which presupposed experiences where knowledge was proceeded. These participants were viewed as having an outward-oriented approach to therapy. The traditional group had a narrowly defined view of spirituality and limited spiritual discussion to those with "like" belief systems. On the other side of the continuum (Figure 1), the contemporary participants saw therapy as experiencing and understanding. The contemporary participants were more *inward focused*, used more *experiential* approaches, and viewed truth as immediate and present. This was seen as more of an inward-oriented approach to therapy.

In all cases, as Pargament (2007) suggested, if a therapist holds a “narrow spiritual perspective” they “overlook potentially valuable spiritual resources that fall outside of their particular spiritual orientation” (p. 189). Doehring (2015), by extension, mentioned that spirituality cannot be marginalized to a “spiritual oriented system” that is informed and practiced based on a therapist’s personal experiences or understanding of spirituality.

Although the participants viewed spirituality as a strengths-based resource in therapy and tried to find ways to incorporate it in their practice, they did so without any clear and guiding principles because there was no unified approach or model of a spiritually integrated approach to psychotherapy.

This research demonstrated that spirituality is a multi-dimensional construct and therapists that identify themselves as spiritually integrated psychotherapists need to be adept and be informed on how to initiate and work with their clients’ worldviews, as it contributes to their challenges and potential solutions. David Tracy (1987) suggested that we live in global pluralism and that other religions cannot be an “addendum to Christian theology” in the understanding of spirituality (p. 145). Integration of spirituality into a therapeutic context is complex and challenging, as Tracy (1987) explained, “Identities of meaning, analogues or radical non-identities” take place in the context of the client’s cultural, ethical, and meaning-making experiences (p. 140). A spiritually integrated approach to psychotherapy needs to be inclusive of various worldviews. This research demonstrated that therapists cannot be selective in addressing spirituality only on a platform of what has informed their views of spirituality.

A spiritually integrated model of psychotherapy from this research suggested the need to embrace the complexities of spirituality. Spirituality needs to be inclusive of a broad definition

which embraces religion within the framework of spirituality instead of separating them in an effort to create a unified approach to spirituality in clinical practice. In this research, there were varied definitions given to the words spiritual and religion and were used interchangeably without any consistent working definition. The continuum in Appendix A mirrors the definition provided by this research where spirituality is a meaning-making experience in one's life that enables them to live a purposeful life in relationship to self, others, and the world that they experience. Based on this research, religion is defined as a pathway to one's spirituality and is cultivated through an organized belief system. The sacred is defined as experiences that inform and enhance one's spirituality or religious beliefs, whether spirituality is accessed through religious practices or alternative meaning-making experiences. Spirituality in therapy is accessing the inner resources of the client; through a strengths-based and relationship-centered approach to therapy, the therapist can co-create meaning-making experiences in the context of where they are on the continuum.

What remained consistent was each participant's focus on the client's sense of "self" within the client-therapist alliance. The theme of "opening up space" was threaded in their approaches and models of therapy; opening up space enabled the client to explore themselves amidst their life challenges. These challenges were in the context of the client's personal reality within the framework of a dynamic system of meaning-making experiences. Brown (2016) put it another way and suggested that, "a person's spirituality is expressed across the whole spectrum of their experiences and beliefs" (p. 188). Meaning-making can unfold through feelings about life. Mahoney (1991) suggested that "feelings illuminate and energize activity", recognizing that "feelings and emotionality are fundamental to beliefs and behaviour" (p. 176). It was apparent in this research that "active listening" within the context of the therapeutic alliance enhanced those

meaning-making experiences. The practice of “active listening” when engaging the client’s sense of “self”, as VanKatwyk (2003) mentioned, enabled the participants to focus on “understanding the client’s inner world of feelings and thoughts”, which theologically can be identified as “soulful” experiences (p. 72). The participants in this research embraced the concept of “soul” in the context of “essence” and “meaning-making”, recognizing and experiencing that something within the therapeutic relationship is “transcendent” beyond the accumulations of techniques or models of the change process.

Spirituality brings in the mystical, unknown, and unmeasured wisdom in therapy, yet is grounded in the practice of psychotherapy and schooled in the various theories and models of the change process (Figure 2). Clients desired wholeness and peace; they sought to understand themselves within the choices and decisions they made in their lives. In this research, psychotherapy by its very nature was not complete without the recognition and integration of the social sciences, theology, and philosophy. In the converging fields of social sciences, theology, and philosophy, Tracy (1987) stated, “the concrete is never solely the particular but the particular becomes particular in relationship to the whole” (p. 140). This research suggested that the social sciences, philosophy, and theology resided in the term psychotherapy and were the particular within the whole (Figure 2). Tillich (1964) recognized that science and religion remained for the most part independent, but suggested that “if we reformulate our theology in light of lived experiences it opens the door towards ‘integration’” (p. 761).

Social sciences acknowledged the value of spirituality but were unsure of how spirituality fit in the field of psychotherapy and in some cases, allocated spirituality as a cultural phenomenon and not as an integrated part of human personality (Corey, 2017). This research suggested that spirituality is part of psychotherapy and so too the social sciences (Figure 2). If

psychotherapy is inclusive of spirituality, the emphasis would be on a spiritually aware approach to psychotherapy. The emphasis on integration would be on how to engage the client's world view and integrating those challenges amidst their life challenges. The implicit nature of spirituality within the context of the humanities and social sciences has an emphasis that is more about *process* (tone) than content, *experiences* (emphasis) than methodology, and *relationship* (connection) than solutions. Spirituality included words and techniques, but also to a larger degree focused on the experiences of the client-therapist interaction in attending to the presenting concern.

### **Limitations of the Study**

All research designs have some type of limitation.

The natural process of qualitative inquiry used a limited sample of 15 participants. Qualitative inquiry cannot assume that its impressions can be generalized to people outside of the sample

The demographic makeup of the participants was moderately homogenous. The data collection was limited to majority Caucasian/white therapists who hold spirituality as very significant in their lives. Participants from other racial or ethnic backgrounds may have completely different expectations regarding the integration of spirituality in therapy.

Finally, the data collection did not include therapists from a wide variety of religious and spiritual traditions and therapists who do not claim a spiritual and religious worldview.

### **Recommendations for Future Research**

Spirituality is increasingly personalized in how people see those experiences in their lives and have identified that spiritual experiences contribute to their mental well-being. Elkins (1998) talked about the sacred as transcendent perceptions and suggested that, “transcendent perception is the ability to see the more” (p. 97). To what extent does a client’s experience of the “spirituality” or “transcendent” inform their understanding of themselves? What is the nature of spiritual phenomena in psychotherapy that contributes to the change process in a client?

It is ethically important that therapists recognize the unique spiritual and religious perspective of each client. Therapists need to be aware of their own and their client’s worldviews and remain open and nonjudgmental regarding a client’s core values and beliefs. Ethically, it is important for a therapist to monitor for subtle ways where they might be inclined to influence a client to embrace their spiritual perspective. For instance, Corey, Corey, and Callanam (2011) explained that it “is not the role of a therapist to prescribe a particular pathway to clients in fulfilling their spiritual needs but to help clients clarify their own pathway” (p. 110). Doehring (2015) suggested “relational ethics” may be ethical challenges for therapists noting a “comparative approach” highlights what is what may be different about each the client and the therapist’s spiritual experiences. The challenge for therapists, as Doehring suggests, “must cultivate a critical self-awareness of what they are spiritually and theologically, so that do not unwittingly impose their religious meaning-making and practices on those seeking care” (p.45).

When would a therapist’s personal biases, values, and beliefs become an ethical concern in the practice of a spiritually integrated approach to psychotherapy?

Do educational institutions provide appropriate training in psychotherapy that includes spirituality? This research suggested that the participants were compelled to seek information on

their own and use their personal experiences and/or theological training as a guide to integrate spirituality in their clinical practice. In a random selection of APA therapists, 76% of respondents believed that their graduate programs inadequately addressed training related to spirituality and religion (Miller et al., 2014). Hathaway (2013) suggested that formal training to address the religious and spiritual dimensions of clinical care “remains disjointed” (p. 635). What would appropriate training look like? What would be the definition of competence? What would be models and methods of integrating spiritual and religion into the course work and training?

What supervision models of psychotherapy include spirituality as part of the theories of change processes within academic institutions? What do those models look like and how do they contribute to a spiritually integrated approach? Are there frameworks to guide clinical supervision that include spirituality? What would spirituality look like in case conceptualization? What would the competencies be around worldviews; therapist awareness of a client’s diverse attitudes; beliefs and values; family history of spirituality and religious beliefs; and assessment and treatment regarding spiritual and religious perspectives that affect well-being?

Spirituality explicit and implicit focus has implications on how to approach various theories of change models. How would a spiritually integrated model of psychotherapy approach short term and long term therapy?

## Chapter VII: Theological Reflection

This theological and spiritual reflection is based on my research findings from the participants' practices of integrating spirituality into their practice of psychotherapy. The theological reflection is critical in order to gain spiritual wisdom that came from this research project. Meakes and O'Connor (2013) reinforced the importance of theological reflection and suggested that, "Divine presence is part of the developing nature of reality, part of the flow, at any moment. Divine in a situation summons or lures us to new growth" (p. 34). If this is the case, how did theology objectively and subjectively serve my experience to reaffirm, rearrange, or create new understandings of spirituality as it applied to the field of psychotherapy? Robert Kinast's (1999) model of theological reflection was the framework that I used to inform my understanding and implications of spirituality in psychotherapy. Kinast (1999) used the acronym "NAME", for Narrative, Analysis, Meaning, and Enactment as a method of theological reflection (p. 33). It was a process that described what happened (narrative), uncovering the facts (analysis), exploring the meaning of the experience, and then putting this reflection into action (enactment). Kinast (1996) wrote in *Let Ministry Teach*, "Reflection as a method involves recognizing what is an event, naming it, related to other experiences and reflections, letting it shape the future" (p. xiii).

When I started this project, it was out of a sincere desire to know how therapists integrated “spirituality” in their practice of psychotherapy. In reflecting on the interviews and writing the research findings, a theme emerged of “opening up space”, which the participants described as something that happened through the relationships that they developed with their clients. I found it striking that there was not any particular model of therapy, technique, or intervention that contributed most in their understandings of a spiritually integrated approach to psychotherapy. What stood out the most was the way that the participants approached and interacted with their clients. Specifically, it was each participant’s ability to engage the clients to “open up space” so they could explore, as the findings suggested, their “core self” or “authentic self”. The participants suggested that “opening up space” enabled the client to connect to themselves, which resonated with the research of Meakes and O’Connor (2013), who suggested that the client “co-constructs” with the therapist to make sense of their situation and find their place within those challenges (p. 112). It became apparent in this research that integrating spirituality revolved around the client-therapist relationship. Theologically, Kinast (1996) suggested that, “God is intimately involved in and part of every experience” (p. 20). The purpose of this chapter was to reflect theologically on the theme of “opening up space” as an ongoing dialogue between my theology and what I experienced in this research. At times, as I reflected, I found the experiences reinforced and illustrated my theology and at other times those experiences called me to change my theology.

### **The Narrative – Opening Up Space**

The participants identified themselves as therapists who valued the importance of spirituality in their personal lives and were receptive to exploring spirituality with their clients,

recognizing any resources a client had to support themselves was important to bring into the therapeutic conversations.

The therapists ranged in age from 28-69 years. They were all Registered Psychotherapists (RP), which included members of other regulatory professions that practice psychotherapy and are classified as “Registered Psychotherapists” (i.e. psychologist and social workers), in Ontario. The therapists had different backgrounds in educational training.

Some of the participants had no formal religious background or training in theology but described themselves as spiritual, while other participants identified themselves as spiritual but not religious, and there were those who embraced their religious beliefs and religious experiences as positive to their personal growth and development. Those participants that identified themselves as having a religious background varied from Evangelical Christians, Roman Catholic, Protestant, Non-Denominational, Brethren in Christ, and Mennonite.

The participants suggested that if spirituality is a resource of the client’s well-being, it should be accessed and discussed in a therapeutic context. However, it became apparent the participants’ beliefs and experiences of spirituality informed and shaped their approach to therapy. They described their interactions with their clients as spiritual encounters. It was discovered that helping the client understand themselves was reflected in the theme “opening up space” which enabled the client to explore their own values, beliefs, and understandings in a meaningful and purposeful way. For instance, Susan explained, “my goal is always to open up space for people to think differently about themselves. I want to create space for their genuine self”. Kelly described it as “creating space for their genuine self” or “giving them space to be present with themselves”. Sally suggested that “making space for the client to find their authentic

self” is called “meaning-making” and is basically making sense of their experiences in life. Susan explained, “I am working with someone’s heart and soul. I am trying to give them space to be with themselves”. Laura affirmed this concept when she mentioned, “an emotional connection with self can be a spiritual thing even though it doesn’t overtly look like it”.

The participants described the context of the therapeutic setting with an emphasis on listening to the client’s story and suggested it helped the client to understand what was going on in their own experiences. That dialogue with the client was viewed as meaning-making experiences and was viewed as part of a spiritually integrated approach to psychotherapy. Kelly, Sally, and Greg talked about these experiences in the framework of an “I-thou” concept of God working in and through their relationship with their clients. Jack felt he had the ability to understand the mental state of the client and held both the client and himself in their experience. He described this interconnectedness as a deeply spiritual experience and suggested that empathy and compassion were core values when working with clients. He explained, “I can quickly put myself in the other person’s shoes”. He contributed his ability to demonstrate empathy and compassion as he described “part of my heightened sense of spirituality”. Pat viewed her experiences of spirituality as honoring the inherent dignity of human persons mentioned having “an unconditional positive regard for people”.

When the participants engaged their clients in talk therapy, they described their interactions and experiences as something larger than themselves. They described an overwhelming sense of connection with their clients but could not put these connections into language. Lori described it as a “spiritually heightened feeling in the room...it felt like this was holy space”. Sally stated, “It is a movement of energy connected to the client’s soul” which as she described “their core authentic self”. Pat explained that phenomena as “experiencing

transcendence.” Susan described it this way, “I started to be aware of something other happening in my relationship with clients that was beyond the five senses”. She described the experiences as having the “utmost respect for another human being, not just the human form but the soul”.

The participants viewed their approach to talk therapy through a spiritual lens. George described it well stating,

“I am always looking at the client from a spiritual perspective which is created being of God that I have compassion for and just as God comforted me through my difficulties, I will comfort them in theirs”.

Susan suggested that, “Spirituality has helped me get to know my authentic self with my very secular training. Spirituality helps me be true to me and it comes through in the way I see humans, see healing, and the way I see suffering”.

The participants' approach to therapy was to engage the client in such a way it “opened up space” for the clients to self-reflect and understand themselves in the midst of their distresses in life. When the participants engaged their clients in talk therapy they were “co-creating” change and it was viewed as spiritual and describing it as a spiritual experience.

### **The Analysis – Opening Up Space**

In my analysis, I wanted to explore the narratives or experiences the participants had with their client and answer the question why (Kinast, 1999). Why is “opening up space” an important theme within the clinical practice of the participants? What was the relationship of “opening up space” and the emphasis on the client-therapist interaction? Why was there less emphasis on theories of change in the context of spirituality and more on the client-therapist interaction? Why

was their emphasis on the client's sense of self amidst life's challenges and not the challenges themselves?

The participants came from various life experiences, educational backgrounds, age, gender, and approaches to clinical practice. In my research, it was clear they had different spiritual perspectives and understanding of religion and spirituality that informed their own way of living and relationship with their clients. But within all that diversity, the common factor was how they valued spirituality as a resource for their own personal development and by extension, informed the manner of how they approach and interact with their clients.

It became clear as I asked the question of why “opening space” was a fundamental approach to engaging their clients; it came out of their own spiritual experiences. What they experienced spiritually informed how they approach their clinical practice. The manner in how they approach their clinical practice came out of the ethos of their own lived experiences of spirituality and that heightened level of their own spiritual journey. In turn, it informed the manner of how they approached and talked to their clients. It came from a place of deep personal care for their client's well-being which was informed by their spirituality. Their spiritual disposition moved them to focus on their relationship with the client to explore their own understanding of themselves amidst the life challenges.

In this research, the experience of the participants' own spirituality impacted and shaped how they engaged the client's in talk therapy. How the participant approached and interacted with their clients was shaped by their own understanding of spirituality and then viewed their own spirituality as a resource to support the therapeutic experience. It was also the manner in how they interacted with their client and how they saw their client as spiritual beings.

1. Reinforced a safe, open, accepting and caring environment that they believed facilitated the change process.
2. The hope for change in a person's life was embedded in the theological paradigm that God, transcendence, or something other brings enhancing the change process in therapy.
3. Their spirituality informed them that the change process was larger than techniques, interventions, and approaches to therapy. There was a belief that God transcended the clinical experiences.
4. They had the belief that their spirituality is in the room and informs and engages the client in therapy.
5. Belief that clients can access spiritual resources within themselves. By helping the client to explore themselves in life's challenges they would find resources within themselves to meet the challenges they were facing.

The overarching manner all 15 participants expressed suggested that the personal, meaningful, and compassion-filled conversations “opened up space” for the client to explore their deepest inner pain. Within those meaningful relational exchanges, the client recognized they were not alone and within an environment of “opening up space” they experienced hope, a new awareness, and understanding of themselves to face their fears and anxieties surrounding life's challenges.

### **The Meaning – Opening Up Space**

Kinast (1999) suggests the heart of making faith-sense is to determine the spiritual meaning of the events. The following is some of the knowledge and experience of my faith that

informs my understanding of the meaning behind the participants' emphasis on "opening up space" in their interaction with their clients.

What continued to resonate with me was how the participants engaged their client's in therapy. What was behind all 15 participants' approach of "opening up space" that was so relevant to their approach to spirituality in therapy?

The theological concept of "incarnation" of God within was manifested in their interaction with their clients. The therapeutic interaction was not about an object or thing to be fixed, but to engage in a therapeutic relationship with movement towards an understanding of addressing challenges that faced the client. The Scriptures speak to the "incarnate within" as the manifestation of God dwelling in us. I believe the very nature of God is reflected in the client-therapist interaction. The image of God is rooted in various sacred texts which asserts that human beings are created in the image and likeness of God (Genesis 1:16). The participants' spirituality is a reflection of God's nature within themselves. In the findings, Cindy stated, "When people are encountering me they are encountering that which is within me". When the participants engaged with their clients, they did so out of a "spiritual lens". The participants' personal lived experiences of God was mirrored in the client/therapist relationship. Opening up space is an intentional spiritual approach to clinical practice. Spirituality in clinical practice is about authenticity and openness to transcendence. It shapes the tone and tenure of the client/therapist interaction. The emphasis is not necessarily on the "suffering and self" rather "self and the suffering". Charles Gerkin (1977) sites Carl Roger in his book *An introduction to pastoral care* and suggested "the human relational problems that beset person under his care lay within the person's own self. The task of the psychological helper was to create a relational context within which those inner solutions could come forth" (p.66). It suggests a "soul to soul" connection

where the participants viewed their clients as spiritual beings made in the “image of God” and engaged them “soulfully”. To engage “soulfully” took place in the context of “opening up space”. The participants “opened up space in dialogue, understanding and awareness.

### 1. Opening Up Space – Dialogue

I suggest that the theme of “opening up space” was the participants’ invitation to their client “to be” with them and was reflected in the tone of their dialogue. The nature of their dialogue reflects the nature of how God engages us in conversation. In Genesis 3, the first known account of God reaching out and talking to Adam. In Genesis, 3:9 (New International Version), God called out to Adam and asked “where are you?” This was a simple and factual question. Zornberg (2009) in her writings, *The murmuring deep: Reflections on the biblical unconscious* wrote that God knew where Adam was. She also stated that,

His question is not a request for information; rather it is intended simply to get Adam talking, in dialogue with God. One might say that God’s main wish is not for a particular content or truth to be spoke, but for a world of language to be broached in which, for the first time, man can express some of his meanings to God. (p. 19)

Theologically, it seemed from this sacred text that God took the initiative and sought out relationships. I would suggest that it is an invitation to awaken the spirituality within us. When time is taken to explore our “inner self”, is it possible to hear God saying “where are you?” as an invitation to recognize our authentic self, which is a recognition of our spirituality. The participants’ experiences and their encounters with their clients were spiritual interactions, whether the clients were aware of it or not, and theologically, it was the inner resources of God’s wisdom and strength entering into the client-therapist relationship. Pargament (2007) took the

stance that within the personality of every person is “spiritual potential” (p. 21), but noted that “not everyone has strong spiritual motivation” (p. 60). Pargament’s (2007) findings resonated with Valliant’s (2008) observation of the “human propensity of the client to seek out and attach to something larger than themselves” (p. 249). In my theology, it was always God seeking me, but through this research, I have come to realize spirituality is about acknowledging God. God is waiting for me or opens up space for me to respond as He did with Adam, asking me “where are you?” What struck me about God is the dialogue is not necessarily to engage me to acknowledge my failures or disappointment. What he profoundly wanted from me was to open up space to enjoy my company, a dialogue, and a relationship. When God reached out to Adam in Genesis 3:9, clearly Adam was in trouble by his actions with Eve, because in Genesis 3:8 it stated, “They hid from the Lord God among the trees of the garden”. God knew where they were but wanted to talk to Adam, to gain Adam’s attention; God seeks relationships and he “opens up space” by inviting us to dialogue with him. As spiritual beings, he is constantly reaching out to seek relationships. How profound, simple, and true are these experiences that the participants had with their clients? The presenting problem was “sitting in therapy” with the participants “opening up space” through dialogue in the context of compassion, kindness, and empathy and listening intently to their client. Their focus was on the clients as much as the challenges that their clients were facing. Through the experience of this research, the participants’ ability to open up space for dialogue helped their clients find their “inner self” in the midst of their struggles.

## 2. Opening Up Space – Understanding

Secondly, opening up space was an invitation to encounter and experience new meanings and understandings of self. In John 20:24-31 (The New International Version), there is a story of Jesus encountering Thomas, one of the 12 disciples. The disciples explained their encounter of

Jesus to Thomas stating, “We have seen the Lord!” Thomas responded, “Unless I see the nail marks in his hands and put my finger where the nails were and put my hand into his side, I will not believe it”. Thomas did not doubt that the other disciples had seen Jesus, but he could not grasp the reality of their experiences until he himself experienced Jesus. In John 20:27 Jesus said to Thomas, “Put your finger here; see my hands. Reach out your hand and put it into my side. Stop doubting and believe”. In verses 28-29 Thomas said to him, “My Lord and my God’! Then Jesus told him, because you have seen me, you have believed.” I think there was a part of Thomas that was searching and wanting to know and in his journey of seeking, he experienced the truth of Jesus. I cannot help but believe that Jesus wanted to see Thomas too. I wonder if the second appearance of Jesus with all the disciples was for Thomas to benefit from; they both pursued each other and created new meanings and understandings in Thomas’ life. Jesus opened up space for Thomas to regain new understanding.

### 3. Opening Up Space – Awareness

In the synoptic Gospel of Luke, Jesus was interacting with the Pharisees concerning the Kingdom of God. The Pharisees asked Jesus when the Kingdom of God would come. To the Pharisees, “Kingdom” had political connotation which was not what Jesus had intended. Jesus was describing what was unseen and spiritual. He replied to them saying, “the Kingdom of God is within you”, or other various texts suggest the translation to be “among you” (Luke 17:21 New Living Translation). The Kingdom of God is a term of central importance within the Synoptic tradition. The Greek word for Kingdom is *Basileia*, which is an abstract noun denoting sovereignty and dominion and it identifies the sphere of God’s rule (Vine, 1966, p. 294). The nature of the theme has soteriological and eschatological dimensions and is linked to God’s historical saving acts throughout the Testaments. Spiritually, the term is associated with the

sustaining, healing, and guiding work of God in a person's life. The Kingdom of God transcends and is within a person and at their core, everyone is a spiritual being. In this research, when participants like Lori described having "spiritually heightened feelings in the room...it felt like this was holy space", it was a divine-human encounter, the "kingdom of God" was present within their interaction. It happened as they "opened up space" to engage their clients in a compassionate and empathetic approach to therapy. VanKatwyk (2003) suggested that this was "a profoundly spiritual approach" to therapy (p. 67). When a person reflects on their "inner self", or awareness of self it is a spiritual activity.

It reflected Pargament's (2007) experience that "within the personality of every person is spiritual potential, but not everyone has strong spiritual motivation" (p. 21). As I reflected on this theologically, maybe it was not spiritual motivation as much as it was spiritual awareness of the inner strength they had within "self", which was the Kingdom of God within them to attend to life's challenges. Valliant's (2008) *Spiritual evolution: A scientific defense of faith* suggested that there is "a human propensity to seek out and attach to something larger than ourselves" (p. 249). Maybe the participants in this study were helping their clients find their "inner resources", which was the divine within themselves to engage and work through their suffering and struggles. Osbon (1991), in *Reflections on the art of living: A Joseph Campbell companion*, wrote of Campbell's discussion regarding what the Kingdom was. "It lies in our realization of the ubiquity of the divine presence in our neighbor, in our enemies, in all of us" (p. 205). Phillip Cary (2000) talked about the concept of self as the private inner space or inner world. In his book *Augustine's invention of the inner self*, he discussed the ancient language of inwardness that went back ultimately to Greek philosophies. He discussed the concept of the self as a private inner space, a space where one entered in and found God. He described it as, "the notion that human

beings seek happiness, and want to know truth, can be good or evil, can come close to the divine or be far away” (p. 9).

### **The Enactment – Opening Up Space**

In summary “opening up space” in this theological reflection was a recognition that spirituality in psychotherapy is about the incarnate working through us by opening up space in the client/therapist relationship to create dialogue, understandings, and awareness.

Secondly, this theological reflection enabled me to rethink my theology. It changed and enhanced my theological perspective and awareness of what is happening and what I can anticipate in my therapeutic relationships with my clients.

In general, these experiences reaffirmed, rearranged, and shaped the tone and emphasis of my understanding of spirituality in my practice of psychotherapy in the following ways:

1. Theologically, as a client accesses the inner resources of their “soul/self”, they are drawing on the strengths that they have as spiritual beings. As I engage my clients in meaning-making dialogue within the framework of exploring their sense of self amidst their struggles, they are accessing spiritual resources.
2. I have a deeper understanding that spirituality is psychotherapy and the social sciences. Spirituality within the context of the humanities and social sciences may have an emphasis that is more about *process* (tone) than content, *experiences* (emphasis) than

methodology, and *relationship* (connection) than solutions. Spirituality includes words and techniques, but also to a larger degree focuses on the experiences of the client-therapist interaction in attending to the presenting concern.

3. I have come to realize that spirituality is a resource within the client, whether they recognize it as spirituality or not. Psychotherapy is helping the client explore the “self” and that is inherently spiritual. Theologically, something larger is happening when a client reconnects to themselves, something that cannot always be measured or quantified scientifically, but it comes from a place of wisdom.
4. In the client-therapist relationship there is an opportunity to create an environment that enables the client to explore/frame questions that can help them self-reflect on the underlying connections to the presenting challenges. Understanding themselves in the midst of their challenges is a meaning-making process.
5. There is something to be said about the relational alliance created between the client and the therapist that helps the client unlock thoughts and ideas about themselves. Something outside of themselves transcends and supports the change process that is beyond words and techniques. Geller et al. (2012), in their text *Therapeutic Presence*, acknowledged when quoting Pemberton’s (1977) study, that “there are always mysterious factors contributing to it” (p. 39).

In summary, through my theological reflection of the participants’ experiences in therapy, I informed and created new understandings of spirituality within my practice and my personal spiritual journey with God. I saw how they approached, shaped, and informed the clinical practice with their spirituality.

## References

Adams, J. E. (1970). *Competent to counsel: Introduction to nouthetic counseling*. Michigan: Zondervan Publishing.

Ammondson, I., Lukoff, D., Pargament, K. I., Pilato, R., Scammell, S., & Vieten, C. (2013). Spiritual and religious competencies for psychologists. *American Psychological Association* (13), 1941-1022. doi 10.1037/a0032699

Anderson, T., Lunnen, K. M., & Ogles, B. M. (2010). Putting models and techniques in context. In Duncan, B., Hubble, Mark A., Miller, Scott D. and Wampold, Bruce E. (Eds.) *The heart & soul of changed* (2<sup>nd</sup> Ed.) (143-166).

Arczynski, A. V., Morrow, S. L., & Englar-Carlson, M. (2016). Cultivating a spiritually integrative psychotherapy approach with youth: An exploratory qualitative study. *Spirituality in Clinical Practice*, 3 (3), 196-207. <http://doi.org/10.1037/scp0000086>

A spectrum of spirituality: Canadians keep the faith to varying degrees, but few reject it entirely. (2020, April 15). Retrieved from <http://angusreid.org/religion-in-Canada>

- Bergin, A. E. & Payne, I. R. (1991). Proposed agenda for a spiritual strategy in personality and psychotherapy. *Journal of Psychology and Christianity, 10* (3), 196-207.  
doi:org/10.1037/scp0000086
- Boswell, R. (2013). Religion not important to most Canadians, although majority believe in God: Poll. Retrieved February/March, 2018, from <http://nationalpost.com/holy-post/religion-not-important-to-most-canadians-although-majority-believe-in-god-poll>
- Bradley, D. F., Exline, J. J., Pargament, K. I. & Uzdavines, A. (2016). Counseling atheists who experience religious and spiritual struggles. In Berendsen, P., Chow, M., O'Connor, T.J. & Schmidt, A.E. (Eds). *Thriving on the edge (193-203)*. Ontario: The Canadian Association for Spiritual Care.
- Brown, R. S. (2016). Spirituality and the challenge of clinical pluralism: Participatory thinking in psychotherapeutic context. *American Psychological Association, 3* (3), 187-195.
- Cary, P. (2000) *Augustine's invention of the inner self*. Oxford University Press, New York: NY
- Clebsch, W. & Jackle, C. (1964) *Pastoral care in historical perspective*. Englewood Cliffs, NS. Pentine-Hill
- Clutter, S. M., Demmitt, A., Morrison, J. Q. & Pritchett, E. M. (2009). Perceptions of clients and counseling professionals regarding spirituality in counselling. *Counseling and Values, 53*, 183-194.
- Collins, G. (2007). *Christian counseling (3<sup>rd</sup> ed)*. Michigan: Zondervan Publishing House.

- Corey, G. (2013). *Theory and practice of counseling and psychotherapy*. California: Cengage Learning.
- Corey, G. (2015). *Theory and practice of counseling and psychotherapy 10<sup>th</sup> Edition*. Boston: Cengage Learning.
- Corey, G., Corey, M.S., Callanam, P. (2011) *Issues and ethics in the helping profession*. Brooks/Cole. Belmont. CA.
- Crabb, L. J. (1975). *Basic principles of biblical counseling*. Michigan: Zondervan Publishing house.
- Creswell, J. W., & Poth, C.N. (2018). *Qualitative inquiry & research design: Choosing among five approaches (4<sup>th</sup> ed.)*. California: Sage Publications Inc.
- Dahl, C.M., & Boss, P. (2005). The use of phenomenology for family therapy research. In D.H. Sprenkle & F.P. Piercy (Eds.), *Research methods in family therapy* (63-84). New York: The Guilford Press.
- Davis, D. E., Hook, J. N., McDaniel, M. A. & Worthington, E. L. (2010). Religion and spirituality. *Journal of Clinical Psychology in Session*, 67 (2), 201-214.
- Doehring, C. (2014). *Emotions and Change in Spiritual Care*. Pastoral Psychology 63:583-596.
- Doehring, C. (2015) *The practice of pastoral care*. Westminster John Knox Press. Louisville Kentucky
- Doering, C. (2015). *The challenges of being bilingual: Methods of integrating psychological and religious studies*. In Maynard, E.A., and Snodgrass, J.L. (eds). *Understanding Pastoral Counseling*. (87-100).New York: Springer Publishing Company.

Drobin, F. (2014). Recovery, spirituality and psychotherapy. *Journal Religion Health, 53*, 789-798. doi.10.1007/s10943-013-9800-4

Eatough, V., & Smith, J.A. (2008). *Interpretative phenomenological analysis*. In Willig, C. and Stainton-Rogers W. *Qualitative Research in Psychology* (p. 179-194). California: Sage Publications Inc.

Elkins, D. N. (1998). *Beyond religion*. Illinois: Quest Books.

Elkins, D. N. (2005). A humanistic approach to spiritually oriented psychotherapy. In Shafranske, E.P. and Sperry, L. (Eds). *Spiritually Orientated Psychotherapy*, 131-151. <http://dx.dpi.org/10.1037/10886=006>

Epstein, M. (1995). *Thoughts without a thinker*. New York: Basic Books.

Eriksen, K. & Weld, C. (2007). Christian clients' preferences regarding prayer as a counseling intervention. *Journal of Psychology and Theology, 35* (4), 328-341.

Fang, Q., Lomax, J.W., McGee, Shealy, J., & Pargament, K.I., (2014) *Sacred moments in psychotherapy from the perspective of mental health providers and clients: Prevalence, Predictors, and consequences*. *Spirituality in Clinical Practice*, Vol 1, No 4, 248-262.

Fowler, J. W. (1981). *Stages of faith*. New York: HarperOne

Frederick, T. V. (2014). Spiritual transformation: Honoring spiritual traditions in psychotherapy. *Spirituality in Clinical Practice, 1* (2), 109-115. <http://dx.doi.org/10.1037/scp0000020>

Geller, S., & Greenberg, L. (2012). *Therapeutic presence: A mindful approach to effective therapy*. Washington: American Psychological Association.

- Gockel, A. (2011). Client perspectives on spirituality in the therapeutic relationship. *The Humanistic Psychologist* (39), 154-168. doi: 10.1080/08873267.2011.564959
- Green D., Pirutinsky, S., Rosmarin, D. & McKay, D. (2013). Attitudes towards spirituality/religion among members of the association for behavioral and cognitive therapies. *Professional Psychology: Research and Practice*, 44, (6), 424-433. doi.10.1037/a0035218
- Greider, K.J. (2015). Religious location and counseling: Engaging diversity and differences in views of religion. In Maynard, E.A., and Snodgrass, J.L. (eds). *Understanding Pastoral Counseling* (235-256). New York: Springer Publishing Company.
- Griffith, J. L., & Magyar-Russell, G. M. (2016). Addressing unhealthy and potentially harmful expression of religiousness and spirituality in clinical practice. *Spirituality in Clinical Practice*, 3 (3), 159-162. <http://dx.doi.org/10.10357/scp0000111>
- Harris, K.A., Howell, D.S. & Spurgeon, D.W. (2017). Faith concepts in psychology: Three 30 – year definitional content analyses. *Psychology of Religion and Spirituality*, 10 (1), 1-19.
- Hathaway, W. (2013). Pathways toward graduate training in the clinical psychology of religion and spirituality: A spiritual competencies model. *APA Handbook of Psychology, Religion, and Spirituality*, (2), 635-649. doi: 10.1037/14046-033
- Hill, P.C., Hood, R.W., Larson, D.B., McCullough, M.E., Pargament, K.I., Swyers, J.P. & Zinnbauer, B.J. (2000). Conceptualizing religion and spirituality: Points of commonality, points of departure. *Journal for the Theory of Social Behavior*, 30 (1), 51-77.
- Holy Bible New International Version*, 2007 Zondervan Publish House, Grand Rapids, MI

Hyland, M.E., Kamble, S., Masters, K.S., & Wheeler, P. *A sense of 'special Connection', Self-transcendent values and common factor for religious and non-religious spirituality.*

Archive for the Psychology of Religion 32 (2010) 293-326

Jones, R. S. (2019). *Spirit in session: Working with your clients spirituality (and your own) in psychotherapy.* West Conshohocken, PA: Templeton Press.

Kabat-Zinn, J. (1994). *Wherever you go, there you are.* New York: Hyperion.

Kegan, R. (1982) *The evolving self.* Cambridge, England. Harvard University Press

Kinast, R. (1996). *Let ministry teach.* Collegeville, Minnesota. The Liturgical Press

Kinast, R. (1999). *Making faith-sense.* Collegeville, Minnesota. The Liturgical Press

Knitter, P. F. (2019). *Theologies of Religion.* Maryknoll, NY: Orbis Books.

Koenig, H. (2009). Research on religion, spirituality, and mental health: A review. *The Canadian Journal of Psychiatry, 54* (5).

Kvale, S. (1996). *Interviews: An introduction to qualitative research interviewing.* California: Sage Publications Inc.

Lambert, H. B. (2009). The theological development of biblical counseling movement from 1988. Retrieved from ProQuest Digital Dissertations.

Lee, B. K. (2001). *The religious significance of the Satir model: Philosophical, ritual, and empirical perspectives. Doctoral Dissertation.* Ottawa: University of Ottawa.

- Lipka, M. (2020, May 30). 5 facts about religion in Canada. Retrieved from <https://www.pewresearch.org/fact-tank/2019/07/01/5-facts-about-religion-in-canada/>
- Luna, N. & MacMillan, T. (2015). The relationship between spirituality and depressive symptoms severity, psychosocial functioning impairment, and quality of life: Examining the impact of age, gender, and ethnic difference. *Mental Health, Religion & Culture, 18* (6), 513-525. doi.org/10.1080/13674676.2015.1087481
- Mahoney, M.J. (1991). *Human change processes: The scientific foundations of psychotherapy*. United States: Basic Books Inc.
- Mayhew, M. J. (2004). Exploring the essence of spirituality: A phenomenological study of eight students with eight different worldviews. *NASPA Journal, 41* (3), 647-674.
- McCarroll, P., O'Connor, T.J. & Meakes, E. (2005). *Assessing plurality in spirituality definitions*. In A. Meier, Thomas St. James O'Connor & Peter L. VanKatwyk (eds). *Spirituality & health* (43-60). Waterloo: Wilfrid Laurier University Press.
- McNeil, J.T. (1977). *The history of the cure of soul*. NY: New York. HarperCollins Publishers.
- Meakes, E., & O'Connor, T.J. (2013). *Spiritual & theological reflections*. Waterloo: Waterloo Lutheran Seminary.
- Merriam-Webster Dictionary. (2018). Retrieved 2018, from <https://www.merriam-webster.com/>
- Moore, T. (2014). *A religion of one's own*. New York: Gotham Books.
- Moustakas, C. (1990). *Heuristic research: Design, methodology and application*. California: Sage Publications Inc.

- Moustakas, C. (1994). *Phenomenological research methods*. California: Sage Publications Inc.
- Noranha, K., and Snodgrass, J.L. .(2015). Responding to explicit and implicit spiritual content. In Maynard, E.A., and Snodgrass, J.L. (eds). *Understanding Pastoral Counseling* (139-160). New York: Springer Publishing Company.
- Osbon, D.K. (1991) *Reflections on the Art of Living*. A Joseph Campbell Companion. HarperPerennial. New York. NY
- Pandya, S. (2014). Adolescents, well-being and spirituality: insights from a spiritual program. *International Journal of Children's Spirituality* (1), 29-49.  
<http://dx.doi.org/10.1080/1364436X.2014.999230>
- Pargament, K.I. (1997). *The psychology of religious coping: Theory, research, practice*. New York: Guilford Press.
- Pargament, K.I. (2007). *Spiritually integrated psychotherapy*. New York: Guilford Press.
- Pargament, K.I., Lomax, J.W., McGee, J.S. & Fang, Q. (2014). Sacred moments in psychotherapy from the perspectives of mental health providers and clients: Prevalence, predictors, and consequences. *Spirituality in Clinical Practice*, 1 (4), 248-262.
- Pargament, K.I., Scott, A.B. & Zinnbauer, B.J. (1999). The emerging meanings of religiousness and spirituality: Problems and prospects. *Journal of Personality*, 67 (6), 889-919.
- Peterson, E.H. (1993). *The message: The New Testament in Contemporary English*. Colorado: NavPress.

- Pew Research Center. (2013). Canada's changing religious landscape. Retrieved from:  
<http://www.pewforum.org/21013/06/27/canadas-changing-religious-landscape/>.
- Plante, T.G. (2007) Integrating spirituality in psychotherapy: Ethical issues and principles to consider. *Journal of Clinical Psychology, 63* (9), 891-902. doi:10.1002/jclp.20383.
- Radah, S.S. (2010) *The divine light invocation*. Spokane, WA Timeless Books.
- Rennick, P.J. A critical dialogue between theology and psychology (pp 23-42) *In Spirituality & Health* by Meier, Augustine,. O'Connor, Thomas St., and VanKatwyk, Peter L. Editors
- Rizzuto, A. & Shafranske, E.P. (2013). Addressing religion and spirituality in treatment from a psychodynamic perspective. *APA Handbook of Psychology, Religion, and Spirituality, 2*, 125-146. doi: 10.1037/14046-006.
- Rose, E.M., Westefeld, J.S. & Ansely, T.N. (2001). Spiritual issues in counseling: Client's beliefs and preferences. *Journal of Counseling Psychology, 48*, 61-71.
- Rosmarin, D., Forester, B., Shassian, D., Webb, C. and Bjorgvinsson, T. (2015). Interest in spiritually integrated psychotherapy among acute psychiatric patients. *Journal of Consulting and Clinical Psychology, 83.6*, 1149-1153.
- Saenz, R. & Waldo, M. (2013). Clients' preferences regarding prayer during counseling. *Psychology of Religion and Spirituality, 5* (4), 325-334. doi: 10.1037/a0033711
- Saldana, J. (2016). *The coding manual for qualitative researchers*. California: Sage Publications Inc.
- Saunders, S.M., Miller, M. & Bright M. (2010) Spirituality conscious psychological care.

*Professional Psychology: Research and Practice*, 41 (5), 355-362. doi: 10.1037/a0020953

Saunders, S.M., Petrik, M.L. & Miller, M.L. (2014). Psychology doctoral students' perspectives on addressing spirituality and religion with clients: Association with personal preferences and training. *Psychology of Religion and Spirituality*, 6 (1), 1-8. doi: 10.1037/a0035200.

Shaw, B.M., Bayne, H. & Lorelle, S. (2012). A constructivist's perspective for integrating spirituality into counselor training. *Counselor Education & Supervision*, 51, 270-280.

Stricker, G. (2010) *Psychotherapy integration*. American Psychological Association, Washington, DC.

Terrell, S.R. (2016). *Writing a proposal for your dissertation*. New York: The Guilford Press.

Thoresen, C.E. & Miller, W.R. (2003). Spirituality, religion, and health. *American Psychologist Association*, 58 (1), 24-35. doi: 10:10370003-066X58.1.24

Tillich, P. (2014). *The Courage to be*. New Haven, CT: Yale University Press.

Townsend, L. L. (2009). *Introduction to pastoral counseling*. Nashville, TN: Abingdon Press.

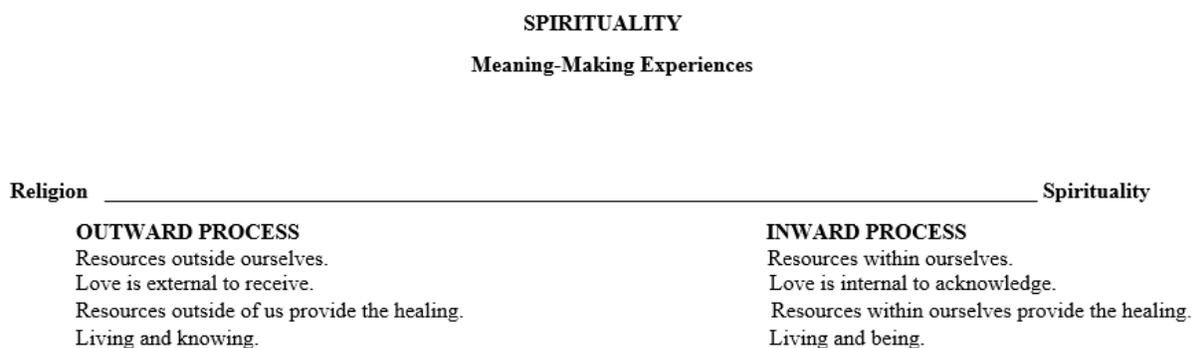
Valliant, G. E. (2008) *Spiritual evolution: A scientific defense of faith*. Broadway Books. New York: NY

VanKatwyk, P.L. (2001). *Reconciliation and forgiveness*. In Augustine Meier & Peter VanKatwyk (Eds.). *The challenge of forgiveness (pp. 125-137)*. Ottawa: Saint Paul University Press.

- VanKatwyk, P.L. (2003). *Spiritual care and therapy*. Waterloo: Wilfrid Laurier University Press.
- Vine, W. E. (1966) *Vines expository dictionary of old and New Testament words*. Old Tappan, NJ. Fleming H. Revel Company.
- Wade, N.R. (2016). Integrating cognitive processing therapy and spirituality for the treatment of post-traumatic stress disorder in the military. *Social Work & Christianity*, 43 (3), 59-72.
- Walsh, F. (1999). *Spiritual resources in family therapy*. New York: Guilford Press.
- Watson, N.J. (2006) Martin Buber's I and Thou: implications for Christian psychotherapy. *Journal of psychology and Christianity*, 25 (1). Pp 35-44 (From: <http://ray.yorks.ac.uk/eprint/103>)
- Welwood, J. (2000) *Toward a psychology of awakening*. Shambhala Publications, Inc. Boston, Massachusetts
- Willard, D. (1991). *The spirit of the disciplines: Understanding how God changes lives*. New York, NY. HarperCollins Publisher.
- Yamane, D. (2007). Beyond beliefs: religion and the sociology of religion in American. *Social Compass*, 54 (1), 33-48.
- Yalom, I.D. (1980). *Existential psychotherapy*. New York: Basic Books Publisher.
- Zornberg, A.G. (2009). *The mummified deep. Reflections on the biblical unconscious*. Schocken Books, New York

## Appendix A:

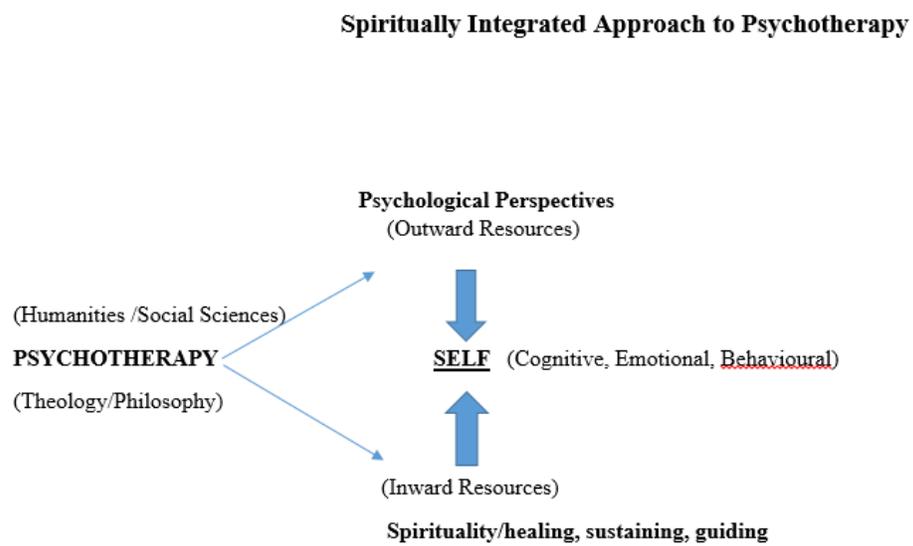
### Figure 1



**Figure 1.** A conceptual model of religion and spirituality on a continuum which are both inclusive of meaning-making experiences.

## Appendix B:

Figure 2



**Figure 2.** A conceptual model of a spiritually integrated approach to psychotherapy. Epistemologically, “a way of knowing”, in psychology and spirituality in a postmodern context.

**Appendix C:****Consent Form****WILFRID LAURIER UNIVERSITY****INFORMED CONSENT STATEMENT**

Exploring Spiritually Integrated Psychotherapy in Clinical Practice

Principal Investigator: Timothy William Rieck

Advisor: Kristine Lund

You are invited to participate in a research study exploring spiritually integrated psychotherapy in clinical practice. The purpose of this study is to explore a psychotherapist's practice of integrating spirituality into their clinical practice. The central question is to explore the therapist's experiences of integrating spirituality in the context of a client's cognitive, emotional, or behavioural challenges and distresses in life.

I am in the doctoral program in Human Relationship in the field of spiritual care and psychotherapy at the Martin Luther University College, formerly the Waterloo Lutheran Seminary, a federated college of Wilfrid Laurier University.

**INFORMATION**

This research project will include a total of fifteen therapists who practice a spiritually integrated approach to therapy.

You are invited to participate in an in-depth sixty to ninety minute interview. The interview will be audio recorded, but as a participant, you will not be identified by name in the reports written from the interview. The audio recordings will be transcribed by the researcher and all identifying information of the participants and the audio recording will be destroyed. The results of this research will be used for further research, instruction, workshops, and publications. The nature of the questions asked during the interview will be of your experiences as a therapist integrating spirituality in clinical practice. As a participant, you have the right to refuse to answer any questions, end the conversation at any time, and refuse the audio recording.

**RISKS**

In this interview, you will be invited to reflect upon and share your experiences of integrating spirituality into your clinical work. It is not expected that this will be more difficult than any normal conversation, however, if it becomes difficult, the researcher will debrief the experience with you.

## **BENEFITS**

The benefit of your participation in this research includes a contribution to the advancing of the integration of spirituality in psychotherapy. The hope is to facilitate advancing common factors to contribute to the clinical practice of psychotherapy. In addition, the interview will give you an opportunity to reflect upon and share your experiences as a psychotherapist.

## **CONFIDENTIALITY**

The interviews will be audio recorded and will be transcribed by the researcher and used for research and instruction purposes only. All identifying information will be removed from the transcripts. Only the researcher will have access to the recordings and transcripts and while the transcripts will remain with the researcher, the audio recordings will be destroyed after the research is completed. As a participant, you have the right to refuse to answer any questions, end the conversation at any time, and refuse the audio recording. If you choose to end the interview, then every attempt will be made to remove your data from the study.

## **COMPENSATION**

There is no compensation for your participation in this study.

## **CONTACT**

If you have questions at any time about the study or the procedures as a result of your participation, you may contact the researcher, Timothy Rieck, at 519-635-3371. This project has been reviewed and approved by the University Research Board. If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Dr. Jayne Kalmar, Chair, University Research Ethics Board, Wilfrid Laurier University, (519) 884-1970 x3131 or [jkalmer@wlu.ca](mailto:jkalmer@wlu.ca).

## **PARTICIPATION**

Your participation in this study is voluntary; you may decline to participate without penalty. If you decide to participate, you may withdraw from the study at any time without penalty and without loss of benefits to which you are otherwise entitled. If you withdraw from the study, every attempt will be made to remove your data from the study, and have it destroyed. You have the right to omit any questions you choose.

## **FEEDBACK AND PUBLICATION**

The results of this research will contribute to classroom instruction on the theories of change and

spirituality in psychotherapy at a graduate level. This will include workshops and future publications regarding the integration of spirituality and psychotherapy.

### CONSENT

I have read and understand the above information. I have received a copy of this form. I agree to participate in this study.

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_

Investigator's signature \_\_\_\_\_ Date \_\_\_\_\_

If the researcher wants to use any of my comments, I would like to vet them before they are used:

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, email address:

\_\_\_\_\_

I would like to receive a summary of the findings by email.

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, email address:

\_\_\_\_\_

## **Appendix D:**

### **Information Letter**

#### INFORMATION LETTER

My name is Tim Rieck and I am in the PhD program in Human Relationship in the field of spiritual care and psychotherapy at the Martin Luther University College, formerly the Waterloo Lutheran Seminary, a federated college of Wilfrid Laurier University. I also have a part-time clinical practice in Waterloo. My educational training includes a graduate degree in Theology from Providence Seminary, a graduate degree in Christian Education from Denver Seminary, and a graduate degree from Martin Luther University College in Psychotherapy. My clinical supervision was with Inter-Faith Pastoral Counseling and the Family Medical Center in Kitchener. I am a Registered Psychotherapist (RP) in the province of Ontario.

Presently, I am conducting a research study exploring spiritual integration in clinical practice. The purpose of this study is to explore a psychotherapist's practice of integrating spirituality into their clinical practice. The central question is to explore the therapist's experiences of integrating spirituality in the context of a client's cognitive, emotional, or behavioural challenges and distresses in life.

The interviews will be audio recorded and will be transcribed by the researcher and used for further research, instruction, workshops and publications. All identifying information will be removed from the transcripts. Only the researcher will have access to the recordings and transcripts and while the transcripts will remain with the researcher, the audio recordings will be destroyed after the research is completed. As a participant, you have the right to refuse to answer any questions, end the conversation at any time, and refuse the audio recording. If you choose to end the interview, then every attempt will be made to remove your data from the study.

In the past two decades, the definitions and application of the words "spiritual", "sacred", and "religious" have been gaining greater prominence in the research and practice of psychotherapy. The research in psychotherapy, psychology, and social work, acknowledge that one's spiritual and religious beliefs contribute positive outcomes when they are faced with various challenges and distresses in life.

The health care sector recognizes that there is a positive association between spiritual and religious beliefs and mental health care outcomes. It is noted in the research that after decades of neglect and indifference, professional psychology has rediscovered the benefits of spirituality and has become more mindful, respectful, and thoughtful about integrating spirituality into

professional clinical practice. Further, some research has identified that clients who practice spirituality or religion have more longevity and better coping skills. There have also been correlations made with those who practice spirituality have an increased efficacy of hope with lower levels of depression, anxiety, substance abuse and suicide.

The research also recognizes that those practicing psychotherapy and those training to be psychotherapists need to include a spiritually oriented approach to treatment.

The purpose of this research would be to explore the lived experiences of therapists who pursue interventions and treatments that include spirituality in the clinical practice of psychotherapy.

You are invited to participate in an in-depth sixty to ninety minute interview. Your participation in this study is voluntary and the findings of the research will enhance the ongoing research of integrating spirituality in clinical practice and contribute to your own reflections on integrating spirituality in clinical practice.

This project has been reviewed and approved by the University Research Ethics. If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Dr. Jayne Kalmar, Chair, University Research Ethics Board, Wilfrid Laurier University, (519) 884-1970 x3131 or [jkalmer@wlu.ca](mailto:jkalmer@wlu.ca).

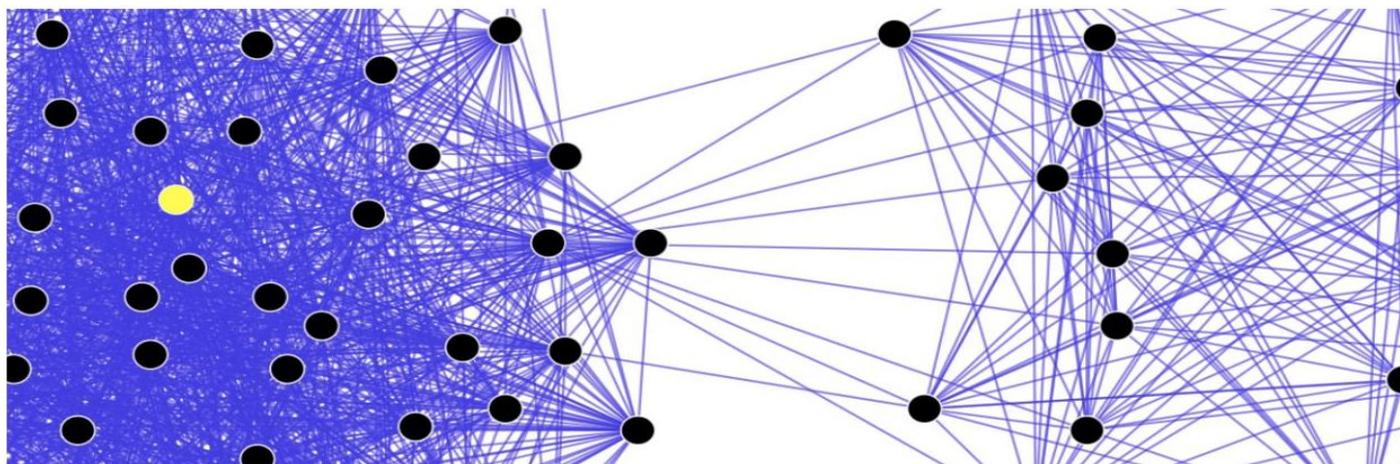
Attached is an Informed Consent.

Regards,

Tim Rieck. M.A., PhD (c)

## Appendix E:

### Poster



### **RESEARCH PARTICIPANTS REQUIRED**

We are looking for volunteers to take part in a research study exploring spiritually integrated psychotherapy in clinical practice.

As a participant in this study, you must meet the following requirements:

- 28 to 69 years old
- Registered Psychotherapist (RP)
- have practiced spiritually integrated psychotherapy in a private practice or clinic for a minimum of two years.

Your participation is **entirely voluntary** and would take up approximately 90 minutes of your time.

To learn more about this study, or to participate in this study,  
please contact:

**Principal Investigator:**

Timothy Rieck

519-635-3371

[tr33@tmw.com](mailto:tr33@tmw.com)

**This study has been reviewed by the Wilfrid Laurier University Research Ethics Board.**