

**NARRATIVES OF CHRISTIAN AND MUSLIM QUALIFIED
AND TRAINEE CLINICAL PSYCHOLOGISTS WORKING
IN THE NHS**

Yvette Arthur

**A thesis submitted in partial fulfilment of the requirements of the University
of East London for the Professional Doctoral Degree in Clinical Psychology**

May 2018

"Our lives begin to end the day we become silent about the things that matter"
Martin Luther King Jr.

ABSTRACT

Research has evidenced the significant contribution of religious/spiritual beliefs, in improving one's mental wellbeing. This is of relevance to the profession of clinical psychology and is reflected in guidelines from professional bodies, which specify that the beliefs of clients should be explored and respected by healthcare professionals. Interestingly, mental health professionals who hold religious/spiritual beliefs may address the beliefs of their clients in diverse ways, due to the significance of their own beliefs. Thus it is suggested that there is a need to understand one's relationship to religion/spirituality, in order to appropriately attend to a client's beliefs. However, there is no guidance on how to manage conflicting beliefs in the therapeutic relationship, with colleagues or the NHS context. Furthermore, there is limited guidance on managing self-disclosure. There is a gap in the research on the experiences of clinical psychologists who hold religious/spiritual beliefs, which this study hopes to address. The aim of the present research was to explore the narratives of Christian and Muslim, qualified and trainee clinical psychologists working in the NHS.

Five semi-structured interviews were conducted with qualified and trainee clinical psychologists who hold Christian or Muslim beliefs. Interviews were analysed using a performative/dialogic form of Narrative Analysis.

Findings suggested that the interviewees' beliefs had a positive influence on their role as psychologists and also in supporting clients in discussing their own religious/spiritual beliefs. The decision to share one's beliefs was a careful and thoughtful process, which was influenced by the NHS context, placement supervisors and perceptions of the discipline of psychology. Significantly, interviewees storied silencing as trainees, due to being a minority in their beliefs, which further influenced how they approached the beliefs of their clients and also how they discussed their beliefs amongst colleagues and academic staff.

Recommendations for the clinical psychology doctorate course, clinical supervision, professional guidelines, and future research are suggested, in light of the study findings.

ACKNOWLEDGEMENTS

First and foremost, I would like to acknowledge my Abba father, who has sustained and graced me throughout this thesis process and the clinical doctorate. Thank you for always blessing me and keeping my peace.

Thank you to all the interviewees who took part in this study. Thank you for being so open and candid with me. You have encouraged me on my professional journey.

Thank you to Dr Maria Castro, for correcting my mistakes, guiding me and giving me the confidence to own my position as a Christian trainee clinical psychologist. Your work to provide a voice to the voiceless, has always inspired me.

To my special friends on the cohort, I appreciate you so much for being a listening ear to my moaning's and for encouraging me throughout this journey.

To my Mother, family and friends, thanks for being understanding of my absence, limited conversations and continued thesis talk during this time.

A special thanks to my husband. I truly could not have completed this thesis and doctorate without your continued support and encouragement. Thank you for always believing in me. You truly are my support.

CHAPTER ONE: INTRODUCTION	9
1.1 Language	9
1.2 Definitions of Constructs	9
1.2.1 Defining Religion and Spirituality	9
1.2.2 Definition of Religion	10
1.2.3 Definition of Spirituality	10
1.2.4 Definitions used within the Current Study	11
1.3 Literature Review	11
1.4 Religion, Spirituality, and Mental Illness	12
1.4.1 Population studies on Religion and Spirituality	12
1.4.2 The Relationship between Religion/Spirituality and Mental Health: A Chronological Perspective	13
1.4.3 Religion and Spirituality in Therapy: Benefits and Challenges	15
1.4.4. Understanding the Avoidance of Religion/Spirituality in Therapy	16
1.4.5. Psychologists with Religious/Spiritual Beliefs	18
2.1 The Current Research	25
2.1.1 Rationale	25
2.1.2 Aim	25
2.1.2.1 Why Christian and Muslim Psychologists?	25
2.1.2.2 Why Qualified and Trainee Clinical Psychologists?	26
2.1.3 Research Questions	26
3. My Personal Relationship to the Present Study	27
CHAPTER TWO: METHODOLOGY	30
2.1 Epistemological Position	30
2.2 Choosing a Qualitative Method	32
2.2.1 Narrative Analysis	32
2.2.2 Rationale for Selecting Narrative Analysis	32
2.2.2.1 Other Qualitative Analysis methods	33

2.3 Method	34
2.3.1 Interview Preparation	34
2.3.2 Recruitment Procedures	35
2.3.3 Demographics	35
2.3.4 Ethical Considerations	36
2.3.5 Informed Consent	36
2.3.6 Confidentiality	37
2.3.7 Interview Procedure	37
2.3.8 Debriefing	38
2.4 Data Analysis	38
2.4.1 Transcription	38
2.4.2 Performative-dialogic Narrative Analysis	39
2.4.3 Analysis Process	40
2.4.4 Generalisability and Validity	41
CHAPTER THREE: ANALYSIS	43
3.1 Hannah: The Dance	43
3.1.1 Devoted Christian	43
3.1.2 The Dance between the Responsibilities of her Faith and Professionalism	44
3.1.3 Feelings of Safety	47
3.2 Ela: Struggling with the Façade	49
3.2.1 Spiritual Muslim	49
3.2.2 Representing the Minority Community	49
3.2.3 Striving for Openness of Religious and Spiritual Conversations	51
3.3 Nikki: Resistance to the Norm	55
3.3.1 Born-Again Christian [14]	55
3.3.2 Resistance to the Silencing of Conversations about Religious Beliefs	56
3.3.3 Resistance to the Therapist as Expert	59
3.4 Angela: An Innovative Christian	61
3.4.1 An Open-minded Strong Christian	61

3.4.2 The Conscious Coupling of Psychology and Religion	63
3.5 Shahana: An Ambassador for my Faith and Profession	67
3.5.1 Dedicated Muslim	67
3.5.2 Ambassador for my Faith and Profession	69
CHAPTER FOUR: DISCUSSION	73
4.1 Research Aims and Questions	73
4.1.1 How do Qualified and Trainee Clinical Psychologists who identify as Practicing Christians and Muslims, Address the Religious/Spiritual Beliefs of their Clients?	73
4.1.2 Have there been Challenges or Conflicts between a Psychologist's Beliefs and their Professional Role?	74
4.1.3 What Resources do this Particular Group Draw on to manage Situations that Present as Challenges or Conflicts between their Beliefs and Professional role?	76
4.1.4 How do Psychologists Decide Whether to Disclose or not to Disclose their Beliefs and Values to Clients or Colleagues?	77
4.2 Critical Review and Limitations	80
4.2.1 Disclosure	80
4.2.2 Recruitment	81
4.2.3 Sample	81
4.2.4 Data Collection and Interview	82
4.2.5 Quality of Analysis	83
4.2.5.1 Reflection on analysis	84
4.3 Research Implications and Recommendations	84
4.3.1 Clinical Psychology Doctorate	85
4.3.2 Clinical Supervision	87
4.3.3 Professional Guidelines for Clinical Settings	88
4.3.4 Further Research	88
4.4 Reflexive Account	89
4.4.1 Preparing for Interview	89

4.4.2 The Interview Process	89
4.4.3 The Analysis Process	90
4.4.4 Identifying with Interviewees	91
4.5 Conclusion	91
REFERENCES	93
APPENDICES	103
APPENDIX A: LITERATURE SEARCH TABLES	103
APPENDIX B: INTERVIEW GUIDE	107
APPENDIX C: ETHICAL APPROVAL AND APPLICATION FORM	108
APPENDIX D: PARTICIPANT INFORMATION SHEET	118
APPENDIX E: PARTICIPANT CONSENT FORM	121
APPENDIX F: DEMOGRAPHIC QUESTIONNAIRE	122
APPENDIX G: PARTICIPANT DEBRIEF SHEET	124
APPENDIX H: TRANSCRIPTION CONVENTIONS	125
APPENDIX I: ANALYSED EXCERPT FROM TRANSCRIPT	126
APPENDIX J: EXTRACT FROM REFLECTIVE JOURNAL	127
TABLES	
TABLE 1: DEMOGRAPHICS TABLE	36

CHAPTER ONE: INTRODUCTION

This study explores some of the key issues relating to religion, spirituality and one's professional identity; focusing on the clinical experiences of trainee and qualified clinical psychologists who hold Christian or Muslims beliefs.

This chapter begins with an exploration into the definitions of religion and spirituality in an attempt to highlight differences and similarities between the two. In establishing the definitions that will be utilised throughout this study, a brief summary of the historical relationship between psychology and religion will reflect on why the two areas appear to be very separate. Specifically, I highlight the impact of science on this relationship. I go on to briefly examine the relationship between mental health, religion and spirituality. This will lead to an exploration into how practitioners work with religious and/or spiritual beliefs in the therapeutic context. I then review the experiences of psychologists who hold religious and/or spiritual beliefs in the context of the therapeutic relationship they develop with clients and their workplace. I also hope to highlight the unique experiences of psychologists who hold religious and/or spiritual beliefs. Finally a rationale and aim for the present study is outlined. I end by describing my personal relationship with the present study.

1.1 Language

I have reflected on my use of language throughout the write up of this thesis. Writing in first person was preferred in order to demonstrate transparency and clearly convey my influence upon the research and the narrative described (Crowley, 2010). Additionally, writing in first person allows me to relate to the readers in a personable way (Gergen, 2007). Writing in first person also allows me to own my position in relation to the current research.

1.2 Definitions of Constructs

1.2.1 Defining Religion and Spirituality

Currently, no universal definition of religion or spirituality exists (Patel & Shikongo, 2006). Historically there have been difficulties in defining and clarifying the terms of religion and spirituality, which has led to difficulties in

researching the area (Zinnbauer et al. 1997). Specifically, the lack of a clear differentiation between the two terms has led to 'religion' and 'spirituality' being used interchangeably (Joseph, 2014). Zinnbauer et al. (1997) state that there has been a societal shift in the perception of the differences between religion and spirituality. They argue that religion is viewed as prescriptive guidelines and rules whilst spirituality is perceived as a subjective and individualised experience. Similarly, religion is said to reflect an affiliation with an institution whilst spirituality refers to personal experiences (Crook-Lyon et al. 2012).

Hill and Pargament (2003) have attempted to consider the similarities, rather than differences, between the terms. They suggest that both terms refer to the personal and emotive relationship that one has with a transcendent object, which can occur in a religious context. Similarly, Hill et al. (2000) highlight that the sacred or sacredness is essential to both religious and spiritual experiences. Furthermore, Shafranske and Malony (1990) state that both concepts have an influential role in the life of the individual who upholds such beliefs. In light of the historical difficulties in defining religion and spirituality, it is useful to consider contrasting aspects of the terms. Below I have described this further.

1.2.2 Definition of Religion

In Latin, the root of the word 'religion' implies a connection between humankind and a transcendent power (Hill et al. 2000). Shafranske and Malony (1990) suggest that religion is the devotion to the beliefs, practices and guidelines of an organised religious institution. Such prescriptions, and guidelines are usually shared amongst the religious group via a sacred book such as the Bible or the Qur'an (Hill et al. 2000). Zinnbauer et al. (1997) highlight that such devotion is usually shared with others from that particular religion. The online Oxford English Dictionary (2018a) defines religion as:

"The belief in and worship of a superhuman controlling power, especially a personal God or gods"

1.2.3 Definition of Spirituality

Joseph (2014) and Harbigde (2015) report that spirituality is separate from the concept of religion as spirituality can be experienced and expressed outside of a specific religion. Shafranske and Malony (1990) consider spirituality to be the

search for the purpose and meaning of our existence and experiences, which may or may not be sought through a particular religious institution. Zinnbauer et al. (1997) add that such searching may also be via mystical experiences and is highly subjective; also a person who considers themselves to be spiritual may be less likely to attend religious services/meetings. The online Oxford English Dictionary (2018b) defines spirituality as:

“The quality of being concerned with the human spirit or soul as opposed to material or physical things’ or ‘Relating to religion or religious belief”.

1.2.4 Definitions used within the Current Study

It is acknowledged that defining such terms will always be limited due to the subjective and individual experiences of religion and spirituality. Hill et al. (2000) argue that seeking to categorise religion and spirituality as two distinct and unrelated terms can overlook the experiences of those who may incorporate both constructs into their life, in a dynamic and rich way. Thus, for the purposes of the current study, religion and spirituality are considered as related and interchangeable terms which are primarily defined by the holder of that particular religion or spiritual belief.

1.3 Literature Review

A literature search was undertaken to review the experiences of clinical psychologists that hold religious and spiritual beliefs. In order to broaden the search, experiences of counselling psychologists were also reviewed. Despite having different training programmes, the inclusion of counselling psychologists afforded for a larger scope of studies to review. Additionally, both clinical and counselling psychologists share broadly common theoretical underpinnings and similar work contexts. The search included both clinical and counselling psychologists in training and qualified psychologists.

A number of selected databases were searched including: EBSCO, PsychINFO, PsychArticles and Science Direct. In order to ensure that a thorough search had been conducted, reference sections of journal articles, books, Google Scholar and ‘grey’ literature of unpublished research and articles were reviewed. The key search terms were derivatives of: ‘clinical psychology’, ‘clinical

psychologist', 'counselling psychologist', 'religion', 'religious beliefs', 'spirituality', 'spiritual beliefs', 'Christian', 'Christianity', 'Muslim' and 'Islam'. Publication search parameters spanned from the period of 1998 to 2018 inclusive. The literature search outcome has been detailed in Appendix A.

1.4 Religion, Spirituality, and Mental Illness

1.4.1 Population studies on Religion and Spirituality

To understand the social context, in which the broader literature is based, an exploration into the population beliefs is important. In 2012, a census carried out by the office for National Statistics suggested 65% of the population in England and Wales consider themselves to hold religious beliefs (ONS, 2012). Although the levels of religiosity have decreased over the years, Christianity is still the largest religious group followed by Islam (ONS, 2012). This however, may not be accurate, as the specific question asked within the census was 'what is your religion?', therefore those who held spiritual beliefs may not have considered this question as applicable to their experiences.

In a more recent survey, the National Centre for Social Research (2017) conducted interviews with adults in Britain and found that 53% of the public now describe themselves as having no religion. This has increased since the survey began in 1983. The survey also reported a marked decline amongst young people and also within the Christian religion. Again, the primary question was 'do you regard yourself as belonging to any particular religion?' which may have led to those with spiritual beliefs responding as 'no' to this question.

Saucier and Skrzypińska (2006) highlight that there is a cultural shift in society, in that a nonreligious person may oppose religion but be indifferent to spiritual experiences. Thus, spirituality is more inclusive than religion (Dein, Cook, Powell & Eagger, 2010), suggesting that questions focusing on religion only will exclude spirituality. This emphasises the importance of not giving preferentiality to religion, as a description of such experiences, over spirituality. Whilst initial figures show a decline of religiosity, this may not be accurate. Therefore it is important not to minimise the importance and influence of religion/spirituality in the lives of the current population.

1.4.2 The Relationship between Religion/Spirituality and Mental Health: A Chronological Perspective

There has been a long-standing relationship between mental health and religion/spirituality. It is therefore, crucial to understand the historical context, from which modern-day psychological theory has developed. Furthermore, how social understandings and attitudes grew and currently exist.

Miller (2003) suggests that within modern day psychology, there has been a deviation from religious and spiritual issues, perhaps because the discipline endeavors to be perceived as scientific. Loewenthal (2000) describes this relationship as difficult and longstanding. According to Argyle (2000), during the sixteenth and seventeenth century when science was becoming popular, even the discovery of the laws of gravity was interpreted as a discovery of the decrees of God by Newton and his colleagues.

Following the development of astronomy, geology and the publication of Darwin's theory of evolution, religious/spiritual interpretations of significant human experiences began to diminish. Although attempts were made to resolve this division, with suggestions that science explains the physical world, whereas religion concerns itself the inner subjective world; influential psychological theory began to challenge this too. For example, child development theories explaining early and adult human behavior (Argyle, 2000).

Sigmund Freud and his several psychoanalytic theories unlocked new conflicts between religion and psychology. Specifically, Freud asserted that religion is an illusionary neurotic and irrational activity that would diminish as science became more influential (Freud, 1961). Behaviourists, such as Skinner and Pavlov, focused on the capacity to learn rather than thoughts or feelings; thereby reducing religion to the outcome of a learning process with the main focus upon obtaining rewards for religious acts (Argyle, 2000).

Paradoxically, Freud's theories went on to be seen as very separate from the modern day evidence-based psychology that is practiced today, due to an inability to substantiate his theories. Fascinatingly, theologians identified shared values between religion and psychoanalysis, such as the importance and impact of close relationships and guilty feelings (Argyle, 2000). The

psychoanalyst Carl Jung was in favour of religion; perceiving it as a requirement for personality growth and for society as a whole. Loewenthal (2000) highlighted that the separation between religion and psychology stemmed from the perception that religion would soon fade. Despite these presumptions, psychology textbooks, journals and research are increasingly considering the role of religion. Irrespective of psychology's changing interest in religion/spirituality, it is argued that modernity and scientific thinking has not hindered the importance of religion and spirituality in everyday life (Dein, Lewis & Loewenthal (2011).

Dein, Cook, Powell and Eagger (2010) argue that occurrences of physical and mental ill-health can challenge one's perspective on life, leading to a search for understanding and explanation. For some, religion/spirituality may provide a framework for understanding the meaning and purpose of life during and after ill health. Such understandings may differ from the biopsychosocial explanations and act as protective factors (Department of Health (DoH), 2011). Conversely, experiencing health difficulties may lead to questioning one's religious/spiritual beliefs, which is therefore important to explore and understand (Hathaway, Scott & Garver, 2004). Miller (2003) argues that a comprehensive understanding of an individual is incomplete without the awareness of their religious/spiritual beliefs.

Further research suggests that religious commitment has a positive impact upon mental wellbeing (Galek, Flannelly, Ellison, Siltan & Jankowski, 2015; Delaney, Miller & Bisonó, 2013; Hathaway, Scott & Garver, 2004). For instance, Loewenthal and Cinnirella (1999) found that amongst Christian, Hindu, Jewish and Muslim adults, religious forms of help, such as prayer, were perceived to be comparable to medication and therapy in alleviating psychological distress. Additionally, holding religious/spiritual beliefs have been found to reduce the abuse of drugs and alcohol, and have a positive impact on healthy living behaviours (Hill et al. 2000).

In contrast, King et al. (2013) found that holding a spiritual understanding of life was associated with worsening mental health, in comparison to those whose beliefs were based within a religious framework. Similarly, holding a

religious/spiritual belief has been associated with the rejection of all help from formal mental health services when in distress, and instead, a preference for only praying and focusing on increasing one's faith (Coyle, 2001). The vast and contrasting findings on the relationship between mental health and religious/spiritual beliefs highlights the importance of continued exploration of the impact and influence of such beliefs upon individuals.

1.4.3 Religion and Spirituality in Therapy: Benefits and Challenges

The importance and relevance of religion and spirituality can be seen in the provision of guidelines by several professional bodies on how to approach the religious/spiritual beliefs of clients with mental health difficulties. In the context of the conflictual relationship between mental health, psychology and religion/spirituality, such policies arise from the assertion that service users who hold such beliefs may potentially have poor experiences of services, leading to disengagement as a result of feeling that fundamental aspects of their identity have been overlooked (DoH, 2011). The DoH (2009) explicitly states that health care professionals need to be aware of religious explanations for mental health difficulties, which may differ from the biopsychosocial explanation. The guidelines suggest an all-inclusive approach to the assessment and treatment of clients who hold religious beliefs (DoH, 2009). The British Psychological Society (2017) and the Health and Care Professionals Council (HCPC, 2015), provide guidelines outlining that healthcare professionals should respect service users' religion/spiritual beliefs and that opinions about such beliefs should not influence the provision of treatment or professional advice.

Post and Wade's (2009) review of incorporating religious/spiritual beliefs into therapy suggests that many clients are open to discussing their religious/spiritual beliefs and expect therapists to raise this as this demonstrates a respect for, and interest in, their beliefs. Similarly, clients may want their religious/spiritual understandings of their difficulties to be attended to, alongside the biopsychosocial explanation (Bergin & Jensen, 1990). Clients suggested that the quality of the therapeutic relationship and therapist's interest is important in feeling able to share their beliefs (Mayers, Leavey, Vallianatou & Barker, 2007). Similarly, several studies investigating the experiences of discussing the beliefs of clients suggested that clinical psychologists perceived

it was important to do so (Mulla, 2011; Harbigde, 2015). For instance, within bereavement therapy, therapists found it useful, for the therapeutic relationship, to incorporate religious/spiritual ideas raised by the client (Golsworthy & Coyle, 2001).

However, therapists have voiced challenges when attempting to incorporate religion/spirituality into therapy. For some, there may be an avoidance of discussing religious/spiritual beliefs due to not wanting clients to feel as though their beliefs are being challenged or disrespected (Hansdak & Paulraj, 2013). For example, in the instance that religious language is used to justify a belief which is harmful and there is resistance to re-examining such beliefs (Knapp, Lemoncelli & VandeCreek, 2010). However, Hansdak & Paulraj (2013) highlight how this avoidance may have devastating consequences, in light of the important influence that religious/spiritual beliefs may have in the understandings and management of mental illness and not addressing this important factor could lead to disengagement.

1.4.4. Understanding the Avoidance of Religion/Spirituality in Therapy

Consequently, it is important to consider the explanations underpinning the apparent avoidance of religious/spiritual issues. One understanding is that avoidance may stem from the use of psychological therapeutic frameworks that do not easily incorporate such issues (Golsworthy & Coyle, 2001).

Further explanations for the avoidance of religious/spiritual issues is that mental health professionals may feel incompetent in addressing religious/spiritual beliefs due to a lack of discussion about such issues during training (Begum, 2012; Golsworthy & Coyle, 2001; Smiley, 2001; Shafranske & Malony, 1990). Additionally, themes around religious/spiritual issues may be neglected or difficult to discuss during supervision (Begum, 2012; Malins, 2011; Aten & Hernandez, 2004). Furthermore, the lack of such discussions may be influenced by a lack of religious/spiritual expertise and experience among academic staff on the clinical psychology doctorate (Hage, Hopson, Siegel, Payton & DeFanti, 2006).

Polanski (2003) suggests that the lack of discussion on training leads to insufficient opportunities to explore the complex ways in which a therapist and

client's experience of religious/spiritual themes influence the therapy process. Magaldi-Dopman, Park-Taylor and Ponterotto (2011) investigated the clinical experiences of religious, spiritual, agnostic and atheist oriented psychologists. They found that some of the interviewees identified that clinical psychology training was unsupportive of exploring their issues and dilemmas around religion and spirituality and therefore they were unable to develop a self-awareness of such issues. The psychologists shared that unexplored conflicts were activated when working with religious/spiritual themes in the therapy session. Furthermore, the impact of not being afforded the opportunity to explore such conflicts during clinical psychology training led to conflict around whether to explore religious/spiritual issues that arose and how.

Crossley and Salter (2005) described an unease about discussing religious/spiritual beliefs amongst clinical psychologists, due to the sensitivity of the topic and the personal insignificance of the area to psychologists. In particular, psychologists tend to be less religious than the general population (Delaney, Miller & Bisonó, 2013; Post & Wade, 2009; Smiley, 2001; Bergin & Jensen, 1990). Interestingly, Smiley (2001) reported that amongst the psychologists that took part in the study, a higher proportion considered themselves to be more spiritual than religious, which reflects the need to consider both religion and spirituality. The difference between religious/spiritual beliefs of the general population and those of mental health professionals is generally referred to as the 'religiosity gap' (Coyle, 2001 p.150).

Patel and Shikongo (2006) found that amongst a group of Muslim mental health students, it was perceived to be essential to be aware of the client's religious and spiritual beliefs because of their own beliefs. However, feelings of frustration and tension arose from the lack of guidelines on how to do this in practice. This may support the notion that personal significance of religious/spiritual beliefs may lead to attending to such themes within the therapeutic relationship. The lack of guidance from professional bodies on how to incorporate religious/spiritual beliefs in therapy may reinforce the perception that the topic is irrelevant to clinical practice.

Timmons and Narayanasamy (2011) highlight that training and employment are commonly based within the National Health Service (NHS), which may lead to the avoidance of discussing such issues due to its operating from a secular¹ perspective. For instance, a Christian psychologist shared that she perceived words like 'love' and 'God' were not permitted within the NHS (Smiley, 2001). Curiosity surrounds the origins of this perception as the NHS seeks to comply with equality legislation and therefore affirms the inclusion and respect of religious/spiritual beliefs of service users and employees (DoH, 2009). Such perceptions may stem from news reports of Christian nurses being dismissed from the NHS for offering to pray with patients (Rudgard, 2017; Beckford & Gammell, 2009); as well as a Christian NHS director being dismissed for opposing same-sex adoption (National Secular Society, 2017). Whilst such cases certainly warrant further investigation, it raises the question of how a person with religious/spiritual beliefs positions themselves, or is positioned, within the NHS.

The complexities of addressing religious/spiritual issues highlights the need for further research into how the challenges of discussing religious/spiritual themes in the therapeutic setting, can be addressed. This may help to further appreciate the role of religion/spirituality in clients' lives (Crossley & Salter, 2005).

1.4.5 Psychologists with Religious/Spiritual Beliefs

Whilst experiences of working with religious/spiritual beliefs have been explored, the experience of mental health professionals who also hold religious beliefs has been somewhat neglected in research and practice guidelines. This may be explained by the findings that psychologists are less religious/spiritual than their clients, thus the topic may seem irrelevant (Post & Wade, 2009). Shafranske and Malony (1990) argue that for psychologists who hold religious/spiritual beliefs, attitudes towards addressing their clients' beliefs, and also self-disclosure², may differ to those who do not hold such beliefs.

¹ Secular, to mean that the NHS takes a no-value position on religion (Smiley, 2001).

² Self-disclosure is defined as personal statement that a therapist makes about themselves to a client (Hill & Knox, 2002).

Particularly, Crossley and Salter (2005) suggest that explorations of a client's religious/spiritual beliefs are largely influenced by the personal beliefs and experiences of the psychologist, rather than clinical training. Thus a psychologist with religious/spiritual beliefs may be more willing to address such themes in therapy. This is in line with Begum's (2012) recommendation that psychologists gain an understanding of one's own position with regards to religion/spirituality, in order to be aware of how this influences responses to client's beliefs. For instance, psychologists with religious/spiritual beliefs placed more importance when such issues arose during therapy than those who considered themselves to be Agnostic or Atheist; who were more likely to suggest that such issues should be addressed by religious clergy (Magaldi-Dopman et al. 2011). Additionally, navigating the complex secular environment of the NHS may also influence the role of one's religious/spiritual beliefs in practice and disclosure (Timmons & Narayanasamy, 2011).

During the literature search, five studies were found which focused on the current topic of concern. The studies focused on clinical and counselling psychologists working within the NHS, due to the distinctive nature of the health services available in the UK. For this reason, studies of the experiences of psychologists working outside of the UK have briefly been considered.

Myers and Baker (1998) interviewed five female Christian clinical psychologists on their experiences of working in the NHS. Most of the interviewees had recently qualified as clinical psychologists. The interviewees described their faith as having a rejuvenating effect on their work, such as helping them to develop complex understandings and insights of clinical presentations. Amongst secular colleagues at work, they described that the religious/spiritual beliefs of clients were frequently ignored or minimised in its importance. This led to an awareness of religious beliefs being perceived negatively by secular colleagues which in turn led them to feel silenced or being guarded about their own beliefs. The interviewees frequently experienced a value clash between their religious beliefs and their professional identity as clinical psychologists. They attempted to manage this by keeping the value systems separate; although integration was desirable but was often viewed as impossible. Finally, the interviewees perceived that psychological models taught during training ignored

religious/spiritual issues, which influenced the ways in which psychologists attended to these issues within the therapeutic relationship. The study suggests that whilst their beliefs were perceived to have a positive impact on their work, sharing such beliefs amongst colleagues was avoided due to negative perceptions of the beliefs of clients. Whilst disclosure of one's religious beliefs with colleagues has been discussed, the study neglects disclosure within the therapeutic context.

Similarly, Baker and Wang (2004) interviewed fourteen religiously committed Christian clinical psychologists about their experiences of working in the NHS. The fourteen interviewees varied in years qualified and were all female. Interviewees perceived that God enhanced their work by acting as a resource that they could call upon through prayer, for instance when working with difficult cases. Similarly to Myers and Barker (1998), interviewees shared that they applied caution when discussing or being open about their religious beliefs with colleagues and clients. However, this was due to a sense of tensions between Christian values and beliefs and the professional code of ethics (Baker & Wang, 2004). In particular, Christianity encourages the sharing of one's faith and openness in the essence of evangelism (Potts, 2008). This may be in conflict with the perception that professional and ethical guidelines that suggest non-disclosure. This inevitably poses conflicts between personal beliefs and professional guidelines, in which there is a demand to engage in the appropriate ethical decision making of one's professional position and personal beliefs and values.

Baker and Wang (2004) noted that the majority of experiences of the psychologists focused on challenges, rather than instances in which religiosity was raised and it went well. For some of the interviewees who struggled with self-disclosure of religious beliefs, there was self-questioning of who they were honoring by keeping silent. This was further compounded by beliefs that they would be judged negatively by their colleagues for holding religious beliefs. On the other hand, for some of the interviewees who had worked within the NHS for a longer period of time, there was no present tension, as they had decided that it was not within their professional code of conduct to discuss their personal beliefs and values at work. It appeared useful to highlight the influence of the

number of years that one has worked within the NHS, upon the experience of tension between religious/spiritual beliefs and professional behaviour.

Unfortunately, there was no exploration of the decision process these Christian clinical psychologists undertook to come to this decision. Although there were differences in choosing to self-disclose, interviewees had a preference for facilitating discussions of client's beliefs, rather than self-disclosing (Baker & Wang, 2004).

The conflict of being encouraged to share one's beliefs, yet perceiving that the professional code of ethics stresses non-disclosure, is not only unique to people of the Christian faith but also Muslims. For instance, Muslim mental health students in South Africa perceived that disclosing their religious beliefs was inappropriate (Patel & Shikongo, 2006). However, unique to the sample was that their Muslim name suggested Islamic affiliation. The Muslim participants found that this facilitated rapport and allowed religion to be incorporated in the therapy, thus enabling disclosure. Both studies suggest diverse responses to self-disclosure, which may be influenced by various factors.

Potts (2008) also investigated the experiences of five Christian clinical and counselling psychologists working in the NHS. The interviewees were a mix of qualified and trainee clinical and counselling psychologists. Again, one's beliefs were perceived to be a core aspect of their identity, having a strong influence on meaning-making, professional practice, and life in general. There was a strong emphasis on conflicts arising from one's Christian beliefs and the professional code of ethics. In particular, for one psychologist there was the belief that homosexuality was against their Christian values. However, the interviewee in question proceeded to work with a homosexual client in the same way in which they worked with other clients as they felt as though helping others was more consistent with their Christian values, rather than being judgemental of others lifestyle. Interestingly, in this example, there was no need to separate religious values and beliefs from professional codes of ethics. The Christian psychologist focused on more important values within their faith system, which aligned with the professional code of ethics. Conversely, the professional code of ethics and working with the NHS was discussed as sometimes meaning that one has to be secular and adhere to boundaries.

Similarly, abortion is also a contentious issue within the Christian faith, with some Christians believing that abortion is against Christian values (Potts, 2008). The Christian psychologist who had previously worked with a Christian client who had an abortion, felt as though it was unprofessional to bring up their religious beliefs in the session and instead preferred to explore issues of guilt and forgiveness. In this instance, it was necessary to draw a boundary between her profession and her faith. For some of the interviewees, boundaries were further employed as a way of negotiating different identities that one may hold as a Christian and a psychologist. In particular, some of the interviewees considered their religious beliefs and professional identity as separate, with their professional identity at the forefront when at work. In contrast, the other interviewees felt that it was difficult to separate their Christian identity from their professional identity, as the former strongly influenced their actions. The responses illustrate how, even within one religious denomination, there are varied and subjective ways in which one's religious and professional identity is negotiated.

Betteridge (2012) focused on the clinical experiences of six counselling and clinical Muslim psychologists, in practice from three to thirty-five years. As indicated previously, there was variability in attending to religious and spiritual beliefs in the therapeutic relationship, which was interestingly dependent upon place of birth. Those who were born in the UK were more open to considering religion in therapy whereas those who were not born in the UK felt as though it was unprofessional to focus on religion in therapy. The researcher also found that there was a strong impact of their faith upon their chosen therapeutic approach; none of the interviewees identified CBT as their preferred model as they felt as though the model would exclude spiritual information and therefore preferred alternative models such as Jungian psychoanalysis. However, it was acknowledged that CBT is the preferred therapeutic model within the NHS and that there was a need to modify it to incorporate the faith of their clients, which they acknowledged as being important due to their own faith. The study highlights similarities in the experience of Christian and Muslim psychologists working in the NHS.

Lopes de Jesus (2015) investigated the experiences of nine counselling psychologists who held primarily Christian or Muslim beliefs. Similar to the previous studies, it was found that most interviewees held the belief that God guided their therapeutic work. Another prominent finding was that the psychologists perceived that disclosing one's religious beliefs to colleagues, in particular, would lead to them being judged negatively. Thus there was a leaning towards avoiding self-disclosure of their beliefs. This was similar to the experiences of psychologists in the Myers and Baker (1998) study. There was a strong focus on protecting one's identity from harm by carefully considering when and if to self-disclose, which often led to tensions around protecting their religious identity. In particular, this was during training and supervision when they felt the pressure to be perceived as a competent practitioner and so would choose not to self-disclose. The researcher reflected that maintaining silence in such contexts could potentially lead to further experiences of prejudice against one's religious/spiritual beliefs. The study emphasised that experiences of discussing one's religious/spiritual beliefs during clinical psychology training influences how they discuss it in the work context. Therefore, self-reflection regarding one's religious/spiritual identity during training is crucial. It is noted that alongside supervision, the working context and relationships with colleagues is also very relevant in shaping experiences of discussing religious beliefs.

Interestingly, there are no specific guidelines on self-disclosure when working with clients. The HCPC (2016) states that professionals are responsible for their own professional and personal conduct and that decisions should be made through clear reasoning. This could possibly be applied to issues around disclosure in that there should be clear explanations and responsibility during and after self-disclosure. The HCPC (2016) also advises that professionals should not involve themselves in any activity or behaviour which could damage the integrity of the profession to the public. This also seems relevant to the self-disclosure of one's beliefs, or perhaps more specifically the act of praying with clients or giving religious advice. However, it has been implicated by clients that self-disclosure by their therapist can lead to a sense of reassurance and support; which were most helpful during therapy (Hill, Mahalik & Thompson,

1989). Self-disclosure has also been implicated as being useful in the development of a therapeutic relationship (Golsworthy & Coyle, 2001).

Hill and Knox (2002) reviewed empirical evidence about the usefulness of self-disclosure and proposed guidelines for its use in therapeutic practice. The authors state that self-disclosure should be rare, helpful and relevant to the current themes in the session, in response to a client's self-disclosure, and the response to the self-disclosure should be observed and reflected upon with the client. Such guidelines are limited in their application to visible aspects of a therapist's identity, for instance, a Muslim psychologist who wears a hijab or a Christian psychologist who wears a cross. Nonetheless, implications for self-disclosure are being considered.

In summary, a dominant narrative emerging from the five studies reviewed suggests that Christian and Muslim psychologists may experience stimulating, distinct and diverse issues.

Specifically, the tension between their religious/spiritual beliefs, their position as psychologists and the wider context of working in the NHS. Research often describes a separation of their religious/spiritual identity and their professional identity, creating challenges within therapy with clients and amongst their colleagues. Such studies highlight that for psychologists who hold religious and spiritual beliefs there is a fluid, rather than static, relationship between their religious and professional identity, and also in self-disclosure (Baker & Wang, 2004). Additionally, Christian and Muslim psychologists appear to be a minority, which subsequently influences the way in which they share their beliefs with other colleagues. Research suggests that psychologists with religious/spiritual beliefs more guarded or apprehensive in sharing their beliefs. Similar experiences have been reported amongst other health care professions with religiously/spiritually beliefs; including trainee counsellors (Hunt, 2018), student nurses (Timmons & Narayanasamy, 2011) and psychodynamic psychotherapists (Martinez & Baker, 2010). Interestingly, three of the five studies reviewed were conducted as Doctoral research projects, which perhaps suggests the awareness and significance of such issues during training

2.1 The Current Research

2.1.1 Rationale

Research has evidenced that religion/spirituality is significant in the lives of people in society and that including such themes in therapy can improve wellbeing. This has been reflected in guidelines from professional bodies. Specifically, guidelines suggest that the religious/spiritual beliefs of clients should be explored and respected by healthcare professionals, although there is no guidance on how to do this in practice.

Additionally, it is suggested that mental health professionals who hold religious/spiritual beliefs may hold different perspectives when addressing such beliefs within their therapeutic work. Despite this, their own beliefs have been largely neglected in research. There is also no guidance on how to manage conflicting beliefs in the therapeutic relationship, with colleagues or the NHS context. There is limited guidance on managing self-disclosure. Further research is needed to address the gap between guidelines and their implications for therapy. Such issues are relevant and significant to the clinical psychology doctorate, as further explorations and discussions may arise during teachings and clinical supervision.

2.1.2 Aim

In light of this, the aim of the present research is to explore the narratives of practicing Christian and Muslim qualified and trainee clinical psychologists working within the NHS. The aim will be to explore any conflicts or dilemmas that may have arisen for these psychologists due to their religion/spiritual beliefs; in order to understand how they manage such occurrences.

2.1.2.1 Why Christian and Muslim Psychologists?

Those who hold Christian and Muslim religious beliefs are of particular focus. There are specific prescriptions within these religions which may lead to conflicts or dilemmas between the individual's religious values and beliefs and the professional code of ethics. Such as sharing one's faith with others. Previous studies (Betteridge, 2012; Lopes de Jesus, 2015) have also found similar experiences of both Christian and Muslim psychologists. Additionally,

both Islam and Christianity share a belief in good and evil, communication with God and understandings on the meaning and purpose of life experiences. The ONS census indicated that Christianity and Muslim were two of the most common religions in the UK (ONS, 2012). It is important to note that whilst there are several similarities between Christianity and Islam there is an awareness of the many differences between the two religions, such as the main day of worship.

2.1.2.2 Why Qualified and Trainee Clinical Psychologists?

The inclusion of qualified and trainee clinical psychologists stemmed from two main reasons. The first one being that previous research suggests that experiences of discussing religious/spiritual issues during training shape clinical and work experiences of discussing religious/spiritual themes (Lopes de Jesus, 2015). It would therefore, be interesting to explore these experiences in the context of those who are currently training and those who are qualified, who may be able to reflect on the possible varied experiences during training and post qualification. Secondly, previous research has highlighted the various experiences of psychologists with religious/spiritual beliefs is somewhat influenced by years post qualification (Baker & Wang, 2004).

2.1.3 Research Questions

The research questions to be explored are:

1. How do qualified and trainee clinical psychologists who identify as practicing Christian and Muslim address the religious/spiritual beliefs of their clients?
2. Have there been challenges or conflicts between a psychologist's beliefs and their professional role?
3. What resources do this particular group draw on to manage situations that present as challenges or conflicts between their beliefs and professional role?
4. How do psychologists decide whether to disclose or not to disclose their beliefs and values to clients or colleagues?

3. My Personal Relationship to the Present Study

My interest in this study arose from my own experiences, beliefs, and values. Being a trainee clinical psychologist who holds strong and active Christian beliefs, which have a prominent influence upon my values, I am frequently asked by some Christian friends and family how I work with belief systems that are incongruent to my own. For instance, a question I have received in the past is 'how are you able to work with someone who is gay, when you are a Christian?' or 'do you think hearing voices is caused by demon possession (a prominent Christian belief) or by biological/psychological/social factors?' Baker and Wang (2004), also described being asked numerous times how they can be a psychologist and a Christian; suggesting that the two areas are unharmonious.

During my undergraduate psychology degree, such questions invited me to think about Christian values of being non-judgemental and holding in mind various explanations for mental illness. In particular, I continued to be intrigued by the parallels that I observed between cognitive behavioural therapy and the New Testament section of the Bible. Whilst I reflected on this privately, I wondered about the post-graduate experience of psychologists who were religious, as the clinical psychologists who I worked with appeared to not be religious.

Prior to commencing the doctorate, I met a Christian clinical psychologist in the research team that I was working in. This came to light during group supervision where she shared a dilemma between her faith and the experiences of a client with whom she was working with. She was pleased that she was the only clinical psychologist to attend the group supervision that day, as she needed to discuss 'personal issues' – her Christian beliefs. I went to her office after supervision with the desire to share that I was also a Christian and to hear about her experiences of being a Christian clinical psychologist. I came away from the conversation feeling relieved that I had met a fellow Christian clinical psychologist, yet highly attuned to her preference to discuss this dilemma when the other psychologists were not present. Consequently, this experience led me

to decide that, whilst it was ok to share that I was a Christian, the details of my beliefs and the influence upon my clinical work and life should not be disclosed.

This experience partly influenced my decision to not discuss my faith system during an interview for the clinical psychology doctorate. I felt as though there could be a perception that, as a trainee who holds religious beliefs, I may potentially be too restrictive in my views or may share my beliefs inappropriately with clients. Although I decided to leave religion out of the interview, it was not possible. When discussing how I overcame difficult situations in my childhood I mentioned hope, which the interviewer interpreted as alluding to my religious beliefs. I tried to detach hope from my religious beliefs and yet she continued to ask about my faith. I decided to speak about it and left the interview wondering whether I had just lost a place on the course because I had shared that I believe in God. I was surprised to be offered a place on the course, which increased my confidence in 'owning' my identity as a Christian psychologist.

Whilst I became more comfortable with my professional identity, I was still unsure of how to negotiate the issues of self-disclosure with colleagues and clients. When thinking about sharing my beliefs with clients, issues of 'power' seemed pertinent. Furthermore, I also felt powerless with regards to my clinical supervisors as I perceived that somehow disclosing that I was a Christian would lead to uncertainty about my professional conduct on placement and competency as a future clinical psychologist.

However, disclosing my age and ethnicity was easier than my religious beliefs. I frequently found myself reflecting on why I felt there was a difference. Media stories of politicians who have stepped down from their positions due to their religious beliefs being incongruous with the values of wider society and nurses who were struck off for praying with patients or sharing religious beliefs always came to mind. Thus, the dilemma was two-fold: whether I would be judged negatively by clients or colleagues for holding strong Christian beliefs, or whether colleagues would doubt my competence when working with clients who hold beliefs incongruent to myself. Interestingly, I was not as concerned about clients as I was about colleagues. This led me to have several conversations with other religiously committed qualified and trainee clinical psychologists,

regarding how they negotiate their religious beliefs in their therapeutic work and with colleagues. I also turned to practice guidelines and literature on the subject area. I realised that guidance and literature on the topic are very limited and, therefore, considered that this would be a valuable focus for my research project.

CHAPTER TWO: METHODOLOGY

This chapter outlines the methodology employed to address the research questions. I will begin by considering the epistemological position of the present research, followed by a description of the chosen method and rationale. I will then describe the particular methods and procedures used. Finally, the chapter concludes with a description of how the data was analysed and a reflection on the evaluation of the research. Throughout the chapter, I will consider my influence upon the research process.

2.1 Epistemological Position

'Epistemology is a branch of philosophy concerned with the theory of knowledge' (Willig, 2012; p.4). Within research, the epistemological position considers how knowledge is gathered and the claims produced by the research. The epistemological position that may underpin research is perceived to lie along a continuum of radical relativism and naïve realism (Harper, 2011).

This study adopts a social constructionist epistemological position. This is in contrast to a realist position, which stipulates that we can observe and measure the 'real' nature of the world (Burr, 2003). Between these two positions is critical realism, which stipulates that whilst we cannot directly observe reality, research can inform us about aspects of reality (Harper, 2011). Social constructionism concerns itself with the way in which language is used by people to describe experiences and encounters (Willig, 2012). The position also concerns itself with the functions and consequences of constructing oneself in a particular way (Willig, 2012). Thus, the emphasis is placed on social interactions in the construction of reality (Andrews, 2012). With regards to the current research, significance is placed on the role of the researcher and participants in co-constructing the knowledge produced. As such, social constructionism maintains that reality is subjective and unique, and considers the way in which the broader historical, cultural and social contexts influence the subjective constructions of reality (Harper, 2011).

This is highly relevant to the research at hand, due to the influence of the psychology discipline, the NHS in present time English culture and the broader UK context, on the relationship between mental health, psychology and religion/spirituality. Each context may have a varying influence on participants, which may further vary between participants. By highlighting the relevance of the context upon the construction of reality, Willig (2012) would argue that I have assumed a moderate social constructionist position; a radical social constructionist position would assume that nothing exists beyond an individual's construction of reality.

In considering the epistemological position of the current research, it was necessary to acknowledge that the participants and I all believe in a single God with whom we have a personal relationship. Whether a self-declared Christian or Muslim, there is a strong belief in a religious institution focused on a God that influences our day to day life. Such beliefs are further strengthened by religious books, such as the Bible and the Qur'an; which contain the actions and qualities of God/Allah and, importantly, prescription of how to live a life that honours God/Allah. However, Betteridge (2012) acknowledges that whilst holding shared beliefs in the divine, individual experiences and encounters with divinity are highly subjective. Additionally, such experiences may change over time and throughout generations. An example of this is the decline in religious beliefs amongst UK residents (National Centre for Social Research, 2017).

As religion and spirituality are the focus at hand, such beliefs are fundamental to the rationale and purpose of the study. I was concerned that by adopting a social constructionist position, I was making claims about the reality of God, which is incongruent with my own beliefs and values. However, the study does not concern itself with ascertaining whether God is real or not, but the stories around those who hold such beliefs. The present research is based upon the premise that particular contexts may influence the way in which such beliefs are constructed, enacted upon, considered, responded to and experienced. Thus, social constructionist assumptions were seen as the most appropriate epistemological position for the present research.

2.2 Choosing a Qualitative Method

A qualitative method was employed following a reflection on the aims and research questions of the study. Qualitative research methods concern itself with exploring what data means rather than identifying the numerical features within it (Smith, 2015). Specifically, qualitative research seeks to explore the complexities within an individual's experience, rather than a breadth of coverage (Willig, 2012). In consideration of the social constructionist underpinnings of the current research, the chosen qualitative method focuses on the significance of language as the foundation of communication and understanding (Smith, 2015). Narrative analysis was then adopted as an approach to gather and analyse the data. Face-to-face individual interviews were the most suitable way to generate data for analysis in light of the subjective and personal experiences of religious and spiritual beliefs.

2.2.1 Narrative Analysis

Narrative analysis is a method which seeks to understand how individuals define themselves and their everyday life experiences within a sequence of events (Murray, 2015). Narrative analysis is a broad term for various approaches that consider stories as the focus of analysis (Esin, 2011). Within narrative analysis, consideration is given to the way in which the context and social discourses influence the story being narrated (Riessman, 2008). Additionally, consideration is given to the purpose of the narrative such as reminiscing, persuading, and entertaining (Riessman, 2008). Within this consideration, the relationship between the narrator, their external world, and the audience is significant in constructing a particular reality (Esin, 2011).

2.2.2 Rationale for Selecting Narrative Analysis

Firstly, narrative analysis was chosen as the method for the current study as it aligns itself well with the epistemological underpinnings. (Esin, 2011). The approach posits that the way in which an individual stories the self is not influenced by individual experiences alone but also social processes (Esin, 2011). Secondly, narrative analysis attends to the way in which narratives or stories are constructed or shaped by the use of language (Riessman, 2005). In

consideration of the previously mentioned assertion that religious and spiritual beliefs may be considered to be a significant part of one's identity and experience, narrative analysis is useful in exploring the ways in which people define who they are, and how they conduct themselves within a given context.

Finally, narrative analysis highlights the construction of narratives between the narrator and the audience (Riessman, 2008). The relevance of this is that, although the narrative that emerges is bound within a particular time period, it permits for the reflection on the way in which the audience plays a role in the construction of the narrative, especially as I (as one of the audiences) have religious beliefs. This approach also permitted me to reflect on my own experiences and position; and how this may influence the interview, analysis and interpretation process.

The approach to narrative analysis utilised for the current study was performative-dialogic analysis. This form of narrative analysis perceives storytelling as a performance in which the narrator attempts to persuade, include or take the audience to a specified moment in the past (Riessman, 2005). Thus, the actions of the narrator as they describe their story are explored. The analysis will be further discussed below.

2.2.2.1 Other Qualitative Analysis methods

Below I describe other approaches to qualitative analysis and why such approaches were not considered appropriate for the current study.

Interpretative Phenomenological Analysis (IPA)

IPA focuses on the phenomenological interpretation of the personal life experience (Shinebourne, 2011). Whilst IPA considers the socio-cultural context that influences experiences, it does not explore the way in which experiences are described to the listener. This is an aspect that is considered within narrative analysis.

Thematic Analysis

Thematic analysis identifies themes or patterns across transcripts (Braun & Clarke, 2006). Whilst the approach is useful in highlighting commonalities across transcripts, the individual and unique narrations of the interviewee can

become lost, as attention is given to reoccurring and common themes. The subjective and nuanced experience of religious and spiritual beliefs warranted an analysis which prioritises the individuality of each narrative. It was deemed that narrative analysis, by focusing the analysis on one narrative at a time, holds the integrity of an individual's narrative.

Discourse Analysis

Discourse analysis is similar to narrative analysis, in that it has a social constructionist epistemological unpinning and therefore concerns itself with the way in which events and phenomena are constructed through language (Holt, 2011). Additionally, discourse analysis suggests that words or speech are used to convey particular agendas. Similar to thematic analysis, discourse analysis focuses on identifying higher-level and lower-level discourses across transcripts rather than within a narrative.

2.3 Method

2.3.1 Interview Preparation

The research questions were developed by critically appraising literature that focused on the topic at hand. The research questions formed the basis of the interview guide, which was developed alongside the thesis supervisor. Whilst an interview guide was developed (see appendix B), it is important to highlight that it was used as a list of topics rather than questions that had to be adhered to. This is in line with the co-construction of narratives between the narrator and the audience (Riessman, 2005) where questions are guided by what the narrator is narrating.

Riessman (2008) suggests that interviews are opportunities for the interviewee to narrate their own story in their own way. Therefore, the interviewer does not assume power in the conversation, rather the power is shared during the process of constructing the narrative. Questions were therefore open and non-leading. As the interview progressed the interview guide was useful to ensure that the key topics had been explored during the interview. The three main topics of the interview guide focused on:

Addressing the religious/spiritual beliefs of their clients within the therapeutic context.

Responses to challenges, dilemmas, and conflicts as a result of particular beliefs and values that they hold. This is within the context of the therapeutic relationship, colleagues, and the NHS.

The process of disclosure of religious/spiritual beliefs and values to clients and colleagues.

2.3.2 Recruitment Procedures

For the focus of the current study, it was a requirement that the participant's religious or spiritual beliefs were an active and important part of their life. This would permit participants to share experiences that were relevant to the research questions and aims. Additionally, I aimed to recruit trainee and qualified clinical psychologists working in the NHS, due to the complex relationship between psychology and religion/spirituality and also the way in which the NHS context may influence how one positions themselves due to their religious/spiritual beliefs.

Interviewees were initially recruited via direct and purposeful sampling. I contacted those who I knew identified as holding religious/spiritual beliefs, in the context of Christianity and Islam. Thus, I knew most of the interviewees as peers or colleagues. The complexities of having a prior relationship with those recruited will be reflected upon in subsequent sections. Additionally, following an informal discussion about the thesis whilst on placement in a mental health service, another participant showed interest in taking part in the study.

2.3.3 Demographics

Five self-identified religious and spiritual psychologists took part in this study. Below is a table of participant's characteristics (Table 1); pseudonyms have been used to identify participants whilst preserving their anonymity.

Characteristics of participants are presented in the table according to the order in which they were interviewed.

Table 1: Demographics Table

	Hannah	2. Ela	3.Nikki	4.Angela	5. Shahana
Profession	Trainee Clinical Psychologist	Trainee Clinical Psychologist	Clinical Psychologist	Clinical Psychologist	Clinical Psychologist
Year of training	Third year	Second year	-	-	-
Years post- qualification	-	-	3	5	1
Age-range	29	30	34	36	45
Ethnicity	Black British	Turkish British	Black British	White British	Bangladeshi
Gender	Female	Female	Female	Female	Female
Religion	Christian Pentecostal	Muslim	Christian	Christian Anglican	Muslim

2.3.4 Ethical Considerations

A research proposal concerning the aims of the study, a brief literature review, an outline of the method and relevant appendices were submitted for ethical approval to the University of East London Research Ethics Committee. A favourable ethical opinion was obtained (see appendix C). Following careful reflection of the proposed study, my supervisor and I decided that NHS ethical approval was not necessary for the current study. Although the NHS work context was discussed partially during the interview, this was not a major focus and all identifying information of their work context was either omitted or altered. Additionally, the study was not advertised in any NHS sites or NHS email addresses.

2.3.5 Informed Consent

In order to obtain informed consent, potential participants were emailed an information sheet (see appendix D) prior to verbally agreeing to take part in the study. Additionally, the researcher explained the nature, purpose, and aims of the current study to potential participants. The expectations of the interview

were explored as well as issues pertaining to confidentiality. Prior to arranging an interview date, potential participants were again given the opportunity to ask the researcher further questions in person or via email. At the interview, participants were provided with an information sheet to review again and the opportunity to ask further questions. Participants were then provided with two consent forms (see appendix E) to review and sign. A copy was given to them and the other was retained by the researcher. Participants were informed that they could withdraw from the study before April 2018, at which point I would begin analysing the data. Once the interview was complete a thorough explanation of the present study was provided.

2.3.6 Confidentiality

Participants were informed, prior to and following the interview, that confidentiality will be maintained by ensuring that all identifying information, such as the consent form and demographics questionnaire, were kept securely locked away. The electronic recordings of the interview were kept on a password-protected USB stick and transferred to a password protected computer. Only the researcher and supervisor had access to this. It was explained that whilst the audio recordings would be deleted following a successful examination, transcripts will be held for at least four years to assist in the publication process. Participants were also informed that all identifiable information will be changed or omitted. Thus, pseudonyms were used for all participants during the transcribing, analysis and write up process. Participants were invited to review the thesis upon completion.

2.3.7 Interview Procedure

Interviews took place in a private and quiet room either at the participants own home or place of work. This was dependent upon preference and availability. The interview lasted between 30 to 100 minutes and was audio recorded. Participants were provided an information sheet, consent form and demographics questionnaire (see appendix F) prior to commencing the interview.

At the beginning of the interview, I shared that I held religious beliefs and that I would not discuss my beliefs during the interview. This was to acknowledge that

such beliefs are highly subjective and I did not want to influence the participants' responses in any way. Participants who knew me personally were aware that I was an active Christian who attended services and prayed regularly. The deep intricacies of my belief system, however, were not shared with the participants, even with those I knew personally prior to the study.

Participants were informed that should they become distressed during the interview, they were free to take a break, reschedule or withdraw from the interview. The topics focused on during the interview were shared with the interviewee. This was done in the hope of ensuring that the interview was co-constructed between the narrator and the listener, as described by Riessman (2008).

2.3.8 Debriefing

After the interview, participants were invited to share any thoughts or concerns about the themes raised during the interview. Participants were then provided with a debrief sheet (see appendix G), reiterating the aim and purpose of the study and the researcher's contact details. Additionally, participants were provided with contact details of the thesis supervisor if they wanted to raise any further thoughts or concerns. Finally, a list of supportive services was provided in the event of any later distress following the interview.

2.4 Data Analysis

2.4.1 Transcription

Riessman (2008) asserts that transcription and analysis are not distinct stages of research. Therefore, it was important for me to transcribe all interviews verbatim and familiarise myself with the narratives. Performative features of the text were included, for example pauses, laughter, incomplete sentences, speech fillers, colloquial terms and inaudible speech (see appendix H for the transcription Conventions). Riessman (2008) highlights that further performative details, such as changes in volume, could be included. However, this was not practical due to time constraints and neither was it crucial to the chosen analysis.

Additionally, I kept a reflective journal during the transcription process, which I used to make note of observations (Riessman, 2008). As the interview process is a co-construction of the narrative, the reflective journal also allowed me to note down my thoughts during the interview process. Reviewing the transcripts for corrections, permitted me to further familiarise myself with the narratives.

2.4.2 Performative-dialogic Narrative Analysis

According to Riessman (2008), performative-dialogic analysis explores the way in which the narrative is co-produced and performed by the narrator.

Specifically, different roles may be taken by the narrator who is perceived to be multi-voiced. As the narrator narrates their story, they attempt to persuade, include or take the listener to a specified moment in the past, using language and gestures (Riessman, 2005). Therefore, special attention is paid to linguistic devices within the narrative. The notion that narratives serve a function for the narrator lends itself to understanding constructions of identity. Specifically, this is how the narrator wants to represent their identity to a specific audience. Therefore, the audience's role is important to the narrated performance.

In terms of context, the approach presumes that narratives are produced and performed in particular contexts; for example, the broader NHS setting, the therapeutic relationship and conversations or meetings with colleagues. The approach also understands stories as indicators of what is occurring within society at that specific time (Riessman, 2008). I considered this to be discourses around psychology (e.g., becoming a more scientific discipline), representations of religious people in the media and religiosity in general in UK society. Whilst the narrative context can be examined to identify the purpose of the story, considerations of the context and other influences are necessary for a deeper analysis of the narrative.

As written by Park-Fuller (1986), Mikhail Bakhtin's writings suggest a way of studying performative aspects of individual texts. Polyphony describes the multiple voices within a text, which reflect societal and ideological contexts. Thus, words are not taken at face value but are considered to be representations of meaning from previous usage and context. When applied to the analysis of narratives, the interpreter examines particular words, utterances

of minor characters, appropriation of speech, and concealed and undisclosed discourses (Riessman, 2008). In Frank's (2012) paper on dialogical narrative analysis, he argues that researchers should also attend to the way in which others are spoken about by the narrator. Thus, performative-dialogical analysis guided the analysis process.

2.4.3 Analysis Process

Immersing myself in the narrative began during the transcription of the verbal interview. Each transcript was analysed individually which involved reading and re-reading the narrative several times to further submerge myself in the narrative. The initial readings permitted me to understand the content of the text and begin making reflective notes in my reflection journal. This was followed by further re-readings and analysis, which focused on the particular stories being narrated and the way in which these stories were constructed. The whole narrative was analysed, rather than me deciding when a narrative began and ended. This may have imposed my preconceived criteria on the narrative and therefore privileged my power as the interviewer. Rather, power was shared during the co-construction of a narrative. Furthermore, analysing all the text, rather than looking for preconceived themes within the text, is in line with the epistemological position of the research.

Guided by Riessman (1993; 2008) and Frank (2012), some of the specific questions asked of the narrative were:

The narrative

- What are the major and minor narratives? How are these narratives constructed and why in this specific way?
- What stories does the narrator draw upon to persuade me of how they want to be known? How are these narratives constructed?
- What purpose do the narratives serve for the narrator? Is there anything that challenges this position?
- How are stories about who the narrator might become narrated?
- What multiple voices can be heard in any single speaker's voice? How and when do these voices merge and when do they appear to be incongruent with each other?

- What linguistic strategies are utilised to illustrate the story? E.g. repetition, direct speech of others in the story, colloquial phrases to the audience, varied use of tense.
- Is there a group positioned to share an understanding of a particular story?
- Is there a group that is positioned to not share a particular story?

Context/discourses

- What contexts or discourses are drawn upon to illustrate the narratives?
How does it influence the narrator's position?

Audience

- What is the response of the listener? And how does this influence the narrator?
- Whilst holding these questions in mind, I made observational notes directly on the narrative. I began to join my interpretations together, attending to major and minor narratives and the questions described above.

2.4.4 Generalisability and Validity

Yardley (2015) suggests that criteria such as objectivity, reliability, and generalisability, can only be applied to quantitative data due the use of impersonally administered standardised questionnaires and statistical analysis to data. In contrast, narrative analysis focuses on developing understandings of social processes through close observation. (Riessman, 2008). This has been described to be akin to anthropology and sociology, with both disciplines perceiving the contribution of case studies as a valid type of inquiry (Riessman, 2008). In line with the current aims of this study, a narrative approach is useful in providing an in-depth view of the experience of religiously committed psychologists in a specific context.

Furthermore, Riessman (1993) comments that the analysis does not represent an accurate picture of these experiences, but is subject to the researcher's lens that is used to analyse and interpret the transcript. It is important to acknowledge that my analysis and interpretation of the interviewees' narratives is only one possible interpretation amongst many others. Further interpretations are invited. In this regard, the research will be evaluated in the discussion

chapter with the focus on the 'trustworthiness' of the analysis. Informed by Yardley (2015) and Riessman (1993), for the purposes of this project 'trustworthiness' is described as:

- Coherence: Relates to the congruency between the research questions, epistemology position, method and analysis employed for the current study.
- Transparency: Relates to openness and clarity of methodology decisions, how the data was collected and the analysis process. This also includes self-reflexivity of the researcher's influence on the research.
- Persuasiveness: Relates to the rational and credible interpretations stemming from the analysis.
- Pragmatic use: Relates to the utility of the research to inform further research in the future.

CHAPTER THREE: ANALYSIS

This chapter presents the performative-dialogic analysis applied to each narrative. An example of the analytic process has been attached to Appendix I.

3.1 Hannah: The Dance

3.1.1 Devoted Christian

Hannah positions herself as a Christian who actively participates in religious activities, such as going to church, praying and reading the Bible. Whilst she describes that Christianity was a part of her upbringing and her culture, at the age of 18, she developed a personal relationship with God, which entailed applying the Bible to everyday challenges and reflecting on her identity. Hannah enacts a close relationship with God in whom she has learnt to trust; as God is storied to have helped her in alleviating the stressors of training and managing conflicts, through prayer and patience. The all-encompassing nature of her religious beliefs is illustrated when we converse about her faith and role as a trainee clinical psychologist:

'I think how I would like it to be, is that God trumps everything and you know ultimately I feel like psychology is a part of me, but it's not all of me. Whilst I think God in me seeps into every aspect of my life, not just work. You know, into my family and my relationships and the way I want to be with like my future husband and that seeps into everything (...) God is my higher context and psychology is there, you know, like on like one level'. [530-536].

In the extract above and also throughout the narrative, Hannah says 'you know' as if to persuade me of her position or to bring me into agreement with her. As a Christian and a trainee myself, she may perceive that we have a shared understanding of particular matters.

The importance of her beliefs are apparent when she narrates feeling frustrated towards teachings of religion on the doctoral course, as she explains:

'I think what's frustrated me, is where it's belittled like the impact it has on you, or the way of life is kind of belittled' [243-244].

Her feelings appeared to stem from perceiving that the doctorate 'homogenised' [248] all religious beliefs and did not share the impact of the faith on the believer. She perceived this to be a 'whitewash' [257] presentation of religion, which could mean that it was presented in an acceptable form. Hannah explains that this is due to the majority of the cohort and clinical psychologists being Agnostic and Atheist and therefore the topic is not important to them. Her thoughts about the teaching positions Hannah as a minority due to her religious beliefs.

3.1.2 The Dance between the Responsibilities of her Faith and Professionalism

This dance performed by Hannah, is constant and ever-changing, incorporating forms of dance which range from the graceful yet slow waltz to the energetic form of salsa dance. In performing this dance, Hannah narrates experiencing conflicts when working with clients who also hold Christian beliefs:

'I've worked with clients that have had Christian beliefs but I've often felt I've had to tread carefully. And whilst a part of me will get quite excited to hear about how their Christian beliefs impact their world and their beliefs and their understanding of distress and how they manage it, and I've asked questions around that and explored it to see, you know, what gives them strength within their faith and [have] been more open to exploring that, I've often been really mindful that --- it may be frowned upon if they're asking me to pray with them. And what would be my response? I would be mindful of what position that may put me in and what role I'd have to take, because I guess as a Christian I'd be happy to pray with someone, but what does it mean for a clinical psychologist to be asked to pray with someone?' [81-90].

When I asked how she would respond to a prayer request, she begins by saying 'If I was to be really honest' [96]; which suggests that she may be cautious in sharing her response, but is willing to share this with me. She goes on to share that she would not see any 'harm' [98] in allowing the client to say the prayer and then bowing her head as a sign of respect. Curiosity surrounds

her choice of the word 'harm', as she uses other words related to this such as 'risk' [103] or the need to be mindful of how she responds when clients bring religious topics. This constructs the sharing of religious beliefs in therapy sessions, as being unsafe and something to be avoided. I wondered whether discourses from the clinical doctorate and within the discipline of psychology on trainees being neutral, influenced the apprehensiveness of discussing her beliefs and furthermore, the dance between her Christian values and professionalism.

The performance of the dance ensues when Hannah describes that her religion teaches her to evangelise by sharing her faith with others, and that when she has shared that she is a Christian with a client who asked, the client was more open about their beliefs. In discussing how she resolves this, Hannah narrates holding in mind what her role is at that particular moment, whether that be a Christian or a trainee. Specifically, she recognises that her role within the therapy room is not to:

'Sit there and say 'Oh actually I don't believe that or I do' [213-214].

Nonetheless, her position as a devout Christian is present in her treatment of clients with respect, understanding and being non-judgemental.

Hannah suggests that there should be more space to discuss religious/spiritual issues in training. When asked what she would gain from such a space, Hannah narrates that clinical psychology appears to sometimes be incongruent with her beliefs, requiring the continuous carefulness in balancing her career and beliefs. She constructs this incongruency by narrating a lecture regarding gender neutrality for children and being aware that teachings from her faith may be contrary to this:

'What the Bible teaches and that sometimes feels at odds with what you're expected to be ok with' [297-298].

She does not explicitly say what the Bible says, but checks in with me at the end of the story as to whether I have understood her. Again this may be due to a perceived shared understanding we may have. Psychology is also constructed as being more scientific in its approach to understanding

behaviours and therefore views religion as being outdated. In doing so, Hannah positions psychology and the clinical doctorate as an antagonist to religion.

Nevertheless, she attempts to negotiate her beliefs and career, by describing similarities between the two. Psychology is constructed as a '*caring profession*' [56] and she also perceives overlaps between cognitive behavioural therapy (CBT) and the Bible; in that the Bible suggests focusing on things that are positive, which she recognises as a therapeutic tool within CBT for depression. The multivoiced feature of her construction of psychology has the effect of illustrating the conflict that she sometimes experiences between the two; and also her attempts to reconcile this within her beliefs, which is an important part of her identity.

To illustrate this conflict further, she narrates the actions of Tim Farron, former Liberal Democrats leader, who stepped down from his role as party leader, due to perceiving that his position was incompatible with his religious beliefs (McCann, 2017). On this, Hannah describes:

'And there have been moments, and it's not all the time, but there have been moments when I was like, erm, is this the most compatible. And yes it's a helping profession but there's just been times where I thought, you know, the way they expect you to look at the world isn't always in line with how my faith expects me to look at the world' [288-292].

The construction of the dance and conflict is further illustrated when she narrates a story of a supervisor advocating repeatedly, that homosexuality is not a big issue. The stories arise as we discuss differences in the way she interacts with clients and colleagues, as it felt like there was a need to separate the two. Hannah states that whilst she believes in equality and non-discrimination, she also understands that the bible '*takes a particular stance against that*' [345]. She repeats her initial statement as if to reassure me and imagined audiences, that she is not a 'hateful' Christian. In saying this, discourses of Christians being judgemental towards homosexuals may have influenced her desire to reassure me. Being aware of the importance of her faith, I was intrigued as to how she responded to her supervisor. She decided to remain silent, in order to not be viewed as someone who is '*discriminating against others or spreading hatred*'

[368-369]. The unspoken words of Hannah, suggests she may have had other views on the matter, which she felt unable to share. The story has the effect of constructing the dance as having an important role in protecting her identity as a non-judgemental Christian trainee. The enactment of this identity is further upheld when she describes her faith and career coming together to protect those experiencing oppression. This led to conversations about the NHS, in which she positioned it as being operated like a business and adhering to a medicalised discourse of distress; which was not in line with her critical psychology lens or beliefs.

3.1.3 Feelings of Safety

In conversations about sharing her faith with supervisors and other colleagues, feelings of being unsafe emerged; which she described as akin to safety offered to clients:

‘Just like you’d expect the client to feel safe enough in the room to have dialogues around whatever, you know, you also, as a trainee clinical psychologist, as a human, want to feel safe when you’re having particular dialogues. And I think people sometimes forget that, you know, we often focus on our clients feeling safe in a room regardless of their kind of spiritual beliefs or whatever, but we don’t ever focus on a kind of clinical psychologist needing to feel safe enough to have dialogues about their beliefs, that may not fit in or be in line or maybe different or nuanced to the wider clinical psychology population’. [404-412].

The ‘people’ present in the narrative appeared to be some supervisors, who were positioned as those who she felt unsafe with to have conversations about her religious beliefs. Hannah draws me into her position through the pronoun use of ‘you’ and ‘we’. At that moment, I perceived that it was more than the desire to state that she is a Christian, but rather ‘honest’ conversations about how her faith informs the way that she understands the world. In referring to these conversations as *‘honest dialogues’* [414], Hannah and I continued to co-produce conversations around feeling safe. It was apparent that sharing religious beliefs at work, could lead to others perceiving that she was an

incompetent psychologist. Supervisors were therefore also positioned as having the power to pass or fail the placement, based on her professionalism.

In contrast, she narrated a story of another supervisor using a family tree to have conversations about what has informed their identity and understandings of the world. We reflected on the actions of her supervisor and she shared that this led her to feel *'really safe'* [485] in sharing personal aspects of herself because her supervisor was also willing to do so. However, a sense of cautiousness was still present, as she maintained that, although her supervisor is aware of the importance of her faith, she did not share the entirety of her beliefs. This was also around some friends, as she was mindful that her beliefs may be perceived in a particular way or that she could be perceived as being judgemental:

'Sometimes I choose to stay quiet to hold the peace, not to hold the peace, but to...to not let other people feel judged. Because I think there are often times when maybe others-where others may feel judged or condemned by a belief you may hold or will choose to judge and condemn you' [565-568].

Whilst the supervisor is positioned to hold more power, I was curious as to why she felt the need to be cautious with other cohort members and even with friends, yet felt as though some cohort members were safe enough to have honest conversations with. This emphasised the complexities of sharing a faith which may be perceived as judgemental, yet one which has such significant a role in her life.

In concluding our conversations, I asked Hannah about her future as a clinical psychologist with Christian beliefs; to which she describes hoping to become a supervisor:

'That another Christian or Muslim trainee can then talk to about their views and create that space that wasn't there for me' [636-637].

This serves to illustrate the impact of being a silenced minority and the hope of giving a voice to other trainees with faith.

3.2 Ela: Struggling with the Façade

3.2.1 Spiritual Muslim

Ela narrates that whilst Islam is intertwined with her Turkish culture, she is not a practicing Muslim as she does not follow all of the requirements of Islam. She refers to her position as '*spirituality*' [27]. In continuing to construct this position, she narrates that her mother is a Turkish Cypriot, whilst her father is Turkish. According to Ela, her father's upbringing was more influenced by Islam, than her mother's, who lived amongst the predominantly Christian Greeks. This explanation had the effect of informing the audience of the importance of both her spirituality and culture.

3.2.2 Representing the Minority Community

As I continue to clarify what her spirituality means for her personally, Ela constructs her position as a spiritual Muslim by describing a concept within her beliefs, called '*Kismet*³' [31]:

'I really strongly believe in that and that's something that the religion [Islam] talks about a lot, you know, that things are written and, you know, like there's a story behind everyone and there's like a path that we're all set to take and whatever your path is, you will, you know, whatever's meant to be, will be you know. You don't really have a big influence in that, if that makes sense. So when bad things happen, sometimes I think well that was fate you know. That was meant to be. It's there to teach me something'. [32-38].

In her narration of Kismet, she positions herself as believing in fate which, being stronger than her own free-will, she ultimately cannot resist. By positioning Kismet within Islam, Ela stories the spiritual Muslim that she describes herself as. She checks whether I have understood (*'if that makes sense' [36]*) and also persuades me of her position in regards to Kismet, by frequently saying 'you

³ Kismet, is an Arabic word meaning one's destiny or fate, which is outside of human control (online Oxford English Dictionary, 2018c).

know'. This perhaps suggests her awareness that these concepts may be specific to people who are Turkish Muslim, whilst I am an outsider to this religion and culture.

The ideas of Kismet appear to be present when we discuss how she came to pursue a career in clinical psychology. Ela describes always wanting to help minority communities because she has always felt different. Ela goes on to specify, *'what makes me different is my culture and my religion'* [70-71]. This was made apparent during her teenage years, as it influenced what she was allowed to do, which she describes:

'Really it's hard I think when you're growing up. You do feel different because you've got two different, almost identities of people that you are' [77-79].

In storying her identity in this way, she informs me that although she was born and raised in England, the influence of her religion and culture has sometimes led to tension and emphasised her position as a minority. Interestingly, she uses the pronoun 'you', instead of 'I', which suggests her awareness of my visible identity as a Black British person, whose culture and religion is assumed to have an influence upon my identity. In doing so, I am compelled to identify with her position of having two different identities; which influences her narrative.

In attempts to make sense of her being a minority due to her culture and religious beliefs, Kismet may have guided her in using these experiences to be a positive voice for minority communities. In conversing about neutrality in the NHS, Ela continues to construct this position by sharing her perceptions of discourses on minority communities within NHS psychology services:

'The way services they're [psychology services] set up, people don't feel comfortable to be able to ask for help, you know. The whole idea of, like, hard to reach groups, the whole description that they're hard to reach. Why are they hard to reach? Maybe it's the service, it's not set up for them, you know. [342-345].

Ela attributes the separation between 'hard to reach' groups and psychology services within the NHS as due to services being unsuitable for minority communities, rather than minorities being hard to reach. She also equates the operations of the NHS to a business, which has the impact of neglecting the whole client, in not considering their religion and culture. Ela's position on minority communities is present throughout her story and, whilst it initially felt irrelevant to religion and spirituality, its presence within the narrative has the consequence of embodying the double discrimination that she and minority communities encounter, due to their culture and religious beliefs.

3.2.3 Striving for Openness of Religious and Spiritual Conversations

The strive for openness was enacted with feelings of apprehensiveness and cautiousness, yet resistance against non-disclosure. The multiple voices heard when considering sharing her beliefs with clients, exemplifies the complexities and conflict Ela experiences. Ela enacts the cautiousness, by describing that she rarely has conversations about religion/spirituality, as clients do not raise it, but most importantly because *'it feels like quite a difficult thing to talk about.'* [87]. In questioning her about why it is difficult, the construction of the apprehensiveness stems from her perception that religion/spirituality is not widely spoken about in society, supervision, the doctoral course and other further mental health courses that she has completed. She further explains:

'Difference is not-it's not something that's ever really felt acceptable or I don't know, brought into the room'. [96-97].

Consequently, some supervisors, the doctorate, and discipline of psychology are positioned as being aversive to such conversations and rather focusing on psychological theory. In discussing how she copes with this, in light of the importance of her faith and culture, she described feeling restricted by this:

'Because it felt like you weren't really talking or bringing in the whole person. It's just their problem' [124-125].

The restrictiveness appears to come from Ela's desire to do what is appropriate as a trainee, but yet feeling as though this does not align with her beliefs about how to help others.

This is further expanded upon when she narrates the psychology doctorate as enforcing boundaries between the client and therapist by suggesting that personal information about the therapist is not to be shared. However, whilst she appears to adhere to this, perceiving that it is sometimes necessary, she also describes feeling uncomfortable with this:

'You know like boundaries is talked about a lot, boundaries, you know. It's about the person, not about you. Don't bring yourself into -when people ask you about yourself, ask them why they're curious, you know, bring it back to them.' Well, I've always felt like that's a bit wrong because you are a person, you're not a plank of wood. Do you know what I mean? (laughs) You're a person. So it's a relationship, so obviously people are going to be curious. If I went to see someone I'm going to be curious about them. I'd feel more comfortable if they were to talk about themselves a little bit more because I'm bringing all of my personal stuff to them, so why shouldn't they talk about themselves? (...) But it feels like I'm a bit more open to talking about myself' [135-144].

In narrating direct speech regarding conversations about boundaries, Ela gives the doctoral course a powerful, commanding voice in her narrative. In her resistance, she describes the act of the therapist withholding personal information about themselves as a power imbalance in the therapeutic relationship. She laughs as if to show that she feels that this is absurd. Instead, sharing her spiritual beliefs with clients could lead to a positive engagement in the therapy. However, the cautiousness reappears when she ends the narration:

'But it feels like something that you shouldn't really do. You could get in trouble for it and it's not clear how to bring yourself into it. So it's like you're a bit nervous about it.' [144-147].

A sense of harm or danger is portrayed, as she describes potentially being 'exposed' by her supervisor or academic tutors, for sharing her spiritual beliefs with a client. In response to my curiosity about the forms of disclosure which are permitted, Ela explains that sharing holiday destinations is acceptable, however, conversations about her beliefs and experiences are not permitted. The

narrative serves to further construct her supervisor and academic tutors, as opposed to conversations around religion/spirituality and having a surveillance like power over her conduct in a therapy session.

In further constructing the positions of others within the narrative, Ela narrates her experiences of supervision, which she describes as an alternating space of feeling safe enough to have certain conversations and feeling silenced. In doing so, Ela positions her supervisors as those in close proximity to her, who influence her struggles with non-disclosure. Ela further constructs supervision as a space to explore potential conflicts in the therapeutic relationship. However, this is dependent upon the comfortability with one's supervisor. Furthermore, Ela positions her supervisor as holding the power to guide what is discussed during supervision, as she describes a current supervisor:

'She's very CBT and she's very specific with how she thinks about problems. So it feels very hard to bring something not related to that into the room, because I feel like she is not comfortable with it. So how am I going to openly talk about stuff like that, you know, so it feels like it has to be, a space needs to be made available for you to do that with your supervisor' [184-188].

According to Ela, she has never been told that she cannot raise certain things in supervision, but her apprehension in doing so serves to highlight the feelings of powerlessness and silencing experienced by Ela in the supervisory relationship, which may be akin to her experiences on the doctorate. When asked about choosing to share her beliefs with clients, Ela further constructs the supervisor as holding power and authority by narrating that she would seek 'approval' [354] before discussing religion/spirituality with clients, in order to avoid doing the wrong thing. The hierarchy of power stemming from her supervisor seems to have the ability to oppress preferred aspects of the self, by implicitly determining the appropriate professional conduct in the therapeutic space.

As she continues to story the desire for openness about her spiritual beliefs, we turn to sharing this with colleagues. Ela describes that compared to other teams in which she was the minority, within her current team she is more open about her culture and religion. She constructs her current team as being more open,

due to the team being comprised of people from various minority backgrounds. For Ela, it appears as though comfortability in talking about her differences is present when there is a shared experience of being different. In her position as a minority, and perhaps as a trainee, she appears to observe how others present themselves at work and then responds by being open or reserved. She enacts this by narrating an experience of a previous supervisor, who was also Turkish:

'She did things in supervision where we had to practice doing a genogram (...) she let me practice with her and her family and that was quite nice because she shared a lot more' [214-217].

For Ela, this was her only experience of feeling as though it was acceptable to talk about her beliefs and culture, suggesting that it is not the norm.

Whilst her colleagues are positioned as influencing the way she presents herself at work, she attempts to resist what she perceives as psychologists being too boundaried:

'It feels like you have to put on some sort of façade or like almost like you're a psychologist but you don't have a personality or an identity and you have to be this boundaried person, which I'm not really' [253-256].

Whilst she ensures that her behaviour is appropriate at work, she positions herself as being different to other psychologists, as she allows her personality to come through in her clinical work. I was curious as to how she manages these two polarised positions of being cautious, yet bringing herself forth, to which she responded *'I feel like I can't be myself, if I'm honest'* [264]. Her response evokes sadness in me, as it appears as though she is unable to be her preferred self. This is further compounded by her descriptions of being shy, unsure and withdrawn whilst at work. For Ela, the performance of 'professionalism' appears to be at the expense of being her preferred self, which is intensified by her desire for openness.

3.3 Nikki: Resistance to the Norm

3.3.1 Born-Again Christian [14]

Nikki constructs herself as believing in the resurrection of Christ and her faith as having an active role in her life, as she positions herself as a '*Christian clinical psychologist*' [47]. The effect of merging the two identities, stories her as a Christian first, quickly followed by a clinical psychologist. Interestingly, she was the only interviewee to position herself in such a way. Whilst she became a born-again Christian at the age of 23, she portrays a religious image of a Christian as she recounts her childhood of going to church every Sunday and reciting prayers from memory. This contrasting image of Christianity serves to inform me that she now has a personal relationship with God, which is very different from that of her childhood. The all-encompassing and significance of her faith is enacted in her approach to her work:

'I think that it's a privilege to be able to work with people that are in distress. So that compliments my faith. Erm you know that He is a wonderful counsellor and that we have an advocate and that-that is something that I look up to and that I want to aspire to, to be able to intercede on other people's behalf. And the way that informs my work is so, for example, if I have been given a particular caseload I'm able to pray about it in my own private time outside of work and intercede on these individuals' behalf where my colleagues wouldn't. But there's certain things that I wouldn't try and do in my own effort and in my own strength, particularly if it's a really difficult case. And I know that if I take it to the Lord that He's able to intervene because He knows the root cause of it' [48-55].

Her faith is portrayed as a strong and immovable part of her identity, more so than her career. The narration of God helping her in her clinical work functions to personify God as having omnipotent qualities. Although she does not expand upon this, the suggestion that God knows the root cause of her client's distress challenges the notion of dominant biopsychosocial understandings of mental illness, as holding the only understandings of distress. Accordingly, being a

Christian clinical psychologist is constructed as adding value to her clinical work. As with previous interviewees, Nikki joins me in the conversation, by using the pronoun 'we', saying 'you know', and using religious language (e.g., intercede). This suggests a perceived shared understanding, which may influence her openness with me.

When discussing whether her beliefs led her to her chosen profession, she is clear that this was not the case, although her position as a Christian clinical psychologist is constructed as being honorable by helping vulnerable people. She emphasises her position, by repeating:

'But I'm a Christian first, that's always gonna be who I am, and then clinical psychology is sort of what I do' [64-65].

3.3.2 Resistance to the Silencing of Conversations about Religious Beliefs

As a clinical psychologist, Nikki presents herself as being openly Christian at work. Prior to interviewing Nikki, I had interviewed two trainee clinical psychologists who were more cautious in sharing their beliefs with others, so I was intrigued by Nikki's boldness. I asked her about her time as a trainee. Interestingly, similar to the other trainees, she portrays that prior to, and during training, she was made to feel as though she should 'tone down' or be silenced in her beliefs, whilst strongly holding on to her identity. She narrates the story of preparing her clinical doctorate application, whilst working as an assistant psychologist:

'And I even remember as an assistant psychologist a qualified saying 'Your form's too Evangelical Nikki, like you need to change it' (...) And I was just like but if I'm having to change who I am then it's not a career or profession that is for me. So I've never wanted to compromise my identity and my identity is that I'm a born-again Christian.' [70-74].

Using direct speech and present tense, gives intensity to not only the voice of the psychologist in the story but also the discipline of clinical psychology, which is positioned to be opposed to overtly religious psychologists. Whilst she chooses to resist this, her resistance becomes further challenged when she narrates her experiences of being a minority on the doctorate because of both

her ethnicity and religious beliefs. She constructs this as a difficult time in her experience of being a Christian, as she felt as though the majority cohort, being Agnostic and Atheist, led to her feeling silenced:

'Nikki: It was difficult because different ways of socialising, different ways of having conversation and yeah.

Interviewer: And what do you mean by different ways?

Nikki: Erm so I'm not one for the pub, erm, and that was the main sort of way of kind of socialising. So then you don't necessarily get linked into those social arenas and ways of bonding and forming good relationships and that would help in terms of building your confidence as a trainee and a potential clinical psychologist (...) you know my priority was like, ok well, I've got, you know, all-night prayer tonight (laughs) or I don't want to go to the pub (laughs) (...) and where do you have those conversations? Who do you have those conversations with, apart from your family and church.' [80-89]

The narrative serves to further position Nikki's faith as being important to her, even if it prevents her from feeling connected to the cohort. Her use of humour may suggest her attempts to make light of how others position her by their assumptions. Furthermore, humour may also serve as a defence against feeling silenced and othered. She further constructs this position of feeling silenced by her cohort when she describes:

'I ended up becoming really good friends with Christians in other years above and we'd end up praying together and, yeah, that was a great way of connecting' [96-98].

Her construction of being a silenced trainee changes notably when we converse about her current position as a qualified clinical psychologist. In enacting this change of position, she narrates a story of sharing her faith very openly at work:

'I think a conference at my dad's church. And I was like 'Oh you know you're invited'. Just as you'd be like 'Oh come to the pub or come to I don't know a concert or something'. I was like 'You're invited to come to a conference' and I had flyers. So I was like you know this is the

information to my colleagues, not to the service users, to colleagues. And everyone was like 'Oh that's really interesting'. But there was one particular person who was just like 'This is breaching professional conduct'. I was just like 'Ok I'm really sorry', erm, because I think I left it on her desk. She was just like 'Be very mindful that this is a form of evangelism'. I was like 'Ok I was just inviting you. You know, you can discard it. You can throw it away. I'm not saying that you have to come'. [166-174].

Nikki powerfully connects the audience to the story emotionally, by narrating it in the present tense and using direct speech. As seen in an earlier story, this functions to bring to life the position of colleagues who oppose the sharing of religious beliefs in the workplace. The colleague in the story positions the NHS as a non-religious space and Nikki sharing the leaflet as bordering unprofessionalism. She narrates an awareness of discourses around not sharing religious beliefs with service users in the NHS, which acts to normalise her actions of sharing the leaflet with colleagues only. Nikki challenges the notion that the NHS is a non-religious space, by describing it as a *'façade'* [237] and instead suggests that all NHS employees:

'Have beliefs and values that are shared and informed by experiences and conversations' [235-236].

In doing so, she enacts an awareness of her differences, which influences who she is as a Christian clinical psychologist. In the narrative, she displays boldness in resisting the discourse that sharing religious material is a dangerous, prohibited act by minimising her actions and comparing it to invitations to other kinds of events. I was intrigued by the impact of her actions and asked about this. However, whilst her actions brought tension between her and her colleague, this did not prevent her from sharing her beliefs. She goes on to narrate a conversation with an atheist colleague, in which there was a mutual, seemingly open and respectful, exchange of beliefs:

'She's asking me what I was doing for my weekend and I was like 'Oh I'm going to an alcohol free festival before going to church'. And then it just opened up a massive conversation about my faith, why I don't drink.

Yeah, it didn't bring hostility or disagreement or conflict. It brought curiosity and a way of sort of better understanding my beliefs and me understanding her beliefs' [202-206].

In narrating a story which contrasts with the previous story, she constructs the success of her resistance against being silenced about her religious beliefs. The story serves to indicate that sharing beliefs within the workplace can sometimes lead to positive conversations, which she may have directed towards me. The construction of her identity as a 'Christian clinical psychologist' illustrates her as being open and fearless in challenging the notion of silencing conversations about religious beliefs. This positioning also influences the way she is with clients. Specifically, Nikki narrates stories of working with clients religious beliefs. In conversing about religious themes in therapy, she describes that it would be '*unethical*' [211] and '*abusive*' [222] to not attend to a client's religious beliefs or, equally, to impose her beliefs upon them; her language choice serves to give significance to her position, as it denotes the potentiality of doing something damaging to clients, if this is neglected. Instead, she is inclusive of a client's religious beliefs and constructs the conscientious sharing of her religious beliefs as having a positive impact on the client:

'We were thinking about, sort of coping strategies and they were talking about prayer and recital. And it's encouraging, if that's something that they find really helpful, encouraging them to root themselves in those protective factors, ways of coping and enhancing their skills. I think someone asked me 'Well how do you cope?' And I said 'Similar thing. My faith gives me strength, you know. I pray also'. And I think that's completely fine. If anything it sort of helped encourage them to, you know, draw on what is supportive for them in times of distress, high levels of distress'. [214-220].

3.3.3 Resistance to the Therapist as Expert

In the therapeutic context, Nikki positions herself as a non-expert. This arises as we discuss clients asking about her beliefs. She narrates a story of working with a client who was experiencing delusions that were attributed to the devil. Whilst

they both hold Christian beliefs, she was keen to not assume the expert therapist position:

'And one thing I never want to do is assume that we have a shared understanding of scripture or we have the same sort of faith, because you could be a Christian but have very different views and understandings of doctrine and principles. So always wanting to, like, sort of non-expert' [108-111].

In drawing upon writings of Anderson and Goolishian (1992) to construct this non-expert role as a step-down position of the therapist, she positions herself as remaining curious in asking questions, rather than assuming.

In asking her whether her identity as a Christian clinical psychologist has led her to be more curious, she further constructs this position by narrating the hypothetical situation of her Bishop father, whose expertise on the Christian faith positions him with the capacity to judge whether a client experiencing delusions, is psychotic. This persuades the reader of the failures that could occur through the misuse of expertise. The narrative also eludes to resistance in homogenising those who share the same religious beliefs. Interestingly, her position on being the non-expert about a client's religious beliefs perhaps echoes the curiosity that she desired to be directed towards her about her religious beliefs as a trainee:

'Having conversations, not necessarily teaching, but having that reflective space and conversations much earlier from year one (...) So raising awareness, thinking about difference, thinking about our own position that we hold and how it may inform conversations and what we do and what we don't do' [292-299].

Her position on resistance to being the expert joins with her resistance to silencing conversations on religious beliefs, to solidly construct her identity as a bold Christian clinical psychologist who challenges the 'norm'.

3.4 Angela: An Innovative Christian

3.4.1 An Open-minded Strong Christian

Angela constructs herself as a Christian, who believes *'in God and the Bible and Jesus'* [18]. Although raised as a Christian, she later questioned her faith when she attended university in her early twenties. During the time, she narrates being a minority because of her faith:

'There was, erm, a strong narrative I would say in-at uni of God not existing. Mainly because of, like, we studied evolution and things like that, which I found fascinating. And to me the one doesn't necessarily counteract the other. I think there's lots of different beliefs and I was quite astounded at people's rigidity to be honest with that and, erm, because I studied psychology and English literature at uni. So I was fascinated and then just by like Freudian concepts and, erm, particularly in English Literature, as well and how we studied history and, erm, the things that were brought in, in terms of spirituality and stuff. I think I just found more and more everything made sense to me within a Christian framework'. [26-35].

Angela performs a lot of hesitation in her repetition of 'erm', which suggests an uncertainty of whether her experience of being a minority at university was relevant to the conversation. However, the story served to position her as an open-minded Christian. This was constructed through her interest in evolution and Freudian concepts, which may be considered to be opposed to religion. In describing her beliefs as a framework, her faith is established as also providing a way of understanding the world. She continues to construct her beliefs, as she stories that the experience of being a minority at university led to the deepening of her faith:

'My faith became more personal to me and then I just spent more and more time sort of reading the Bible and praying and, erm ...yeah that's when I think like my faith sort of became more deep-rooted and became more my faith'. [37-40].

She further narrates being a minority on the clinical psychology doctorate and finding it helpful to have open conversations about her faith and psychology with an academic tutor who was also a Christian:

'We talked very openly about being a Christian in a psychology world and I like that because I knew he would understand certain, like even just certain theological things that I wanted to talk to him about'. [188-190].

The story positions her tutor as being significant in supporting her as a Christian in the psychology world, as he allowed her to have honest conversations about her faith; which is something that she did not feel able to do with others in psychology. The story implicitly narrates a silencing of her beliefs, akin to other interviewees.

Angela further constructs her Christian identity as being open-minded. This is enacted when I ask her questions about conflicts between her religious beliefs and work context. She initially states that there is no conflict, describing that disagreements are dealt with openly at work and she also prays about conflicts in her personal time. Due to this, she requests an example of conflict, to which I suggest working with people who are homosexual, as a Christian. To which she responds:

'Ok so to me that wouldn't be a dilemma at all. I've worked with lots of people with different sexualities and that would not be a dilemma, erm, because to me well I mean...I don't think that would be. I don't know how to explain this but I work with children and families, so obviously, I've worked with parents that are gay and they're parents. They love their children. They're people. I think we make-I'm not saying sexuality isn't an important thing to people, of course it is. And of course, it's important for them to have fulfillment in their sexual lives. I don't think as a Christian we're called to judge people or err...ostracise people. In fact we're called to do the opposite, and those that may be socially excluded by others we should go the extra mile to socially include. And I believe that everyone is made in the image of God and we should love and respect everyone and I think, err, people make a big deal about sexuality but I think, when you're a Christian, God calls you to have a relationship with him and live

in a certain way that, erm...that is between you and God. But we have no right as Christians to condemn or judge or make issue about how other people live their lives.' [250-264].

Angela's response stories her as fulfilling the prescriptions of God, by showing love and respect to all regardless of their sexuality, being non-judgemental and inclusive of marginalised groups. She illustrates this by drawing on her current work context. Although she initially says '*I don't think that would be*' [252], what follows is a clear, resolute statement that working with gay people is not an issue for her. Her response also draws me into the conversation, as a fellow Christian, which serves to demonstrate passion and boldness to the audience, in her challenging of judgemental Christians. This position regarding judgemental Christians is further constructed when she stories sharing her faith with colleagues:

'I wouldn't say it's [my religion] something that I've always banded around straight away either because, for good reason. There's a lot of misconceptions about Christians being judgemental or this other stuff' [179-181].

Her narratives serve to position her as being different from the 'typical' portrayal of a Christian, in the openness of her beliefs. Following her response to working with homosexuals, I quickly show my appreciation for her honesty and change the subject; perhaps perceiving that she may include me in the judgemental Christians that she speaks of. On reflection, my question may have been led by what has been asked of me, by Christian's outside of the profession.

3.4.2 The Conscious Coupling of Psychology and Religion

Interwoven within Angela's narrative is the connections she perceives between psychology and religion, which opposes the segregation between the two areas. This is illustrated when she describes being perplexed by a boy with Autism and her desire to be Ms Marple, who is a popular TV character who, as a detective, embodies a special skill of resolving difficult situations. The inclusion of Ms Marple in her story, appears to story her as possessing personal qualities of taking on challenging situations and resolving them; which is akin to her position of joining psychology and religion in a way that each compliments the other. In

asking her about why religion does not appear to be important within the discipline of psychology, she constructs this position by narrating why psychology has separated itself from religion:

'Psychology has attempted to be this science-based subject and, though I think it's wholly unnecessary, lots of people want to separate science from faith erm and think the two cannot complement each other. Erm, I would disagree with that. I think the two do complement each other. I think there's no reason why you can't be a good rigorous scientist and have a faith. There's nothing I'm aware of that contradicts those things. There's as many Christian scientists, as there are Atheist scientists. So, erm, but that would be a guess of where it comes from. Erm, I think also maybe the fault of religion and the church in being quite judgemental and, erm, excluding possibly in the past. You know, you think about what happened to homosexuals in the, what the 50's 60's you know, that came from psychology and religion combined.' [413-423]

Angela draws upon two discourses on psychology and religion; the first discourse speaks of psychology distancing itself from religion, in its endeavour to be recognised as a science. She positions herself as opposed to this, which reflects her earlier narrations of finding that her faith was a helpful framework for understanding evolution, which fascinated her. The second discourse present is of psychology and Christianity joining together in viewing homosexuality as an illness that could be removed, either through prayer or therapy. In referring to this point in history, her earlier sentiments of religion being judgemental against homosexuals is further emphasised. Her use of 'you know' persuades me of her position. Angela uses these discourses, to skillfully argue against the separation between psychology and religion, which serves to construct her position for connecting the two, building on her identity as open-minded.

In conversing about whether religion/spiritual themes have come up in therapy, she strengthens her position on the connections between religion and psychology, as she narrates that research has shown the importance of religion/spirituality in people experiencing mental health difficulties. This serves to give credibility to her position. Her experience as a clinical psychologist with

faith further supports her position of connecting psychology and religion, especially in her work with clients:

'But I think because of my faith, I value (religion). So if they bring in anything like that, I'm always...I'd be-I'm always happy to discuss it and bring it out of them, but so yes. And then currently, I work with a lot of Bangladeshi families and a lot that tend to have a Muslim faith. So yeah, spirituality comes up a lot. Erm, and I find working with these families they'll often say like 'Oh you will pray for him won't you?' [92-98].

The value that she perceives in her faith leads to an openness in including a client's faith in therapy; which she feels is an important part of their identity. Angela further constructs this position, as she describes psychology and her faith as both valuing people with disabilities:

'I find in some ways my faith and psychology like my spiritual beliefs and psychology link up quite well there in some ways because I think in general terms, psychologists seem to value people and people with disabilities and look for strengths, regardless of people's ability, erm, in terms of academia or how much people earn, which is quite a maybe a capitalist way of looking at people, what can they contribute' [61-66].

Christianity is positioned as being caring, helpful and seeing value in others, rather than being judgemental and harmful to others. In doing so, Angela is able to join with psychology, which she also positions as valuing others. This stories her Christian faith as adding value to her role as a psychologist. However, she is keen to inform me that she is guided by the client in discussing themes around religion/spirituality. She repeats this several times, perhaps to reassure me of her conscientiousness as a clinical psychologist. In narrating this, she also performs an awareness of the NHS context that she is working in. Whilst she suggests that it is not possible to be neutral as an NHS employee, she positions the NHS as prohibiting the spreading of religion:

'I think you've got to be very aware that you're working with vulnerable adults and your position of power and be really careful not to abuse that in any shape or form. I mean, I don't think in any way you should use

your, erm, you should definitely not use you role to try and evangelise or you know, I think that would be wrong. However, I think if someone has a faith and like they wanted you to pray with them, I wouldn't have a problem with that. I can't say it's really happened other than people asking me to pray for them like from a distance'. [331-337].

Angela begins the narration by positioning herself as someone who does not misuse her position, by evangelising to clients at work. The pronoun choice of 'you', rather than 'I' or 'we', performs the giving of instructions to the audience, to not misuse our positions as NHS employees. In doing so, she further separates herself from abusing her position. She continues this by positing a hypothetical situation of being asked to pray with a client. Her response to this, in which she seems to almost distance herself, has the effect of pre-empting the possible disapproval of imagined or real audiences, who may perceive her at acting unprofessionally. Whilst potentially abusing one's position as an NHS employee appears to be significant for Angela, the perception of others concluding that she is unprofessional in the way in which she talks about her faith, is also important. This position may be influenced by media stories about NHS employees, who have been dismissed for discussing their religious beliefs with patients. Her awareness of the potential misuse of power is further demonstrated when she says:

'I worked with a Muslim girl (...) we talk about praying and things like that. Erm, so I'm quite careful when I'm with her to make sure I keep to her faith values'. [339-341].

Her storying of carefulness to avoid the misuse of her position extends to how she behaves with her multi-faith colleagues, who are positioned as being accepting of her faith. She positions herself as being mindful to share her beliefs in such a way that it does not offend people of other faiths or people who do not have a faith. Angela's presentation of an innovative Christian, is constructed through her non-judgemental stance and joining, rather than separating of psychology and religion. The storying of her as a non-judgemental Christian is performed as a necessity in perceiving the compatibility of psychology and religion.

3.5 Shahana: An Ambassador for my Faith and Profession

3.5.1 Dedicated Muslim

Shahana positions herself as a committed Muslim. Being raised as a Muslim, she has always believed in Allah. However, she became more dedicated to her faith after the birth of her son 24 years ago. In discussions about what influenced her career choice, the dedication to her beliefs are enacted:

'I've always wanted to help others. Mental health has been an interest for me but I've always had the desire to, you know, do something within the limits of my religion. Not that my religion wouldn't allow me to do certain jobs but certain jobs are easier within my religion'. [34-38]

In asking about what led to her career choice, Shahana constructs helping others through the role of a clinical psychologist as more compatible with her beliefs than other possible careers. I noticed that she attempted to not present her religion as restrictive, by using the word 'easier'. Shahana wears a hijab and abaya⁴ which she says she has always worn throughout her career in the NHS. In doing so, her religious identity is made visible. Shahana narrates this in relation to working in the NHS, during which she performs the importance of her faith:

'It is secular and we are all parking our religion outside. There's certain things I can't change. Now if the NHS wants me to you know change my clothes, I would have to think about whether I want to work in the NHS.' [474-476].

In saying 'we' Shahan joins me, a Christian, into the conversation; and perhaps suggests that all religious NHS employees separate their religion, from their clinical work.

⁴ The Hijab and abaya are dress codes for Muslim women, ensuring that modesty is maintained whilst in public.

In conversing about compatibility between her faith and profession, Shahana enacts the journey of self-reflection that she embarked on prior to the doctorate, to ensure that her career aligned with her beliefs. She recounts her thoughts on pursuing a career in clinical psychology and shared that she perceived that it would be difficult to work with clients who were paedophiles or murders:

'So anything that conflicts with my value system, I would struggle with. And I knew the areas that would really sort of give me problems. And I had to do some soul searching, I suppose. To see well this profession that I'm going down is that-does that adhere to (Islam) or it is taking me away, you know, because if it takes me away from religion. Then this might not be the job for me' [196-201].

In further constructing her position as a dedicated Muslim, she informed me that that other Muslims used to question her interest in psychology, as the discipline is perceived to have negative connotations, particularly due to its association with Freudian ideas on psychosexual stages of development. She further narrates the story of being approached by a young Muslim man -whilst she was encouraging people to enroll on her psychology course- at a university fair:

'So he was pleasant enough to sort of come address me, you know like 'Sister, would you mind if I sort of you know, ask you a few questions about psychology' And I'm like 'Yeah, go ahead'. And then he starts going 'How could you do this? How could you study psychology? This is like so anti-Islamic' and stuff. And I was like 'Tell me what do you find anti-Islamic?' And then going back to like you know 'Oh the Oedipal complex' and stuff. And it's like well actually that's a theory, that's one man's theory. It's not even practiced readily in psychology. So you can't say psychology is about that'. [67-74].

The use of present tense and direct speech within the text draws the audience into the story and adds vividness to the challenging conversation. Her narrations serve to highlight discourses amongst Muslim people about psychology. Specifically, psychology and Freudian ideas, are positioned as being opposed to Islam. This stories possible conflict between her faith and

profession. However, her bold response demonstrates that she has thoroughly contemplated the compatibility of psychology with her religious beliefs.

In continuing to construct her Islamic beliefs, she performs a separation of her personal beliefs from media and societal representations of Islam being associated with terrorism. She narrates that whilst she is aware of reoccurring terrorist acts, for her being Muslim means:

‘That I have a strong faith in Allah and everything that happens in my life is guided by Him’. [211-212].

In doing so, she narrates a personal and significant relationship with her faith and Allah. I was curious as to whether this performance was influenced by ‘Islamophobia’, present in the current social context.

3.5.2 Ambassador for my Faith and Profession

Interwoven throughout Shahana’s narrative, is a mandate that she undertakes to represent psychology positively to other Muslims and also to be a positive representation of Islam at work.

She begins to construct the mandate to represent psychology positively to other Muslims when we converse further about the opinions of other Muslims about her career choice. Specifically, she highlights that, due to the stigma of mental illness, many people within her family and community perceived that it is a transferable illness. She suggests that being a Muslim female clinical psychologist, who also wears Islamic clothing, assists her in presenting a psychologically informed understanding of mental illness, which challenges this perspective. Likewise, Shahana stories that, amongst Islamic communities, there is a widely held belief that a person experiencing a ‘psychotic break’, is actually being possessed by Jinn and requires an exorcism. She performs the representation of psychology to Muslims by suggesting that psychological treatment can take place, as the Quran suggests that all possible explanations of a person’s behaviour should be explored, prior to exorcism. She gives significance to this, by positioning the need for psychological help within the prescriptions of Allah:

'Your first duty is to take care of yourself. So if that means seeking medical help, seeking psychiatric help, then you need to do that.' [271-273].

She further constructs this mandate when she narrates working with a young Muslim person who was experiencing gender identity issues, something that she describes as being controversial within Islam. In doing so, she responds to my question on whether there is potential conflict between her faith and profession. She narrates that whilst the young person was initially apprehensive about working with Shahana, as she was reminded of her mother, they were able to explore this, which the young person eventually appreciated. Significant within the story is the visibility of her faith, which is something that is not present in the other narratives. This emphasises that for Shahana, the decision to share or not share her faith is removed from her. Through the support of her supervisor, she was able to be open about her thoughts on the session themes and was encouraged to continue working with the client. It appears as though working within a psychological model, whilst also understanding the pressures that the client may be experiencing as a fellow Muslim, were significant in this story. She closes the story by saying:

'So I was pleased. It actually sort of gave me a lot more confidence in-in who I am and what I'm going' [135-136].

Her reflection of the story, informs the audience of her growing confidence in assuming the role of a Muslim clinical psychologist, which may not have been present in the early stages of her career.

This led to me asking about how she has learnt to cope with conflicts between her beliefs and her role as a clinical psychologist. Shahana repeated on several occasions that her role at work is to treat all clients and colleagues as human beings and that this is in line with her faith. Repetition gives emphasis to her position of 'professionalism'. As such, she consciously leaves her personal beliefs outside of the therapeutic space, only involving them in a neutral way if it is relevant to the client's conversations:

'It's not my job to sort of say well you-this is like you're not towing the line. This is what religion (is). That's not my role, that's not. My job is to regard them as human beings first. I link with them, I engage with them as human beings. So if someone is having gender issues and that is in conflict with their religion and that's something that their struggling with, yes, they bring it into therapy and we can look at it. But I don't have to bring in my faith actually into the session. I can leave that, my faith can stay outside' [143-149].

She continues to construct this position by narrating the advice given to her by an Islam counsellor prior to training:

'You are a practicing Muslim. The first thing that is regarded is that Allah created human beings and he has respected, he has shown regard for a human being. So if the creator has regarded someone first as a human, who are you to judge them about their sexuality? Their beliefs?' [171-174].

In narrating this advice, she performs the treatment of others as human beings and, therefore, being non-judgemental towards them; which may be contrary to discourses about religious people, who may be perceived to be judgemental of others and unable to work with people who are gay. She resists this and, instead, focuses on positively representing Islam within her work context, by regarding everyone with respect as Allah's created human being.

By narrating several instances of conversing about her beliefs with colleagues and clients, she constructs a positive representation of Islam in her workplace. Some of these conversations included: explaining her Islamic clothing to colleagues, giving an Islamic perspective on pre-marital sex and conversing with colleagues and clients about terrorist attacks. Her openness to such conversations, stories the prevention of conflict between her beliefs and profession. Furthermore, her honesty, outspokenness, and laughter are present throughout the conversation, as she frequently says 'you know', as if to pull me into her position and indicate her comfortability in being so open. A sense of boldness is also evident in her discussions with the academic team on the

doctorate, and her previous cohort members, about being a minority in culture and faith.

Whilst she remains open, this does not mean she is any less strong in her faith; I am reminded that she is a dedicated Muslim as she describes refusing to go to the pub after work:

'I cannot find it within myself any good reason to go to the pub, even when my colleagues are sort of you know going and everyone's having a good time (...) I can't justify that. There's no way in religion, no way my own intelligence would allow me to do that'. [343-347].

Whilst going to the pub is not a requirement of a job, it is positioned as a common form of socialising after work. The way in which she narrates her refusal to go to the pub, speaks of the importance of her faith, even at the risk of socialising with colleagues.

In response to her position as a clinical psychologist with religious/spiritual beliefs, Shahana posits that all conflicts can be worked through with the right support:

'There isn't any reason why it should be a compromise, whether you should have to compromise your own beliefs because psychology isn't in conflict, psychology is all-encompassing, you know, we take on, we'll see whoever needs help, whoever wants to address certain issues. That's the role of a psychologist. (...) If [as a psychologist with religious beliefs] you find yourself in conflict in any matters, it should be something that you need to openly discuss. Discuss with your supervisors, discuss with your peers, discuss with others' [581-587].

In doing so, she emphasises her position on the compatibility of her faith and profession.

CHAPTER FOUR: DISCUSSION

The final chapter provides a summary of the analysis, in light of the research questions and previous literature. A critical review, stemming from a methodological perspective, will be presented. The research implications, recommendations, and areas for future research will then be explored. In conclusion, I will share my personal reflections and final thoughts.

4.1 Research Aims and Questions

The aim of the present research was to explore the narratives of Christian and Muslim, qualified and trainee clinical psychologists working in the NHS. A further aim was to explore any conflicts or dilemmas that may have arisen for these psychologists, due to their beliefs, in order to understand how they manage such occurrences.

4.1.1 How do Qualified and Trainee Clinical Psychologists who identify as Practicing Christians and Muslims, Address the Religious/Spiritual Beliefs of their Clients?

All interviewees narrated an openness to discussing religious/spiritual themes brought by their clients, echoing Betteridge's (2012) study with Muslim counsellors. Some of the reasons included a reflection on the value of their own beliefs, research evidencing the significance of religious/spiritual beliefs for people experiencing mental health difficulties, and a desire to create a safe space in which the client feels able to raise personal topics. Similarly, Lopes de Jesus (2015) reported that interviewees included conversations around religion/spirituality, primarily due to the role of beliefs in their own lives. The openness and validation towards a client discussing their beliefs was in contrast with some of the interviewees feeling as though they were not provided with a safe space in which to explore their own beliefs.

There was a clear distinction in the approach to doing so, which was dependent upon qualified status. Specifically, the qualified clinical psychologists (Nikki, Angela and Shahana), portrayed a boldness towards having such

conversations. They all narrated stories of the benefit of being open to such conversations, to which clients responded positively to. This resonates with the findings of Crossley and Salter (2005).

Conversely, the trainees (Hannah and Ela), narrated stories which suggested that they were more anxious about facilitating these conversations. The apprehension appeared to stem from concerns of what their placement supervisor and doctorate academic staff would think. In this way, external others appeared to influence their behaviours, although their thoughts on discussing religious/spirituality themes were mostly incongruent with this. Specifically, it was shared that repercussions were perceived for having such conversations. Hannah took this further by suggesting that she would be perceived as an incompetent aspiring clinical psychologist, although she also shared that when she informed a client that she was a Christian, this seemed to have a positive impact upon the therapeutic relationship. Likewise, amongst counsellors in the Lopes de Jesus (2015) study, it was perceived as a necessity to keep one's religious identity separate from supervision and teaching, in order to be perceived as a competent counsellor; even though their religion was important for them. Similarly, within the Baker and Wang (2004) study, there was a need to make a distinction between being a religious person and a psychologist, depending on the immediate context.

Trainees shared a belief that as lectures rarely focused on religious/spiritual themes, this was an area that should not be focused upon in therapy unless raised by the client. Such thoughts perhaps reflect the way in which religion/spirituality is discussed on UK clinical psychology doctoral training courses. In the absence of such training, interviewees' own beliefs seemed to inform how they approached the beliefs of their clients, which echoes previous findings (Golsworthy & Coyle, 2001).

4.1.2 Have there been Challenges or Conflicts between a Psychologist's Beliefs and their Professional Role?

Most interviewees performed a grand narrative of no challenges or conflicts due to their beliefs. Nonetheless, conflicts were still present in small narratives, which may be due to the desire to present a no conflict grand narrative, in order

to survive in a context hostile to religious/spiritual beliefs and values. Angela storied that whilst she openly shares she is a Christian, she is cautious when doing so, as she did not want to offend her colleagues or clients; in accordance with her perspective that whilst working in the NHS with vulnerable people, there is an obligation not to abuse this power. For Shahana, it seemed as though she has spent a significant amount of time reflecting on how she would respond to any challenges or conflicts that may arise, prior to applying for the doctoral course. Like Angela, she presented as separating her religion from the therapeutic space, in the acknowledgement that the NHS is a religion/spirituality free space. However, she caveated this by storying that if a client wanted to discuss their faith in therapy, she would encourage this. This resonates with previous findings of separating ones religious identity from their professional identity, due to perceiving that not discussing religious beliefs at work was adhering to NHS professional code and ethics (Potts, 2008). Similarly, Ela separated her spirituality from her work context, due to feeling as though it was more professional to do so, which may have unintentionally led to an avoidance of workplace conflicts.

When Nikki and Hannah narrated challenges or conflicts, this was in relation to colleagues rather than clients. Interestingly, they responded in diverse ways. Within Nikki's story about distributing flyers to colleagues about a church conference, she performed boldness by normalising her actions, when challenged by a colleague on breaching NHS policy. Interestingly, such stories were not present in previous studies, perhaps because psychologists do not share their beliefs in this way or perhaps there was a perception that sharing such a story, even in the context of a research interview, could lead to the negative judgement of one's professionalism. The latter, emphasises the way in which potentially being judged by other's may influence one's behaviours. Hannah narrated several occurrences when she felt as though her faith was belittled during teaching and uncomfortable conversation with supervisors. Unlike Nikki, Hannah withheld her true thoughts in both situations, narrating her desire to '*hold the peace*' [566], for fear of being perceived as a judgmental Christian. The status of being a trainee, who is under the scrutiny of academic staff and supervisors, possibly influenced Hannah's response. Similarly, newly

qualified Christian clinical psychologist also described a belief that they would be judged negatively by their colleagues if they were to be more expressive about their beliefs (Baker & Wang, 2004).

For all participants, there was a dominant narrative of religious/spiritual beliefs adding value to their clinical work. In doing so, all interviewees performed the significance of their faith, supporting previous findings (Lopes de Jesus; 2015; Betteridge, 2012; Potts, 2008; Baker & Wang, 2004; Myers & Baker, 1998). Hannah narrated her position on advocating for those who have experienced discrimination, as stemming from her Christian beliefs and critical psychology perspective. Ela storied that her spiritual beliefs and experiences of being an ethnic minority, have informed her interest in supporting people from minority communities. Nikki asserted that God helps her within her clinical work, especially in working with complex cases. Angela perceived similarities between her Christian faith and role as a clinical psychologist, in that both align together in valuing people's strengths and abilities. Finally, Shahana narrated that all human beings are made by Allah and, therefore, she regards all people with respect and non-judgement, even those whose values are incongruent from her own. This departs from Lopes de Jesus' (2015) finding that conflict between a professionals' religious values and the client's values, led to difficulty in the therapeutic relationship. Overall, the interviewees presented their beliefs as having a positive influence on their clinical role, rather than that of major conflict or challenges. This has been previously described as a form of spiritual support for religious/spiritual psychologists (Bilgrave & Deluty, 1998).

4.1.3 What Resources do this Particular Group Draw on to manage Situations that Present as Challenges or Conflicts between their Beliefs and Professional role?

All interviewees narrated experiences of being able to discuss themes that may arise due to their beliefs and their profession, including conflicts/challenges, how religion/spirituality and psychology can complement each other, and working with religious/spiritual themes in the clinical context. However, there was a strong suggestion that such opportunities were not widely available during training and that interviewees often took the obligation upon themselves to seek a safe and trusting person with whom they could have such

conversations. Most of the time, these conversations were with religious/non-religious peers, religious academic staff, supervisors who shared a religious faith or ethnic background, and religious counsellors.

Significantly, although conflicts may arise in the context of clinical work, in line with previous findings (e.g., Magaldi-Dopman et al., 2011), interviewees narrated uncomfortableness in discussing these with previous and current placement supervisors. Interviewees storied that supervisors may be reluctant or uncomfortable to raise or have such conversations because they viewed religious/spirituality issues outside of the remit of supervision and also the therapeutic space. Furthermore, there was also narratives about conversations regarding religion/spirituality themes as being irrelevant by the discipline of clinical psychology, which influenced some of the interviewees having conversations about their beliefs with their peers rather than supervisors or academic staff. This was incongruent with previous findings with trainee counsellors, who preferred conversing about their faith and conflicts with their supervisors rather than with their cohort peers, as they viewed supervision as a private space (Hunt, 2018).

Within their own beliefs, all of the interviewees described praying to God, reading the Bible/Quran or reflecting on concepts within their belief systems, as a resource for managing challenging work situations; performing the significance and purpose of their beliefs. Likewise, within the Baker and Wang (2004) study, Christian beliefs were described by psychologists as having a protective factor against the stressors of the profession.

4.1.4 How do Psychologists Decide Whether to Disclose or not to Disclose their Beliefs and Values to Clients or Colleagues?

Most interviewees narrated similar decision-making processes in decisions around self-disclosure of their beliefs. This varied according to whom they were disclosing their beliefs to, and also qualified or trainee status. Shahana's position on disclosure was strikingly different from the other interviewees. In her choice to wear Islamic clothing, her religion is immediately made visible to peers, colleagues and clients. This echoes Betteridge's findings (2012), in

which religious identity, obvious for Muslim counsellors who chose to wear Islamic clothing, subverted the decision process of disclosing their beliefs.

All other interviewees' narratives suggested that they considered the benefits of sharing their beliefs and the impact that this would have on the therapeutic relationship. These stories entailed positive experiences of sharing their beliefs with clients, which led to the deepening of the therapeutic relationship and engagement, as in previous findings (Lopes de Jesus, 2015). Furthermore, most interviewees narrated that the therapeutic relationship influenced how much they brought their beliefs into the therapeutic context. This suggests a thoughtful decision process, which reflects an awareness of one's personal and professional responsibility in relation to therapeutic practice. However, there was also a sense of carefulness in disclosing their beliefs, so as to not abuse the power in the therapeutic relationship; which appeared to be influenced by the perspective that one must apply caution in sharing beliefs or practices due to working in the NHS. This is comparable to previous findings (Potts, 2008). Similarly, the perception that one may breach ethical standards at work has led to clinical psychologists hesitating in addressing the religious/spiritual issues of their clients (Hathaway, Scott & Garver, 2004). Such positions may be influenced by media reports (Rudgard, 2017; Beckford & Gammell, 2009) of NHS employees being dismissed, or subject to disciplinary action, due to sharing their beliefs with clients or praying with clients.

For the trainees, however, there were added factors to consider in deciding whether to disclose their beliefs to clients. For Hannah, there was a sense that both placement supervisor and doctoral academic staff would not be in agreement with her doing so, and would view her as an incompetent future clinical psychologist. This caused tension, as her faith encouraged her to share her beliefs with others. However, the potential thoughts of her placement supervisor and the doctoral academic staff prevented her from doing so, at most times. Clinical psychologists within the Baker and Wang (2004) study self-questioned who they were honouring by keeping silent about their beliefs. Furthermore, some counselling psychologists felt as though they were denying their faith by not giving a direct answer when asked by clients about their beliefs (Hunt, 2018). As a way to manage the tension, Ela presented her placement

supervisors as having the final authority on her choice to disclose, storying that she would need to seek approval from her supervisor beforehand, as a precautionary measure.

Interestingly, whilst Hannah and Ela described disclosure as though it may cause harm or danger to the client, Nikki rather described harm in withholding this information, for example, if it could possibly encourage the client to draw upon personal coping skills from their own beliefs. Nikki narrated that she would share her belief in such a way that it did not lead to her imposing her beliefs upon the client. Perhaps the experience of working as a qualified clinical psychologist has led to a confidence in disclosing her religious beliefs, whereas the trainee's approach to self-disclosure presents as being very much restricted by the power attributed to their placement supervisor and clinical psychology doctorate. On the issue of feeling powerless as a trainee, amongst trainees in a previous study, there was a sense that supervisors and the course guided religious/spiritual themes being discussed in supervision and with clients (Begum, 2012). Furthermore, the trainees perceived that they would be free to be more curious about religion/spirituality once they were a qualified clinical psychologist; further emphasising the powerlessness they currently experience as trainees. Similarly, Ela and Hannah both perceived that they would be more autonomous in deciding whether to address religious/spiritual themes brought by a client, post qualification.

In relation to disclosing their beliefs to cohort peers and colleagues, stories varied across interviewees. Although, for all interviewees but Shahana, there was a sense of being silenced in raising such conversations amongst peers, doctoral academic staff and placement supervisors, due to being a minority in their religion and feeling that they could be potentially judged for the content of their beliefs. This echoes the feelings of psychologists in previous studies (Myers & Baker, 1998; Lopes de Jesus, 2015). The feelings of being judged were strongly present throughout the narratives and may have been influenced by societal discourses on religious people being judgemental (Cook, Borman, Moore & Kunkel, 2000). Likewise, in previous studies (Hunt, 2018; Lopes de Jesus, 2015), a sense of vulnerability to judgement during training or supervision, because of one's beliefs, led to a desire to guard religious identity.

For Shahana, the visibility of her beliefs may assist in the avoidance of feeling silenced due to her beliefs. Again, there was a difference between the qualified and trainee status, as the former were more open about their religious identity amongst colleagues, whereas the trainees were guarded. As mentioned above, this may be due to the feelings of being observed by placement supervisors and doctoral academic staff on their professional conduct. The power differential perceived between trainees and supervisors may inhibit the open discussion of one's religious beliefs or issues, as supervisors are required to assess trainees' performance and behaviour on placement (Bender, 1995). Additionally, dominant narratives of neutrality and non-disclosure within psychology may lead to trainees feeling silenced and compelled to conform to this, due to the fear of being regarded as unprofessional.

Ela also storied that being a minority due to her ethnicity, as well as her spiritual beliefs, influenced her in being guarded about her identity, which further heightened the feelings of being silenced by others. In considering the wider context, trainees from Black and Minority Ethnic backgrounds (BME), have also narrated powerlessness in speaking out about their experiences and culture (Paulraj, 2016; Shah, 2010). Nonetheless, most interviewees narrated that there should be more openness in discussing religious/spiritual beliefs on the doctoral course and also an awareness of the value systems and experiences influencing a psychologist's practice.

4.2 Critical Review and Limitations

This section focuses on a significant area that arose during the study, evaluation of the research quality and study limitations.

4.2.1 Disclosure

The concept and purpose of disclosure was significant throughout the study. The findings demonstrate that the term non-disclosure is problematic, as it assumes that a therapist's identity is hidden from the client, whereas for a Bangladeshi female wearing Islamic dress, her ethnicity and religion is made visible. Thus in taking a narrow view of disclosure, this inevitably leads to the neglect of unavoidable disclosure (Myers & Hayes, 2006). Baker and Wang

(2004) posit that non-disclosure stems from Freudian ideas of desiring to focus upon the client, rather than the therapist. However, the narratives suggest that non-disclosure may rather serve to enforce a sense of 'professionalism' upon trainees, which a trainees feels compelled to adhere to for fear of being viewed as unprofessional. Furthermore, such terms such as boundaries and neutrality, may function to position the therapist as more than the client (Castro & Afuape, 2016). The narratives storied the positive impact of self-disclosing their beliefs on the therapeutic relationship. Consequently accepting that boundaries are to be maintained and disclosure is prohibited, may prevent conversations leading to further understandings of a client's world. Further conversations on who non-disclosure actually serves and the meaning for those whom aspects of their identity is visible, is required.

4.2.2 Recruitment

As participation was voluntary, it could mean that only those who feel comfortable in disclosing personal and clinical information took part in the study. This is relevant, as perhaps those with different experiences may have felt reluctant to openly discuss these in a research study. Conversely, volunteering to participate meant that interviewees were under no obligation to represent their doctoral course, peers or work context in a positive light.

4.2.3 Sample

The sample included people from various ethnicities, age ranges (29-45 years old) and a balance of both Muslim and Christian psychologists. However, the sample is limited in that all participants were female. The inclusion of males within the study may have enhanced understandings of the experiences of clinical psychologists with religious/spiritual beliefs. For instance, studies have found that within the work context, males use communication to achieve tangible outcomes and enhance their dominance, whilst females seek to improve social connections (Tannen, 1990). Whilst such differences cannot be assumed of all males and females in the workplace, the varied intentions of communicating with colleagues may heighten or diminish the impact of feeling silenced due to one's beliefs. Furthermore, the higher social status of men means that they have more access to power than women, which may be important in terms of speaking out with authority, compared to feeling silenced

because of less power (Merchant, 2012). Such reflections would be interesting to explore further, in order to enrich understandings of clinical psychologists with religious/spiritual beliefs.

It may be argued that the sample of qualified clinical psychologists was limited, in that the maximum number of years qualified was five (the range was one to five). However, this was deemed to be reasonable for the purposes of the study. The inclusion of psychologists who have been qualified for a significant number of years may have been useful in providing an understanding of their experiences which could be somewhat influenced by the years practicing as a clinical psychologist. For instance, within the Baker and Wang (2004) those who had worked in the NHS for a significant number of years, no longer experienced tensions between their Christian beliefs and their profession. Thus, the inclusion of more experienced clinical psychologists may have furthered the understanding of how one can be more at peace with one's own beliefs, in a context that is not in harmony with these.

4.2.4 Data Collection and Interview

The performative/dialogical analysis applied to the self-report interviews presumes that interviewees may perform their identity and life story in particular ways. My position as a Christian trainee clinical psychologist will also influence this performance. As such, the aim and purpose of the performance will influence the findings of the study. Additionally, an interview format necessitates the researcher's ability to establish a trusting rapport with the interviewees. This may have influenced interviewees to be more open and candid with me, as someone who has a faith and is acquainted with some of the interviewees. This was experienced throughout the interview process, as described in the analysis in the previous chapter. However, interviewees may have withheld information in the concern of my perception of them as a person of faith, or in recognising that the analysis would be shared with academic staff and other clinical psychologists, during the write-up and viva.

Single in-depth interviews only provide insight into how interviewees construct and describe their experiences at that particular moment in time (Lyons & Chipperfield, 2000). Consequently, the findings are limited in providing a rich

understanding of the complexities and changes that occur over time and as the interviewees' progress throughout their career. However, due to time constraints, this was not possible.

4.2.5 Quality of Analysis

The findings presented represent a specific group of interviewees in their particular culture, at a particular point in time, and are my subjective interpretations of their narratives, within a particular social context and during the social interactions of the interview. Therefore, the findings are not intended to be generalisable. Furthermore, concepts of validity and reliability are irrelevant to the findings, as such concepts in research are reliant upon realist epistemological positions; which purports that 'truth' can be directly measured. Instead, Riessman (1993) suggests that narrative analysis is reliant upon 'trustworthiness', rather than 'truth'. As described in the methodology chapter, evaluation of the analysis is based on coherence, transparency, persuasiveness and pragmatic use (Yardley, 2015; Riessman, 1993). Detailed below, is how I have attempted to fulfil each evaluative criteria:

- Coherence: the research rationale has been described in light of current and relevant research in the Introduction chapter. Also, the rationale for selecting narrative analysis and the analytic process has been detailed in the Methodology chapter and substantiated by an excerpt of my reflexive account (Appendix J).
- Transparency: methodology choices, including participant selection and recruitment, has been clearly stated in the Methodology chapter. The analytic process has also been clearly described. Finally, at the end of the Introduction chapter and towards the end of this chapter, I have included a reflexive account; which details my influence upon the research process.
- Persuasiveness: direct quotes from the transcript have been included in the Analysis chapter to allow the reader to make associations between my interpretations and the transcripts. Further to this, a detailed analysis of a section of the transcript has been provided in appendix I.

- Pragmatic use: the Introduction chapter details the relevance of the study, whilst the Discussion chapter details possible research implications and recommendations of this study.

4.2.5.1 Reflection on analysis

My analysis, interpretation, and presentation of this, were tapered down to adhere to the word count of the thesis; whilst attempts were made to present an encompassing narrative, some minor narratives were described in passing. Furthermore, some subtleties or intricate meanings within the narratives may have been absent in the final analysis. Consequently, my role as the interpreter of the narratives was inevitably privileged, over that of the interviewees (Riessman, 1993). Additionally, my position as a Christian trainee clinical psychologist had an unavoidable influence upon the analysis and interpretation process. This shall be discussed further in the reflexive account section below.

4.3 Research Implications and Recommendations

This research provides a unique understanding of the narratives of qualified and trainee clinical psychologist who hold Muslim or Christian religious/spiritual beliefs, adding to the multi-faceted study of religion, spirituality, and psychology. In considering the research implications and recommendations, it was important for me to hold in mind that Article 9 of the Human Rights Act posits that everyone has the given right to freedom of religion (Equality and Human Rights Commission, 2014). This includes freedom to practice one's religion, freedom to wear religious clothing, and liberty to talk openly about one's religious beliefs and practices. This does not only apply to people with religious/spiritual beliefs but also those who consider themselves Atheist and Agnostic. Lastly, restrictions apply to this article, in that using this right should not infringe upon the public safety or the morals, freedom, and rights of other people.

A reoccurring theme of feeling silenced as a trainee with religious/spiritual beliefs was present in nearly all of the narratives, either as current or previous experiences. Of concern is that, for the trainees within the study, it was apparent that feeling silenced on the doctoral course led to feeling as though they could not discuss their religious/spiritual beliefs within supervision or in the

workplace. Thus, it seems befitting that the research implications and recommendations, begin with teaching on the doctoral course, to supervision, and ending with professional guidelines.

4.3.1 Clinical Psychology Doctorate

All interviewees suggested that themes around religious/spiritual beliefs and experiences were minimally present in lectures on training courses. If included, the focus was usually upon the beliefs of clients, rather than trainees or qualified psychologists. This parallels findings of other studies (e.g., Hunt, 2018; Betteridge, 2012; Begum, 2012; Magaldi-Dopman et al., 2011; Martinez & Baker, 2010; Crossley & Salter, 2005; Smiley, 2001; Myers & Baker, 1998). Training of religiosity/spirituality is, therefore, positioned as an out-of-bounds subject area (Smiley, 2001). Whilst this may be influenced by the historical split between religion, spirituality and psychology, as described in the Introduction chapter, it has also been described as the discipline of psychology's hostility towards religious/spiritual beliefs and experiences (Magaldi-Dopman et al., 2011). However, religion/spirituality is a core aspect of cultural diversity training and should be viewed alongside ethnicity, age, gender and sexual orientation (Vieta et al. 2013). Neglecting such themes may lead to the perception that religion/spirituality is irrelevant to the clinical space, or that trainees with religious/spiritual beliefs should keep this separate from their professional role. Furthermore, such neglect could lead to the hindrance of trainees in exploring and reflecting on this area (Begum, 2012).

A befitting place for self-reflection to occur appears to be within the context of clinical psychology training. For example, co-constructing a lecture with, or jointly facilitating the session with a staff member or trainee with lived experience of spiritual/religious beliefs would be helpful in avoiding 'othering' those with religious/spiritual beliefs. Furthermore, it would be important to review the way in which religion/spirituality is discussed in lectures, to ensure that its relevance and importance is not diminished due to the implicit beliefs of the lecturer. This would assist in avoiding the perpetuation of stereotyping and prejudice of people with religious/spiritual beliefs. Secondly, the use of a genogram, as mentioned by some of the interviewees, would be useful during training or in supervision to promote an awareness and sensitivity to the multi-

faceted identities of trainees. For instance, genograms have been useful in highlighting the cultural influences, religion/spiritual influences and sexuality experiences amongst trainees (Hardy & Laszloffy, 1997). Finally, Burnham (1993), initially suggested the importance of reflecting on differences in the therapeutic setting, in the mnemonic Social GRRRAAACCEEESS. Burnham (2012) developed this further by considering differences which are along the dimension of visible-invisible and voiced-unvoiced. Religion/spirituality is relevant here as, unlike gender, it is a difference which *can* be invisible and unvoiced. Thus, this framework would be useful in exploring difference amongst trainees. Overall, these recommendations, are important in fostering the awareness of the role of religious/spiritual beliefs in the lives of trainees, so that they can be conscious of the values and potential biases that arise in relationships with their peers, supervisor and clients; as everyone, including Agnostic or Atheist trainees, inevitably hold values which influence their world-view (Smiley, 2001). Furthermore, this awareness informs what a trainee attends to and does not attend to, perceives as significant and insignificant, and also clinical decisions made (Bilgrave & Deluty, 1998).

In terms of support during training, most courses acknowledge how stressful the training is and provide support in accordance with a trainee's needs, preferences and differences. For instance, the University of East London provides support for trainees with the following differences: trainees with learning differences; Black and Minority ethnic trainees; lesbian, gay and bisexual trainees; trainees with health challenges and trainees who are parents (UEL, 2017). However, support for those who have religious/spiritual beliefs is not routinely or explicitly made available. This seemed to be important to the interviewees within the current study; when they were able to have conversations with other trainees or staff who also had a faith, this appeared to be useful in supporting them through the challenges of training. Therefore, it would be useful to have mentors from the course team who have religious/spiritual beliefs or feel comfortable in discussing issues around religion/spirituality.

4.3.2 Clinical Supervision

The purpose of supervision is to oversee the well-being and appropriate care and treatment of clients (BPS, 2014). Additionally, supervision is provided to support the development of professional competencies and general support for the supervisee. The significant purposes of supervision entail that the dynamics within the supervisory relationship should be carefully attended to, at all times. The implicit power afforded to supervisors means that power remains with the supervisors, rather than the supervisee (Patel, 2004). Most of the interviewees within the current study mentioned some difficulty in raising themes around religious/spiritual beliefs. Additionally, supervisors were positioned as having a surveillance-like power over the trainee, which appeared to restrict how they were in the supervisory and therapeutic space, due to wanting to be perceived as a competent clinical psychologist in training. Consequently, it seems important to emphasise that a safe space is necessary for trainees to feel able to have open and honest conversations in supervision (Patel, 2004).

It is recommended that training is given to supervisors on religious/spiritual issues. Training should begin with supervisors reflecting on their own religious/spiritual beliefs and experiences, and how this influences their responses when such themes arise in supervision. Additionally, training could include how to sensitively explore the way in which a trainee's beliefs influence their practice and how to support trainees in managing the possibility of being a minority, due to their beliefs. Finally, supervision training could address how to support trainees in working through countertransference issues that arise from their own beliefs and religious/spiritual themes occurring within the therapy (Aten & Hernandez, 2004). In the same vein, it is recommended that doctoral teaching staff receive this training too, due to the significant role that they also play in shaping trainees confidence and comfortability in having such conversations. Whilst the objective is not to uncomfortably expose the trainees or supervisors association to religion/spirituality, it would be important to empower the trainee to feel confident and comfortable in having such conversations with their supervisors, colleagues and clients.

4.3.3 Professional Guidelines for Clinical Settings

Whilst professional bodies (BPS, 2017; HCPC, 2015) suggest guidelines for the inclusion of religious/spiritual beliefs of clients, the sharing of beliefs of psychologists has been neglected. All interviewees described a careful thought process of deciding whether to share their beliefs with clients and were particularly mindful of the impact that it would have upon the client, the therapeutic relationship and boundaries of working within the NHS. However, it would be valuable to have specific guidelines on how far, and in what particular situation therapists are able to articulate and promote their own beliefs. These guidelines may stipulate that through the use of discretion, one's beliefs and practices can be named (e.g., I am a Christian, I am a Muslim, I also pray when I feel sad). Furthermore, guidelines should also suggest the use of supervision, to explore the benefits and limitations of self-disclosing one's beliefs and practices.

4.3.4 Further Research

As the findings are not generalisable, it is important to listen to narrations across a wider sample of qualified and trainee clinical psychologists, who consider themselves to be Muslim or Christian. Further research could also include clinical psychologists from other faith groups, such as Buddhist, Hindu and Sikh; in the aims of exploring their stories. Additionally, research could also include interviewees from other demographic groups, such as male and White British/Other. The importance of this is that the interviewees from BME backgrounds reported feelings of silencing, which may have been heightened due to their ethnicity as well as their faith. Narratives may vary for those from White British/other groups, due to being the majority in ethnicity.

One of the study's findings was that the narratives of the trainee clinical psychologists differed from those of the qualified clinical psychologists. As Potts (2008) highlights, we change over time as we assimilate new learning and, as our stories are co-constructed, these change in accordance with the context. Therefore, a longitudinal study, which would entail interviewing participants across various time points in their career, would be useful in further understanding their experiences, and how the way in which they story themselves, changes across time.

4.4 Reflexive Account

Riessman (2008) suggests the use of a reflexive account throughout the research process, in order to encourage a critical self-awareness of how the research was carried out and the consequences of particular decisions that were made during the course of the research. In light of the social constructionist epistemological position of the study, a reflective account is also useful in narrating my role in the co-constructing of the narrative. Furthermore, a reflexive account is useful in maintaining truthfulness and transparency of the research study (Riessman, 2008). In this regard, as I have previously explained my personal relationship with the study, this section will focus on preparation for the interview, interviewing and analysis.

4.4.1 Preparing for Interview

I made a careful decision that, as a Christian, I would not bring my views or beliefs into the interview, so as not to influence the interview process in any way. I knew some of the interviewees previously and so they were aware that I was a Christian, but I had not disclosed the intricacies of my faith. On reflection, it was useful to not bring my Christian beliefs or values into the interview, as it emerged throughout the interview's that even amongst interviewees who were of the same faith group there was the divergence in the way in which they perceived that their faith informed their understandings of the world. An example of this was the varied perspective of homosexuals between Hannah and Angela. Nonetheless, I do acknowledge that even the knowledge of me being a Christian would have an influence upon conversations during the interview, which shall be expanded upon in the following section.

4.4.2 The Interview Process

I was aware that the co-constructed narratives between myself and the interviewees were influenced by my identity as a Christian. Examples of this were the occurrences in which every interviewee brought me into the conversations by saying 'we' or by starting conversations by saying '*If I was to be really honest*' [96 - Hannah], '*To be honest*' [191 – Ela], which suggested that they would not normally share these views with others. Also, my identity as

a black trainee would have influenced openness for interviewees in discussing matters of being an ethnic minority. However, at times my difference was also evident when interviewees checked whether I had understood their particular position (e.g. 'If *that makes sense*' [298 – Hannah & 36 – Ela]). This may have been due to a concept being specific to their culture or because they were hesitant in sharing something.

My experiences as a Christian trainee and my reasons for doing the study would have had an influence on the interview process. Specifically, this may have shaped the stories that I followed and the stories that I closed down by moving onto another topic. An example of this is the scenario I raised in the interview with Angela of working with homosexual clients. My sensitivities of being perceived as a judgemental Christian may have led me to change the subject. Additionally, for interviewees I knew personally, it was important to hold in mind the aims and purposes of the study to ensure that our conversations did not steer away from this because of our familiarity.

My current trainee status may have influenced the qualified clinical psychologists to present positive experiences of being a psychologist with faith, in order to perhaps encourage me to be bold in my faith and professional identity. Inadvertently, this may have led to a positive reframe of negative experiences or the withholding of stories in which sharing their faith did not go so well with clients or colleagues. It is likely that the research findings would have been different, some narratives more open, some more closed, if the researcher had a different cultural/ethnic and faith identity, for example, White and non-religious/spiritual.

4.4.3 The Analysis Process

I experienced many emotions during the analytic process, I found it interesting and exciting, although my inexperience with narrative analysis sometimes made me feel overwhelmed. On reflection, this may have also been due to my vested interest in the study topic, which has been present since completing my psychology degree and throughout my doctorate. During a group analysis session with other trainees conducting narrative analysis, I became strongly aware of my specific lens and experiences that influenced the analysis of the

transcripts. I also reflected on my desire to depict my fellow peers with religious/spiritual beliefs in a positive light, different to implicit discourses on religious people as being hateful, judgemental and unable to work well therapeutically with clients who have different value systems. Additionally, my familiarity with some of the interviewees may have led to a further keenness in representing their narratives positively and conscientiously. The approach of analysing each transcript individually was useful in ensuring that interpretations accurately represented the stories that were being narrated. In completing the study, the process has felt rewarding and has raised further curiosity and questions.

4.4.4 Identifying with Interviewees

Some of the stories described by the interviewees, such as worrying about being perceived as an incompetent future clinical psychologist and feeling silenced by peers and supervisors, aligned with some of my experiences. At some points, I was aware of feeling angry at some of these experiences that we shared and was curious as to whether we had just gotten used to being a minority because of our beliefs. In the same vein, it felt encouraging to hear the stories of the qualified clinical psychologists, which fostered hope that I will develop a sense of confidence in owning my identity. I was also impressed by the way in which these psychologists were willing to defend their faith, even if this led to a relational sacrifice with their colleagues. This may have further influenced the analysis and interpretation process. Overall, the research process allowed me to reflect on my own feelings and it felt reassuring to know that I was not alone in my experiences.

4.5 Conclusion

The study explored the narratives of Christian and Muslim, qualified and trainee clinical psychologists working in the NHS. The aim was to contribute to a limited research area on experiences of religious/spiritual clinical psychologists.

The performative-dialogic analysis applied to transcripts uncovered that interviewees storied themselves in multi-layered, rich and dynamic ways. Such stories allowed us to enter into the subject sphere of interviewees, revealing the

complexities and intricacies of the positions held as psychologists with religious/spiritual beliefs. The research suggested that psychologists' beliefs have positive influences upon their role as therapists and also in supporting clients in discussing their own religious/spiritual beliefs. Also, the decision to share one's beliefs was a careful and thoughtful process; which sometimes led to tension. Additionally, there appeared to be some overlap between the experiences of Muslim and Christian psychologists in the study. Worth mentioning, the inclusion of both trainees and qualified clinical psychologists, highlighted the impact of clinical doctoral training upon feelings of openness in discussing themes around religious/spiritual issues.

This study highlights the important need for the inclusion of religion/spiritual themes and conversations within clinical psychology doctoral courses and supervision, both during training and beyond. Also, there is a need to support trainees who may feel silenced due to their beliefs. Guidelines on self-disclosure of religious/spiritual beliefs from professional bodies would be useful in managing the decision of self-disclosure. It is hoped that the study brings to light the influence of religious/spiritual beliefs upon one's professional identity.

REFERENCES

- Anderson, H., & Goolishian, H. (1992). The client is the expert: A not-knowing approach to therapy. In S. McNamee & K. J. Gergen (Eds.), *Inquiries in social construction. Therapy as social construction* (pp. 25-39). Thousand Oaks, CA, US: Sage Publications, Inc.
- Andrews, T. (2012). What is social constructionism? *Grounded Theory Review*, 1(11), 39-46.
- Argyle, M. (2000). *Psychology and Religion: An Introduction*. London: Routledge.
- Aten, J. D., & Hernandez, B. C. (2004). Addressing religion in clinical supervision: A model. *Psychotherapy: Theory, research, practice, training*, 41(2), 152-160.
- Baker, M., & Wang, M. (2004). Examining Connections between Values and Practice in Religiously Committed U.K. Clinical Psychologists. *Journal of Psychology and Theology*, 32(2), 126-136.
- Beckford, M., & Gammell, C. (2009, February 5). NHS staff face sack if they discuss religion. *The Telegraph*. Retrieved from <https://www.telegraph.co.uk/news/religion/4530384/NHS-staff-face-sack-if-they-discuss-religion.html>
- Begum, N. (2012). *Trainee clinical psychologists talking about religion and spirituality in their work*. Professional doctorate thesis: University of East London.
- Bender, M. (1995). The "Is this all there is?" reaction among clinical psychology trainees: is it preventable? *Clinical Psychology Forum*, (85), 38-40.
- Bergin, A. E., & Jensen, J. P. (1990). Religiosity of psychotherapists: A national survey. *Psychotherapy*, 27(1), 3-7.
- Betteridge, S. (2012). *Exploring the clinical experiences of Muslim psychologists in the UK when working with religion in therapy*. Professional doctorate thesis: University of East London

- Bilgrave, D. P., & Deluty, R. H. (1998). Religious beliefs and therapeutic orientations of clinical and counseling psychologists. *Journal for the Scientific Study of Religion*, 37, 329-349.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
- British Psychological Society. (2017). *Practice Guidelines* (3rd Eds.). Leicester: BPS.
- British Psychological Society. (2014). *Division of Clinical Psychology Policy on Supervision*. Leicester: BPS Publication.
- Burnham, J. (1993) Systemic supervision the evolution of reflexivity in the context of the supervisory relationship. *Human Systems*, 4, 349-381.
- Burnham, J. (2012). Developments in Social GGRRAAACCEEEESS: visible-invisible and voiced-unvoiced. In I-B Krause (Eds.), *Culture and reflexivity: Mutual perspectives (systemic thinking and practice)*. (pp. 139-160). Karnac: London.
- Burr, V. (2003). *Social Constructionism* (2nd Eds.). Hove: Routledge.
- Castro, M., & Afuape, T. (2016). Teaching Liberation Psychology. In T. Afuape & G. Hughes (Eds.), *Towards emotional well-being through liberation practices: A dialogical approach* (pp. 162-172). London: Routledge.
- Cook, S. W., Borman, P. D., Moore, M. A., & Kunkel, M. A. (2000). College students' perceptions of spiritual people and religious people. *Journal of Psychology and Theology*, 28(2), 125-137.
- Coyle, B. R. (2001). Twelve myths of religion and psychiatry: lessons for training psychiatrists in spiritually sensitive treatment. *Mental Health, Religion & Culture*, 4(2), 149-174.
- Crook-Lyon, R. E., O'Grady, K. A., Smith, T. B., Jensen, D. R., Golightly, R., & Potkar, K. A. (2012). Addressing religious and spiritual diversity in graduate training and multicultural education for professional psychologists. *Psychology of Religion and Spirituality*, 4(3), 169-181.

- Crossley, J. P., & Salter, D. P. (2005). A question of finding harmony: A grounded theory study of clinical psychologists' experience of addressing spiritual beliefs in therapy. *Psychology and Psychotherapy: Theory, Research and Practice*, 78, 295-313.
- Crowley, C. (2010). Writing up the qualitative methods research report. In M. A. Forrester (Eds.), *Doing qualitative research in psychology: A practical guide* (pp. 229-246). Great Britain: Sage Publications.
- Dein, S., Cook, C. C. H., Powell, A., & Eagger, S. (2010). Religion, spirituality and mental health. *The Psychiatrist*, 34, 63-64.
- Dein, S., Lewis, C. A., & Loewenthal, K. M. (2011). Psychiatrist's views on the place of religion in psychiatry: An introduction to this special issue of mental health religion & culture. *Mental Health, Religion & Culture*, 14(1), 1-8.
- Delaney, H. D., Miller, W. R., & Bisonó, A. M. (2013). Religiosity and spirituality among psychologists: *A survey of clinician members of the American Psychological Association*, 1(S), 95-106.
- Department of Health. (2011). *No Health without Mental Health: Delivering better mental health outcomes for people of all ages*. London, UK: Department of Health Publication.
- Department of Health. (2009). *Religion or belief: A practical guide for the NHS*. London, UK: Department of Health Publication.
- Esin, C. (2011). Narrative Analysis Approach. In N. Frost (Eds.), *Qualitative Research Methods in Psychology: Combining Core Approaches*. (pp. 92-117).UK: Open University Press.
- Equality and Human Rights Commission. (2014). Human Right: Human Lives. A guide to the human rights act for public authorities. United Kingdom: Equality and Human Rights Commission.
- Frank, A., (2012). Practising Dialogical Narrative Analysis. In J. Holstein & J. Gubrium (Eds), *Varieties of Narrative Analysis* (pp. 33-52). California: Sage Publications.

- Freud, S. (1963). *Civilization and its discontents*. New York: Basic Books.
- Galek, K., Flannelly, K. J., Ellison, C. G., Silton, N. R., & Jankowski, K. R. B. (2015). Religion, Meaning and Purpose, and mental health. *Psychology of Religion and Spirituality*, 7(1), 1-12.
- Gergen, K.J. (2007). Writing as a relationship. Retrieved from https://www.swarthmore.edu/sites/default/files/assets/documents/kenneth-gergen/Writing_as_Relationship.pdf
- Golsworthy, R., & Coyle, A. (2001). Practitioners' accounts of religious and spiritual dimensions in bereavement therapy. *Counselling Psychology Quarterly*, 14(3), 183-202.
- Hage, S.M., Hopson, A., Siegel, M., Payton, G., & DeFanti, E. (2006). Multicultural training in spirituality: An interdisciplinary review. *Counselling & Values*, 50, 217-234.
- Hansdak, S. G., & Paulraj, R. (2013). Are we doing harm by omission? Addressing religiosity of the mentally ill. *World Psychiatry*, 12, 1.
- Harbidge, P. R. (2015). *An exploration of how clinical psychologists make sense of the roles of religion and spirituality in their clinical work with adults who have experienced trauma*. Professional doctorate thesis: University of East London.
- Hardy, K. V., & Laszloffy, T. (1997). The cultural genogram: An application. In C. L. Storm & T. C. Todd (Eds.), *The reasonably complete systemic supervisor resource guide* (pp. 34—39). Needham Heights, MA: Allyn & Bacon. Reprinted with permission with new title and minor changes by C. L. Storm and T. C. Todd. Copyright (2002)
- Harper, D. (2011). Choosing a qualitative research method. In D. Harper & A. R. Thompson (Eds.), *Qualitative research methods in mental health and psychotherapy* (pp. 83-98) UK: Wiley-Blackwell.
- Hathaway, W. L., Scott, S. Y., & Garver, S. A. (2004). Assessing religious/spiritual functioning: A neglected domain in clinical practice? *Professional Psychology: Research and Practice*, 35(1), 97-104.

- Health Care Professions Council. (2015). *Practitioner Psychologists. Standard of proficiency*. London: HCPC Publication.
- Health Care Professions Council. (2016). *Standards of Conduct, Performance and Ethics. Your duties as a registrant*. London: HCPC Publication.
- Hill, C. E., & Knox, S. (2002). Self-Disclosure. In C. John (Eds.), *Psychotherapy Relationships That Work: Therapist Contributions and Responsiveness to Patients*. Norcross (pp. 255-265). New York: Oxford University Press.
- Hill, C. E., Mahalik, J. R., & Thompson, B. J. (1989). Therapist self-disclosure. *Psychotherapy*, 26(3), 290-295.
- Hill, P. C., & Pargament, K. I. (2003). Advances in the conceptualization and measurement of religion and spirituality. *American Psychologist*, 58, 64–74.
- Hill, P.C., Pargament, K.I., Hood, R.W., Jr., McCullough, M.E., Swyers, J.P., Larson, D.B., & Zinnbauer, B.J. (2000). Conceptualizing religion and spirituality: Points of commonality, points of departure. *Journal for the Theory of Social Behaviour*, 30, 51-77.
- Holt, A. (2011). Discourse Analysis Approaches. In N. Frost (Eds.), *Qualitative Research Methods in Psychology: Combining Core Approaches* (pp. 66-91) UK: Open University Press.
- Hunt, J. (2018). An exploration of how trainee counsellors who are practising believers of a world religion or faith tradition experience undertaking counsellor training. *British Journal of Guidance & Counselling (online)*, DOI: 10.1080/03069885.2018.1436690
- Joseph, N. E. (2014). *The sacred, supernatural and spiritual: Views and experiences of faith leaders and clinical psychologists concerning religion, spirituality and mental health*. Professional doctorate thesis: University of East London.
- King, M., Marston, L., McManus, S., Brugha, T., Meltzer, H., & Bebbington, P. (2013). Religion, spirituality and mental health: results from a national

study of English household. *The British Journal of Psychiatry*, 202(1), 68-73.

Knapp, S., Lemoncelli, J., & VandeCreek, L. (2010). Ethical responses when patients' religious beliefs appear to harm their well-being. *Professional Psychology: Research and Practice*, 41(5), 405-412.

Loewenthal, K. M. (2000). *The Psychology of Religion: A Short Introduction*. Oxford: Oneworld Publications.

Loewenthal, K. M., & Cinnirella, N. (1999). Beliefs about the efficacy of religious, medical and psychotherapeutic interventions for depression and schizophrenia among women from different cultural-religious groups in Great Britain. *Transcultural Psychiatry*, 36(4), 491-504.

Lopes de Jesus, L. (2015). *An exploration of the experiences of religiously committed counselling professional working with religious and non-religious client*. Professional doctorate thesis: University of Roehampton.

Lyons, L., & Chipperfield, J. (2000). (De) constructing the interview: A critique of the participatory model. *Resources for Feminist Research*, 28 (1/2), 33.

Magaldi-Dopman, D., Park-Taylor, J., & Ponterotto, J. G. (2011). Psychotherapists' spiritual, religious, atheist or agnostic identity and their practice of psychotherapy: A grounded theory study. *Psychotherapy Research*, 21(1), 286-303.

Malins, S. (2011). *Clinical psychologists' experiences of addressing spiritual issues in supervision: an interpretative phenomenological analysis*. Professional doctorate thesis: University of Nottingham.

Martinez, S., & Baker, M. (2010). 'Psychodynamic and Religious?' Religiously committed psychodynamic counsellors, in training and practice. *Counselling Psychology Quarterly*, 13(3), 259-264.

Mayers, C., Leavey, G., Vallianatou, C., & Barker, C. (2007). How clients with religious or spiritual beliefs experience psychological help-seeking and therapy: A qualitative study. *Clinical Psychology & Psychotherapy*, 14(4), 317-327.

- McCann, K. (2017, June 14). Tim Farron resigns and admits it would be 'impossible' for him to be Liberal Democrat leader and 'remain faithful to Christ'. *The Telegraph*. Retrieved from <https://www.telegraph.co.uk/news/2017/06/14/breaking-tim-farron-resigns-liberal-democrat-leader/>
- Merchant, K. (2012). *How Men And Women Differ: Gender Differences in Communication Styles, Influence Tactics, and Leadership Styles*. CMC Senior Theses: Claremont McKenna College.
- Miller, W. R. (2003). Introduction. In W. R. Miller (Eds.), *Integrating spirituality into treatment. Resources for Practitioners* (pp. xvii-xix). Washington, DC: American Psychological Association.
- Mulla, A. (2011). *How British clinical psychologists talk about their experiences of considering spirituality in therapeutic session*. Professional doctorate thesis: University of East London.
- Murray, M. (2015). Narrative psychology. In J. A. Smith (3rd Eds.), *Qualitative psychology. A practical guide to research methods* (pp. 85-107). Great Britain: Sage Publications.
- Myers, D., & Hayes, J. A. (2006). Effects of therapist general self-disclosure and countertransference disclosure on ratings of the therapist and session. *Psychotherapy: Theory, Research, Practice, Training*, 43(2), 173-185.
- Myers, J., & Baker, M. (1998). Religiously committed clinical psychologists, talking. *Clinical Psychology Forum*, 117, 30-32.
- National Centre for Social Research. (2017, September 4) British Social Attitudes: Record number of Brits with no religion. Retrieved from <http://www.natcen.ac.uk/news-media/press-releases/2017/september/british-social-attitudes-record-number-of-brits-with-no-religion/>
- National Secular Society (2017, October 23). Tribunal rejects 'religious discrimination' case against the NHS. *News*. Retrieved from

<http://www.secularism.org.uk/news/2017/10/tribunal-rejects-religious-discrimination-case-against-the-nhs>

Office for National Statistics (2013). Census (2011): *Ethnicity and religion in England and Wales*. London: Office National Statistics.

Online Oxford English Dictionary (2018a, January 14). Definition of *religion* in English. Retrieved from <https://en.oxforddictionaries.com/definition/religion>

Online Oxford English Dictionary (2018b, January 14). Definition of *spirituality* in English. Retrieved from <https://en.oxforddictionaries.com/definition/spirituality>

Online Oxford English Dictionary (2018c, April 14). Definition of *Kismet* in English. Retrieved from <https://en.oxforddictionaries.com/definition/kismet>

Park-Fuller, L. M. (1986). VOICES: Bakhtin's Heteroglossia and Polyphony, and the Performance of Narrative Literature. *Literature in Performance*, 7, 1-12.

Patel, C. J., & Shikongo, A. E. (2006). Handling Spirituality/Religion in Professional Training: Experiences of a Sample of Muslim Psychology Students. *Journal of Religion and Health*, 45(1), 93-112.

Patel, N. (2004). Difference and power in supervision: The case of culture and racism. In I. Fleming & L. Steen (Eds.), *Supervision and Clinical Psychology: Theory, Practice and Perspectives* (pp.108-135) Hove: Brunner-Routledge.

Paulraj, P. S. (2016). *How do Black trainees make sense of their 'identities' in the context of clinical psychology training?* Professional doctoral thesis: University of East London.

Polanski, P.J. (2003). Spirituality in supervision. *Counselling & Values*, 47, 131-141.

- Post, B. C., & Wade, N. G. (2009). Religion and spirituality in psychotherapy: A practice-friendly review of research. *Journal of Clinical Psychology in Session*, 65(2), 131-146.
- Potts, S. K. (2008) *Therapists Religion: Dialogical processes in the self-narratives of Christian Clinical and Counselling Psychologists*. Professional doctorate thesis: University of Wolverhampton.
- Riessman, C. K. (1993). *Narrative Analysis*. Thousand Oaks, CA: Sage.
- Riessman, C. K. (2005). *Narrative Analysis*. In: *Narrative, Memory & Everyday Life*. Huddersfield: University of Huddersfield.
- Riessman, C. K. (2008). *Narrative Methods for the Human Sciences*. CA, USA: SAGE Publications.
- Rudgard, O. (2017, March 30). Christian nurse sacked for offering to pray with patients was just showing 'compassions', tribunal hears. *The Telegraph*. Retrieved from <https://www.telegraph.co.uk/news/2017/03/30/christian-nurse-sacked-offering-pray-patients-just-showing-compassion/>
- Saucier, G., & Skrzypinska, K (2006). Spiritual But Not Religious? Evidence for Two Independent Dispositions. *Journal of Personality*, 74(5), 1257–1292.
- Shafranske, E. P., & Malony, H. N. (1990). Clinical Psychologists' religious and spiritual orientations and their practice, *Psychotherapy*, 27(1), 72-78.
- Shah, S. (2010). *The experience of being a trainee clinical psychologist from a Black and Minority Ethnic group: A qualitative study*. Professional doctoral thesis: University of Hertfordshire.
- Shinebourne, P. (2011). Interpretative Phenomenological Analysis. In N. Frost (Eds.), *Qualitative Research Methods in Psychology: Combining Core Approaches* (pp. 44-65). UK: Open University Press.
- Smiley, T. (2001) *Clinical Psychology And Religion: A survey of the attitudes and practices of clinical psychologists in south east England*. Professional Doctorate Thesis: University of Surrey.

- Smith, J. A. (2015). Introduction. In J. A. Smith (3rd Eds.), *Qualitative Psychology: A practical guide to research methods* (pp. 1-3). London: Sage Publications.
- Tannen, D. (1990). *You Just Don't Understand: Women and Men in Conversation*. New York: Ballantine Books.
- Timmons, S., & Narayanasamy, R. (2011). How do Religious People Navigate a Secular Organisation? Religious Nursing Students in the British National Health Service. *Journal of Contemporary Religion*, 26(3), 451-465.
- University of East London (2017). *Professional Doctorate in Clinical Psychology: Programme Handbook. Academic Year 2017-2018*. UK: University of East London.
- Vieten, C., Pilato, R., Pargament, K. I., Scammell, S., Ammondson, I., & Lukoff, D. (2013). Spiritual and religious competencies for psychologists. *American Psychological Association*, 5(3), 129-144.
- Willig, C. (2012). Perspectives on the epistemological bases for qualitative research. In H. Cooper (Eds.), *The handbook of research methods in psychology* (pp. 1-17). Washington, DC: American Psychological Association.
- Yardley, L. (2015). Demonstrating validity in qualitative psychology. In J. A. Smith (3rd Eds.), *Qualitative Psychology: A practical guide to research methods* (pp. 257-272). London: Sage Publications.
- Zinnbauer, B.J., Pargament, K.I., Cole, B., Rye, M.S., Butter, E.M., Belavich, T.G., Hipp, K., Scott, A. B., & Kadar, J.L. (1997). Religion and spirituality: Unfuzzifying the fuzzy. *Journal for the Scientific Study of Religion*, 36(4), 549–564.

APPENDICES

APPENDIX A: LITERATURE SEARCH TABLES

A search was undertaken in order to review the literature within the databases EBSCOhost, PsychARTICLES, PsychINFO and Science Direct. Journal articles, books, Google Scholar and 'grey' literature of unpublished research and articles were also reviewed. The following search terms were used to explore the experiences of clinical psychologists and counselling psychologists with religious and spiritual beliefs: 'clinical psychology', 'clinical psychologist', 'counselling psychologist', 'religion', 'religious beliefs', 'spirituality', 'spiritual beliefs', 'Christian', 'Christianity', 'Muslim' and 'Islam'. All article titles were scanned for relevance, and on this basis the relevant articles were read.

1) ESBSCO, PsychARTICLES and PsychINFO.

Date parameters: 1998 to 2018

Search Term 1	Search Term 2	Search Term 3	Number of Articles
Clinical Psychology	Religion	-	1,231
Clinical Psychology	Religion	Beliefs	319
Clinical Psychology	Religious Beliefs	-	358
Clinical Psychology	Religious Beliefs	Own	25
Clinical Psychology	Spirituality	-	966
Clinical Psychology	Spirituality	Own	34
Clinical Psychology	Spiritual Beliefs	-	109
Clinical Psychology	Spiritual Beliefs	Own	10
Clinical Psychology	Christian	-	1,290
Clinical Psychology	Christianity	-	207
Clinical Psychology	Christianity	Own	5
Clinical Psychology	Muslim	-	111
Clinical Psychology	Muslim	Own	4
Clinical Psychology	Islam		97
Clinical Psychology	Islam	Beliefs	19
Clinical Psychology	Islam	Own	4

Clinical Psychologist	Religion	-	200
Clinical Psychologist	Religion	Beliefs	56
Clinical Psychologist	Religious Beliefs	-	50
Clinical Psychologist	Religious Beliefs	Own	4
Clinical Psychologist	Spirituality	-	157
Clinical Psychologist	Spirituality	Own	18
Clinical Psychologist	Spiritual Beliefs	-	22
Clinical Psychologist	Spiritual Beliefs	Own	2
Clinical Psychologist	Christian	-	110
Clinical Psychologist	Christianity	-	42
Clinical Psychologist	Christianity	Own	1
Clinical Psychologist	Muslim	-	20
Clinical Psychologist	Muslim	Own	2
Clinical Psychologist	Islam		16
Clinical Psychologist	Islam	Beliefs	1
Clinical Psychologist	Islam	Own	2
Counselling Psychologist	Religion	-	18
Counselling Psychologist	Religion	Beliefs	1
Counselling Psychologist	Religious Beliefs	-	1
Counselling Psychologist	Religious Beliefs	Own	0
Counselling Psychologist	Spirituality	-	8
Counselling Psychologist	Spirituality	Own	1
Counselling Psychologist	Spiritual Beliefs	-	2
Counselling Psychologist	Spiritual Beliefs	Own	1
Counselling Psychologist	Christian	-	4
Counselling Psychologist	Christianity	-	3
Counselling Psychologist	Christianity	Own	0
Counselling Psychologist	Muslim	-	1
Counselling Psychologist	Muslim	Own	0
Counselling Psychologist	Islam		3
Counselling Psychologist	Islam	Beliefs	0
Counselling Psychologist	Islam	Own	0

2) Science Direct

Date parameters: 1998 to 2018

Search Term 1	Search Term 2	Search Term 3	Number of Articles
Clinical Psychology	Religion	-	1,826
Clinical Psychology	Religion	Beliefs	1,195
Clinical Psychology	Religious Beliefs	-	1,858
Clinical Psychology	Religious Beliefs	Own	1,414
Clinical Psychology	Spirituality	-	897
Clinical Psychology	Spirituality	Own	607
Clinical Psychology	Spiritual Beliefs	-	1,177
Clinical Psychology	Spiritual Beliefs	Own	896
Clinical Psychology	Christian	-	1,189
Clinical Psychology	Christianity	-	169
Clinical Psychology	Christianity	Own	134
Clinical Psychology	Muslim	-	354
Clinical Psychology	Muslim	Own	256
Clinical Psychology	Islam		607
Clinical Psychology	Islam	Beliefs	286
Clinical Psychology	Islam	Own	298
Clinical Psychologist	Religion	-	1,365
Clinical Psychologist	Religion	Beliefs	884
Clinical Psychologist	Religious Beliefs	-	1,444
Clinical Psychologist	Religious Beliefs	Own	1,088
Clinical Psychologist	Spirituality	-	655
Clinical Psychologist	Spirituality	Own	461
Clinical Psychologist	Spiritual Beliefs	-	896
Clinical Psychologist	Spiritual Beliefs	Own	703
Clinical Psychologist	Christian	-	940
Clinical Psychologist	Christianity	-	97
Clinical Psychologist	Christianity	Own	78
Clinical Psychologist	Muslim	-	277
Clinical Psychologist	Muslim	Own	201
Clinical Psychologist	Islam		330

Clinical Psychologist	Islam	Beliefs	189
Clinical Psychologist	Islam	Own	192
Counselling Psychologist	Religion	-	705
Counselling Psychologist	Religion	Beliefs	482
Counselling Psychologist	Religious Beliefs	-	781
Counselling Psychologist	Religious Beliefs	Own	625
Counselling Psychologist	Spirituality	-	330
Counselling Psychologist	Spirituality	Own	247
Counselling Psychologist	Spiritual Beliefs	-	491
Counselling Psychologist	Spiritual Beliefs	Own	393
Counselling Psychologist	Christian	-	378
Counselling Psychologist	Christianity	-	63
Counselling Psychologist	Christianity	Own	53
Counselling Psychologist	Muslim	-	173
Counselling Psychologist	Muslim	Own	133
Counselling Psychologist	Islam		261
Counselling Psychologist	Islam	Beliefs	157
Counselling Psychologist	Islam	Own	155

APPENDIX B: INTERVIEW GUIDE

Thank you for agreeing to take part in this study.

Just to remind you, your responses will be kept confidential.

The intention of the study is to explore your experience of being a qualified or trainee clinical psychologist who holds Christian/Muslim beliefs. The study will seek to explore your experiences of working with clients with such beliefs, with colleagues and within the NHS. I am particularly interested in difficulties or conflicts that you have experienced due to your religious commitment and beliefs.

It is hoped that the study will encourage more open discussions of such issues during supervision and within professional guidelines.

The commitment required of you is to participate in discussions within the interview.

Do you have any further questions?

Can you tell me about your religious beliefs?

Can you tell me about occasions when you have discussed your beliefs with clients during therapy?

How did the discussion begin?

Did the discussion influence the focus of subsequent sessions?

Can you tell me about instances in which your beliefs have led to conflicts or challenges within the therapeutic relationship?

How have you managed such challenges?

Did you draw upon any resources to help you manage this?

Has this influenced how you approached subsequent discussions with clients?

If so, how?

Can you tell me about any challenges or conflicts between your beliefs and the beliefs of other colleagues within your team?

How have you managed such challenges?

Did these challenges influence the way you conducted yourself in the workplace afterwards?

Can you tell me about any challenges or conflicts that have arisen between your beliefs and working within the NHS?

How have you managed such challenges?

Has these challenges influenced the way you conducted yourself in the workplace afterwards?

Can you tell me about the process you go through when choosing to disclose or not disclose your beliefs to clients or colleagues?

What resources did you draw upon to help you manage this?

How did this influence the therapeutic relationship or your relationship with colleagues?

APPENDIX C: ETHICAL APPROVAL AND APPLICATION FORM

School of Psychology Research Ethics Committee

NOTICE OF ETHICS REVIEW DECISION

For research involving human participants

BSc/MSc/MA/Professional Doctorates in Clinical, Counselling and Educational Psychology

REVIEWER: Dr Antonio Fidalgo

SUPERVISOR: Dr Maria Castro Romero

COURSE: Professional Doctorate in Clinical Psychology

STUDENT: Yvette Yeboah Arthur

TITLE OF PROPOSED STUDY: An exploration of the clinical experiences of Christian and Muslim psychologists working within the NHS.

DECISION OPTIONS:

1. **APPROVED:** Ethics approval for the above named research study has been granted from the date of approval (see end of this notice) to the date it is submitted for assessment/examination.
2. **APPROVED, BUT MINOR AMENDMENTS ARE REQUIRED BEFORE THE RESEARCH COMMENCES** (see Minor Amendments box below): In this circumstance, re-submission of an ethics application is not required but the student must confirm with their supervisor that all minor amendments have been made before the research commences. Students are to do this by filling in the confirmation box below when all amendments have been attended to and emailing a copy of this decision notice to her/his supervisor for their records. The supervisor will then forward the student's confirmation to the School for its records.
3. **NOT APPROVED, MAJOR AMENDMENTS AND RE-SUBMISSION REQUIRED** (see Major Amendments box below): In this circumstance, a revised ethics application must be submitted and approved before any research takes place. The revised application will be reviewed by the same reviewer. If in doubt, students should ask their supervisor for support in revising their ethics application.

DECISION ON THE ABOVE-NAMED PROPOSED RESEARCH STUDY

(Please indicate the decision according to one of the 3 options above)

1

Minor amendments required (for reviewer):

Major amendments required (for reviewer):

ASSESSMENT OF RISK TO RESEARCHER (for reviewer)

If the proposed research could expose the researcher to any of kind of emotional, physical or health and safety hazard? Please rate the degree of risk:

HIGH

MEDIUM

X

LOW

Reviewer comments in relation to researcher risk (if any):

Reviewer (Typed name to act as signature): Antonio Fidalgo

Date: 26/01/2017

This reviewer has assessed the ethics application for the named research study on behalf of the School of Psychology Research Ethics Committee

Confirmation of making the above minor amendments (for students):

I have noted and made all the required minor amendments, as stated above, before starting my research and collecting data.

Student's name (Typed name to act as signature):

Student number:

Date:

(Please submit a copy of this decision letter to your supervisor with this box completed, if minor amendments to your ethics application are required)


PLEASE NOTE:

*For the researcher and participants involved in the above named study to be covered by UEL's insurance and indemnity policy, prior ethics approval from the School of Psychology (acting on

behalf of the UEL Research Ethics Committee), and confirmation from students where minor amendments were required, must be obtained before any research takes place.

*For the researcher and participants involved in the above named study to be covered by UEL's insurance and indemnity policy, travel approval from UEL (not the School of Psychology) must be gained if a researcher intends to travel overseas to collect data, even if this involves the researcher travelling to his/her home country to conduct the research. Application details can be found here: <http://www.uel.ac.uk/gradschool/ethics/fieldwork/>

Confirmation of project title change and approval:


University of East London


ResearchUEL

[Search](#)
[Browse](#)
[Recent](#)

[Tasks](#) **2**
[Yvette Arthur](#)
[Help](#)

Change project title - Miss Yvette Arthur

[Home](#)


Change project title

[RDP Calendar](#)

[UEL](#)

[Architecture, Computing & Engineering](#)

[Arts & Digital Industries](#)

[Business & Law](#)

[Cass School of Education & Communities](#)

[Health, Sport & Bioscience](#)

[Psychology](#)

[Social Sciences](#)

[Committees](#)

[Upcoming meetings](#)

[Examination Forms](#)

[Guides](#)

Tasks


Change project title

STATUS
 Approved

APPLICATION

[Change request form](#)

[Supervisor form](#)

[Research Degrees Leader form](#)

ASSESSMENT

[Clinical psychology review group report](#)

NOTIFICATIONS

[Change project title notification](#)

[Download printable PDF...](#)



UNIVERSITY OF EAST LONDON
School of Psychology

APPLICATION FOR RESEARCH ETHICS APPROVAL

FOR RESEARCH INVOLVING HUMAN PARTICIPANTS

Your details

1. **Your name:** Yvette Yeboah
2. **Your supervisor's name:** Maria Castro
3. **Title of your programme:** Doctorate of Clinical Psychology
4. **Title of your proposed research:** An exploration of the clinical experiences of Christian and Muslim psychologists working within the NHS.
5. **Submission date for your BSc/MSc/MA research:** May 2018
6. **Please tick if your application includes a copy of a DBS certificate** ☐
N/A
7. **Please tick if you need to submit a DBS certificate with this application but have emailed a copy to Dr Mary Spiller for confidentiality reasons (Chair of the School Research Ethics Committee) (m.j.spiller@uel.ac.uk)** ☐
N/A
8. **Please tick to confirm that you have read and understood the British Psychological Society's Code of Human Research Ethics (2014) and the UEL Code of Practice for Research Ethics (See links on page 1)** ☒

2. About the research

9. The aim(s) of your research:

The aim of the present research is to explore highly committed Christian and Muslim qualified and trainee clinical psychologists, experiences of working with clients and colleagues within the NHS. The aim will be to explore specific dilemmas and conflicts that have arisen for these psychologists, in order to understand how they negotiate such conflicts. A qualitative approach will be adopted as it affords for exploration and discovery, in an under researched area. Qualified and trainee clinical psychologists are both the focus of the current research, as experiences may be influenced by the stage of ones career.

- 10. Likely duration of the data collection from intended starting to finishing date:**
Data collection is due to commence in mid February 2017 (once ethical approval is

received) and finish at the end of September 2017.

Methods

11. Design of the research:

The design of the research is qualitative individual interviews with qualified and trainee Clinical Psychologists, who hold Christian or Muslim religious beliefs.

12. The sample/participants:

The current study will recruit qualified and trainee clinical psychologists working within the NHS, who consider themselves to be highly committed Christians and Muslims and who have experienced difficulties whilst working in the NHS, due to their religious beliefs. The proposed number of participants is 4-5. The specific characteristics of the sample are qualified clinical psychologists who have completed the clinical psychology doctorate and trainee clinical psychologists who are currently on the clinical psychology doctorate. There is no specification of years since qualification or year of training. All interviewees will be currently employed by the NHS. Definitions of active Christian and Muslim religious beliefs will be left open, in order to not exclude potential participants.

Potential interviewees will be recruited through contacts known by the researcher (word of mouth) and then further potential interviewees will be recruited through contacts of interviewees that have already taken part in the study (snow balling). Interviewing will take place at an interview room at the University of East London.

13. Measures, materials or equipment:

(Give details about what will be used during the course of the research. For example, equipment, a questionnaire, a particular psychological test or tests, an interview schedule or other stimuli such as visual material. See note on page 2 about attaching copies of questionnaires and tests to this application. If you are using an interview schedule for qualitative research attach example questions that you plan to ask your participants to this application)

An example of potential questions for discussion is attached to this application (Appendix A). However, it is noted that as the analysis employed is Narrative analysis, the schedule remains as a guide and not the structure of the discussion. A Dictaphone is required for the research.

14. If you are using copyrighted/pre-validated questionnaires, tests or other stimuli that you have not written or made yourself, are these questionnaires and tests suitable for the age group of your participants?

N/A

15. Outline the data collection procedure involved in your research:

(Describe what will be involved in data collection. For example, what will participants be asked to do, where, and for how long?)

Once a potential participant has shown an interest in the study, an information sheet (Appendix B) will be sent to the person and there will be an opportunity to ask any questions via phone or email. If satisfied, an interview date will then be arranged to take place at the University of East London. Upon arrival to the interview, participants will be given another opportunity to review the information sheet. If satisfied, participants will be asked to complete a demographics questionnaire (Appendix C) and two consent forms (Appendix D); one for the researcher and another for the participant. Interviews

are expected to last up to an hour, during which the interviewee will be expected to respond to questions asked by the interviewer.

In the instance that a participant becomes distressed, they will be informed that they are free to take a break, reschedule or withdraw from the interview at any time. After the interview, participants will be offered a debriefing sheet (Appendix E).

3. Ethical considerations

Please describe how each of the ethical considerations below will be addressed:

16. Fully informing participants about the research (and parents/guardians if necessary): Would the participant information letter be written in a style appropriate for children and young people, if necessary?

After participants have been provided with an information sheet, there will be time to ask questions about the study, either by phone or email. If the participant is happy to proceed, upon arrival to the interview, participants will be given another opportunity to review the information sheet and ask questions.

17. Obtaining fully informed consent from participants (and from parents/guardians if necessary): Would the consent form be written in a style appropriate for children and young people, if necessary? Do you need a consent form for both young people and their parents/guardians?

After reviewing the information sheet for the second time at the interview, the participant will then be given two copies of the consent form to review and sign. One copy of the consent form will be kept by the researcher and the second will be given to the participant.

18. Engaging in deception, if relevant:

(What will participants be told about the nature of the research? The amount of any information withheld and the delay in disclosing the withheld information should be kept to an absolute minimum.)

The proposed research involves no deception.

19. Right of withdrawal:

(In this section, and in your participant invitation letter, make it clear to participants that 'withdrawal' will involve deciding not to participate in your research and the opportunity to have the data they have supplied destroyed on request. This can be up to a specified time, i.e. not after you have begun your analysis. Speak to your supervisor if necessary.)

Participants will be advised of their right to withdraw from the research study at any time without disadvantage to them and without being obliged to provide a reason for this. Participants will be informed of this within the information sheet, consent form and it will also be stated by the researcher prior to the interview beginning. If the participant does withdraw immediately after the interview, their interview data will be immediately withdrawn and no transcription or analysis on the data will take place. Following this point, the participant will have up to the end of September 2017 to decide if they would like to have their data withdrawn from the study. The date is stated as such, as from October 2017, the researcher will commence the analysis of the data and therefore it will not be possible to withdraw the data. This will be stated within the information sheet.

20. Anonymity & confidentiality: (Please answer the following questions)

20.1. Will the data be gathered anonymously?

(i.e. this is where you will not know the names and contact details of your participants? In qualitative research, data is usually not collected anonymously because you will know the names and contact details of your participants)

NO – as the researcher will be aware of the names and demographics details of the participants.

21. If NO what steps will be taken to ensure confidentiality and protect the identity of participants?

(How will the names and contact details of participants be stored and who will have access? Will real names and identifying references be omitted from the reporting of data and transcripts etc? What will happen to the data after the study is over? Usually names and contact details will be destroyed after data collection but if there is a possibility of you developing your research (for publication, for example) you may not want to destroy all data at the end of the study. If not destroying your data at the end of the study, what will be kept, how, and for how long? Make this clear in this section and in your participant invitation letter also.)

Names, contact details and demographic information of the participants will be stored on a password protected USB, which only the researcher will have access to. Consent forms, and transcriptions will be kept confidential and locked in a cabinet in the researcher's home. Audio recordings will also be held on a password protected USB for 5 years. The researcher will transcribe all interviews. Interviewee's will be informed that the purpose of the data will form a thesis that is in partial fulfilment of the requirements of the University of East London for the degree of Professional Doctorate in Clinical Psychology and therefore anonymised extracts will be available for perusal to the researcher, supervisor and examiner. All emails will be sent from the researchers UEL email account and will be deleted after the email is no longer required. In the transcript and final write up of the report, interviewee's will be given a pseudonym to ensure anonymity.

22. Protection of participants:

(Are there any potential hazards to participants or any risk of accident or injury to them? What is the nature of these hazards or risks? How will the safety and well-being of participants be ensured? What contact details of an appropriate support organisation or agency will be made available to participants in your debrief sheet, particularly if the research is of a sensitive nature or potentially distressing?)

N.B: If you have serious concerns about the safety of a participant, or others, during the course of your research see your supervisor before breaching confidentiality.

The study is not intended to cause any harm or distress to participants. However, given the potentially sensitive nature of the topic to be discussed, participants will be informed that if they do become distressed during the course of the study, they are able to take a break, reschedule or withdraw from the interview at any time. A debriefing sheet (Appendix E) will be provided, which will include sources of support that the participant can contact should they be in distress or want to discuss issues further. Participants will also be given the details of the supervisor, should they wish to raise any issues about the study specifically.

23. Protection of the researcher:

(Will you be knowingly exposed to any health and safety risks? If equipment is being used is there any risk of accident or injury to you? If interviewing participants in their homes will a third party be told of place and time and when you have left a participant's house?)

There are no foreseen risks of health and safety to the researcher. However, the supervisor will be aware of the dates and times of all interviews taking place at the University of East London.

24. Debriefing participants:

(Will participants be informed about the true nature of the research if they are not told beforehand? Will participants be given time at the end of the data collection task to ask you questions or raise concerns? Will they be re-assured about what will happen to their data? Please attach to this application your debrief sheet thanking participants for their participation, reminding them about what will happen to their data, and that includes the name and contact details of an appropriate support organisation for participants to contact should they experience any distress or concern as a result of participating in your research.)

At the end of the study participants will be given an opportunity to discuss the research and the contributions they have made. They will also be able to raise any questions or concerns following the interview. Following the interview, participants will be reminded that the data they have provided during the interview, will be used for the thesis and are invited to contact the researcher should they have any questions or concerns about this. Interviewee's will also be provided with a debriefing sheet at the end of the interview.

25. Will participants be paid?

NO

26. Other:

(Is there anything else the reviewer of this application needs to know to make a properly informed assessment?)

N/A

4. Other permissions and ethical clearances

27. Is permission required from an external institution/organisation (e.g. a school, charity, local authority)?

NO

28. Is ethical clearance required from any other ethics committee?

NO

29. Will your research involve working with children or vulnerable adults?*

NO

30. Will you be collecting data overseas?

NO

5. Signatures

TYPED NAMES ARE ACCEPTED AS SIGNATURES

Declaration by student:

I confirm that I have discussed the ethics and feasibility of this research proposal with my supervisor.

Student's name: Yvette Yeboah

Student's number: u0601969

Date: 18/01/2017

Declaration by supervisor:

I confirm that, in my opinion, the proposed study constitutes a suitable test of the research question and is both feasible and ethical.

Supervisor's name: X

Date: DD/MM/YYYY

APPENDIX D: PARTICIPANT INFORMATION SHEET



UNIVERSITY OF EAST LONDON

Information Sheet

Project Title:

An exploration of the clinical experiences of Christian and Muslim psychologists working within the NHS

The Principal Investigator:

Yvette Yeboah Arthur (Trainee Clinical Psychologist)

Invitation

The purpose of this letter is to provide you with the information that you need to consider in deciding whether to participate the research study. The study is being conducted as part of my clinical psychology doctorate at the University of East London. I am inviting you to participate specifically, because you have identified yourself as being a qualified or trainee clinical psychologist, who holds Christian or Muslim religious beliefs.

Project Description

Research has indicated a positive relationship between religion, spirituality and mental health. Previous literature has focused on ways of working with the religious and spiritual beliefs of clients, but rarely focuses on the experience of clinical psychologists who also hold such beliefs. Additionally, there is little guidance on how to manage conflicting beliefs in the therapeutic relationship and with colleagues, nor how to manage self-disclosure.

In light of this, the aim of the present research is to explore Christian and Muslim qualified and trainee clinical psychologists, experiences of working with clients and colleagues within the NHS. The aim will be to explore specific dilemmas and conflicts that have arisen for these psychologists, in order to understand how they negotiate such conflicts. I am particularly interested in difficulties or conflicts that may have arisen due to your religious commitment. This is relevant to the practice of clinical psychology, as it may encourage more open discussion of such issues during supervision and within professional guidelines.

Participation in the study

Ethical approval for this study has been sought and obtained from the University of East London, protecting your involvement in the research.

If you choose to participate in the current research, you will be asked to attend an individual interview with myself, the researcher, which will last up to an hour. Prior to the interview, you will have the opportunity to ask any questions and will then be asked to read and sign the consent form. I will then proceed to ask you questions related to the research topic. The interview will be audio recorded, in order to ease transcription. The only participation required of you, is to answer the questions asked of you by the researcher. There is no foreseen harm to you in taking part in the research. You are free to withdraw from the study and have your data withdrawn, at any point up to the end of September 2017.

Findings of the study may be forwarded to you, at your request.

Confidentiality of the Data

All information obtained from you will remain confidential and kept in a locked cabinet, which only the researcher will have access too. Audio recordings will be kept on a password protected USB and held for 5 years. Interview transcripts will be anonymised and kept securely by the researcher. In the final study write up, you will be assigned a pseudonym, in order to ensure your anonymity. As the interview will form a thesis that is in partial fulfilment of the requirements of the University of East London for the degree of Professional Doctorate in Clinical Psychology, anonymised extracts will be available for perusal to the researcher, supervisor and examiner.

Location

Interviews will take place at a quiet room at the University of East London.

Disclaimer

You are not obliged to take part in this study and should not feel coerced. You are free to withdraw at any time. Should you choose to withdraw from the study you may do so without disadvantage to yourself and without any obligation to give a reason. Should you withdraw, the researcher reserves the right to use your anonymised data in the write-up of the study and any further analysis that may be conducted by the researcher, from October 2017 onwards.

If you are happy to continue or would like further information, please contact me using the details above. You will be asked to sign a consent form prior to your participation. Please retain this invitation letter for reference.

If you have any questions or concerns about how the study has been conducted, please contact the study's supervisor:

Maria Castro
School of Psychology
University of East London
Water Lane
London
E15 4LZ
Tel: 0208 223 4422
Email: m.castro@uel.ac.uk

or

Dr. Mary Spiller (Chair of the School of Psychology Research Ethics Sub-committee)
School of Psychology
University of East London
Water Lane
London
E15 4LZ.
Tel: 020 8223 4004.
Email: m.j.spiller@uel.ac.uk

Further questions?

If you have any further questions or there is anything you don't understand you can contact me on:

Yvette Yeboah Arthur
School of Psychology
Stratford Campus
Water Lane
London E15 4LZ
Email: u0601969@uel.ac.uk
Telephone number: 0208 223 4174

Thank you for taking time to read this information sheet.

APPENDIX E: PARTICIPANT CONSENT FORM

UNIVERSITY OF EAST LONDON



Consent to participate in a research study

An exploration of the clinical experiences of Christian and Muslim psychologists working within the NHS

I have read the information sheet relating to the above research study and have been given a copy to keep. The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. I understand what is being proposed and the procedures in which I will be involved have been explained to me.

I understand that my involvement in this study, and particular data from this research, will remain strictly confidential. Only the researcher involved in the study will have access to identifying data. It has been explained to me what will happen once the research study has been completed.

I hereby freely and fully consent to participate in the study, which has been fully explained to me. Having given this consent I understand that I have the right to withdraw from the study at any time without disadvantage to myself and without being obliged to give any reason. I also understand that should I withdraw, the researcher reserves the right to use my anonymous data in the write-up of the study from October 2017 onwards and in any further analysis that may be conducted by the researcher.

Participant's Name (BLOCK CAPITALS)

.....

Participant's Signature

.....

Researcher's Name (BLOCK CAPITALS)

.....

Researcher's Signature

.....

Date:

APPENDIX F: DEMOGRAPHIC QUESTIONNAIRE

To begin, I'd like to get some basic information about you (such as your age, education and occupation). The reason that I'd like this information is so that I can show those who read my research report that I managed to obtain the views of a cross-section of people. The information that you give will never be used to identify you in any way because this research is entirely anonymous. However, if you don't want to answer some of these questions, please don't feel that you have to.

1. Are you
(tick the appropriate answer)

Male ____ Female ____

2. How old are you? [] years

3. What is your religious background?

(tick appropriate answer)

Christian (please specify denomination: _____)

Muslim _____

Other (please specify: _____)

4. Please state your ethnicity:

5. What is your current highest educational qualification?

(tick the appropriate answer)

Degree _____

Postgraduate degree/diploma _____

Doctorate _____

Other (please specify: _____)

6. a) Are you a qualified clinical psychologist?

(tick the appropriate answer)

Yes ___ (go to part b) No ___ (go to question 7)

b) How many years have you been working as a clinical psychologist, since graduating?

[]

7. As a trainee clinical psychologist, what year of training are you currently in?

(tick the appropriate answer)

First year _____

Second year _____

Final year _____

Thank you

APPENDIX G: PARTICIPANT DEBRIEF SHEET



UNIVERSITY OF EAST LONDON

Debrief form

Thank you for taking part in this study. Your time and effort are much appreciated. This study looked at your experience of working within the NHS as a qualified or trainee clinical psychologist, whilst holds Christian or Muslim religious beliefs.

It is hoped that the study will highlight the need to be more inclusive of religious/spiritual issues during clinical psychology training. It may also encourage more open discussion of such issues during supervision and within professional guidelines.

You are welcome to request a final copy of the thesis report for your perusal by contacting me in May 2018 at u0601969@uel.ac.uk. If you have any questions or concerns about your participation in this study, please contact my supervisor Maria Castro at m.castro@uel.ac.uk.

If you have experienced any distress following the interviews or would like to further discuss issues raised, you are more than welcome to discuss them with me or my thesis supervisor. Alternatively, please contact the organisations below:

Society for the Psychology of Religion and Spirituality
750 First St, NE
Washington, DC 20002-4242
Telephone: (202) 336-6013

<http://www.mind.org.uk/>

<http://bacip.org.uk/> - British association of Christians in psychology



<http://www.muslimpsychologist4u.com/> - Muslim psychology service

<http://www.jewishtherapists.co.uk/> - Jewish therapist's service

APPENDIX H: TRANSCRIPTION CONVENTIONS

Transcript Convention	Meaning
...	Pause - 3 seconds or more
[Laughs] [Sighs] [Crying]	Laughter – Sighing – Crying
[Inaudible]	Inaudible – unable to understand what has been said
[12-13]	Transcript line numbers
[place] [name]	Name of organisation, individual(s)
Err, erm	Speech filler
You know, but yeah, sort of	Colloquial terms
(...)	Parts of the narrative has been extracted for brevity.

APPENDIX I: ANALYSED EXCERPT FROM TRANSCRIPT

433 Interviewer: Yeah and just-you're touching on it at the moment so thinking about	 Yvette	Hesitation, needs to think about the question
434 your colleagues has there been any conflicts or challenges between your beliefs and	 Yvette	Persuading
435 the beliefs of others?	 Yvette	Separating her faith and profession. Perhaps due to discourse of NHS being a non-religious space
436 Shahana: Erm...No I think maybe in terms of practice there's some things,	 Yvette	She brings me into the conversation, perhaps as a fellow religious person
437 like you know I don't feel whatever anyone's religious background is I don't	 Yvette	Further performs the separation between her faith and profession. Draws upon other disciplines, suggesting that psychologists do things differently than other professions
438 think it should be in this forum at the work place, you know it can be	 Yvette	In further performing the separation, she suggests that she responds to conflicts by not only praying but more practical ways
439 something that's parked away. You know it shouldn't be something you know	 Yvette	Humour to show that she would never behave in this way
440 we need to sort of have a vigil you know like all of us need to sort of sit and	 Yvette	Non-strict Muslim, may suggest that she avoids conflict because she is not an overly religious person
441 pray for someone. You know those kind of suggestions are a bit weird to me.	 Yvette	I double check that she has not experienced conflict.
442 And I've had that from colleagues, not psychology, but other disciplines. So	 Yvette	Further checking, perhaps I was presuming that she has experienced conflict.
443 I'm like ok there's ways of sort of solving problems, so if you've got a team	 Yvette	Further checking by using her previous story of clients and colleagues asking about terrorist attacks. May reflect my thoughts about her experiences of Islamophobia.
444 problem and an issue that needs addressing like praying collectively is not the	 Yvette	21 hours ago Performs no offence to possible Islamophobia, instead positions herself as an ambassador
445 answer. Let's do something proactive. So we've had like those kind of	 Yvette	Stories an open person and therefore avoids conflict
446 discussions (laughs), which erm yeah so it seems quite bizarre but you'd have		
447 that anywhere. When you've got a group of people and everyone's sort		
448 of...yeah so those kind of things have come up. And you go your very		
449 Muslim but yeah once when I'm-if I'm angry or pissed off or something I do		
450 swear and it's like 'Oh you're a Muslim and you swear!' 'Yeah I'm human		
451 first you know. Like Muslim bit comes afterwards. Like if it is not working		
452 and I'm like sort of on the phone for three hours, yeah it might not be'. So-so		
453 it's not good Muslim practice but I have bad days.		
454 Interviewer: Yeah ok but it seems like you haven't had any conflicts.		
455 Shahana: I haven't had any conflicts in-at work.		
456 Interviewer: With colleagues?		
457 Shahana: No.		
458 Interviewer: And even with them asking you questions? Like you're saying		
459 about Westminster and stuff.		
460 Shahana: I'm open to that...I'm an ambassador for my religion as I am for my		
461 profession. So I do feel you know the best thing you could do is ask me. I		
462 encourage it. We have reflective practice here. Erm and so I encourage if		
463 you've got a query, if you want to even sort of think about a client and you're		
464 thinking about oh their faith and how could that, you know just ask.		

APPENDIX J: EXTRACT FROM REFLECTIVE JOURNAL

Shahana: Interview

Shahana was the last person I interviewed, after rescheduling the interview twice. I was very keen to interview Shahana. I met her on a previous placement and strongly recall her appearance. She was a Bangladeshi Muslim female, who wore a full hijab and abaya. At times during the placement, she would inform us that she needed to pray during the month of Ramadan and would proceed to do so in the office. I was immediately intrigued by the outwardness of the way in which she practiced her faith, which I was still struggling to do as a Christian. We had many conversations about our culture, as we found that there were many traditions that were similar, such as marriage and food. We spoke about her feelings about wearing Islamic clothing at work, which I recall her being very open about. When considering people that I was familiar with to interview for my study, I knew that I had to include Shahana.

I interviewed Shahana at her workplace, which was a convenient location for both of us. At the time of the interview she had qualified as a clinical psychologist, just over a year ago. Being aware that we were familiar with each other and knowing that she was an open person, the interview felt like an easy conversation that flowed effortlessly. I recall being shocked at the end of the interview that it had lasted for 100 minutes, which I had not realised at the time. As Shahana was a newly qualified clinical psychologist, I anticipated that some of the stories of feeling silenced that I had heard from the other two trainees would emerge in Shahana's narratives. Instead, she shared many stories which inspired, encouraged and challenged me. I was inspired by the way she storied boldness within her narrations of challenging her fellow Muslim people about their perceptions of psychology. I was encouraged by the way she storied sincerity, instead of offence, in her responses to colleagues and clients when they asked about her Islamic clothing and terrorist attacks in London. These narrations challenged me to be bold in my faith and to not be sensitive when I perceived that others were belittling my faith, but to rather show kindness. I was aware that whilst I focused on whether or not share my faith with colleagues or

clients, Shahana did not have this option. This added another layer of complexity to the narratives of psychologists with religious/spiritual beliefs, in that such beliefs can be visible or invisible. I had not considered this before and felt as though I had taken it for granted that I had a choice about sharing or not sharing this part of my identity. However, I was glad that I was able to listen to her narratives, as her faith was so visible to all.

Following the interview, I remember feeling excited about the stories that had emerged. She presented a hopefulness of being a clinical psychologist who is religious. As Shahana was a newly qualified clinical psychologist, I was curious about how this hopefulness would evolve as she continued in her career. Would she continue to grow in boldness in representing her faith to her colleagues and clients? How would she respond to themes of religion/spirituality when these arise in the context of supervising trainees?

Analysis

I was excited when analysing Shahana's narratives. A grand narrative of representing psychology to her fellow Muslims and representing Islam to her colleagues was apparent within her stories. In narrating these stories, Shahana took me to 20 years ago when she had her first son and was contemplating how a career in clinical psychology would fit in with her faith, through to her present context. These stories emphasised how important her faith was to her, as it strongly guided the career she chose. Whereas in my faith, and also similar to other interviewees, I had not considered how a career in clinical psychology would complement my faith, rather this was an afterthought. I also considered how the significance of her being a Muslim Clinical Psychologist who wears Islamic clothing may mean that she has to perform this positive representation at all times. This may have influenced the storying of positive occurrences of sharing her faith or working with difference in the therapeutic relationship. In reality, any conflict may be denied or minimised.

Transcribing, analysing and interpreting the narratives, led me to realise the importance of the research study to me, in bringing to light the complexities of being a psychologist with religious/spiritual beliefs. My relationship to the study meant that it was sometimes challenging to put my experiences and beliefs

aside, in order to not let it influence the narrative. The openness and honesty of all the interviewees in the stories they narrated, sometimes felt overwhelming, as it was challenging to capture their position in the restricted word count. I felt frustrated by this and especially because of their stories of feeling silenced due to their beliefs. I desired to not silence them in tapering their stories, although I acknowledge that this desire put a lot of pressure on myself. Instead, I hope that I have interpreted their positions with accuracy, truthfulness and completeness.