

**Trainee clinical psychologists talking
about religion and spirituality in their
work.**

Nicola Begum

**A thesis submitted in partial fulfilment of the requirements of
the University of East London for the degree of Doctor of
Clinical Psychology.**

May 2012

Abstract

Religious and spiritual beliefs and practices have been shown to have a positive impact on many clients' mental well-being; however, most therapists do not address religious and spiritual issues as standard clinical practice and thus neglect an important aspect of clients' worldview. Several areas are attributed to this neglect, including psychologists' lack of exploration of their personal values and professional experiences of religion and spirituality, limited guidance from professional bodies and a neglect of these issues in UK clinical psychology training. The importance of trainee self-reflection during training to ensure issues of difference are explored is highlighted. There is a lack of understanding in UK based literature of the religious and spiritual experiences of trainee clinical psychologists and how this relates to and impacts upon their professional training, thus a qualitative approach was considered to explore and illuminate these issues. Interpretative phenomenological analysis (Smith, Flowers & Larkin, 2009) was used to analyse interview transcripts of eight trainee clinical psychologists.

Findings showed a lack of awareness of the topic; these participants seemed to find it difficult to think and talk about the personal aspect of 'personal and professional issues' regarding religion, and to an even greater extent, about spirituality. They reported that working clinically with religious and spiritual issues raised many anxieties; participants related this to several layers of the clinical psychology profession, including a lack of exploration of the topic academically and in supervision, and a sense of powerlessness in challenging their understanding of the profession which appears disinterested in these issues. Recommendations resulting from the study include: further exploration of the topic amongst clinical psychology populations to gauge better understandings of the existing concerns and to establish an increased evidence-base of literature, development of 'tools for thinking' about religion and spirituality, and the development of training for trainers.

Contents

Abstract	i
Acknowledgments	vii
List of abbreviations	viii
Chapter One: Introduction	1
1.1 Overview	1
1.2 Literature search	2
1.2.1 Sources and inclusion/exclusion criteria	2
1.2.2 Types of literature drawn upon	3
1.2.3 Method and critique in preparing the narrative review	3
1.3 Defining ‘religion’ and ‘spirituality’	4
1.4 Population studies of religion and spirituality;.....	6
1.5 Historical relationship between Psychology and religion/ spirituality	7
1.5.1 The 20th century shift to a reductionist approach in Psychology	8
1.5.2 The beginnings of a change in attitude?	9
1.6 Guidance for psychologists working with diversity, religion and spirituality.....	11
1.6.1 General guidelines	11
1.6.2 American guidelines	11
1.6.3 UK guidelines.....	11
1.7 Issues with training clinical psychologists and related professionals in working with religion and spirituality.....	12
1.7.1 A call to attend to training	13
1.7.2 Studies demonstrating limited focus on religion and spirituality in training	13
1.7.3 Clinicians’ dissatisfaction with current academic training	14
1.7.4 Religion and spiritual issues in placement and supervision	14
1.8 Ethical concerns of incorporating religion and spirituality in therapy.....	15
1.9 Clinical psychologists’ personal coping, values and impact on clients	18
1.9.1 Findings from qualified clinicians	18
1.9.2 Studies with trainees	19
1.10 Neglected focus and rationale for current research.....	19
1.10.1 Lack of research.....	20
1.10.2 Why study trainee clinical psychologists?	20

1.10.3 Why choose a qualitative approach?	21
1.11 Aims of the research	23
Chapter Two: Methodology	24
2.1 Choice of methodology	24
2.2 Qualitative study	24
2.3 Epistemological position.....	25
2.4 Interpretative Phenomenological Analysis.....	25
2.5 Method	27
2.5.1 Researcher	27
2.5.2 Participant characteristics	27
2.5.3 Participant recruitment	30
2.5.4 Interview schedule	31
2.5.5 Procedure.....	32
2.6 Analysis	32
2.6.1 Data transcription.....	32
2.6.2 Reflexivity and reflective record keeping	33
2.6.3 Procedure for data analysis using IPA	33
2.6.4 Style of analytical reasoning	35
2.7 Criteria used to evaluate this study	36
2.8 Critique of IPA	38
2.8.1 Data collection via semi-structured interviews	38
Chapter Three: Analysis (and preliminary discussion).....	41
3 Introduction to findings.....	42
3.1/ 3.2 GROUNDING THE FINDINGS.....	43
3.1 Superordinate theme 1: Conceptualising religion and spirituality	43
3.1.1 Overlapping constructs: spirituality subsumes religion	44
3.1.2 Spirituality as untrammelled	44
3.1.3 Religion as controlling and controlled	45
3.1.4 Societal influences on experiences.....	46
3.1.5 Review of Superordinate theme 1: Conceptualising religion and spirituality ...	47
3.2 Superordinate theme 2: Identifying self within a religious/ spiritual context	47
3.2.1 Influences	48
3.2.1.1 Family	48

3.2.1.2	Education	49
3.2.2	Identity	49
3.2.3	Supportive networks.....	51
3.2.4	Review of Superordinate theme 2: Identifying self within a religious/spiritual context.....	52
3.3/ 3.4/ 3.5	POLARISING IDEAS: A DEFENCE AGAINST POWERLESSNESS?	53
3.3	Superordinate theme 3: Experiences of religion and spirituality as a trainee clinical psychologist.....	53
3.3.1	Shared framework with clients	53
3.3.2	Lack of curiosity	55
3.3.3	In supervision	56
3.3.4	Academic knowledge	58
3.3.5	Culture and stereotypes	59
3.3.6	Review of Superordinate theme 3: Experiences of religion and spirituality as a trainee clinical psychologist	61
3.4	Superordinate theme 4: ‘There’s no space for religion’; attributing blame.	61
3.4.1	Avoidance and Ignorance.....	62
3.4.2	The problem lies without	63
3.4.3	‘If it’s important for the client then they would bring it up’	65
3.4.4	Inadequate teaching	67
3.4.5	Review of Superordinate theme 4: ‘There’s no space for religion’; attributing blame.....	68
3.5	Superordinate theme 5: Incongruence; the face of clinical psychology and the secrets we practice	68
3.5.1	The profession	68
3.5.2	Training courses and clinical psychologists.....	71
3.5.3	Trainee clinical psychologists	72
3.5.4	Review of Superordinate theme 5: Incongruence; the face of clinical psychology and the secrets we practice	73
3.6	VALUES AND WORLDVIEWS	73
3.6	Superordinate theme 6: Facilitating religion and spirituality.....	74
3.6.1	Spiritual crises?.....	74
3.6.2	Language use that evades confrontation	75

3.6.3 Review of Superordinate theme 6: Facilitating religion and spirituality	77
Chapter Four: Discussion.....	78
4.1 Addressing the research questions.....	78
4.1.1 To examine how trainee clinical psychologists define and understand their own values with regards to religion and spirituality	78
4.1.2 To explore trainee clinical psychologists' experiences and their connections with client interactions, understandings of psychological theory and professional relationships (including peers, supervisors, staff teams and teaching staff).....	80
4.1.3 To gain an understanding of the implications for training programmes and the clinical psychology profession in light of the above	82
4.2 Evaluation of the research.....	83
4.2.1 Methodological issues of qualitative research using IPA:	83
4.2.2 Critique of interview-based research and IPA	85
4.3 Critique of the method.....	88
4.3.1 Sampling issues	88
4.3.2 Interview schedule	89
4.4 Criteria used in research evaluation	89
4.5 Implications for further research.....	91
4.6 Reflexivity	92
4.6.1 The process of analysis	92
4.6.2 Impact of the researcher:	92
4.6.2.1 As a fellow trainee clinical psychologist	92
4.6.2.2 As an ethnic minority.....	93
4.6.3 Personal feelings raised by the research:	94
4.6.3.1 Fears and biases	94
4.6.3.2 Identifying with participants	94
4.6.3.3 Disdain with the profession	94
References.....	96
Appendices.....	114
Appendix 1: Ethical approval.....	114
Appendix 2: Participant Information Sheet.....	115
Appendix 3: Consent form.....	117
Appendix 4: Demographic questionnaire	118

Appendix 5: Semi-structured interview schedule	119
Appendix 6: Annotated transcripts.....	120
Appendix 7: Additional quotes supporting each theme	123

Acknowledgments

I would like to thank my supervisors, Dr Martyn Baker and Dr Graham Fawcett, for their support and thought provoking guidance; I left every supervision meeting with renewed enthusiasm – they are both without a doubt two of my best teachers.

I am grateful to my darling little sister, Shelena, and my good friend Andrew, for helping me through and giving me their valuable time. Thank you to all my good friends for being there, for waiting for me, for supporting my work and for believing in me.

I thank all the participants for volunteering their time to take part.

My loving appreciation is given foremost to Jonney; for patiently being there with me every day, for taking away the stress, for reassuring me and for encouraging me.

List of abbreviations

APA – American Psychological Association

CBT – Cognitive Behavioural Therapy

DSM-IV – Diagnostic and Statistic Manual of Mental Disorders, version 4

IPA – Interpretative Phenomenological Analysis

UK – United Kingdom

US(A) – United States (of America)

NHS - National Health Service

Chapter One: Introduction

1.1 Overview

This study aims to explore trainee clinical psychologists' accounts of their personal and professional experiences of religion and spirituality and the ways in which these impact upon their training.

In reporting the relevant literature (below), the following must be borne in mind: the vast majority of the literature on religion and spirituality emanates from North America, with all the socio-cultural implications that entails; much of the literature focuses on Judeo-Christian religious traditions; several studies put different professionals together; authors appear to confuse distinctions between affiliation, practice and beliefs; and proportionately, more of the studies and data focus on religion rather than spirituality.

Spiritual and religious beliefs and practices are fundamental influences on individuals' worldviews, on their social functioning and on their expressions of distress (Hathaway, Scott & Garver, 2004). Religious and spiritual beliefs and practices have been shown to have a positive impact on many clients' mental well-being (Fabricatore, Handal & Fenzel, 2000; Koenig, McCullough & Larson, 2001). Keating and Fretz (1990) found religiously oriented clients view therapists who incorporate these issues in therapy optimistically and as more competent than therapists who do not. Saunders, Miller and Bright (2010) argue such values are integral to cultural identity and that they form an essential consideration in the assessment and development of appropriate therapeutic intervention in a manner that fosters a therapeutic alliance and engages the client in treatment (Knox, Catlin, Casper & Schlosser, 2005). Although, how important would depend on the client's own preferences and the type of intervention chosen. Cooper (2012) suggests that consideration of the therapist's own stance and values with regards to religious and spiritual issues is necessary, given the potential for their assumptions to interfere with a focus on the client's needs. Ideally these skills should be developed in the formative years of training; an understanding of the

trainee's experiences during this time would help to illuminate our knowledge in this field in order to assess and develop appropriate ways to move forward.

The literature related to this topic focuses on several areas of concern and has been organised into the following:

1. Definitions of religion and spirituality;
2. Population studies of religion and spirituality;
3. The historical relationship between religion and psychology;
4. Issues around guidance in working with these beliefs;
5. Issues focused on training;
6. Ethical concerns;
7. Personal coping and values of (clinical) psychologists.

Consequently, a rationale for this study is provided.

1.2 Literature search

A literature search was conducted in order to review the current extent to which religious and spiritual issues are attended to in clinical psychology research; interest was primarily focussed upon experiences of trainee clinical psychologists. This was conducted in two parts. The introduction chapter is a narrative review of this literature.

1.2.1 Sources and inclusion/exclusion criteria

Selected databases were searched (Web of Science, Psych INFO, CINAHL, MEDLINE) using the University of East London's online library, Science Direct and EBSCOHOST search engines. In addition, National Library for Health and 'grey' literature were accessed (e.g., Google Scholar); reference sections of identified papers were also scanned for further articles relevant to the research topic. Search terms used were derivatives of: *religion, spirituality, training, trainees* and *clinical psychology*. Years of publication searched were 2000 to 2011. Inclusion criteria were: peer reviewed articles for quality appraisal assurances; English language; considered relevant to the research topic (for example, focus on counselling students or qualified psychologists/therapists). Exclusion criteria were: not deemed to relate closely enough

to the topic being investigated (for example, studies related to children, Family Therapy, the views of non-practitioners); focus upon religious psychotherapy specialist services rather than mainstream clinical psychology services and training.

1.2.2 Types of literature drawn upon

Of the articles and books identified, none focussed specifically on the personal and professional religious and spiritual experiences of trainee clinical psychologists. However, there were various prevalence studies, reviews, commentaries (approaches, interest, ethical concerns, etc), with a focus upon qualified therapists, and approaches developed and considered for integrating religious and spiritual issues into clinical practice. These were judged to be of value to the topic under investigation and are therefore considered in terms of their findings and how they relate to the current study.¹

In addition, talking to interested colleagues led to accessing some unpublished research studies.

1.2.3 Method and critique in preparing the narrative review

The literature review was carried out in two stages. The first stage was in advance of the research proposal, and comprised initial general background reading prior to the formulation of the specific research topic. A broadly titled essay was then prepared for supervisory discussion, which attempted a linkage of wider psychology of religion literature with issues of concern regarding the application by psychologists and related professionals in client practice, of religious and spiritual issues in clinical practice. This led to a continuation of more focused searching as outlined in section 1.2.1 above. The second stage took place after data collection and analysis, in preparation for completing chapter one, checking for recent relevant publications and for topics more specific than was previously possible to identify.

Standard means of critiquing research studies were employed, such as outlined in Coughlan et al. (2007) and Ryan et al. (2007). These included, for example, assessing

¹ Commentaries and recommendations were relatively abundant in comparison to a lack of studies of empirical investigation to legitimise these.

the believability and robustness of research studies, keeping a watch on ethical issues considered; in addition, attention was paid to conceptual issues appealed to, or recommendations implied, by the findings of studies.

1.3 Defining 'religion' and 'spirituality'²

Almost all studies ignore a clear differentiation between religious and spiritual. Historically, the two are notoriously difficult to clarify and there has been a tendency to view them as interdependent and equivalent³ (Clark, 1958; Pargament et al., 1995; Pargament, 1997; Zinnbauer et al., 1997; Zinnbauer, Pargament & Scott, 1999). The literature indicates that the term 'religion' is used too broadly, the term 'spiritual' is broad and vague (Rose, 2001; Crossley, 2000) and no consensual definition exists for either spirituality (Aten & Leach, 2009) or religion (Pargament et al., 1995). It has been proposed that spirituality has become polarised, with either religious or non-religious overtones (Cawley, 1997). Souza's (2002) study of counselling students' views of spirituality mirrored the confusion in the literature as several struggled to define the term, and had difficulty in articulating their thoughts and feelings about it.

Given the current proliferation in interest more recently, attempts are being made to separate these constructs as they are beginning to receive more interest in psychology (Hill & Pargament, 2003; Worthington & Aten, 2009). Several authors attempt to provide the reader with a definition of each in order to provide a shared sense and meaning for both religion and spirituality (Hill et al., 2000; Koenig et al., 2001; Smiley, 2001; Miller & Thoresen, 2003; Worthington & Aten, 2009). Hill and Pargament (2003) stated that efforts to distinguish religion and spirituality have been made in order to address societal changes in awareness of these concepts. For example, Shafranske's (1996) three-fold categorisation of religion separates affiliations, beliefs and practices, thus adding to the understanding of complexity of the concept. Authors, such as Miller (1999), Sperry and Shafranske (2005) and Nagai (2008) assert that the ability to clearly define and describe spirituality is considered to be a key component of spiritual

² The struggle with defining spiritual and religious concepts is presented early on to engage the reader in the debate at the outset of this study.

³ Clarke (2008) suggests a lumping together of religious and spiritual concepts is inconsequential when set against anti-religious perspectives that do not distinguish them either.

competency and prevents it from becoming subsumed and confounded by cultural or religious labels. More recently, Worthington and Aten (2009) proposed four types of spirituality to provide clarity through standardisation of definitions with respect to areas of subjective interpretation (such as religious, humanistic, nature and cosmos spirituality).

In order to offer the reader a preliminary framework for the concepts of religion and spirituality which are under study, pre-existing and freely available definitions are provided:

- **Religion** – ‘The belief in and worship of superhuman controlling power, especially a personal God or gods.’
- **Spiritual** – ‘Relating to or affecting the human spirit or soul as opposed to material or physical things.’ (OR) ‘Relating to religion or religious belief.’ (*Spirituality is a derivative*).
(Oxford Dictionary, 2012)

Clearly, these definitions are limited as they do not account for behaviours, relationships to systems of structure nor do they consider the wider socio-cultural implications.

Despite attempts to create a pathway to greater consensus, authors continue to highlight the overlap between religious and spiritual concepts. Even though the two terms are not completely interchangeable, the overlap in meaning and use has led to them being used most often together in the literature (Hage, 2006; Masters, 2010). Several authors, such as Masters (2010), Mulla (2011) and Coyle and Lochner (2011), have noted a preference for using a composite term for the two rather than separating them out. Hage (2006) has suggested that where such distinctions are made in research studies, findings show incongruent meanings for the terms amongst participants. Thus, others have suggested that efforts to develop discrete definitions for each may be unhelpful for clients (Hill & Pargament, 2003; Miller & Thoresen, 2003). The continued lack of clarity with respect to defining these constructs is problematic in both the literature and in clinical practice, particularly with attempts to

assess, formulate and utilise these in therapy and with the need for a basis from which a shared understanding can develop. Both the use of concrete definitions and in the lumping together of these terms has limited space for understanding what individual experiences of these are.

1.4 Population studies of religion and spirituality^{4,5}

Berger et al. (1999) suggested most of the world's population adheres to a particular world religion. A study by Gallup (2002) found 95% of Americans reported a belief in God, other studies show approximately 85% of Americans report some form of religious affiliation (Putnam & Campbell, 2010). Further studies of the American population have found; 93% indicated a religious preference (Gallup, 1994), 57% reported that they prayed at least once a day (Hastings & Hastings, 1994) and 59% suggested religion was an important part of their lives (Smith, 1997). In the general American population, 30-40% reported mystical experiences, indicating the normality of these occurrences (Spilka, Hood & Gorush, 1985). In reference to the UK, the percentage of the population suggested to have a belief in God is at 67% (Gill, 1999). UK figures from the Department of Health (2009) show approximately 55% of the population claim they are religious. In addition, using a 'label' statistic, both Brierley (1999) and Gallup (1999) reported that 64% of the UK populace described themselves as 'Christian'. In a survey of US clinical psychologists, Shafranske and Malony (1990) found that they reported 60% of their clients often expressed themselves using religious language.

Most comparative studies report greater numbers of reported religiosity in the general population compared with mental health professionals (for example, Berger et al., 1999). In a study of mental health professionals, Bergin and Jensen (1990) found a large majority of psychologists considered themselves non-religious and had the lowest level of religious practice of all mental health professions represented. They

⁴ This section is dominated by figures around religion to the almost complete exclusion of spirituality; a literature search on self-reported spirituality showed that this information does not yet exist.

⁵ Figures for religion may be usefully considered as referring to beliefs, practices and affiliation (as per Shafranske's, 1996, three-fold categorisation). Many authors prioritise 'cognitive' aspects to the neglect of behaviours.

also found psychologists were five times more likely than the general public to deny a belief in God, demonstrating more secular values. A study of religiosity amongst clinical psychologists in the UK found 31% reported a belief in God (Smiley, 2001), which is comparatively less than the general UK population, population statistics for the general public and psychologists in America. Despite this, other studies have shown high percentages of reported religious affiliation in US psychology populations; 69% of clinical psychologists (Bergin & Jensen, 1990) and 67% clinical and counselling psychologists (Shafranske, 1996; Bilgrave & Deluty, 1998). In Shafranske's (1996) survey, most clinical psychologists reported a preference for spirituality rather than having affiliation to or practices with organised religion. However, Delaney, Miller and Bisono (2007) cited 91% of psychologists expressed a religious belief at some point in their lives and were more likely to currently describe themselves as spiritual but not religious, compared with clients. Yet, as clinicians value spiritual issues comparatively less than clients (Allman, Rocha & Elkins, 1992), there is a risk of overlooking spiritual resources, misdiagnosing and mistreating difficulties that may be better understood within the client's framework of understanding (Sue & Sue, 2003). Further, in a study of religiously and spiritually diverse clients, Rose, Westefeld and Ansley (2001) reported that most, but not all, considered it appropriate to discuss such concerns in therapy.

The significance of limited psychological research on religious and spiritual beliefs in the UK reflects the lower rates of belief reported by psychologists here, compared with America. Regardless of the reasons for the disparity, a concern is raised about the amount clinical psychology may engage with religious and spiritual beliefs in the UK, particularly as they are likely to be of importance to the lives of potential clients. An understanding of the paths taken by religion/spirituality and psychology and their relationship with each other may offer further insight.

1.5 Historical relationship between Psychology and religion/ spirituality

Psychology originated from a study of the psyche or human spirit, founded in philosophy and religion (James 1890 and 1902 in Delaney et al., 2007). Since then, the relationship between psychology and religion has had an unstable history, with tensions emanating from both sides.

1.5.1 The 20th century shift to a reductionist approach in Psychology

From a psychological perspective, a rejection of religion stems from Freud's assertion that all religion was an illusion as it is not conducive to empirical investigation and that scientific psychological therapy should be value neutral (Freud, 1927). Psychology's dismissal of religious issues (Richards & Bergin, 2000) has been described by Nelson (2009) as one of the biggest errors in the scientific study of religion in the twentieth century. Such disdain also came from Behaviourism which Sperry (1988) regarded as distinctly lacking consideration for peoples' inner worlds and values. Later, another key figure in the development of psychological theory, Carl Rogers, argued for therapists to act as a 'blank slate' and thereby suggested they should not advocate a religious viewpoint (1980; 1951). In more recent years, Cognitive-Behaviourists regarded religious beliefs as thoughts which are 'dysfunctional' and restrictive to peoples' free thinking by acting as 'cognitive bondage' (Batson, Schoenrade & Ventis, 1993). Several research studies have suggested professionals pathologise religious beliefs and practices (Bartholomew & O'Dea, 1988; Houts & Graham, 1986; Lowenthal, 1995; McClure & Livingston, 2000). Miller and Delaney (2004) called psychology one of the least religious disciplines in the US over the twentieth century, where there existed a substantial apathy evident toward religion by clinical psychology in particular. Despite what Plante (2007) called the 'majority vote' against integrating religion and psychology, a number of other significant forefathers of psychology expressed a keen interest in this relationship (James, 1902; Jung, 1938; Allport, 1950).

From a religious perspective, spiritual leaders were said to regard the practice of psychology as reductionist (Legere, 1984). An explanation for this incompatibility came from Clement and Warren (1973) who had suggested that language used in each field, to talk about human suffering, may differ from one another and thus creates barriers in mutual understanding. Taking a wider perspective on the issue, Pilgrim and Treacher (1992), 20 years ago, criticised clinical psychology's value neutral approach as a way of the profession attempting to gain credibility and status by aligning itself with a reputable scientific establishment that has no space for religious ideas, and in doing so, masking its own inconsistencies with this base. A focus on personal values and beliefs is highlighted by many authors as critical, and this includes religious and spiritual beliefs (Cooper, 2012; Souza, 2002; Post & Wade, 2009). Plante (2007) suggested those

psychologists who have personal religious or spiritual beliefs, were forced to keep their interests in integrating the two fields quiet, particularly during training where they were more vulnerable; a reflection perhaps of the wider culture.

1.5.2 The beginnings of a change in attitude?

The gradual move to reductionist psychology, over the course of the twentieth century has since shifted back to religious consideration (Delaney et al., 2007). Relatively recently, an increasing interest in religion and spirituality by psychology has become evident, with more focussed empirical investigation taking place (Miller & Thoresen, 2003; Plante & Sherman, 2001; Smith & Richards, 2005). A search of a psychology database, (Psych INFO, using terms 'mental health', 'religion' and 'spirituality') from 1969 to 2010 shows an increase of articles roughly ranging from less than 40 to over 260 articles in each year, marking a substantial increase in literary focus (Baker, 2011). Going back to 1990, the first secular oriented psychology journal to dedicate a complete issue to clinical psychology and religion was published (Bradford & Spero, 1990). Lopez and Snyder (2003) suggested there is an aspiration by 'Positive' psychology to work integrating religion and psychology. Masters (2010) has suggested that religion and spirituality is currently a legitimate area of investigation in psychology⁶. In addition, Plante (2007) claimed that consideration of psychology and religion/spirituality comes from the public and media, from clients and professional organisations.

Although the shift in focus is promising, mental health services may still be perceived as problematic by religious parties. Consultation of mental health service professionals has been viewed by some religious groups as signalling a lack of faith in God's omnipotence and the disparity between the two may make some religious individuals feel misunderstood by services and therefore they may regard services as unable to help with personal difficulties. Lowenthal (1995) suggested that religious help-seekers may also be less honest in sharing their difficulties with professionals if they perceive

⁶ Although, there is an argument that spirituality still receives limited attention comparative to religion. Nagai (2008) and Bergin and Jensen (1990) highlighted several possible reasons for this; the subjectivity of spirituality, the secular nature of academic and clinical fields, difficulties with defining and clarifying the term, negative connotations of spirituality and fears of breaching ethical boundaries.

negative judgement of their beliefs. Indeed, Kurtz (1999) suggested many clients view therapy as a secular activity. Further, Thurston (2000) suggested that clients may only raise religious issues where they are fundamental to their difficulties and may seek psychotherapeutic approaches specifically tailored to these needs rather than accessing mainstream psychology services.

Scepticism of integrating religion may also be apparent in psychology. With the proliferation of interest in exploring better ways of incorporating religious and spiritual issues into care by mental health professionals, including psychologists, (O'Hanlon, 2006), there remains criticism that training courses still offer minimal exposure to this (Russell & Yarhouse, 2006). The American Psychological Association has accredited several clinical psychology doctoral programmes which are rooted in Christian religious traditions (Walker et al., 2008), demonstrating an active effort to bridge psychology and religion (not spirituality⁷) together, in America at least. The UK clinical psychology profession remains less advanced with regards to this integration. Efforts to incorporate spirituality into psychology to date are further neglected across the board. The wider views of the profession may still be perceived to be anti-religious despite research in America; a minimal focus in UK guidance literature and lack of exposure in academic training may inhibit integration of personal and professional theological beliefs (Clement & Warren, 1973) and thus may contribute to the perceptions of these issues held by trainees. Professional socialisation in an institution traditionally rejecting religious issues can impact on trainees' own beliefs (Richards & Bergin, 2000). Peden (2012) recently highlighted the ongoing discomfort existing between clinical psychology and religion/spirituality.

⁷ Given the overlap and confusion in reporting religion and spirituality as separate in the literature, this study has opted to follow several other studies (Masters, 2010; Mulla, 2011; Coyle & Lochner, 2011) by adopting 'religion and spirituality' as a composite term to refer to both where differentiation is not made otherwise.

1.6 Guidance for psychologists working with diversity, religion and spirituality

1.6.1 General guidelines

National agendas within the UK (Mental Health Foundation, 2006; Commission for Healthcare, 2007) describe optimal spiritual healthcare strategies. Guidance for working with religious and spiritual beliefs is given specific attention in national guidelines for the NHS; 'Religion or Belief' (Department of Health, 2009).

1.6.2 American guidelines

In terms of more specific guidance, the American Psychological Association (APA, 2002; 2003; 2009) has provided guidelines for US clinical psychologists incorporating religion and spirituality into psychotherapy work with individuals. A 'V-code' was integrated into The Diagnostic and Statistic Manual of Mental Disorders (DSM-IV) (American Psychiatric Association, 2000) to identify religious/spiritual difficulties faced by individuals. This said, there is thus far a paucity of empirical evidence to show an increase in attending to these issues by clinicians (Scott et al., 2003; Hathaway et al., 2004). Richards and Bergin (2000) argue that given the prevalence of spiritual and religious beliefs in the US population, it is expected that mental health professionals will encounter clients reflecting a breadth of these values in the course of their careers. As these issues are noted as critical dimensions in an individual's cultural identity, Hage (2006) encourages US psychologists to familiarise themselves with such knowledge in order to effectively help clients and provide proficient training to students. Ethical standards in America require psychologists to seek appropriate training, supervision and experience in order to identify and work with these issues, and to know when to refer on when competency is deficient (APA, 2002).

1.6.3 UK guidelines

In contrast to the US, in the UK, this specific area of diversity is neglected in guidance literature from professional bodies for the practice of clinical psychologists. The British Psychological Society (2006; 2008; 2009) and Health Professions Council (2008) have only provided guidelines that focus in a general sense upon 'diversity' as an umbrella term without exploration of the unique considerations and differences of its elements. Cooper (2012) refers to this lack of direction as contributing to a tension impacting

upon the lack of training in religious diversity received by UK clinical psychologists. The difference in specific focus on religious/spiritual domains mirrors the greater amount of American based research and psychological focus on this topic compared with the UK. Whether or not the difference may be attributed to differing levels of religiosity/spirituality in the two nations, it remains highly likely that a substantial proportion of service-users in the UK will have religious/spiritual backgrounds and values. A lack of specific guidance for UK clinical psychologists adds to the impression that this particular area of diversity is not prioritised, and thus a sense of its unimportance and of clinical psychology as a secular enterprise may be embraced by the profession. In effect, this may contribute to a lack of engagement with religious and spiritual issues in therapy, and in turn, may negatively impact on those clients who may benefit from utilising these ideas in their treatment.

Other professions in the UK, such as The Royal College of Psychiatrists (2006) advocate for the importance of offering clients opportunities to explore and use their religious and spiritual beliefs, affiliations and practices as beneficial to their recovery. Similar promotion can be found in writings by community based activists (for example, 'Asylum' magazine, August 2011 edition; Virden, Jenner & Bigwood, 2011). This wider support may be considered by clinical psychologists given the lack of 'in house' guidance.

1.7 Issues with training clinical psychologists and related professionals in working with religion and spirituality⁸

Published research tends to support an overall positive relationship between holding religious and spiritual beliefs, and good mental health (e.g., the overview of Plante & Sharma 2001). Evidence also suggests difficulty with religious and spiritual experiences is negatively associated with mental health (e.g., Pargament, 1997). Hage (2006) states having knowledge of the literature on ways spiritual and religious issues relate to individuals' mental well-being is essential in working therapeutically with these when they arise as significant areas of concern for clients; either as a difficulty to work through or if appropriate as an effective resource for enhancing emotional well-being.

⁸ As most research comes from North America, UK studies are specified.

1.7.1 A call to attend to training

The importance of training clinical psychologists in issues of diversity generally has been long noted, by several authors. Bernal and Padilla (1982) and Bernal and Chin (1991) highlight this issue as imperative to ensure services are able to respond to clients from diverse groups effectively. Allison et al. (1994) write of the need to appreciate the dimensions of human difference to work with people from various backgrounds and the need for a more substantial commitment to diversity training, a responsibility, they believe, that should be taken by all and not simply those with experience of difference. In particular, the importance of spiritual and religious issues to patients within healthcare needs recognition; the UK lags behind America (Pargament & Saunders, 2007; Campbell & Britton, 2008) in this respect, though neither seems fully committed to it.

In order for open and effective training in these issues to occur, Souza (2002) recommends educators create safe and respectful classroom environments. As an example, Graham-Howard and Scott (2011) report some Christian faith-based clinical psychology training courses in America have started to use interdisciplinary integration where trainees are actively encouraged to consider their personal, religious/spiritual beliefs and values and how these impact on their professional identity and practice.

1.7.2 Studies demonstrating limited focus on religion and spirituality in training

Myers and Baker (1998) highlight a concern surrounding the perceived lack of focus on these issues in training within the UK. Mills' (2010) study of the amount of training offered in psycho spiritual issues showed UK clinical doctoral programmes offered between nought to three and a half days over three years of training. Only 13% of doctoral training programmes in North America offered religion and spirituality as a course (Rosmarin, Pargament & Robb, 2010). Most clinical psychologists reported rare or absent discussion of religious and spiritual issues in training programmes (Brawer et al., 2002) and thus they may lack relevant skills and knowledge to assist clients with their development (Shafranske & Malony, 1990). In further support of this argument, Saunders et al. (2010) and Kelly (1997) suggested a perceived lack of competence in dealing with religion/spirituality reported by clinicians is likely related to their neglect in training.

1.7.3 Clinicians' dissatisfaction with current academic training

In a study of exposure to and satisfaction with diversity training, Green et al. (2009) found clinical psychology trainees perceived that their programmes focussed on particular types of diversity (race, ethnicity and gender) to the neglect of others (sexual orientation, language, physical disability – and religion). In addition, their participants reported an 'exposure' to diversity (for example, through having ethnically diverse teaching staff) rather than 'in-depth' learning. Nagai (2008) found clinicians feel less spiritually than culturally competent and attribute this to a lack of training in spiritual competency; they report more training is necessary to aid working with these currently unfamiliar issues to prevent pathologising clients and to minimise mutual resistance in talking about spiritual issues. From a counselling training perspective, Souza (2002) reports that given the diverse background experiences of trainees, both positive and negative prior experiences may lead to counter transference issues in their practice; without adequate training in spirituality, counsellors working therapeutically may neglect important facets of a client's concerns (Souza, 2002).

Using a qualitative interview-based study with UK practicing counsellors, Martinez and Baker (2000) reported participants' experienced training courses and other trainees as uninterested and oppositional to religious/spiritual issues. A study of religious counselling and clinical psychology students supported this finding (Patel & Shikongo, 2006); students in this study wanted more space in training to work on the challenges they experienced in clinical practice. Schulte, Skinner and Claiborn (2002) argue that teaching staff and supervisors are not expected (e.g., by their accreditation bodies) to have knowledge about religious and spiritual issues and so students are not given effective training. A lack of competency in these topics may contribute to reasons why there is a lack of focussed teaching by training staff (something of a circular argument, reported by Hage, 2006).

1.7.4 Religion and spiritual issues in placement and supervision

In a survey by Brawer et al. (2002), clinical psychologists reported issues around religion and spirituality are most commonly addressed not in the curriculum, but within clinical supervision. Martinez and Baker (2000) found mixed responses from counsellors in the perceived amount of engagement with religious and spiritual issues

by supervisors, ranging from actively disapproving to actively explorative and engaged. Souza's study (2002) found counselling trainees described inattentive supervisors to spiritual issues, and highlighted the imperative for such exploration to happen before trainees leave training programmes. Gross (2005) reported that students did not disclose experiences of poor supervision and therefore suggested the implications of this were a lack of comprehensive learning from reflections on therapeutic work. Trainee clinical psychologists may experience disappointment as training does not provide the answers they seek (Cheshire, 2000) and may not give them these opportunities for reflective exploration. Bender (1995) suggested being able to discuss issues openly and honestly in supervision is restricted by the power imbalance perceived by trainees, given the requirement for supervisors to assess and grant placement pass marks. This may affect disclosure regarding struggles with religious and spiritual issues and thus hinder opportunities to engage and reflect on these issues.

The importance of supervision sessions that explore and discuss issues of spirituality in clients alongside trainee self-reflection is emphasised by Bishop, Avila-Juarbe and Thumme (2003). Guidelines to encourage the development of supervisee competency in working with spiritual and religious issues are suggested by Aten and Hernandez (2004), comprising eight domains including development of assessment and intervention skills, understanding of psychological theory in relation to religious/spiritual issues and having an awareness of ethical guidelines that relate to these issues. A number of studies demonstrate the support for more training and greater competency in working with spiritual and religious matters in therapy (Patel & Shikongo, 2006; Young, Wiggins-Frame & Cashwell, 2007; Aten & Worthington, 2009) at the level of curriculum and of supervision. However, it is clear that the call for training is general, and comes generally from the USA, and that studies indicating any specifics of what such training might encompass, are few.

1.8 Ethical concerns of incorporating religion and spirituality in therapy

Although an increase in interest has become evident in recent times, some authors criticise the integration of religious and spiritual issues into psychology and science as scientifically and ethically dangerous (Sloan, Bagiella & Powell, 1999; 2001 as cited in

Plante 2007). Plante (2007) suggests that these authors claim the evidence for the successful integration of the two is weak and that they state such spiritual and religious care should remain in the realm of the clergy. However, these arguments specifically focus on health outcomes relating to physical health (Sloan & Bagiella, 2002) and not psychological well being. In discussing physical health outcomes, a review conducted on articles in 2000 by Sloan and Bagiella (2002) concludes there is little empirical evidence for the positive outcomes of religious involvement on health and that the few studies demonstrating a positive link were methodologically flawed. They do claim that integrating religion into healthcare would be overstepping the legitimate boundaries of professional practice, has potential to be coercive, violates privacy and may cause harm to clients (Sloan & Bagiella, 1999; 2001). Even though an argument may be made for similar findings in the field of religion/spirituality and psychology, studies showing this are absent. However, the ethical issues presented by integrating religion/spirituality and psychology are relevant to the research topic.

Research regarding religion and spirituality and client experience has found ethical issues are significant modifying factors in approaching these issues in therapy. Surveys with clinical psychologists have found that they worry about their own competence but recognise the benefits to mental health and the need to incorporate religious and spiritual beliefs and practices into treatment (Hathaway et al., 2004; Frazier & Hansen, 2009). Hathaway et al. (2004) suggest psychologists are reluctant to include the religious and spiritual concerns of their clients in therapy as they are unsure about how to do so without breaching ethical standards. Saunders et al. (2010) reported clinicians' concerns regard competency, influencing clients unduly and other ethical issues; they discuss the ethical challenges entailed in 'spiritually conscious care' including the psychologist's need for competence in recognising when a person may need spiritually informed psychotherapy, if they are able to provide this competently and how, if necessary, to refer appropriately. Other studies cite the propensity by therapists to pathologise religious and spiritual beliefs and practices when they are not considered within the cultural framework from which they arose (Lukoff, Lu & Turner, 1992) or when there is less familiarity with less mainstream religious beliefs (O'Connor & Vandenberg, 2005). These issues may be attributable to a lack of adequate exploration of such issues in supervision and training, or even of guidance from

professional accrediting bodies. Masters (2010) argue for a need to address the apparent fear and lacking understanding from both clinical training faculty staff and students in working with religious and spiritual issues therapeutically.

Further studies cite concerns raised by practicing psychologists are that: their clients may perceive them as judgemental or proselytising (Gonsiorek et al., 2009); their professional integrity may be compromised in taking on other roles (Saunders et al., 2010); and in assuming knowledge of clients' religion and spirituality or in dismissing this information, clients may be left feeling trivialised (Gonsiorek et al., 2009). Martinez, Smith and Barlow (2007) found clients experienced therapists as judgemental when a religious intervention was used, leading to them feeling anxious, guilty and judged; rather than feel thus challenged, clients preferred therapists who ignored their religious beliefs (McCullough et al., 1997). Thus a complex picture emerges: trivialisation of clients' beliefs may occur by assuming competence (Sloan et al., 2000; Gonsiorek et al., 2009), or in disregarding the relevance of individual differences in religious and spiritual beliefs (Saunders et al., 2010). Therapists also struggle with issues of self disclosure, with colleagues and with clients alike (Martinez & Baker, 2000; Baker & Wang, 2004). In therapeutic work, self disclosure of the therapist's beliefs may be viewed as redressing the power imbalance as part of professional transparency and information provision (Martinez & Baker, 2000), but may also be regarded as a 'slippery slope' towards indoctrinating clients into the therapist's worldview.

Where psychologists are unaware of their own religious/spiritual values, this may further hinder working with clients' values therapeutically (Hinterkopf, 1994; Post & Wade, 2009), as their biases and assumptions may influence their ability to be empathic and sensitive to clients' belief systems. Richards and Potts (1995) stated therapists should seek to understand the unique religious beliefs and values of each client. Plante (2007) suggested that, as therapists may have concerns regarding integrity and respect, key ethical considerations should be undertaken by professionals who offer spiritually integrative psychotherapy, using the RRICC model (an acronym referring to the values of respect, responsibility, integrity, competency and concern),

claimed to have worldwide relevance. Suitable training and ongoing support are recommended to facilitate reflective, ethical practice.

1.9 Clinical psychologists' personal coping, values and impact on clients

1.9.1 Findings from qualified clinicians

Masters (2010) regards values (including religious and spiritual values) held by therapists as central and important to the therapeutic relationship; where the therapist's role is to facilitate and influence change in the client, this cannot occur value free and is, rather, value saturated. In addition, Masters (2010) suggests mental and physical functions cannot be separated from clients' values and beliefs and thus separating these aspects of their lives would distance the therapist. Personal attitudes towards religion may not always reflect the wider stance of that particular religion; and the conflict and congruence between religious notions of what is 'true' (Masters, 2010) compared with what is 'mentally healthy' may be contentious for both therapists and clients. Correlations have been found, using the Minnesota Multiphasic Personality Inventory, between clients' positive changes on this measure and therapists' positive personal adjustment, when looking at therapist and client psychological health (Garfield & Bergin, 1971). Also, therapists' personal problems have been found to impact on work functioning (Wood et al., 1985; Guy et al., 1989). Sherman and Thelen (1998) found positive correlations between work and personal stressors and hindered performance in therapists. They suggest the implications for training require more space for therapists to learn coping strategies and to attend to their own issues during their formative years.

A value neutral approach to psychotherapy has become unsustainable and has been replaced more recently with an open, holistic, value informed approach (Bergin, Payne & Richards, 1996). In a study of mental health values including religiosity/spirituality, the personal values of mental health professionals were found to associate strongly with values they considered important in therapy (Jensen & Bergin, 1988). In the USA, Worthington (1988) described a limited remit in which therapists are able to tolerate the religious and spiritual beliefs of clients that may differ from their own. It has been argued that personal faith held by psychologists may be more rigid compared with the more flexible, hypothesis testing approach adopted in psychological theory (Jones &

Wilcox, 1993), which would inevitably impact upon engagement with clinical issues that may arouse these personal beliefs. This contradicts other findings reported in the UK using interviews with psychotherapists, that their own religious/spiritual journeys were fluid and ongoing (Martinez & Baker, 2000; Baker & Wang, 2004). Therapists' own religious values and attitudes have been found to relate to their use of religious and spiritual interventions and self-reported competency in doing this (Shafranske & Malony, 1990; Walker, Gorsuch & Tan, 2005; Walker et al., 2008). A study by Rose et al. (2001) found even non-religious clients believed it was appropriate and ideal to discuss religious/spiritual issues in therapy, demonstrating a need for clinical psychologists to think about their own beliefs and competencies in engaging with this with a spectrum of religious/spiritual and non-religious/non spiritual clients. Clients reported better therapeutic alliance when they felt therapists respected and accepted their beliefs (Mayers et al., 2007).

1.9.2 Studies with trainees

Trainee clinical psychologists' own stresses and coping with their personal and professional experiences have received little recent attention within the UK. Cushway (1992) reported trainees' stress resulting from the pressures of training. Souza (2002) found counselling trainees had conflicting views on readiness to explore spiritual issues in therapy; she asserts that avoiding imposing their own values was a central concern for trainees and they supported such training which would help towards exploring their own belief systems to enable them to engage more therapeutically with those belonging to clients. Beresford (2003) found religious trainees used their beliefs positively in coping with stress from training but also experienced the profession as critical of these beliefs, resulting in them being further stressed and guarded. Gushue and Constantine (2007) stress the importance of trainee self-reflection during training to ensure issues of difference are explored earlier on in their careers. This may minimise the inherent ethical difficulties that come from personal and professional values when working with diversity issues clinically.

1.10 Neglected focus and rationale for current research

There is a need for a fine-grained analysis of clinical psychologists with respect to their personal religion and spirituality experiences and their professional religion and

spirituality experiences in training. In bringing together the above, several issues are summarised.

1.10.1 Lack of research

- There is a high percentage of the population with religious beliefs, and research indicates most clients prefer to discuss religious and spiritual issues in therapy.
- Religious and spiritual beliefs and practices have been shown to have a positive impact on many clients' mental well-being; however, most therapists do not address religious and spiritual issues as standard clinical practice.
- The effects of not addressing these issues may alienate clients, make them feel unable to discuss their beliefs related to this and prevent them from working within a framework that may be more suitable to them.
- A lack of adequate training and supervision in working with these issues is attributable to this neglect.
- Where psychologists are unaware of their own religious/spiritual values, these biases may influence their ability to be sensitive to, and to work empathically with, clients' belief systems.
- Participants reporting a spectrum of personal identity regarding religious/spiritual issues are neglected in most studies.

1.10.2 Why study trainee clinical psychologists?

- Training provides a crucial platform for the effective engagement by clinical psychologists with religious and spiritual issues; this is neglected in training courses in the UK.
- Several authors comment on the need for reflective exploration of this area of diversity in academic teaching, placement exposure, supervision and personal reflection.
- As trainees are potentially left to make sense of these issues, given a paucity of existing evidence base from which to learn, how this may happen and what their experiences of this are, are important to investigate.
- Little is understood about the experiences trainees have with regards to religion and spirituality, and so they are an ideal population to explore.

Therefore, an in-depth focus on experiences with trainees would help to shed light on current knowledge.

- As the current literature lacks research into the personal and professional experiences of trainee clinical psychologists regarding religious and spiritual issues, there is scope to contribute to the UK data to help further understand the experiences and issues presented.

1.10.3 Why choose a qualitative approach?

In measuring religion and spirituality, as discussed above, no uniform definitions exist; therefore there are inherent difficulties with conceptualising these for empirical investigation. Kapuscinski and Masters (2010) discuss this in detail and argue that current quantitative measures are thus limited in their usefulness as they operationalise religion and spirituality in particular and restricting ways. They recommend a qualitative approach to both inform scale development and to capture the subjective experiences of religion and spirituality which may then be valuable in applied contexts. Quantitative methods have been utilised more frequently in research with (trainee) clinical psychologists (see Cushway, 1992; Sherman & Thelen, 1998; Green et al., 2009); these are limited in the amount of explorative depth they offer. Qualitative approaches have been utilised in order to gauge in-depth views into religion and spirituality issues for qualified clinical and counselling psychologists (such as by Martinez & Baker, 2000; Baker & Wang, 2004). These researchers stressed the lack of generalisability of highly individualistic data but also assert that such exploration provides a richer understanding of the experiences of those studied. There is a lack of understanding in the literature of the religious and spiritual experiences of trainee clinical psychologists and thus a qualitative approach may help to explore and illuminate issues. This is further considered in Chapter 2.

This study aimed to address a wider variety of affiliations, beliefs and practices (in light of Shafranske's three-fold categorisation of religion, 1996) where religiosity and spirituality are understood on a continuum across each of these concepts. In sight of this, Atheism - 'Disbelief or lack of belief in the existence of God or gods' (Oxford Dictionary, 2012) and Agnosticism - 'Having a doubtful or non-committal attitude

towards something – in a non-religious context’ (Oxford Dictionary, 2012), were also important to give space to in this study.

1.11 Aims of the research

With the above in mind, the general aim of this study is to explore trainee clinical psychologists' experiences of religion and spirituality, and how this relates to and impacts upon their professional training.

Specific research aims are:

1. To examine how trainee clinical psychologists define and understand their own values with regards to religion and spirituality.
2. To explore trainee clinical psychologists' experiences and their connections with client interactions, understandings of psychological theory and professional relationships (including peers, supervisors, staff teams and teaching staff).
3. To gain an understanding of the implications for training programmes and the clinical psychology profession in light of the above.

Chapter Two: Methodology

This section describes the methodology adopted by the study, the rationale for choosing a qualitative approach, the epistemological position of the research, details of the researcher, participants and the methods employed in the data collection, analysis, a critique of the approach adopted and quality assessment of the research.

2.1 Choice of methodology

Interpretative phenomenological analysis (Smith, 1996; Smith et al., 2009) was chosen as the most suitable method of analysis for this research; this will be discussed in relation to why a qualitative approach was adopted and then in examination of the epistemological stance of IPA.

2.2 Qualitative study

As little is currently known about the religious and spiritual experiences of trainee UK clinical psychologists, an approach that allowed for discovery and exploration was deemed most appropriate. A qualitative approach was thus chosen as particularly suiting the subject matter given the focus on openness and the generation of new theories rather than testing out existing hypotheses, contrary to quantitative approaches (Henwood & Pigeon, 1992; Willig, 2009).

Qualitative methods are suitable for use in areas where there is little current knowledge, in order to illuminate the subject and deepen our understandings; they seek to explore experiences and contribute to ongoing debate, instead of seeking 'facts' and 'truths'. Quantitative methods may seek singular explanations, whereas qualitative methods aim to reveal a wide range of views, where finding 'outliers' is expected. They also aim to produce rich, descriptive and contextually situated data and so emphasis is placed on processes and meanings (Denzin & Lincoln, 2005), particularly important in clinical psychology. This was considered to be appropriate in providing insights into the relatively novel investigation of this research. Furthermore, qualitative approaches allow for an observation of the participant's world, including the social, cultural and historical systems surrounding them (Coyle, 2007); this approach allowed the researcher to be included as a part of this social context,

including the position that the researcher was taking and the researcher's influence in the research process (Coyle, 2007).

Quantitative techniques were deemed inappropriate as they would not allow an exploration of the responses given and they do not take into account the role of the researcher as the person who asks questions and in doing so, will likely influence responses. Qualitative methods however seek to address this issue by encouraging reflexivity in the research process, requiring the researcher to make known their own values, assumptions and interrelationship with participants (King, 1996). The issue of reflexivity is addressed further below and in the Discussion Chapter.

2.3 Epistemological position

IPA is grounded within a 'contextual constructionist' (Madill, Jordan & Shirley, 2000) or 'critical realist' approach which argues that human experience has a 'reality' but that in understanding of this reality, we are situated within historical, language dependant contexts which are socially constructed. The contextual constructionist position may be seen as falling between 'naive realism', (which suggests there is a knowable 'reality' and objective knowledge can be obtained about the world), and 'radical constructionism' (which posits that knowledge is socially and historically constructed and thus there can be no observable realities or truths about the world).

In taking a phenomenological perspective, contextual constructionists acknowledge the interrelationship between the researcher and participant and recognise the historical, contextual power imbalances; therefore they encourage the researcher's transparency and reflexivity (Pope & Mays, 2000). Willig (2009) suggests differing perspectives produce different insights into the same phenomenon, relevant to the values and assumptions brought to qualitative study by the researcher.

2.4 Interpretative Phenomenological Analysis⁹

IPA involves exploring a participant's personal and lived experiences, the significance these experiences have for them, and how they make sense of these experiences (Smith et al., 2009). IPA has its roots in hermeneutic and phenomenological principles.

⁹ A critique of IPA is provided in 2.8 of this Chapter and in the Discussion Chapter (4.2).

Phenomenology, first proposed by Husserl (1931), is a philosophical perspective concerned with knowledge; his core principles being concerned with the investigation of phenomena via the examination of the idiosyncratic ways in which experience occurs (Ashworth, 2008). Thus, phenomenology endeavours to gain an understanding of people's experiences and the meanings they make of these by elucidating an individual's subjective and unique perspective of their world and describing the context and manner in which these appear (Kvale, 1996).

Hermeneutics is the study of interpretation and is concerned with the way in which meaning is developed through experiences (Eatough & Smith, 2008). Within the epistemology of IPA, a double hermeneutic is utilised which Smith and Osborn (2003) describe as interpretation which is grounded in the researcher's making sense of the participant's sense-making. As there is flexibility in the extent of critical readings into participants' accounts, analyses are based on both an empathic hermeneutic (understanding the perspective of participants) and a questioning hermeneutic (critical questioning of what participants express and experience) approach (Smith et al., 2009). In this way, attempts are made to understand the participant's perspective of their 'lived' experience.

Given the historical grounding in a 'realist' philosophy, phenomenology has been criticised for lacking acknowledgement of the complexities in knowing the content of individual experiences. Particularly, criticism surrounds the inevitable biases and assumptions of the researcher that will influence attempts to analyse data and 'know' the participant's experiences (Willig, 2009). Although attempts are made to get as close to the participant's lived experience as possible, this cannot be achieved directly or completely (Smith, Jarman & Osborn, 1999). IPA considers this criticism by acknowledging the researcher's active involvement and hence subjectivity in analysing the data; in the 'interpretative' process, reflexivity and openness of the researcher's own biases, interests and assumptions are made transparent and the influence on interpretation of the data is accepted. IPA assumes a participant's attempts to communicate their experiences and thoughts, through the research interview for example. The researcher's submergence in the data should be reflexive and detailed in order to gain some understanding of these experiences.

2.5 Method

2.5.1 Researcher

Madill et al. (2000) posit that, from a social constructionist epistemology, there is an expectation that a relationship between accounts and contexts (such as the situational, personal, cultural and social conditions) within which accounts have been produced, will be shown. This applies to the participant's (experiences, thoughts and feelings) and the researcher's (analysis and interpretation) accounts and therefore reflexivity is an integral criterion for evaluation. In order to meet this criterion, some information is provided about the researcher.

The researcher is a 31 year old British-Bangladeshi female, trainee clinical psychologist in her final year of training, from the same cohort group as participants. The researcher acknowledges her own Muslim faith upbringing, current non-practice, and ongoing relationship with both religious and spiritual aspects of this faith. The impact upon her personal and professional life is considered to be important, particularly as it may affect the process of this research. In training, she noted the interest in diversity issues generally but with a minimal focus on religious and spiritual issues and how this may impact therapeutic engagement with clients. Given her experience in training, an expectation existed that other trainees may have similar views or at least be affected by experiences in clinical work; however, she was interested in gauging the religious and spiritual experiences of other trainees, both personally and professionally, through the study.

2.5.2 Participant characteristics

Eight trainee clinical psychologists were recruited for interview, suggested as an appropriate number with which to conduct a qualitative analysis and proposed to provide a sufficient number of cases for the development of meaningful points of similarity and difference between participants (Turpin et al., 1997; Smith et al., 2009). These were 2nd and 3rd year trainees from the 2009/2010 cohort, taken from the 3 North Thames clinical psychology training providers in London. This provided a homogenous sample of participants who had undergone enough teaching and placement experience from their training to be sufficiently able to engage with the

areas of questioning in the topic under investigation. A homogenous sample is important for IPA as research questions are deemed more meaningful for, and between, participants (Smith et al., 2009).

Despite homogeneity in terms of trainee clinical psychologists being from the same cohort/year group, being based in London and being White female¹⁰, they differed in their religious/spiritual identity. However, the number of reported non-religious trainees matched the broader UK clinical psychology population (62.5% in this sample compared with 61.8% from a total of 246 in a study conducted by Smiley, 2001).

Participants were asked to complete a set of demographic questions before the interview, including 'How would you describe yourself in terms of your stance with religion and spirituality?' The participants ranged in their self-described position with regards to their answers as religious or spiritual to atheist – this is described more fully in Table 1 below (information considered to breach anonymity has not been included in the study). All interviews were conducted in person. During interview, in response to questioning about religious and spiritual identity, participants described having a variety of differing beliefs which provide more detail to the stance described pre-interview (see Table 1).

Participants ranged between 26 and 35 years of age, with a mean age of 29. All of the participants were female; although female trainees are a majority, the participants did not reflect the trainee clinical psychology population owing to the opportunistic sampling method adopted (see below). Most of the participants were known to the researcher. Issues related to this are considered in the Discussion Chapter.

¹⁰ Although the study was advertised to all students, no one of differing ethnic diversity or males opted to participate.

Table 1: Demographic details for participants¹¹ and religious/spiritual identities

NAME	AGE	GENDER	RELIGIOUS IDENTITY	SOCIO-ECONOMIC STATUS ¹²	RELIGION / SPIRITUALITY
Participant 1: Mary	27	Female	Catholic	Working class (unskilled manual)	"I think this is what it is, because I'm religious, I value it and I think it's really important."
Participant 2: Jane	30	Female	Atheist?	Middle class	"... I don't believe in any world religion...hence why I'm not religious. I'm very sceptical about whether there's a personal god... I've kind of opened up to the possibility that there might be some kind of existence or something else that isn't just material...So that's why I wouldn't say I'm an atheist because I'm not, I wouldn't say that I definitely don't believe in [I: Ok] anything."
Participant 3: Lisa	27	Female	Atheist	Upper working class	"... there's a part of me that is spiritual sometimes...but I'm not religious at all...I've had quite negative experiences of religion."
Participant 4: Elena	26	Female	Church of England	Middle class	"I grew up quite religious...I go to church every Easter and Christmas and I do still identify myself as Church of England and as a Christian. But I don't necessarily practise that day to day."
Participant 5: Fiona	35	Female	Catholic, not practicing	Middle class	"... was baptised within weeks of being born, I don't think I really had much of a choice in my religion...my need to pray comes when there's some deaths in my family...To bring me closer or actually to get me more distant from it...I lost my

¹¹ As described by participants. All potentially identifiable information has been changed to protect the anonymity of participants. Names used are pseudonyms. All participants agreed to the inclusion of this information in the study write up.

¹² Self-reported based on family of origin

					father and...I don't think I ever sat in a church again... I never prayed again."
Participant 6: Maggie	31	Female	Jewish	Middle class	"Religion, I'm Jewish. I feel like I'm, I'm very proud to be Jewish... spiritual side of it, I wouldn't say that I necessarily believe in God, I don't know what I believe in yet so maybe I'm a bit of an atheist...I don't like praying in the synagogue to God."
Participant 7: Karen	27	Female	Agnostic	Middle class	"It wasn't like really significant things I was praying for but it felt probably quite significant and reassuring for me as an 11 year old girl...Well erm, I was not baptised or christened at all...I don't really know. Erm, what are my beliefs. I, ah, I don't believe in a sort of religion, in Christianity... I'm definitely spiritual...I can't just with science and my understanding of things, explain everything..."
Participant 8: Sally	27	Female	Atheist	Middle class (not sure)	"... Well I don't believe in God for one..."

2.5.3 Participant recruitment

Participants were recruited largely via email/internet messaging and word of mouth. An opportunistic sampling technique was adopted for a number of reasons: it is noted to be difficult to recruit trainee participants for qualitative research where a proportion of their time is required (in comparison to quicker methods involved in quantitative research); during preliminary assessment via casual questioning of trainees, there was an overarching consensus that course demands would make it difficult to partake in research readily; and it was more amenable to the research to find participants who were interested in being involved in the topic. All participants were ultimately recruited via word of mouth, though they were all provided with a formal Information Sheet to enable their Informed Consent to be given (see below).

2.5.4 Interview schedule¹³

Due to the sensitive nature of the topic under study and in order to facilitate openness in the description of participants' experiences, a semi-structured interview schedule was used. This was designed to include questions that were flexible and used to guide rather than dictate the process of the interview in order to gauge experiences that participants were comfortable to share. In contrast to using a more structured interview schedule, less importance was placed on the order of questions and so topics of questioning were guided by the participants' responses. Using an IPA method meant keeping the schedule flexible was important as it placed participants in control of the experiences they revealed; they were afforded a greater opportunity to tell their own narrative and were placed in an expert position. Probes and follow up questions were asked as particular interests or concerns of participants were raised. Smith and Osborn (2003) have highlighted the benefits of producing richer data using semi-structured interviews; for example, greater empathy for participants and rapport is facilitated, a wider breadth of the research topic may be covered in its flexibility, participants are able to influence and direct the interview and there is an increased likelihood of novel areas in the research to be highlighted which may not have been thought of by the researcher.

A pilot interview was conducted to test out the interview schedule which confirmed the adequacy of the questions and served as an opportunity for the researcher to prepare for the role as Researcher/Interviewer. The interview schedule involved a series of open-ended and closed questions that aimed to provide participants with the opportunity to share their experiences in an open, honest and in depth manner, without feeling obligated to respond to the assumptions they may have held about the interviewer's stance. Where initial questions were insufficient in eliciting a satisfactory response, due to being too vague or too general for that particular participant for example (Smith and Osborn, 2003), closed questions were used to prompt participants.

¹³ A critique of interview based research is provided below and in the Discussion Chapter.

2.5.5 Procedure

Ethical permission was gained from the University of East London Ethics committee prior to conducting the research (see Appendix 1).

Participants were invited to attend an interview with the researcher, lasting approximately an hour, at a mutually agreed venue. Consent to participate was checked by reviewing the requirements of their participation (see Participant Information Sheet, Appendix 2), answering any questions and asking participants to check and sign a consent form (see Appendix 3); their freedom to drop out of the study at any time, without reason was reiterated, particularly given the familiarity between the researcher and some participants.

A brief demographic questionnaire was used prior to the interview (see Appendix 4). The interviews were then conducted, using a semi-structured interview schedule (see Appendix 5) following suggestions by Willig (2009) who argues for minimal, meaningful and open-ended questions to guide the interviewee and as an appropriate method for data collection. The questions covered a breadth of information about religious and spiritual experiences both personally and professionally and aimed to discover areas not anticipated at the beginning (Pope & Mays, 2000).

Interviews were audio-recorded using a digital recorder; interviews lasted between 42 and 75 minutes. Participants were given an opportunity to debrief post-interview, to discuss their thoughts and any issues that arose (details about counselling services provided by their course was offered although none of the participants took this information); all participants took up the opportunity for debriefing. Debriefing conversations involved discussing the experience of being interviewed, issues that came up for participants and answering questions about the motivations for the study.

2.6 Analysis

2.6.1 Data transcription

In order to gain familiarity with the data, all recordings were transcribed by the researcher. All identifiable information was removed during transcription and

pseudonyms were used to replace names of participants. The interview recordings were transcribed verbatim, with the adoption of a semantic level approach recommended by Smith and Osborn (2003).

2.6.2 Reflexivity and reflective record keeping

Following each interview and during transcription, notes were made about initial thoughts, reflections and observations which arose from the interviews. Personal reflections about the researcher-participant interactions and initial thoughts about emerging themes at this stage were also noted.

Significant findings taken from interviews and transcripts were noted and further explored in supervision and as part of the emerging analysis which allowed for further space to separate what participants said and what was interpreted from these. This was a particularly useful part of the process of IPA given the opportunity to engage with both participants' talk and the researcher's own thoughts and feelings in relation to these. The process also offered a space to step back from feelings of frustration and anger that arose during the analysis. Given these emotions, the analysis stage took more time to process than it might otherwise have done. Such feelings were difficult to articulate when they initially presented and an understanding of them came from a cyclical process of looking at the data and continual reflection. These reflections are further explored in Chapter 4, where a discussion of their meaning is presented to the reader.

2.6.3 Procedure for data analysis using IPA

The procedure followed was adapted from guidance offered by Smith et al. (2009) and from Willig (2009). This involved taking a detailed analytic approach to individual transcripts before integrating themes across transcripts. The stages followed the process outlined below:

- Stage one involved reading the transcript with the audio taped recording playing through earphones at the same time, in order to capture the experience of the interview and of the participant. Sections of text within the transcript were highlighted as points of interest arose and notes were made in the margin and in between lines (transcripts were printed using 1.5 line spacing to provide adequate room for annotation).

- Stage two involved reading and re-reading the transcript to develop familiarity with the text. Further notes were made to illuminate descriptive and linguistic comments based on the participant's use of language, pauses, metaphorical expressions, etc.
- In stage three, the transcript was re-read and initial interpretations were made about preliminary themes, using the notes made previously and making further conceptual comments; these were also noted in the margins (see examples in Appendix 6). These provisional points served as higher level abstractions made from the descriptive annotated content.
- Stage four; the provisional themes were then typed into a separate document and extracts quotes and additional comments were added beneath these. Similar themes were clustered together and new themes were added to the list as they arose; this involved going back and forth between the list and transcript and also moving around the list, editing themes and re-aligning themes. Themes were re-worded or comments were added as further extract quotes challenged the current theme but where a new theme was not warranted. This process was iterative and the interpretations made were continually checked to ensure they fit with the quotes from which they originally arose.
- The next stage involved gathering themes together into wider and sub-themes by labelling each cluster broadly. During this process, certain themes were removed where they were not sufficiently evidenced in the text or if they were peripheral to the phenomenon under investigation (Willig, 2009). At this point, developing themes were checked against two supervisors' interpretations.
- Following the development of initial themes, the following five transcripts were sequentially subjected to the same process of analysis as in stages one to five. Divergence and convergence across transcripts were noted and an interim analysis was conducted to check for the appropriateness of the questioning during interview and to assess whether the areas under investigation were being adequately explored. At this point, consideration was made about altering the style of questioning or the prompts provided by the researcher. Despite what participants talked about in response to questioning, a decision was made to continue adherence to the original semi-structured interview guide. The provisional themes inferred at the point of the interim analysis

provided a basis from which to analyse the remaining two transcripts; attention was paid to interim themes whilst openness remained to the possibility of new themes arising. Again an iterative process was adopted whereby new themes were checked against earlier transcripts.

- Once each transcript had been analysed and a number of themes gauged for each, the lists of themes were merged together along with extracted quotes from each transcript, using separate colours to denote transcript numbers. Themes were developed based on their prevalence, on the richness of supporting data and on their centrality to the research aims. This process was revisited several times in a cyclical process of collapsing and reforming themes to ensure a final list of superordinate and subordinate themes was reached, which reflected the researcher's interpretations.

2.6.4 Style of analytical reasoning

As a further explication of understanding data for an interpretative phenomenological analysis, strategies of abductive reasoning, discussed by Shank (1998), were used to develop interpretations.¹⁴ As part of IPA, interpretations are (i) developed from an in-depth analysis of transcript data, where initial interpretations are generated as a result of descriptive, linguistic and conceptual extracts identified. These are then (ii) compared with extracts of data in other parts of the same and other interview transcripts, resulting in (iii) a process of theme generation. Shank's paper captures conceptually the inferential style used in the IPA data analysis phase.

Abductive inference involves surmising from the available data to the best possible explanation¹⁵ and adds to the observed experiences as plausible and meaningful connections are made. To demonstrate an example of this in the current research, I refer to my interpretations centred between and based on the two extracts that follow:

¹⁴ Shank's (1998) paper on 'abductive' reasoning came to my attention late in the timeframe allotted to this research.

¹⁵ An example could be: There are five marbles and two children. How may the marbles be divided between the two children? 5:0? 4:1? 3:2? 2:3? 1:4? 0:5? Suppose it is known that Child One doesn't really like marbles. It might be surmised that the most likely answer is one of the last two possibilities...

"... I was not baptised or christened at all...both my parents would describe themselves as atheists...my mum quite profoundly...would probably see religion as something actually quite abhorrent in a way...Yeah they were really anti." **(Karen)** (In Chapter 3; 'Family' 2.1.1)

Below, Karen's repetition of 'forgetting' a time where she was religious despite her Atheist family, seemed significant given that it may have potentially created disparity between her and her family. I linked this to earlier talk where Karen said her mother regarded religion as 'abhorrent'.

"Um, which thinking now, I almost had forgotten that, it's quite funny you said that, I was thinking, God I was actually quite religious at that point...as an 11 year old girl... It's funny I literally haven't thought about it, I kinda forgot when I used to do that in a way..." **(Karen)** (In Chapter 3; 'Spiritual crises' 6.1)

Shank links the process of abductive reasoning to the development of new ideas, insights and possibilities. While his full account of abduction is beyond the scope of this section, the presentation he makes of it clearly shows the process of abductive inference to follow closely in the spirit of Smith and Osborn's (2008) account of IPA data analysis (see section 2.8 below). It provided an authoritative and parallel account of the process of generating the themes of an IPA.

The present study therefore developed its interpretations using this style, identifying data available and adding to this, new interpretations/insights. All such interpretations by their nature claim not to be facts or truths but an attempt to find new meanings. Given this process, the reader may regard such interpretations of phenomena as speculative, and in a sense they are. However, Shank (1998) argues that this is an essential element in the development of new understandings. The reader will judge their validity from the interpretations given and their coherence with the supporting data extracts adduced.

2.7 Criteria used to evaluate this study

Qualitative research acknowledges subjectivity of experience and aims to offer an in-depth description and interpretation of a small number of participants, therefore criteria used to evaluate quantitative research (such as reliability, objectivity, validity

and generalisability) are unsuitable in their existing form (Willig, 2009). However, Yardley (2000) argues that there remains a need to evaluate the quality of qualitative research. As there is no universal qualitative research paradigm and there are differing epistemological positions informing the differing qualitative approaches used, the evaluation criteria used for any given qualitative research should be customised to fit the particular method adopted (Madill et al., 2000; Reicher, 2000). A number of different sets of criteria have been proposed in order to conduct such evaluation (for example, by Henwood & Pidgeon, 1992; Elliot, Fischer & Rennie, 1999; Yardley, 2000; Spencer et al., 2003). The present study will utilise the seven evaluation criteria proposed by Elliot et al. (1999) as these fit with the epistemological framework of the research (Willig, 2009). These are listed and how attempts were made to meet are noted:

- Owning one's perspective – requires the researcher to disclose their own assumptions/values to allow the reader to interpret the analysis and consider their own alternative interpretations; this is addressed under the headings 'Researcher' (in this Chapter) and 'Reflexivity' (in Chapter 4).
- Situating the sample – requires the researcher to describe participants' and their life circumstances in some detail to allow the reader to assess the relevance of the sample and subsequent applicability of the findings; this is provided under the heading 'Participants' (in this Chapter) and described to some extent in the analysis of themes (in Chapter 3).
- Grounding in examples – requires the researcher to demonstrate, to the reader, the analytic procedures used and the understandings generated by providing clear examples from the data; quotation extracts are used to exemplify the themes generated (in Chapter 3) and additional quotes supporting each theme are listed in Appendix 7.
- Providing credibility checks – requires the researcher to refer to others' interpretation of the data as a test of credibility; two supervisors checked some of the transcript data for evidence of related themes.
- Coherence – requires the researcher to present a coherent and integrated analysis; several stages of the analytic process produced an order of themes which are linked to the interview data (in Chapter 3) and discussed in relation to previous literature (in Chapter 4).

- Accomplishing general versus specific research tasks – requires the researcher to be clear about the specific research tasks; these are identified in Chapter 1 and reviewed more thoroughly, in light of the analysis, in Chapter 4.
- Resonating with readers – the researcher is required to present the material in order to allow the reader to feel that the research has expanded their understanding and appreciation of the subject investigated; a coherent written structure for the study has been adhered to throughout to allow the reader to develop an understanding of the existing literature, the process and outcomes of the findings of the current study and allow for the reader’s reflection via discussion of the issues presented.

2.8 Critique of IPA

Several criticisms of IPA are important to highlight. These are considered by Willig (2009), who suggests that limitations of IPA include: that certainty in findings is not possible; that it cannot make predictive claims about trends, normal distributions or represent knowledge about a wider population; (indeed, IPA makes no claim to do this). She continues, it is unable to develop accounts about why particular phenomena are experienced in particular ways and why these may differ from others; while this is doubtless a valid critique on a general level, Smith and Osborne (2008) claim that IPA can and should interrogate data with respect to why an individual may speak in the manner they do. For instance, they include “do I have a sense of something going on here that maybe the participants themselves are less aware of?” and “what is the person trying to achieve here?” as questions that may validly be asked by the analyst (page 53). Willig (2009) further points out that IPA makes critical realist assumptions about the participant’s accounts as ‘true’ communications of the richness of their experiences; and that it makes assumptions of, and relies upon, language use to access these meanings and experiences. These are further explored in relation to the current study, in Chapter 4.

2.8.1 Data collection via semi-structured interviews

Smith (2011) suggests that, in IPA studies, ‘The most common method of data collection is in-depth, semi-structured interviewing’ (page 10, Smith, 2011). Potter and Hepburn (2005) argue that interviews (including semi-structured interviews) are

overused in qualitative psychology research and that this method is too often adopted unquestioningly by researchers. In their paper, they reinforce the significance of the interactional processes of interviews.

The debate about interview-based research in psychology centres around interview data as a topic (discursive) to be analysed and understood in and of itself, and interview data as a resource (experiential) by which experiences can be analysed to reach understandings of these experiences; this is discussed by Rapley (2001) who suggests the former often goes under-researched and that the latter approach decontextualises important features of talk. Reicher (2000) distinguishes between discursive methods (interviews are considered contexts in which language and interactions between interviewer and interviewee create our social world) and experiential methods (where language is used by interviewees to reflect experiences and understandings within interviews which can be used by the researcher to derive meaning). The concepts discussed by both Rapley and Reicher can be seen to map onto one another. In citing the problems with interview-based research, Potter and Hepburn (2005) also criticise the use of interviews as resources to access experiences of interviewees. Although IPA is experiential, (and this study adopted this approach), in that it accepts that researchers attempt to get as close as possible to the experiences of individuals and the meanings they make of these via interviews (Smith, 2011), it still remains important to give consideration to some of the criticisms associated with the interview-based approach.

Problems with interviews as a method for qualitative research are divided into those which are contingent and may be rectified and those which are necessary and inescapable features (as discussed by Potter & Hepburn, 2005). To briefly list these, contingent problems include: taking the interviewer's talk out of the context of the data reported; representing limited information pertaining to the interaction within the interview process; the under-analysis of interview data through the lack of explicit claims made of the data and inadequate referencing of these; lack of detail regarding the fuller context of the interviewee's journey into and through the process; and, failure to treat the interviews as a social interaction. Necessary problems cited as unavoidable yet significant are: the biases and agendas of the researcher which may

be both explicitly and implicitly introduced into the interview; the lack of clarity around different positions both interviewer and interviewee may adopt (and be placed in) at different points in the interview; the interests by which interviewees are recruited and the conflicting treatment of them as neutral informants; and, the privileging and treatment of cognitive language as adequately descriptive in allowing an understanding of experiences and meaning to develop. How these were then considered in light of the current study, is further discussed in Chapter 4 in 'Evaluation of the research'.

In arguing for less interview-based research, concluding from the above, Potter and Hepburn (2005) contrast this with naturalistic approaches to data collection in order to counter the problematic approach they consider inherent in working with elicited data. Setting up the two approaches oppositionally is discussed by De Fina and Perrino (2011) as something of a 'false dilemma'; they offer examples demonstrating that researcher interpretation is present in each and cite research that has shown analysis of narratives from interviews and from spontaneous conversation has produced equally valuable findings.

Bearing in mind these arguments about analytic technique and about generating data via semi-structured interviews, the present study was nevertheless judged as suitable to be conducted within the assumptions and framework of IPA, and proposed and approved as such by a process of peer review.

Chapter Three: Analysis (and preliminary discussion)

The interpretative phenomenological analysis of the eight interview transcripts produced six superordinate themes, within which a number of subordinate themes are presented. Deconstructing the data into such ‘islands’ of meaning, however, begs the question of what ordering and linkage may be understood between them, consistent with what participants said. After further analytic consideration, my eventual arrangement is listed in Table 2 below.

Table 2: Themes produced from analysis of the data

SUPERORDINATE THEMES	SUBORDINATE THEMES
GROUNDING THE FINDINGS	
1. Conceptualising religion and spirituality	1.1 Overlapping constructs: spirituality subsumes religion 1.2 Spirituality as untrammelled 1.3 Religion as controlling and controlled 1.4 Societal influences on experiences
2. Identifying self within a religious/spiritual context	2.1 Influences 2.1.1 Family 2.1.2 Education 2.2 Identity 2.3 Supportive networks
POLARISING IDEAS: A DEFENCE AGAINST POWERLESSNESS?	
3. Experiences of religion and spirituality as a trainee clinical psychologist	3.1 Shared framework with clients 3.2 Lack of curiosity 3.3 In supervision 3.4 Academic knowledge 3.5 Culture and stereotypes
4. ‘There’s no space for religion’; attributing blame.	4.1 Avoidance and Ignorance 4.2 The problem lies without 4.3 ‘If it’s important for the client then they would bring it up’ 4.4 Inadequate teaching
5. Incongruence; the face of clinical psychology and the secrets we practice	5.1 The profession 5.2 Training courses and clinical psychologists 5.3 Trainee clinical psychologists
BRINGING VALUES AND WORLDVIEWS INTO SHARPENED FOCUS	
6. Facilitating religion and spirituality	6.1 Spiritual crises? 6.2 Language use that evades confrontation

3 Introduction to findings

Five considerations seem important to make:

1. Firstly, participants' personal understandings of religion and spirituality were shaped by values shared within family networks and informed by childhood experience. These influences contributed to informing participants' reported self-identity within a spiritual/religious context.
2. Secondly, a broad range of themes was generated within participants' experiences of religion and spirituality in the profession; many of these described participants' experience of a neglect of these topics clinically, on the training course and in supervision. Participants talked about their views on this, and voiced their own assumptions about the relationships of religion and spirituality to both clients and to clinical psychologists.
3. Thirdly, I wondered about a lack of reflexivity in relation to these issues. Although participants had agreed to speak of their experience, they easily slipped into a seemingly cognitive, objective 'mode' of talking¹⁶: a number of explanations for the lack of engagement with the topic in clinical psychology were suggested by participants which guided possible understandings for the apparent avoidance and ignorance alluded to in the interviews (both explicitly and interpreted from the text). Incongruence, as a theme, seemed to dominate participants' experiences, as inferred from the interview data, although it is focused upon specifically only in Theme five.
4. Fourthly, significant issues of interest were raised by participants, such as the value of utilising religious and spiritual issues within clinical psychology, the perceived match and mismatching of these two fields and the difficulty with perceived incongruent gestures and practices within the profession, which I inferred may contribute to the lack of power trainees have in effecting change in the profession's lack of engagement with religion and spirituality. Participants suggested wider dominant attitudes within the profession directly impacted on whether individual trainees would engage with these areas themselves.

¹⁶ The incongruent, objective 'mode' of talking adopted by participants is considered further in the Discussion Chapter.

5. Lastly, the final theme entails the struggle with articulating around religious and spiritual issues experienced by participants and the overlap in language use within clinical psychology and in religious and spiritual domains; I inferred that this may be fundamental in facilitating the engagement with this in a clinical setting.

Many of the themes arose from a large sample of relevant quotes from several interviewees, and additional quotes supporting each theme may be seen in Appendix 7.

3.1/ 3.2 GROUNDING THE FINDINGS

‘Grounding the findings’ gives the reader a sense of the data embedded in a religious and spiritual context. I have drawn a distinction between the ‘personal’ and ‘professional’ given the lifelong aspect of the personal identities of participants and the relatively recent aspect of their professional identities, whilst assuming a directional flow to this¹⁷.

3.1 Superordinate theme 1: Conceptualising religion and spirituality

During analysis, participants’ knowledge and understanding of religion and spirituality emerged as a fundamental context for the rest of their views.

The theme was generated from questioning about understanding religion and spirituality (see Appendix 5 for semi-structured interview schedule). The theme also provides a sense of what participants’ personal, emotional stance is on the topics of religion and spirituality which then connects to their account of them on a personal and professional basis.

¹⁷It is of course possible that the more recent ‘professional’ aspect could have led participants to a reconstruction of the more lifelong ‘personal’, but none of the data lent support to this as a causal direction.

3.1.1 *Overlapping constructs: spirituality subsumes religion*

Religion and spirituality were seen by participants as both separate entities but also linked: both were deemed to be meaning-making systems, with spirituality being a broader concept within which religion resides.

“... I will start by defining spirituality. Erm, because I think religion develops from that... I mean some higher belief of the meaning of your life and the meaning of everything else. And I think religion is formalised, structured way to set some guidelines, protocol to this experience of spirituality”. **(Fiona)**¹⁸

“I guess everybody who is religious is spiritual in some way [I: Ok] but not everybody who is spiritual is religious. (laugh) I have no idea. It seems like it’s a wider encompassing and within spirituality there is religion.” **(Sally)**

Sally’s line “I have no idea” seemed contradictory given the clear ideas she expressed; I interpreted this as a potential tension between being perceived as knowing and not-knowing, a sign of her discomfort with the subject and her ideas regarding the implications of sharing a view that contradicts how she perhaps understands the wider profession. These ideas are raised further in the analysis.

3.1.2 *Spirituality as untrammelled*

Participants understood spirituality as less defined than religion, less restrictive, more freely available, and individually experienced. This was seen as a positive sense of being, that people could ‘practise’ in order to hold on to what was important for them, as a sense-making structure for their world and as a moral guide to their lives.

“But with spirituality I find a little bit freer, less constrained by, like it’s something that you don’t have to define. There’s no rules to it...” **(Lisa)**

“...whereas spirituality is more of a personal, individual erm (pause) set of ideas about the world or feeling...in touch with something...beyond just ones physical being but

¹⁸ To provide succinctness; where ‘...’ is used, this indicates that text has been omitted from quotes; [] is used to clarify the subject matter; “um” and “er” have been removed.

could be completely devoid of any God or kind of I don't know, structure to it... it could just be erm ones own service for oneself almost. And how one fits into the world...It's perhaps more an individual thing, an idiosyncratic thing, I don't know.” (Karen)

Again, saying “I don't know” amidst imparting clear ideas of the subject possibly indicates that participants were attempting to be tentative in their knowledge, as if to say ‘Don't quote me!’ and thus inserting personal disclaimers into their responses to ward off any feared responsibility these statements may afford them. Several “I don't know” comments occurred in similar contexts across interviews.

3.1.3 Religion as controlling and controlled

Religion was described by all participants as a collective, cultural, structured institution to which people belong and identify with, and in this way it was controlled unlike spirituality. It represented a strict set of rules for some participants that they experienced with clearly negative connotations, and its impact on others was described as harmful. For other participants, it was seen as a way of engaging in shared familial routines and thus a positive and optional framework, controlling but unoppressive.

“I think religion to me, is about identifying with a particular church and having particular beliefs that tie in with a wider religious background so identifying yourself as a Christian as a Muslim as a Jew. Um, and I don't necessarily think that you have to believe every single thing that that church says...” (Elena)

“Religion has, it has this kind of repressive connotations for me.” (Lisa)

“... I think religion is often used as an excuse for harming others and for creating conflict...” (Sally)

“Religion, I'm Jewish. I feel like I'm, I'm very proud to be Jewish. I feel like the heritage is really nice and the culture's like it's a wonderful culture, I like the family morals.... So it's the process of the family going together to the synagogue...having lunch together

or dinner and um, the you know always doing it every year on the same days..."

(Maggie)

Sally alluded to wider misuses of religion in society, demonstrating the connections between individual and wider systems in the practice of and understanding of religion. Spirituality was not open to the same scrutiny given its relatively private essence.

3.1.4 Societal influences on experiences

Experiences of religion and spirituality, and particularly the values attached to these concepts, were linked by participants to societal and historical shifts in perspective. This reflected an impersonal, objective way of talking about the subject, again seeming to be an attempt to remove their selves from having a personal relationship to the topic.

"...and probably the kind of social context of [my parents] growing up in the 60's and 70's...they were quite politically quite erm, I suppose lefty or liberal and so it made me question kind of powerful structures in our society and how they might abuse their power and stuff so as a teenager I was very much aware that the church was one of these or has been in the past..." (Jane)

"But as a whole, in the past, it [clinical psychology] was quite science driven so there wasn't much space for religion. But I think...it's opening out a bit more with qualitative work...But it's difficult because it's something which is not, you can't prove anything within it so I don't know how much, how important a role in the future it will actually be given." (Maggie)

Linking changing societal ideas about religious and spiritual issues was significant; I interpreted this as also fitting with the experiences within clinical psychology as another culturally shifting framework which participants wanted to consider when sharing their own views. There seemed to be a tension regarding feeling able to talk about personal experiences and the meaning this may have, and thus, taking a professional, scientific perspective served as a safe approach to communicate their experiences without feeling personally exposed. It also led me to consider the tools

trainee clinical psychologists are equipped with that may possibly bias them to depersonalise their personal experiences. These thoughts are explored later in the chapter.

3.1.5 Review of Superordinate theme 1: Conceptualising religion and spirituality

Four points struck me:

1. Firstly, the experience of spirituality is storied in 3.1.2 as *free-flowing*, yet is positioned in 3.1.1 as ‘containing’ *religion* which is in point 3.1.3 storied as *rigid* – reminiscent of a solid crystalline structure suspended within a fluid chemical surround; the tangible and sometimes restrictive yet known, within the less tangible, unknown free space.
2. Secondly, the ‘societal influences’ (in 3.1.4) made no inferences to spirituality, and mirrors 3.1.1 - religion as an entity suspended within and subsumed by a wider changeable social context.
3. Thirdly, religion is figural and easy to focus on; spirituality is experienced as in the background and considerably harder to focus on – Sally and Karen (who like all the participants, had specifically volunteered to participate knowing that they would be asked to focus upon it) both talk with personal knowledge about it but then weave into their data several claims *not* to know.
4. Fourthly, “I don’t know” seemed to me a barrier to participants’ engagement with the interview topic and served as not only a disclaimer of their own non-expertise but was also inferred as their desire for me not to pursue the response further. It may have served as a protective function to prevent my negative judgment, as part of a wider experience of training as continually, critically assessing performance.

3.2 Superordinate theme 2: Identifying self within a religious/ spiritual context

Experiences of religion and spirituality were informed by personal identification with these topics. This theme emerged as I saw a powerful link between the prior influences of religion and spirituality upon trainee clinical psychologists’ self-identity and how this

impacted upon their views of how religious and spiritual issues may fit with professional practice, as discussed in later themes.

Participants had been asked to give their status regarding 'religion' as part of the pre-interview demographic questioning. This was then further explored in the interviews.

3.2.1 Influences

Participants attributed influences of religion and spirituality in their personal lives to familial environments and school settings. Family experiences ranged from non-religious extremes, through to quite religious and relaxed religious values with emphasis on family connections. Experiences within educational establishments were described as either negative or as not particularly aligning with religious practices.

3.2.1.1 Family

Karen and Elena's families have strong views which impacted on their own ideas of religion. For example, Karen identifies as Agnostic and Elena as Church of England, and the extreme beliefs they describe in their families are not shared by them.

"... I was not baptised or christened at all...both my parents would describe themselves as atheists...my mum quite profoundly...would probably see religion as something actually quite abhorrent in a way...Yeah they were really anti." (Karen)

"So I grew up in quite a religious family. So my parents went to church every Sunday.... that was strict, very strict in my family, every Easter and every Christmas we went to church.... So yeah, they are quite devout..." (Elena)

Both omit spirituality, potentially as irrelevant in their familial stories, perhaps not talked about openly in UK culture; this fits with previous descriptions of spirituality as an individual sense which is not communal. Strong beliefs for or opposed to religion are located within their parents and not shared, as if a watering down of these ideas are more acceptable to participants. I wondered whether clinical training may necessitate a more neutral personal perspective on religion to minimise contention, perhaps building on a pre-existing tendency for participants.

3.2.1.2 Education

In asking about experiences of religion and spirituality in upbringing, school experiences were talked about. School life did not impart value for religion but seemed to cover a formative period in participants' lives; again spirituality is not talked about.

"I actually went to, erm sort of Christian kind of private schools...slightly tokenistic, we all go to church once a week and therefore we're a Methodist school...I guess that was the only real source I had, for er religion." (Karen)

"I've just got, it wasn't terrible but I've just got memories of, it's silly things...of having to go to confession...we'd have to go to mass quite often... like, just how strict like some of the nuns were...it's really like putting the fear of God into you. Like, I remember being terrified that, you know, that if I accidentally told a lie, that I would go to hell." (Lisa)

Both Karen and Lisa (self-reporting as Agnostic and Atheist, respectively) come from families described as anti-religious yet they were sent to Christian schools; in wondering why, I speculated whether these experiences minimised any future positive relationship with religion for participants, given the rebellion to rules children often have with school establishments.

3.2.2 Identity¹⁹

Influences from family and childhood experiences impacted upon how participants described their identity; as religious or non-religious (described as Atheist, not practising or Agnostic). Exploring this in interview revealed a range of less clearly defined identities.

"My family are quite religious... I think tradition is important in keeping...extended families together so I really really value that...I didn't really have any choice, I was

¹⁹ The term 'identity' is used in a general sense and is not intended to refer to current social psychological understandings of the concept (such as in, e.g., Sala, Dandy & Rapley, 2010)

literally saturated in that way of life from when I was so young...because I'm religious, I value it and I think it's really important." **(Mary)**

"... there's a part of me that is spiritual sometimes... I've had quite negative experiences of religion." **(Lisa)**

"...I don't really know. Erm, what are my beliefs. I, ah, I don't believe in a sort of religion, in Christianity. Sometimes I think that perhaps, I'm definitely spiritual and I do sometimes think...I can't just with science and my understanding of things, explain everything..." **(Karen)**

Lisa and Karen talked about being non-religious but valued spirituality and seemed comfortable in its lack of clarity, possibly feeling safer to disclose this as it negates criticism, as they had described negative experiences of religion previously. Lisa's negative schooling experience may have affected her subsequent views on religion.

Fiona and Maggie attached religion to their identity but describe an ambivalent, evolving relationship, as a tension between other familial relationships; both describe religion as integral in their families' lives, and appreciate how it draws family together but finding it difficult to accept personally.

"...I don't think I really had much of a choice in my religion... my need to pray comes when there's some deaths in my family... I lost my father and I think that's it, I don't think I ever sat in a church again afterwards... I never prayed again." **(Fiona)**

"... I'm Jewish...I'm very proud to be Jewish... spiritual side of it, I wouldn't say that I necessarily believe in God, I don't know what I believe in yet so maybe I'm a bit of an atheist. I um, I like to think that that there is a supernatural power... But I don't like praying in the synagogue to God." **(Maggie)**

Thus, there was a sense that labels given to oneself do not capture the complexity in describing one's own beliefs and perhaps, therefore, makes it harder to address in clinical practice.

Several participants did not talk about holding strong identities with regards to religious and spiritual beliefs, and remained vague in their descriptions. It is possible they had not had enough self-reflective experiences previously to explore this. I wondered whether this inclination towards non-extreme beliefs helped to manage other values that may contradict faith-based beliefs, such as belief in objective science as a scientist-practitioner.

3.2.3 Supportive networks

Supportive networks were seen as a significant feature in the maintenance of religious values, in exploration and reflexivity with regards to religious and spiritual beliefs and as interesting points of absence in some of the participants' lives.

Being able to share her beliefs with others was seen as integral for Mary and valued as part of a collective, cultural, mutually endorsing practice of religion.

"...when I think of like important events in my family...everyone's are all around that church really...I've got loads of friends erm, who are Catholic [and] I get all of my support to be honest from friends and family...we support each other a lot..." (Mary)

Jane (non-religious) described not having close religious friends or networks.

"... there were people that I knew...I would say acquaintances that were religious obviously religious, mostly Christian...apart from one of my mate's family is from Sri Lanka but he's not practising like Hindu or anything." (Jane)

She previously described non-religious parents and no personal encounters with religion and so a story of non-engagement with religion emerges in her interview, contrary to what I understood to be her interest in the topic, exemplified by her participation in this study.

Elena's shared experiences of religion make her feel 'normal'; although she chose to label 'normal' as not correctly descriptive, it implies a wider group to which Elena belongs which is content with a religious label outwardly but does not have personal

connections to religion. She also talks of other people as able to recognise her commonly shared background.

“...it’s quite stereotypical for where I grew up and the background that I’m from, and a lot of my friends have very similar religious backgrounds that they went to church when they were younger and then sort of dropped it a bit when they got older...I feel, normal is not the right word but...if I tell people about my religious background it’s not gonna come as sort of a surprise to them or be anything out of the ordinary...” (Elena)

This wider group of people Elena was referring to, although not explicitly stated by her, mirrors the dominant White, Middle-class clinical psychology profession, giving me a sense of her safeness in disclosing this experience.

Both Fiona and Maggie described themselves as having mixed views about their personal beliefs in God, however, their open interest in religion and spirituality was not hampered by this in training, and they spoke freely about such issues.

“And it’s very interesting within clinical psychology I’m having discussions with my peers sometimes.” (Fiona)

“I’m very open with my friends and people on the course.” (Maggie)

3.2.4 Review of Superordinate theme 2: Identifying self within a religious/spiritual context

I reflected on three points of interest:

1. Firstly, there were clear links between values held by family and how participants labelled themselves in terms of identity regarding religious and spiritual beliefs; however these referred to religion not spirituality. In exploration, descriptions of their identities were less clear, at times difficult to articulate and for some, still evolving. This gave a sense of a lack of clarity around personal ideas on this subject.
2. Secondly, spirituality was not engaged with, in talking about social context (family, school or support networks), but did emerge in talking about the

personal, enabling participants to free themselves of any confining identity label, consistent with ideas about religion as definable and spirituality as free-flowing.

3. Thirdly, the sense of a middle ground and safe remit within which religion and spirituality could be talked about was noticeable from the transcripts. Participants were consistently more able to fluently discuss experiences in a cognitive manner (as in theme 1), as if wearing a 'professional hat', but struggled when talk leaned towards more personal experiences. Cohen (1994) speaks of something very similar in his study of New York Jewish psychoanalysts. Their trainee socialisation seemed to be influential in this more comfortable mode of talking, and may also have been a hindrance in talking from a personal perspective.

3.3/ 3.4/ 3.5 POLARISING IDEAS: A DEFENCE AGAINST POWERLESSNESS?

Participants repeatedly discussed concepts by polarising ideas, possibly in order to detach the conversations from murkier, less comfortable topics; these themes form what I understand to be the key and significant findings of this research. Participants appear to distance their personal experiences by attribution to external sources – and using religion, not spirituality to hang these statements on.

3.3 Superordinate theme 3: Experiences of religion and spirituality as a trainee clinical psychologist

This superordinate theme captures participants' experiences in clinical psychology as trainees. The subordinate themes that arose from this touched on several issues; impact upon direct clinical work, lack of engagement with religious and spiritual issues with clients and in supervision, views around knowledge and understanding with respect to psychological theory, and learning from experience. There were also interesting insights into assumptions made about religious and spiritual issues.

3.3.1 Shared framework with clients

Elena spoke of the benefits in developing a positive therapeutic relationship, using religious beliefs, to help facilitate therapy with clients.

“... that was easier because he was Christian and so when he talked about things, I knew exactly what he was talking about.” (Elena)

Elena suggests that similarity was conducive with this client; however, a discussion with this client about the potential plethora of individual differences in beliefs is not talked about, leaving me to wonder about what may be missed by her positive emphasis.

With another client, below, Elena assumes a mutually conscious decision not to talk about religious issues. She further speculates that her client may have felt uncomfortable with their differences and would possibly prefer a therapist with a matching religious identity.

“I don’t think it was negative but I think maybe neither of us chose to talk about it [RELIGION] that much...it was quite obvious that we came from different backgrounds...maybe if she had been working with a Muslim therapist, she might have felt more able to talk openly about her religious beliefs...” (Elena)

A *don’t ask, don’t tell* stance is taken when presented with this religiously-oriented client.

Karen spoke about sharing a conviction in the benefits of religious belief for her client, thus finding a mutual space to work therapeutically, despite her personal ‘disdain’ in her own lacking religious beliefs.

“... I’m using that [religion] as kind of a framework to think about... that sort of value, what sort of commitments might you be able to, or what we might strengthen...it’s [positive] that that’s something she actually believes in...disdainful of even my [Karen’s] Christian religion, doesn’t really impact at all...see it [religion] as sort of really positive thing because I see it as a resource you can work with...” (Karen)

Conversely to Elena’s experiences, Karen seems to view religiosity as a potential avenue to explore; exemplifying the value of curiosity towards the subject.

Lisa (Atheist), below, suggests shared beliefs make it easier to relate to clients. I was curious about whether differences in beliefs would hinder therapeutic work. Relating therapeutically to this client seemed tied to having some shared beliefs.

“So she shared those [non-religious] beliefs as well. So, so maybe that made it easier for me to relate to her cos, because we shared some kind of understanding as well.”

(Lisa)

A possible interpretation for participants’ preference towards shared background beliefs with clients could be that a lack of space to reflect on such contentious subject areas leaves trainees unable to think about these issues more objectively inclining them towards a safer way of dealing with this, only engaging with such issues where it feels safe. None of the data describe participants’ experiences of sharing a framework of spirituality with clients; all the examples are about religion.

3.3.2 Lack of curiosity

Participants talked about their reluctance to seek out information pertaining to religious and spiritual issues and their limited understanding of these beliefs. In the interviews, they reflected on why this may be and often became stuck in what they said.

Lisa suggested that her views made it difficult for her to understand a client’s strong beliefs. This had implications for the work that they engaged in; there was a lack of collaboration and religion was avoided, because Lisa suggested she struggled to relate to the religious ideas presented to her and assumed there was a line drawn between the profession and religious beliefs.

“... I don’t think I’ve actively explored any of their religious beliefs with them. So it’s never been something that’s part of the dialogue...I don’t know if that’s my own avoidance of it or my own beliefs that it’s not relevant or what... When because I’m not religious, I find that difficult to understand... Yeah because there’s a line you have to respect...I can’t challenge her to not wash her hands at all, because I would be then

asking her to do something against her religious beliefs. Where as if she didn't have that religious belief, that would be our goal for her to be able to not wash her hands at all." **(Lisa)**

Whether this is connected with personal avoidance by Lisa, or lack of 'tools for thinking' provided by her training, she does not clarify. It is not clear whether her experience of 'the line' is professionally sanctioned, or is a sort of commonly accepted courtesy. What is clear is the discomfort she thereby avoids.

"...I think it's like a lot of things that when you're really out of your comfort zone talking about things you don't know as much about, that's a lot more uncomfortable and feels a lot more difficult than when you're talking about things that you're really sure about." **(Elena)**

In the above extract, Elena's talk about a 'comfort zone' seems to be a barrier to develop as a trainee. This led to me questioning whether some areas of professional growth are perceived as overlooked.

Karen spoke about a significant learning experience where she was able to challenge her discomfort in working with religious beliefs that were conflicting with her own.

"It was quite good for me because yeah I did feel really frustrated...it was a real exercise in trying to restrain, in, in exercising tolerance and just be really, as completely open minded about it..." **(Karen)**

Karen's engagement in working with difference was uncommon in this study; the distinction seeming to be her focus on what was helpful for the client whilst bearing in mind her personal beliefs. But it seemed to be 'the exception that proved the rule', so to speak.

3.3.3 In supervision

There was a mixed response with regards to raising religious and spiritual issues in supervision. A lack of engagement by supervisors with these issues was highlighted.

Lisa said she didn't think supervision was helpful when she has raised religious/spiritual issues but also said she has never brought these issues to supervisors (without saying why).

"... I can't remember getting any sort of specific guidance or anything. [Pause] I don't think I've ever really explicitly talked about religion in supervision." **(Lisa)**

Maggie says she gave supervisors a chance to discuss the topic by deliberately raising it; her remarks suggest this is not always explored, by supervisors' choice.

"I try to engage them in it at first and I'm very open about my beliefs and spirituality and things. And then...I see how things go from there...it really depends on them then, if they want to talk about it or not." **(Maggie)**

I wondered whether a power imbalance rendered Maggie feeling unable to consistently explore this reflexivity process in supervision.

Elena, a Christian, casts doubt on whether her supervisor, also Christian, was helpful, in the context of discussing a non-Christian client's religious issues.

"I spoke to my supervisor about it, um who was also a White British Christian, um, which I guess potentially wasn't the most useful thing." **(Elena)**

Her assumptions about the unhelpfulness of her supervisor based on their religious and ethnic background may highlight a lack of reflexivity in supervision – or possibly that her expressed awareness of possible collusion was greater about supervision than it was about client work (3.1 above).

Interestingly, other participants talked about supervisors who shared beliefs with them as more helpful.

"...perhaps I felt easy to talk about that because I knew he was Atheist and would agree with my views about this case." **(Karen)**

Here, it seems Karen was seeking support for her own views in supervision and thus perceived her supervisor's agreement as helpful; suggesting supervisors with different beliefs may be less approachable.

There seems to be lack of clarity about the role of supervisors in working with religious and spiritual issues. There was also an indication that it felt easier or harder for trainees to approach these conversations based on a perceived need for a shared set of views. An issue of power is raised in the relationship between trainees and supervisors and the leverage trainees feel they have in guiding the supervisory process.

3.3.4 Academic knowledge

Participants thought that models of psychology were able to facilitate formulation and therapeutic intervention with religious and spiritual frameworks to a greater or lesser degree. However, they felt their knowledge of religion and spirituality was lacking; the need to know about these topics was raised; the data seemed 'theoretical' – this is what *ought* to be done, or *might* be the case; what was phenomenologically experiential was 'not-knowing'.

My impression was Jane was thinking about this for the first time, given the quote below.

"I mean and again, kinda thinking maybe a CBT might think that people might have some core beliefs like, "I am loved", "God loves me", which is a p- probably a positive core belief, you know so, "God loves every human being, hence I am worth worthwhile", and hence that..." **(Jane)**

Lisa suggests reading and gaining knowledge of religious and spiritual issues was "not the same" as knowing and relating to it personally in the way clients do, and so there is an assumption that she couldn't be effective therapeutically.

“My knowledge of religion and religious beliefs is crap.... But there is an element that you can understand it on an erm, intellectual level...It definitely would and I tried to do sort of reading up about it and stuff but, it’s just not the same.” (Lisa)

“I don’t know, in the models that we’ve been taught at uni, it’s never had a particular place in a model for any sort of disorder.” (Elena)

Elena thought she had not been taught about formulating religion or spirituality; this could be related to teaching or indeed how the teaching is reflected upon.

Mary also talked about different diversity topics receiving differing amounts of attention in clinical psychology over time, of which religion and spirituality is not currently given focus.

“But that I think, I think now, it goes in trends and I think now, people are a lot more interested in ethnicity and culture rather than religion and spirituality...So I think there’s an in vogue thing all the time and I think that’s what that is...” (Mary)

Conceptualising these different areas of diversity as separate constructs is questioned by Karen, with reference to the difficulty in teaching on these topics in training.

“So considering someone’s spirituality or religion...completely key and integral to the person but trying to see them as a topic or separate that thing out and discuss it for a day...that’s quite an arbitrary construct because a person’s being made up of their religion and their spirituality and their family relationships...courses are left in a quite difficult position, a way to not ignore it because it’s really important but do it in a way that doesn’t feel really artificial.” (Karen)

3.3.5 Culture and stereotypes

Two significant issues arose in the interviews here; one concerned the experience of confusion separating religious/spiritual and cultural issues out in the types of concerns presented by clients. Another, was a stereotype that religious and spiritual identities

belonged to ethnic minorities and were less significant for the dominant White population.

“And I’m always very confused about, is this your religion, is this your culture, what is this.” (Fiona)

“...But how do you disentangle religion from family and, because I think religion is, the way people interpret religion or follow religion is affected by their family, I think.” (Sally)

Fiona and Sally’s comment led me to wonder whether it was necessary to distinguish cultural beliefs and whether this was a red herring in terms of masking a more personal struggle with the topic; the cognitive mode of talking being a significant feature in the interviews in diverting conversation from personal experience to safer fields.

Jane, like several other participants (see Appendix 7), suggests ethnic minorities are more likely to be religious. She suggests it would be important for these issues to be taught and thought about more for these clients.

“... from an ethnic minority background that might be more likely to hold a religion because in the west it’s just so secular...especially if you’re working in a particular diverse faith area, that it is really important to probably emphasise in training to think about it during assessment...” (Jane)

Several generalisations are made about people from ethnic minority backgrounds, thus their individual differences are negated. There is also a sense that certain groups of people mean that psychologists have more to think about. Thoughts regarding these comments are expanded on in the Discussion Chapter. Again, religion was spoken about to the neglect of spirituality; if ‘tools for thinking’ in training are neglected for religion, are they even more so for spirituality?

3.3.6 Review of Superordinate theme 3: Experiences of religion and spirituality as a trainee clinical psychologist

Participants seem to be in a difficult predicament when working with religious and spiritual issues regardless of their individual beliefs. Four prominent issues are commented on below.

1. Firstly, in term of assumptions made about the utility of sharing belief systems, to the neglect of curious exploration, I inferred a significant concern about how clients with different beliefs are engaged with; are they receiving a different service by virtue of trainees' personal beliefs?
2. Secondly, many issues were raised indicating an avoidance of working with the topic both in client and supervisory relationships, speculations were made about how uncomfortable this may be.
3. Thirdly, there were also mixed ideas about where religious and spiritual beliefs may fit into current psychological models and how these may be worked with therapeutically. It seemed that participants more personally engaged with religious and spiritual ideas, were more likely to see a fit and work therapeutically using these beliefs.
4. Fourthly, stereotypes about ethnicity and values were talked about contrary to attempts training makes to nurture a non-assumptive stance. However, this suggested a fundamental problem with the power of assumptions and a concern for how this might be reflected upon more. Whether this affected the collection of data, given what participants may have assumed about me as the researcher, was not clear.

3.4 Superordinate theme 4: 'There's no space for religion'; attributing blame.

Participants experienced clinical psychology as tending not to address religion and spirituality despite having the capacity to do so. Participants attribute reasons for this in a number of ways; they point to the training courses, to wider societal narratives, to other psychologists, to impoverished teaching and training and by giving responsibility over to clients.

3.4.1 Avoidance and Ignorance

Elena focuses on her lack of confidence and limited knowledge of religion; she conveyed to me an experience of being overwhelmed when being presented with myriad unfamiliar concepts.

“...but I’m not sure whether the focus would have been more on the religious side of it...if I had felt more confident in talking to her about that... Because with her I think I felt quite out of my depth for all of it, the idea of arranged marriage and all of these things, I just felt. Cos I did quite a lot of research about arranged marriage but not very much about the religious side of things.” (Elena)

Her suggestion that a lack of knowledge of the client’s religious beliefs and practice is a barrier to discussing this in therapy seems fragile. She puts forward several reasons which I inferred came across defensively. I wondered whether her explanation came as an afterthought for the purposes of the interview, and how the experience of being interviewed on the topic might have felt for her.

Fiona’s experience of only superficially asking about the topic led her to wonder about using such questions clinically, again indicating a lack of attention to the topic. It seems as if she was thinking about this for the first time.

“...I think erm maybe not directly, but maybe there’s been like a demographics form or something that I could tick a box...sexual health and things like that and maybe I wonder if spirituality and religion just comes along side of those things, I don’t know, we should ask.” (Fiona)

Her use of “I don’t know”, used by several participants, could allude to discomfort with the topic and a desire to put a full stop to her answer, or perhaps it implies ongoing reflection on the subject; either possibility led me to think that she would need more time to think about this. Despite not offering as many reasons why as Elena had, her “I don’t know” and “we should ask” seemed defensive to me; they seemed linked with not-asking.

Sally gives many reasons for her avoidance of the topic but also states she hasn't been given an opportunity to explore her stance and thus will remain ambivalent and postpone her thinking about this until she qualifies from training.

"I guess, I guess religion is, is one of these shady areas...probably yeah my own beliefs have affected how I have. I think it's a hard one because we are in training...I guess I haven't had the choice yet, is what I'm saying. [I: Yeah] I haven't really had to think about it. Possibly, um, if I still make that decision of not addressing it or not asking about it when I'm qualified and have a bit more leeway, then I think it would affect. I think we are quite, well I think I feel quite limited by what my supervisor's telling me...I'm a bit ambivalent [I: Ok] about whether to integrate it more..." (Sally)

Here, Sally alludes to the sense of powerlessness she has as a trainee where she felt she must do as is dictated by the course and supervisors and that she would have more power to choose whether to ask about religion as a more autonomous qualified clinical psychologist. However, her use of "haven't really had to think about it" and ambivalence implies that post qualification, she may continue to not regard religion and spirituality as important to integrate into therapeutic work. She also states that its lack of visibility in training makes it a 'shady area'.

None of the trainees talked about challenging this status quo, that religion and spirituality is avoided because it is an uncomfortable topic. I inferred that their avoidance and apparent ignorance was functional given the several barriers they described; varying from their own limited reflexivity and the disempowerment they felt bound by. Thus, the necessary effort required in effecting change is understandably perceived as too great a task in the current context of their training and avoiding the topic perpetuated the silence created around the topic.

3.4.2 The problem lies without

Various 'blaming' occurred in the interviews, where participants highlighted others as responsible for this.

In Mary's experiences, society, the profession, courses and other psychologists want tangible 'evidence' which she sees as opposed to faith.

"I personally think it's a reflection of that, just the society I think we live in. I think that people on the course, a lot of clinical psychologists are White British...and just as a profession...because of this whole 'science' is paramount or empirical. I mean obviously [OWN UNIVERSITY NAME] is a bit different to that because it's more critical, but I mean the majority they want facts and they want 'evidence', so it doesn't really lend itself well to faith that's built on faith you know, with no evidence." (Mary)

As Mary values her religious beliefs, these conflicts seem to personally affect her particularly as she sees herself as a minority, being Catholic. Although she did not articulate it, I wondered how oppressive this must be and how powerless to change things she might feel, possibly mirroring the disempowered position of the vulnerable client.

Lisa blames 'the system' for not bringing religion to the fore, and once again, spirituality is not mentioned. She half attributes blame to herself as a passive trainee; her use of laughter dismisses this comment as she does not experience herself as responsible given that she describes herself as a submissive, powerless minority in the big scheme of things.

"...there isn't that scope there to think about it and include it. You know, would you include religion in a CBT formulation? Like [I: Mmm] or you could, but they haven't identified a need for it... Maybe I'm just a really passive trainee (laughing) that if people don't tell me to do it, I just don't... it's never been mentioned, um by my supervisor or by myself um... But, I don't know if it's just not seen as a need or maybe they're a bit scared of doing it because it gets political. Erm, you know. When, you know it's easier for them to not do anything than get criticised...But I think they would have the space. I think it would be really valuable." (Lisa)

Lisa says she would value more learning (interpreted from the last two sentences above) although this is not in keeping with her previous comments about the

limitations in gauging understanding; she thought pursuing academic knowledge of religion does not offer the same personal understanding that religiously oriented clients would have and so would not be as helpful as personally being religious, which she is not.

3.4.3 *'If it's important for the client then they would bring it up'*

There was a clear assumption made that clients should be responsible for raising religious and spiritual issues as significant to them, although participants questioned this during interview.

Jane's comments captured the essence of this theme:

"... if it's important for the client then they would bring it up and that's how I'd know it's important and therefore be led by that, then I'd explore it." **(Jane)**

Sally considered the question of asking about religious beliefs as a dilemma; not asking shuts down possibilities but asking might offend clients. I considered that the either/or dilemma she uses, allows her to discuss the topic in a way that felt comfortable.

"So it's that kind of dilemma of like, if you don't ask then are you closing the door on certain things that you might be able to talk about and it's really important to them, but...they might not think that it's acceptable to talk about religion in session." **(Sally)**

I wondered about how acceptable Sally thought religious issues were in clinical psychology, given her Atheism, and how she may have felt about being able to share more of her personal views in the interview. Similar to other participants, spirituality is not discussed by her and I speculated that this might not be subject to the same dilemma she describes with raising religion in a therapeutic setting. By not speaking about spirituality, participants talk about their experiences of religion alone, this seems more easily subjected to scrutiny and externalisation.

Mary says she is curious about the topic but makes a conscious decision not to ask clients and waits for them to raise the topic instead. I thought it was puzzling that she said she never initiates, considering the power dynamics in therapeutic relationships and how clients may feel unable to offer this information first. This point was not explored further in the interview.

“...but I won’t ask them actually, I never ask them because I feel like I wait for them to offer it to me. So I’m curious about it always and I’ll try and get it if I can but I won’t outright say.” (Mary)

I found this confusing as Mary identified herself as religious and valued this in her clinical work. I wondered about two possible interpretations; whether her experience of feeling oppressed by a majority non-religious society and profession rendered her submissive and so not focussing on religion in therapy and thus, handing the responsibility to clients served as self-protective from having to challenge the system. It is also possible that she feels fearful of the repercussions of letting out her antagonism to the status quo and that this has dampened her curiosity.

Elena tentatively attributes responsibility to her clients for making assumptions about her for consciously choosing not to raise their religious ideas; there is also a suggestion that those clients would be from different cultural groups. This assumption seems to me to project from Elena’s own ideas about how different non-White clients are to herself.

“...clients from different cultures again I don’t know whether it’s because it seems they make the assumption about me that because I’m White British I’m not from the same religious group as them and so they don’t talk about it.” (Elena)

There is a lack of reflection, that seems to cascade down from the hierarchy within the profession, that is experienced by trainees which accumulates in their struggle to manage religious and spiritual issues in clinical practice and resulting in them suggesting that they are handing responsibility over to clients to address.

3.4.4 *Inadequate teaching*

A lot of accountability was given to academic curriculum. However, the strain upon courses to cover 'everything' was also acknowledged.

Elena suggests a tokenistic attitude from her training course may impact on trainees' lack of ability to adequately address religion clinically.

"We had a half day in our first year about diversity and that, so that covered everything...I don't think even religion was touched on very much, so apart from that we've never had any sort of specific teaching about dealing with religion in therapy."

(Elena)

Fiona expressed concern about teaching regarding religion in a wider sense. Although significant to consider, it removed talk about possible accountability from individuals in the system, including her own.

"I don't think it is covered enough. But I don't think it's covered enough in the epistemological sense. Because I think what we're talking about, the issues of psychological science, science and religion being compatible, is our practice scientific, but is our practice so similar to religious practice somehow, has one substituted the other, what is the role that religion used to have in society, has psychology adopted that role now or?.." (Fiona)

Again, spirituality was omitted from the conversations, as if, compared with religion, it were less easily lumped into a categorical, polarised discussion. From the interviews, it was unclear what role spirituality might play in the participants' experiences, clearly it featured less in what they chose to discuss with regards to their professional lives. It is possible, given the breadth of ideas participants attributed to the concept of spirituality, that it did not seem relevant for them to discuss, possibly as something which cannot necessarily be taught and does not need explicit discussion in clinical practice. There is also a lack of concrete, verbal language to explore spirituality. (It's worth noting that some psychologists have attempted this – e.g., Clarke, 2001.)

3.4.5 Review of Superordinate theme 4: 'There's no space for religion'; attributing blame.

This theme captured four main issues, for me:

1. Firstly, the quotes exemplified the struggle participants had in qualifying why they were not focussing more on religious and spiritual issues. I understood that the immediacy of the many challenges in training makes such a focus relatively insignificant, hence the idea of addressing it post qualification.
2. Secondly, a culture of avoidance and ignorance is presented in which participants saw themselves as at the bottom of a hierarchy and thus relatively powerless.
3. Thirdly, the objective mode of speaking may serve as a protective function to allow participants to engage in the interviews; by polarising issues into an either/or extreme, their personal experiences remained hidden. This feeds into the next theme.
4. Fourthly, as evident previously, spirituality is given less attention by participants. It seemed to me an even more difficult topic to explore, following on from their sense of spiritual issues as less tangible and thus harder to talk about scientifically. I understood that this was seen as less amenable to the same polarisation as religion; it is not something that is shared within a collective framework in the same way.

3.5 Superordinate theme 5: Incongruence; the face of clinical psychology and the secrets we practice

Participants thought that the profession itself held a view which it portrays to the rest of the world and alongside this, the clinicians that make up the profession, practiced in a way that did not fit with this view. This incongruence was mirrored in the ways trainees talked about their own 'face values', and actual practices.

3.5.1 The profession

Jane believes the people who make up the profession reflect a secular society, incompatible with a religious focus.

"...UK is mostly secular, most trainees Middle class White, probably British heritage...mirror that kind of kinda secular society. So I imagine the majority have a kind of a non religious erm. And. Yeah and then there'd be a minority that that don't fit that kind of erm." **(Jane)**

Jane's own beliefs are compatible with this majority opinion; it seemed she was telling me her views 'fit' with a widely accepted stance and it is the minority that 'don't fit' with this. I wondered whether this statement served a protective function in the context of the interview; she may have perceived this juncture of the interview as blaming of her.

Maggie refers to the lack of space to discuss personal religious beliefs in clinical psychology as a product of coercion, through the process of training, into a colour blind ideology.

"Equality reasons and power dynamics perhaps. Trying to make people be treated equally...makes this illusion that you know, everybody's going to be treated in the same way and we're going to look at everyone in the same way. But actually we, we have all got beliefs that just aren't spoken about. Erm, so that we're [trainees] easier to, not to mould, but to teach if [teaching staff] don't talk about your personal ideas perhaps." **(Maggie)**

Her suggestion that sharing differences would make teaching clinical psychology, from the profession's perspective, harder is perhaps counterintuitive given that training aspires to identify and bring into awareness discussions of difference and its influence. The experience of scepticism she has of the profession could be understood as a development of her own reflexivity and awareness of the issues surrounding this topic or as part of a mirrored avoidance on her part, particularly if this is linked with a previous statement she made about giving supervisors the choice to explore religious and spiritual issues in supervision. Maggie also described her own religious values as fitting with a sense of community shared by her family and saying she did not believe in God, and thus I understood her religion as more of a cultural practice than a religious belief. I interpreted, from these statements, that Maggie outwardly

conformed to practices, as aspects of these fit her own values, but also held inward, unshared values that did not fit these practices.

Lisa's experience of clinical psychology is that by its 'nature' it is incongruent with religion. However, she also talks about the incongruence with cultural diversity, indicating a wider attitude to difference perceived to come from the profession. Her interesting use of the word 'respect' implies an imbalance in a power relationship in which clinical psychology has the upper hand.

"I mean, I think it's sort of, like you know in this day and age, as a profession it has to be seen to be sort of respecting cultural diversity and religious diversity and stuff. But in actual fact, I don't think it does. I think just the nature of clinical psychology, the nature of what you're doing I don't think sits comfortably with a lot of religious beliefs." **(Lisa)**

Karen shared her view that the course claims to engage with religion but does not do this in practice due to a perceived incongruence, and in this way is mismatched.

"...I mean we had teaching on...religion. And it all kind of feels a bit tokenistic...my sense of that ethos of the course or philosophy of the course is not that congruent with being religious... it's really interesting that, that you get that and you get a bit of a mismatch between that and the overall philosophy." **(Karen)**

Fiona argues the incongruence in clinical psychology's claims to be scientific when she sees that it follows a ritualised procedure without scientific justification in working with people.

"However we have to justify with the scientific base and that is. We don't have a scientific base to say what is it about our ritual, maybe this ritual of psychology that's helping people, that's maybe all the research evidence is in therapeutic relationships and things like that." **(Fiona)**

There is a sense of a critical stance towards the way participants saw how the profession behaves and claims to behave that was incongruent with participants' own

values. However, this level of critique is not mirrored by participants with regards to religion and spirituality and their personal experiences and the meanings they attribute. Again, this kept the interview in the domain of an intellectualised debate and kept participants avoiding, potentially unaware of, their own feelings about these.

3.5.2 *Training courses and clinical psychologists*

Mary spoke about the incongruence of courses not ‘practicing what they preach’, an interesting metaphor given the subject, which she views as conflicting with her own values. (The verb ‘preach’ is reminiscent of Fiona’s ‘ritual’, above.)

“...it doesn’t seem like what they preach, matches up to what they practice in my opinion...on the training course...I think it’s important, we engage with everything else, with ethnicity and gender and stuff so why not, why not that [religion and spirituality]...” (Mary)

She does not follow up on her own rhetorical use of “why not that”, which I took to mean that this issue is beyond her scope to answer.

Course staff members are experienced as ‘tolerant’ to religious and spiritual issues which Karen believes is incongruent with the non-religious, scientific ethos they collectively represent.

“... it’s hard to kind of separate out isn’t it because I think lots of those individuals would be equally tolerant as human beings but then a lot of that [science] kind of comes together to make an kind of overall ethos of the course doesn’t it. [I: Mm] And my sense of that ethos of the course...is not that congruent with being religious... I think it’s perhaps that whole scientist practitioner kind of label...It’s like we have to present to the world this is what we’re doing. Behind closed doors...we pick and take you know, that’s a bit of a model but half the time you’re using a bit of this and a bit of that.” (Karen)

She talks about a need to present the profession in a certain way which is not consistent with individual practice; I wondered whether she saw herself as a part of

this practice and why this need existed, a point left unexplored. The difficulty she speaks of in separating the issue out alludes to a convoluted sense of the topic, largely avoided by participants in the interviews. Critical Psychology would position this as part of the struggle the profession has in creating a space and status amongst other science professions.

3.5.3 Trainee clinical psychologists

Elena suggests that the pressures experienced as a trainee meant that thinking devoted to religious and spiritual issues does not take precedence.

“...I think the difficulty in therapy is that a lot of things are very important and I think that personally... it’s maybe not one of the things that’s always at the forefront of my mind even though it probably is very important to a lot of clients...” (Elena)

She acknowledges the disservice to clients and, in doing so, highlights the disparity between clients’ value of and her own lack of value for religious and spiritual issues.

Jane, as an atheist, suggests the importance of exploring religious and spiritual issues clinically regardless of the outcome but denies any need for her own personal engagement with these.

“...I’ve kind of kind of occasionally think I’d like to explore a bit more and maybe it would be good to have people to talk to about it who are in a similar position but it’s not anything that I feel I have to have more support with really...I have to say er actually that is something that I’ve kind of probably lacked in my assessments and things which is asking specifically, like do you have any religious or spiritual beliefs... it matters to ask. Whether it actually matters to them, probably varies depending on the client [I: Ok] But I suppose it. I suppose given what we’ve just said about kind of how much it’s so much a part who someone is and what influences them and things then yeah, [I: Ok] it would be actually a really important thing to erm...” (Jane)

The manner in which Jane comments on this, for example repetition of “I suppose” and her logical approach towards this conclusion of the importance of the topic, led

me to infer a lack of personal engagement with this idea and thus an incongruence in what she was saying and what I read within the text.

3.5.4 Review of Superordinate theme 5: Incongruence; the face of clinical psychology and the secrets we practice

The example extracts in this theme demonstrate a perceived inconsistency throughout the profession, leading to the following speculations:

1. Firstly, the theme grounded the sense of discord and difficulty trainees had with religious and spiritual issues and highlighted the barriers they faced in trying to challenge the dominant anti-religious stance they perceived to exist in thinking about or discussing these issues further.
2. Secondly, I wondered about the sense of loyalty trainees may feel to protect the lack of transparent practice within the profession, whether they felt they had a choice and the power to challenge this and what it meant to share these thoughts with me, as a fellow trainee.
3. Thirdly, incongruity, by the participants' experiences, enveloped clinical psychology on every level from trainees to the wider profession and seemed to feature in their own struggle to make sense of the issues of religion and spirituality in clinical psychology. It seemed to me that misunderstanding is being masked by layers of explanation to cover up the fear of self-exposure participants do not want revealed.
4. Fourthly, instead of a more thorough formulating of the issue, as would be expected from the intellectualisation of the topic within a clinical psychology framework, participants tend to focus on compartmentalised areas of the profession. This served to polarise the original aims of the study, to focus on their experiences, towards a wider discussion of the topic as if an academic debate, acting as a defensive response to a challenging topic.

3.6 VALUES AND WORLDVIEWS

The last theme gathers together findings that I considered to reflect ideas about individual values and shared worldviews, and the ways in which we facilitate communication between people. I believe it captures an indication of the ways the trainees found to resolve some of the reported struggles with the topic.

Within clinical psychology, finding a mutual platform for discussing issues is key to facilitating therapeutic engagement.

3.6 Superordinate theme 6: Facilitating religion and spirituality

This theme was generated following several indications in the interviews of the trainees experiencing being stuck in talking about religion and spirituality. This came with attempts to explain definitions, in which the struggle to state their thoughts was evident. Linking with this was a theme about language and its use. Trainees talked explicitly, and I inferred from their use of language, about less stigmatised words that felt comfortable for them and for their clients, which facilitated conversations about religion and spirituality without the need to overtly label these as spiritual or religious conversations.

3.6.1 Spiritual crises?

Mary, the most religious in her self reports, struggled to explain herself when engaged in a conversation about personal beliefs.

“...there’s a God. And, I don’t really know, I’m not really articulating myself very well, I get confused. But yeah, that there’s, it keeps you humble and keeps you in perspective... Well, I erm (PAUSE) My family are quite religious. It’s really hard to explain... Oh I don’t know, how can I, I can’t explain this at all... And it’s not really a, I can’t quite describe it, do you know what I’m trying to say? I’m like, it’s just.” (Mary)

Mary’s phrase, “I get confused” related to her ability to articulate herself which was incongruous with her regarding herself as engaged with religious issues more than the other participants, leading me to infer that the interview demands may have been where the confusion struck. I wondered whether it was the conflict experienced between being part of a non-religious profession that made it difficult to clearly describe her personal views.

Sally, an Atheist, articulates her views but adds the caveat “I have no idea” as if to remove responsibility for getting it wrong. This difficulty seemed to fit a reasonable

assumption that Sally would know less about the topic given her lack of value for religion or spirituality as particularly important in clinical psychology.

"...but not everybody who is spiritual is religious. (laugh) I have no idea. It seems like it's a... all wrong... I'm getting lost, but yeah." **(Sally)**

Below, Karen's repetition of 'forgetting' a time where she was religious despite her Atheist family, seemed significant given that it may have potentially created disparity between her and her family. I linked this to earlier talk where Karen said her mother regarded religion as 'abhorrent'.

"Um, which thinking now, I almost had forgotten that, it's quite funny you said that, I was thinking, God I was actually quite religious at that point...as an 11 year old girl... It's funny I literally haven't thought about it, I kinda forgot when I used to do that in a way..." **(Karen)**

This may lead to the understanding that the subject area is very difficult to manage and it may be uncomfortable for her to delve back into this past, which did not fit with her family's Atheist beliefs at the time. Alternatively, the experience may have become overridden by non-religious experiences rendering it insignificant in Karen's mind.

The struggle with thinking about religion, and particularly spirituality as it evaded most of the interviewees' data, seemed a crucial factor in the limited personal experiences discussed. Given this difficulty, I wondered how the topic would be explored clinically when it was afforded a space.

3.6.2 Language use that evades confrontation

Using 'faith' to encompass religious views seemed to capture a belief in something that couldn't be captured by science in Mary's experience.

"Religion, definitely, yeah other faiths... I really like it when my clients have got any faith. And I suppose it ties into me feeling that faith equals like these higher

values...there's, it's just this overarching theme of generally whatever religion it is."

(Mary)

Although she is keener to explore religious issues anyway, I inferred such language use would allow a discussion away from the contention that might be conjured by words that can be divisive across religious labels; For example, labelling her own and the client's beliefs as 'religious' might have raised differences between them, whereas using 'faith' denotes some shared perspective.

Fiona purposefully used values related to her client's religious beliefs to create a safe space to talk about them in a helpful way, a considered approach to engaging with religion.

"...we brought into formulation...the kind of beliefs and values and the things that he believed as strengths... I think he figured out that I wasn't from the same religious background as him and I think that was something that for him, he had a lot of issues about feeling different and how people treat him...if I had gone straight in and let's unpack this, explain everything to me, he might have felt a bit threatened and a felt a little bit criticised and you know." **(Fiona)**

Fiona had previously stated that as clinical psychologists, we talk about values all the time and so it seemed this bridging of the two overlapping constructs, as she experiences them to be, allows her to effectively utilise her skills as a professional with what is meaningful for her religiously oriented client.

Karen, also comfortable with discussing religious ideas, used the same rationale to engage with her client's religious values.

"... I said something to her like, are there anything things that give you strength or any sort of safety or reassurance or anything, and she probably said, religion my religion... But then psychological theory are generally wider aren't they, in terms of background beliefs...what sort of things are informing this person's understanding...and kind of

how they make sense of the world perhaps, and then how that informs what's going on for them, in whatever way.” (Karen)

Both Karen and Fiona described experiences working with clients from different religious orientations to their own; it is possible that framing clients' religious values as strengths may make it easier for them to engage with the topic without needing to address any raised personal anxieties. Other participants did not describe similar experiences and instead reiterated a sense of feeling stuck with clinical work where such beliefs became apparent.

3.6.3 Review of Superordinate theme 6: Facilitating religion and spirituality

My points of consideration from this final theme included:

1. Firstly, being placed in a position in which participants were required to articulate personal ideas and experiences was evidently difficult. It is possible that they assumed a need to adopt either a position of 'trainee clinical psychologist' or take a personal stance; this seemed tricky given the context of the interview which asked participants to wear both hats. I wonder how safe it felt for them to express themselves openly.
2. Secondly, it occurred to me in the interviews that the personal growth of trainees, in terms of possible spiritual and religious beliefs, may be severely neglected by the training and thus be linked with an underlying anxiety revealed in the lack of attention to clients' religious and spiritual needs as relevant to the clinical environment.
3. Thirdly, the significance of using non-threatening language seems to free trainees from the complex issues that come with religious and spiritual ideas in clinical psychology. I understood that this way of talking about such issues was largely facilitative and allowed trainees to work independent of a need to challenge current perceived attitudes and power imbalances that feel restrictive to trainees. It seemed to be a short term tactic, employed as a result of what might be feasible for trainees to tackle.

Chapter Four: Discussion

Further discussion aims to develop and clarify the findings of the current research in the context of the original research aims. Implications for clinical psychology will then be presented, followed by consideration of limitations of the study, future research prospects, and the researcher's reflexive understandings.

4.1 Addressing the research questions

The overall aim of this study was to explore trainee clinical psychologists' experiences of religion and spirituality, and how this related to and impacted upon their professional training. In revisiting the specific research aims, a discussion of the extent to which the findings met these aims is considered here. The first 2 aims are realised by the data analysis, the third aim considers the implications drawn from the analysis.

4.1.1 To examine how trainee clinical psychologists define and understand their own values with regards to religion and spirituality

Participants talked about their understanding of religion and spirituality and how they made sense of their own relationships to these concepts. They did not, by and large, speak directly of their own, current, values. Several points were revealed:

1. Defining these concepts was difficult for participants as stated clearly by some and as surmised from the data; this echoed results from Souza's (2002) study with counselling students, where a comparable struggle to articulate thoughts and feelings about spirituality emerged (and also found with practitioners post-qualification, e.g. Cohen's, 1994, study with religiously-committed psychoanalysts). Participants' descriptions of spirituality and of religion were not clearly distinguished – they used similar phrases; however where positive or negative attributions to *religion* were made, these correlated with positive or negative experiences, or values shared by family, in participants' personal lives prior to training. Such associations were not made with respect to spirituality.
2. Personal labels were used cautiously; labels of religious identity were limited with respect to the more detailed description of participants' beliefs that were talked about in the interviews. Despite the interview topic being about both

concepts, relationships to spirituality were left unspoken about. Labels seemed insufficient in capturing the complexity of their 'identities'. However, two participants (Lisa and Karen) mentioned they were spiritual but did not include this in labels they ascribed to themselves; the way they talked about this aspect of themselves might be integrated into the 'human' and 'nature' categories of spirituality proposed by Worthington and Aten (2009). Although given that participants referred to spirituality as an individual and free-flowing concept, it seemed not to be amenable to such categorization – in agreement with literature reporting the unhelpfulness in trying to develop discrete definitions (Hill & Pargament, 2003; Miller & Thoresen, 2003).

3. Experiences of religion talked about were largely embedded within the family context and in experiences prior to training. In addition, these experiences were talked about as formative in participants' current relationships with religion and spirituality. With Mary as an exception, all participants described their own religious, atheistic or agnostic values as more neutral than their families'; potentially a pre-existing tendency or perhaps in allying with a more neutral stance on religious values as part of a 'professional' attitude to their work. The latter idea is congruent with a 'value-free' attitude which may still exist within the profession. This makes sense in light of findings which have suggested personal values associate strongly with values considered important in therapy by mental health professionals (Jensen & Bergin, 1988), as though professional socialization produces a zone of tolerance regarding values that are different from the therapist's own (Worthington, 1988). More recently, Souza (2002) described counselling students as concerned not to impose their own values on clients, thus for these participants, not holding strong beliefs would reduce such risk. For the non-religious participants, the present analysis claims they did not bring their personal beliefs into consideration in their work, as far as was shared in the interviews.
4. Whilst describing their current *personal* relationships to religion (and to a limited extent, spirituality) participants frequently moved into an *objective* style of talking. Hence they did not talk about their 'personal selves' in detail. They spoke in drier, cognitive terms, about beliefs. On those far fewer occasions when participants did discuss their 'religious selves', they talked about their

religiosity in a broader way, in terms not only of personal belief, but of personal and shared affiliation, and practices surrounding family routines, befitting Shafranske's (1996) model.

4.1.2 To explore trainee clinical psychologists' experiences and their connections with client interactions, understandings of psychological theory and professional relationships (including peers, supervisors, staff teams and teaching staff)

In meeting this aim, participants disclosed various views of their professional working lives in relation to religion and spirituality:

1. Their awareness of religious and spiritual issues was derived largely from earlier life experiences and had not been considered much during training, regardless of their reported identities (shown in Table 1, Chapter 2). Participants attributed this partly to their own lack of attention, but more so to the lack of opportunities to do so in their formal training experiences, confirming previous study findings with clinical psychologists (Brawer et al., 2002) and other therapy profession trainees (Green et al., 2009).
2. Understandably, working with religious issues raised anxieties in clinical settings more than in other areas of training, as a result of uncertainty about how to deal with the topic appropriately; participants conveyed concerns about competency and their own remit of working, similar to findings by Saunders et al. (2010). Participants talked about two concepts: a 'line' between clinical psychology practice and religion and spirituality, and a 'comfort zone'; both seemed to serve as metaphorical protective barriers to engaging with the topic clinically or otherwise and are reminiscent of claims that legitimate boundaries of clinical practice may be overstepped in engaging with religion (Sloan et al., 1999; 2001; Sloan & Bagiella, 2002). Some instances were reported of sharing similar beliefs with clients, and how this facilitated better therapeutic relationships; this was understood as potentially positive, but highlighted a concern that therapist-client matching is preferable to participants. In considering a zone of tolerance therapists may have to working with differences, described by Worthington (1988), participants may be less effective in building relationships with clients experienced as different. An assumption was apparent, made by several participants, that ethnic minority

clients were more likely to 'have' religious values and this would necessitate more consideration of the topic than work with White clients. None of the data suggested this idea was reflected upon in training, the implied impact being that participants might view such clients as more labour intensive to work with, leading to frustration and possible further avoidance. This issue was not revealed in previous literature, thus it is unclear whether it was an isolated finding or is a more widely shared assumption.

3. In most professional contexts, such as academic learning, supervision (to some extent) and with teaching staff and colleagues, religious and spiritual issues were not attended to, confirming the dominant view in the literature (for example, Shafranske & Malony, 1990; Brawer et al., 2002; Souza, 2002; Green et al., 2009). A mixed experience of engagement in the topic by supervisors, found by Martinez and Baker's (2000) study with counsellors was supported by participants' experiences in this study.
4. In discussing the non-attendance to the topic within training, responsibility was attributed to several layers of the clinical psychology profession. These were related to participants' difficulty with knowing how to manage work with these issues; Again these findings confirmed previous literature (for example, some neglect by supervisors reported by Souza, 2002 and Martinez & Baker, 2000; lack of teaching reported by Patel & Shikongo, 2006; and the clinician's own lack of engagement reported by Hathaway et al., 2004 and Frazier & Hansen, 2009). Where the interview discussions turned to participants' own lack of engagement, a marked discomfort and incongruence became apparent within the interview and was also apparent when the transcripts were examined, congruent with the difficulty in thinking and talking about the topic, as referred to earlier, and in findings by Souza (2002). Many of the ethical considerations found to be concerning for other clinicians reported in Chapter One were not considered by participants in this study, such as concerns about proselytising, assuming competence (Gonsiorek et al., 2009) and of self-disclosure (Martinez & Baker, 2000; Baker & Wang, 2004).

4.1.3 To gain an understanding of the implications for training programmes and the clinical psychology profession in light of the above

The implications for clinical psychology are drawn from the analysis and are now discussed as my understanding of where these findings may lead. Specifically, what arose from the analysis was:

1. It was genuinely unanticipated that the data showed a lack of awareness of: a) what therapists' roles are with respect to working with religion and spirituality clinically; b) how religious and spiritual issues might be approached and considered with clients; c) how and when to work therapeutically with religious/spiritual issues; c) what issues needed ethical consideration; d) how self-reflection and supervisory attention could aid such work and; e) the impact personal values might have on clinical work. It was also the case that the data that was forthcoming mainly concerned religiosity, and significantly, very little was said about the experience of spirituality. This may imply that participants simply did not wish to talk at length about these things, which although curious in itself, was no more curious than the fact that issues that participants said were lacking (particularly formal training in religious and spiritual issues in clinical psychological practice) are exactly the same as concerns that have been clearly identified for well over a decade. If what participants stated is generally the case in UK clinical psychology trainees, then the talk has not yet issued into action.
2. However, suggestions that participants may not have wished to talk about the topic at length seems unlikely, given that they had specifically volunteered to take part, without remuneration or incentive, which presumably demonstrated an interest in the topic. It may be that participants did wish to talk about their experience, but in the interviews, found words did not come easily, and it was simpler to articulate themselves at an 'objective' and cognitive 'level'. The implication for the profession would therefore be that there is a need for basic research to be undertaken on the development of 'tools for thinking' comprising of a suitable vocabulary for articulating experience of religious and spiritual issues at a personal and professional level.
3. The data also mirrored previous literature in maintaining a possibility that qualified colleagues (such as teaching staff, clinical supervisors) may model

disinterest to trainee clinical psychologists, implying that this is a part of trainees' professional socialization that also hinders them from developing an easy access to reflective talk about the area. My understanding of this was that the data led to the professional implication that relevant 'training for the trainers' on this topic might be needed.

4. A persistent issue in the data analysis was that the area of religion and spirituality was implicated as a major part of a 'gap' participants experienced within evidence-based practice in clinical psychology; Although the importance of evidence-based practice is spoken and written about publicly, religion and spirituality along with several other topics which are 'fuzzy', are not a part of the currently available evidence base in the UK. It is worth mentioning that whilst it had been hoped that this study might contribute to filling the gap, the data analysis succeeded in making it more visible.
5. Specific guidance by professional governance bodies might support the above changes to take precedence.

This study sharpens and adds to already-existing concerns, many of which have been reported in the literature for well over ten years.

4.2 Evaluation of the research

4.2.1 Methodological issues of qualitative research using IPA:

Firstly, qualitative approaches are concerned with multifaceted psychological and social processes involving the negotiation of meanings and interpretations made by both participants and the researcher; therefore certainty in findings is not possible. However, the aims of the study were not to reach conclusive 'answers' but to illuminate an under-researched field, and IPA was in this respect very suitable.

Secondly, because IPA aims to generate insights about aspects of individual cases, it cannot make predictive claims about trends, normal distributions or represent knowledge about a wider population (Willig, 2009) as quantitative approaches may do. It cannot control for some variables in order to test causal relationships as phenomena. Therefore, it is regarded as holistic, exploratory and descriptive rather than reductionist and predictive. A detailed exploration suited the purposes of this

research. Despite the small sample of participants, generalisability may be understood as individuals being bearers of a shared culture and so may thus give insights into a wider socio-cultural and historical context.

Thirdly, IPA helps to discover and detail richness in quality and texture of the participant's world but is unable to develop accounts about why particular phenomena are experienced in particular ways and why these may differ from others (O'Connor & Hallam, 2000; Willig, 2009). However, seeking meanings that participants may ascribe to their experiences, linking these with existing literature, historical and societal contexts and developing understandings from these observations and the IPA process, can contribute to developing theories (Willig, 2009). The current study has attempted this although limitations are acknowledged. In addition, observations of the similarities and differences that occurred between participants' interviews were commented upon and interpretations were generated about the possible meanings of these.

Fourthly, a criticism of IPA is that it makes assumptions about the participant's accounts as 'true' communications of the richness of their experiences. Willig (2009) argues that not all people are able to use language in a manner that captures the subtle nuances of their full experience. Initially, there was less concern with regards to the participant sample used as it was assumed that trainee clinical psychologists would be skilled in the art of articulation and self-expression. However, as the analysis showed, participants clearly struggled to convey their experiences, with the use of 'I don't know' and frequent 'um' and 'er' vocalisations (deleted from transcript quotes for succinctness).

Fifthly, IPA is further criticised for its reliance on language use to access meanings and experiences as this assumes language has representational validity. There is an argument that language is used in the construction of, as well as in the description of, reality (Willig, 2009). Thus, what an individual chooses to articulate at any given time can be seen to be dependent on numerous factors (including environment, presence of another person, time) and so their reports of an experience will vary as a result. Attempts were made in the interpretation and analysis of data to comment upon the participants' use of language and what this may mean, and to clearly emphasise the

co-construction of the findings between participants and researcher. However, this may not have captured the impact of language in conveying experiences as a discursive approach to analysis might. Given the time frame of the study and the differing epistemological stance of a discursive analytic approach, it was not possible to analyse the data within this framework also. In addition, the limits of available discourse to both participants and the researcher would have impacted the extent to which co-constructed accounts of the participants' experiences could have occurred.

Finally, with hindsight, the use of IPA was questioned during the analysis phase when themes were being generated. Given the lack of personal experiences shared by participants in the interview and a notable objective, 'cognitive' mode of talking adopted, there was within the transcripts an absence of the rich data of phenomenological experience that the study hoped to investigate. Trying to understand in-depth psychological processes was therefore 'trying', in the sense that data capturing them was less available to view in this study (Smith et al., 1999).

4.2.2 Critique of interview-based research and IPA

Following on from points attended to in the Method Chapter (see section 2.8.1), further discussion is now raised regarding the reasons for using a semi-structured interview-based method in this study. Three of the 'contingent' problems suggested by Potter and Hepburn (2005), are important to comment upon at this point, as particularly relevant to this study.

Firstly, Potter and Hepburn (2005) claim that by not including the interviewer's talk in the analysis presented to the reader, the interviewer is not represented adequately although is clearly a significant part of the process of understanding. I concur that, from this point of view, the data analysis as presented in chapter three omits specific reference to my nonverbal communication, and does not specify what my questions were to the interviewees, and thus shows their responses out of context of the interaction between us both. However, I am not sure that making my questions known at these specific points would have added significantly to the quality of the reader's understanding of my interpretations of participants' talk. Hollway (2005) views the meaning of each part of the interview data to pertain not only to the question before

and the positioning of interviewer and interviewee (similarly to Potter & Hepburn), but to wider aspects beyond the context of the interview, and this may not be appropriately represented at each point of interest. Instead, she suggests it is the researcher's responsibility to reflect upon these links. I believe I have achieved this via presentation of my reflections and by making my interpretations clearly visible.

Secondly, in arguing for more detailed transcripts to capture more of the data, Potter and Hepburn (2005) suggest that representing limited information pertaining to the interaction within the interview process, (by providing simplified transcripts), ignores important aspects of the conversation which distorts and misrepresents findings to the reader. Again, I chose not to present the analysis of the current study in this way in keeping with Smith's (2005) views; he argues that this level of transcription and presentation of the interaction between interviewer and interviewee is not relevant to some research where objectives and thus primary foci may not be upon interaction, rendering such detail unnecessary. Further, Smith (2011) suggests that a detailed analysis of the interactional processes and linguistic resources drawn upon by participants is significant to the discursive analyst but inappropriate to the focus on what participants say, and how this informs an understanding of their experiences, taken by IPA researchers. In considering this perspective, the current study adopted the stance of IPA in being primarily concerned with the experiences participants talked about and how this was then interpreted and understood and therefore I did not believe it to be necessary or important to the process to present more detailed transcription.

Thirdly, Potter and Hepburn (2005) suggest there is often an under-analysis of interview data through the lack of explicit claims made of the data, as detail is missing and thus there is an inadequate referencing of where claims are derived from. I have reflected on this point and have construed it to refer, in part, to a level of trust in what the analyst is claiming about the data they represent; to suggest differently would imply the researcher having an unethical agenda in showing the reader what they wanted them to see (the problem of stake and interest is considered separately in line with distinctions drawn by Potter and Hepburn). I would reiterate my commitment to the values and processes underpinned in IPA research, as discussed in the Method

Chapter; these include a lengthy and iterative process in viewing and making interpretations of the data and using a semantic level approach to transcription, as recommended by Smith and Osborn (2003). In addition, I agree that more detail may highlight other findings and lead to differing claims about the data, but this was not the purpose of the current study. Hollway (2005) argues that any meanings derived from extracts of an interview rely not only on the extract in itself but on the larger whole; she also suggests, more critically of Potter and Hepburn, that they overly focus on micro-details, which may be both inconsequential to the aims of some studies and a hindrance to the reader noting aspects of the data the analysis is focussed upon. However, I am reminded of Smith's (2005) argument, that level of detail and analysis is dependent on the objectives of the research – this I understand to be a point which allows both perspectives to co-exist.

These three contingent problems do make a significant critique generally. In the context of the present analysis, I argue that their relevance may entail some caution towards, though in no way dismissal of, the data analysis.

With regards to Potter and Hepburn's (2005) necessary problems, described by them as unavoidable yet significant, clearly, some flaws are evident in the current research to an extent. In particular, the biases and agendas I have (including concerns and orientations, stakes and interests), as the researcher, may well have influenced the findings I therefore interpreted to exist within the data. However, Hollway (2005) argues that the wider interests of both parties (interviewer and interviewee) in the context of the interview could be viewed not as a problem but a welcome and reflexive part of the analytic process. This study has attempted to consider the wider perspectives and assumptions of both participants and the researcher by offering the reader information about the participants and researcher and by providing a reflexive discussion of the researcher's experiences during the study process. Not only are the researcher and participants' interests influential in IPA research, but the reader is also a key player in the process of interpretation and is indeed free to make their own interpretations of what is presented to them along with the interests they themselves will inevitably hold. And, as above, within the methods of the current study, micro-detail of the transcripts and interview data was not deemed an appropriate level of

analysis – as the focus of the current study was on trainee clinical psychologists' experiences of religion and spirituality, interviews were considered the most appropriate way to access these, using an IPA approach rather than Potter and Hepburn's favoured approach of collecting 'naturalistic' conversation data.

4.3 Critique of the method

4.3.1 Sampling issues

A decision to adopt an opportunistic sampling method was made for practical reasons; to gain participants who were immediately available and freely consenting to participate. The homogenous sample consisted of all female, White participants taken from the same cohort year group, with a mean age of 29 years. Although the proportion of self-reported religious and spiritual identities were similar to a study of the broader clinical psychology population with regards to non-religiousness (Smiley, 2001), those who were religious reflected the Judeo-Christian religions, to the neglect of others, such as Islam, Hinduism, Buddhism, etc. In addition, there was no representation of males, different ethnic backgrounds and a wider age group. It is acknowledged that a more systematic approach, such as advertising and marketing for participants for longer and actively seeking out targeted representation, might have yielded a participant sample whose data would have been richer.

Given the process of recruitment, six of the eight participants were professionally acquainted with the researcher to varying degrees. Although this was initially thought to have aided more openness in the interview, equally it may have made it more difficult for participants to be open in their responses. An anonymous online evaluation tool might have shed light on whether this did impact the interviews.

Participants were in their final stages of training, one of the reasons for not asking them to contribute further to the research by way of respondent validation. There was concern that their time was pressured by professional engagements, such as conducting their own professional research projects in addition to other possible commitments. Although the informed consent process was very clear about the research study, it is possible that they had not had enough time to reflect on their experiences, as the interview required them to discuss, because of a lack of reflective

experience in the topic (given other demands placed upon them) to engage wholeheartedly in the process. In such case, it may have been more appropriate to conduct such research with newly qualified clinical psychologists who may have more capacity to reflect and fewer pressures preventing their engagement with the task.

4.3.2 Interview schedule

Presenting religion and spirituality together throughout the interview – something other researchers have favoured because the terms are so inter-twined (e.g. Coyle & Lochner, 2011) – may possibly have contributed to a focus on religion to the neglect of spirituality. Although prompts were used to remind participants that the interview was about both, this did not encourage more discussion of spirituality. Using part of the schedule to ask specifically about spiritual issues only, without religion, might have promoted a greater focus on spirituality by modelling the equal importance of spirituality as a topic of consideration.

There were quite a few areas covered by the interview schedule, which meant any single area of questioning was not dwelt upon for too long in order to capture the breadth of information the study was seeking to gather. Using two part interview procedures which linked the personal and professional experiences of participants conducted on separate occasions may have facilitated less rushed and thus relaxed and in-depth interviews.

4.4 Criteria used in research evaluation

Of the several evaluation criteria proposed by Elliot et al. (1999) used to assess this research, the three most pertinent are commented upon here.

Firstly, in ‘owning one’s perspective’, the researcher is required to disclose their own assumptions and values so that the reader may interpret the analysis and consider their own alternative interpretations. It also aims to redress the assumed power imbalance between researcher and participant; In terminology used by Smith et al. (2009), it involves an acknowledgement that the data collection and analysis are *co-constructed* (the so-called ‘double hermeneutic’). This was addressed by highlighting my background and in discussing issues raised in reflection of the study process, later

in this chapter. However, I felt this process did not address the power imbalance; I felt that participants 'kept back' some of their own perspectives in their interaction with me; something that is their privilege and was only something I could guess at intuitively.

Secondly, 'situating the sample' required some description of participants' demographics and their life circumstances so that the reader could assess the relevance of the sample used in the study and therefore assess the applicability of the findings. This information was kept to a minimum (represented in Chapters 2 and 3), in part to protect the participants' anonymity but also because time restrictions did not allow for in-depth insight into their lives. Analysis could only be conducted based on what was said within the interview context as recorded in the transcripts. Although the semi-structured interview format adopted is designed to yield a flow of rich data, as it turned out in the present study, the apparent lack of a natural, comfortable 'atmosphere' generated by the interview situation may have had some circular effect on the lack of personal understandings gathered from participants, with which to undertake the analysis. Potentially, a more detailed 'situating' of the participant sample would have enabled greater analytic insights.

Finally, in 'providing credibility checks', the research referred to tests of credibility of the interpretation of data, made by two supervisors; they checked some of the transcript data for evidence of related themes. This process provided an adequate source of insight in separating the researcher's views of the data from other perspectives; however, both supervisors have religious values of their own which could be seen to give them a bias in the way in which they 'read into' the data. Additionally, these credibility checks of the data may also be done by participant validation (Henwood & Pidgeon, 1992), yet the research did not do this for several reasons. Firstly, participants did not wish to engage in the study any further due to their own academic commitments, though they were happy to contribute to the time taken for interview. Secondly, the time constraints of the project did not afford space to carry out these checks. Thirdly, as many of the participants were known to the researcher, it was felt that it would be uncomfortable and thus unfair to ask them to potentially disagree with the researcher's interpretations, particularly as there were

interpretations made about the difficult experiences trainee clinical psychologists were exposed to. However, this may be considered a missed opportunity to reflect on this as an important part of the IPA process; to review and attempt to understand any differences in opinion (Smith, 1996).

Following from the last point, on reflection, the interview set up may have provided an unbalanced platform in which the interviewer held more power, leaving participants feeling unable to speak freely. Feelings of anger, which I experienced during the transcription process, may have become evident during subsequent interviews, and thus may have made participants feel uncomfortable and threatened. I did not consider this during the interviews. In terms of my emotional reactions, these were explored in supervision. I could have highlighted parts in the analysis section where my anger featured; however, themes were analysed over a number of months where my frustrations did not always feature. In hindsight, I could have also offered a space to explore what participants may have felt during the interviews. By not asking participants to review the analysis, I may have further disempowered them. Further reflections are made under the heading 'Reflexivity' in this Chapter.

4.5 Implications for further research

The current research has emphasised the difficulty trainee clinical psychologists experience in talking and thinking about religious and spiritual issues. As discussed above, several suggestions are made regarding the implications for clinical psychology, such as: developing tools for thinking about religion and spirituality; developing training for training providers, and; expanding the existing evidence base to aid practice. Further research directions that may be considered in light of this research are:

- An increase of studies focused on UK trainee and qualified clinical psychologists' personal and professional experiences of religion and spirituality to illuminate the prevalent issues and broaden an understanding of the topic. This should go beyond the current sample used, for example, including males, different religious/spiritual and non-religious identities, a wider age range, targeting populations across the UK, specific focus on spirituality, etc.

- Investigation into the ways in which other groups might talk about religion and spirituality to inform clinical psychology's approach to incorporating such language into the therapy room.
- An evaluation of the current scope for trainees to reflect upon these issues, in academic and placement arenas with a focus on the views of trainees, supervisors, teaching staff, clients and assessors.
- In the absence of imminent guidance to structure advances in consideration of religious and spiritual issues, clinical psychology courses might trial different approaches to incorporating teaching into the curriculum for trainees and for supervisors.

4.6 Reflexivity

The process of reflecting upon conducting the research has aroused unexpected levels of personal reactions, which I have tried to set out below in a suitably contained manner. However, I was surprised by the depth of feeling that was sometimes involved.

4.6.1 The process of analysis

The experience of working on this research was exciting, confusing and self-developing. I struggled with the whole experience of analysing the data as I found myself in a cycle of getting lost, having moments of clarity, feeling overwhelmed, and feeling as if there was significance to the work I was doing, beyond the thesis. I attributed this to the demands of conducting IPA research but also to the vested interest that brought me to study the topic in the first place. I would describe the experience as both passionate and rewarding and also as a process that has opened up further questions and interest. Nearing the end of the analysis, I could not help but feel there was so much more that could be analysed and taken from the interpretative process.

4.6.2 Impact of the researcher:

4.6.2.1 As a fellow trainee clinical psychologist

During the interview process and subsequent reflection, I was more aware than previously of my non-neutral position as the interviewer. The apparent discomfort that

participants seemed to experience made me wonder about how I might be impacting upon their responses. It occurred to me that, being a fellow trainee conducting a piece of research as part of professional training, I might have contributed to the difficulty participants had in being able to open up their personal selves in the interview. Although the participant sample had been approved by the research registration process, was the benefit of acquaintance somehow outweighed by being 'too' close? Indeed, throughout interviews, participants moved away from talking about their personal experiences and opted to discuss the topic more academically and repeatedly, an incongruence between what they said featured. It is possible they feared a breach of confidentiality, if not explicitly, then in the exposure of their personal views via the study. An interviewer who was independent of the profession might have made some difference.

4.6.2.2 As an ethnic minority

I assumed from some of the interview responses, that my appearance as a British Bangladeshi impacted upon participants; particularly as they made assumptions about ethnic minorities being more likely to be religious than their White counterparts. I therefore thought they might have held me in mind as more religious and thus moulded their responses to fit this. Indeed, they described fitting what they raised in supervision based on where they thought their supervisors' views sat within the given topic. This idea did make me feel somewhat uncomfortable at times, both for feeling marginalised by those potential assumptions but also because of the impact on my research; was this a possible source for the incongruence experienced in the interviews? I am aware that these speculations border a sensitive topic which I do not wish to detract from the research itself; it seemed more a matter of the wider need to be reflective and questioning with regards to stereotyped assumptions and biases all individuals are exposed to. However, I did question whether a White person as interviewer might have generated different responses. These were reflective speculations and I did not check these out with participants; both my fear of further marginalising myself and the participants and my wariness about crossing roles from Researcher to 'co-therapist' acted as a barrier.

4.6.3 Personal feelings raised by the research:

4.6.3.1 Fears and biases

I found myself worried about the impact of my interpretations, during the analysis, upon my relationships with fellow trainees who had participated in the study. At several points in the process of the study, I found myself becoming very angry towards the content of the transcript data; at the incongruous comments, at the avoidance of answering directly and at the lack of engagement with the topic. All of the participants said the interviews highlighted a lack of consideration, which they claimed they will now think about. This contributed to my reasons for refraining from conducting participant credibility checks (although regardless, the overarching decision was not to do so); I did not want to upset my colleagues, as the analysis might expose the anger I felt. With continual reflection, these feelings of fear, anger and anxiety, were replaced by firstly a sense that I was more similar to participants in what I thought and felt than I realised, and then a guilty reaction for having 'projected' my feelings at their data and inadvertently, onto them.

4.6.3.2 Identifying with participants

I realised that I was also avoidant and ignorant of many of the issues the study raised about working with religious and spiritual ideas. I reflected on the many times I had not used supervision to think about the topic nor had I challenged colleagues or myself when thinking about the impact of not exploring this in relation to clinical work. Instead, I remained as mindful of my powerless position as a trainee and the priority I placed on successfully qualifying from professional training – this exposed my own incongruity with what I portrayed in doing such research and in what I felt. My anger was understood as a mirroring of the same experiences that I read into the participants' data as I am now able to acknowledge how deep seated my own feelings towards religious and spiritual issues are in both my personal life and in how I react to these when presented to me professionally.

4.6.3.3 Disdain with the profession

As a rather discouraging point as I near conclusion of training, I did find myself questioning the purposes and values of the clinical psychology profession more as I delved into the research process. It seemed that the containment I had hoped for from

a profession which offers a more thoughtful and reflective perspective, is equally as vulnerable to the dangers of bias and unawareness as any other. Although there was not a complete naivety going into the research, my appreciation of what is difficult about integrating clinical psychology and religion and spirituality has grown; this came from working more attentively with the topic. Knowing that the field of psychology is vast and that the literature on religious and spiritual issues can be understood to be in its infancy provides some hope that changes will occur over time and with patient consideration.

It is difficult for this research to escape the scrutiny of commentators towards the wider profession in response to the claims of importance yet lack of action in addressing religion and spirituality; the rhetorical 'shoulds' and 'oughts' may be wearing thin, indicating time for a firmer hand in the guidance to legitimise the field or at least afford space to fairer and open debate.

References

- Allison, K. W., Crawford, I., Echemendia, R., Robinson, L., & Knepp, D. (1994). Human diversity and professional competence: Training in clinical and counselling psychology revisited. *American Psychologist*, *49*(9), 792-796.
- Allman, L. S., de la Rocha, O., & Elkins, D. N. (1992). Psychotherapists' attitudes toward clients reporting mystical experiences. *Psychotherapy: Theory, Research, Practice, Training*, *29*(4), 564-569.
- Allport, G. W. (1950). *The individual and his religion: A psychological interpretation*. New York: Macmillan.
- American Psychiatric Association. (2000). *Diagnostic and Statistical Manual of Mental Disorders (4th Edition.)*. Washington, DC: American Psychiatric Association.
- American Psychological Association. (2002). *Ethical principles of psychologists and codes of conduct*. Washington, DC: APA.
- American Psychological Association. (2003). Guidelines on multicultural education, training, research, practice and organizational change for psychologists. *American Psychologist*, *58*, 377-402.
- American Psychological Association Commission on Accreditation. (2009). *Guidelines and principles for accreditation of programs in professional psychology*. Washington, DC: APA.
- Ashworth, P. (2008). Conceptual foundations of qualitative psychology. In J. A. Smith (Ed.). *Qualitative Psychology: A Practical Guide to Methods (Second edition)*. London: Sage.
- Aten, J. A., & Hernandez, B. C. (2004). Addressing religion in clinical supervision: A model. *Psychotherapy, Research, Practice, Training*, *41*, 152-160.

- Aten, J. D., & Leach, M. M. (Eds.). (2009). *Spirituality and the therapeutic process: A comprehensive resource from intake to termination*. Washington, DC: APA.
- Aten, J. A., & Worthington Jr, E. L. (2009). Next step for clinicians in religious and spiritual therapy: An endpiece. *Journal of Clinical Psychology: In Session*, 65(2), 224-229.
- 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.
- Baker, M. (2011). Religious and spiritual issues in clinical psychology. Lecture notes. UK: University of East London.
- Bartholomew, R. E., & O'Dea, J. D. (1988). Religious devoutness construed as pathology; the myth of 'religious mania'. *The International Journal for the Psychology of Religion*, (8), 1-16.
- Batson, C. D., Schoenrade, P., & Ventis, W. L. (1993). *Religion and the individual*. England: Oxford University Press.
- Bender, M. (1995). The 'Is this all there is' reaction in trainees and is it preventable? *Clinical Psychology Forum*, (85), 38-40.
- Beresford, H. (2003). *Religious coping in the trainee clinical psychologist: Beliefs; practices; implications*. (Unpublished Doctoral Thesis), University of East London: UK.
- Berger, P. L., Sacks, J., Martin, D., Weiming, T., Weigel, G., Davie, G., & An-Naim, A. A. (Eds.). (1999). *The desecularization of the world: Resurgent religion and world politics*. Washington, DC: Ethics and Public Policy Center.
- Bergin, A. E., & Jensen, J. P. (1990). Religiosity of psychotherapists: A national survey. *Psychotherapy*, 27, 3-7.

- Bergin, A. E., Payne, I., & Richards, P. (1996). Values in psychotherapy. In E. Shafranske (Ed.), *Religion and the clinical practice of psychology* (pp. 297-325). Washington, DC: APA.
- Bernal, M., & Padilla, A. (1982). Status of minority curricula and training in clinical psychology. *American Psychologist*, *37*, 780-787.
- Bernal, M. E., & Chin, J. L. P. (1991). Recommendations from the working group on curricular development. In H. F. Myers, P. Wohlford, L. P. Guzman & R. J. Echemendia (Eds.), *Ethnic minority perspectives on clinical training and services in psychology* (pp. 169-170). Washington, DC: American Psychological Association.
- Bilgrave, D., & Deluty, R. (1998). Religious beliefs and therapeutic orientations of clinical and counselling psychologists. *Journal of the Scientific Study of Religion*, *(37)*, 329-349.
- Bishop, D. R., Avila-Juarbe, E., & Thumme, B. (2003). Recognizing spirituality as an important factor in counselor supervision. *Counseling and Values*, *48*.
- Bradford, D. T., & Spero, M. H. (Eds.). (1990). Clinical psychology and religion (Special issue). *Psychotherapy*, *27(1)*.
- Brawer, P. A., Handal, P. J., Fabricatore, A. N., Roberts, R. & Wajda-Johnston, V. A. (2002). Training and education in religion/spirituality within APA-accredited clinical psychology programs. *Professional Psychology: Research and Practice*, *33*, 203-206.
- Brierley, P. (1999). *Religious trends, No. 2*. London: Harper Collins.
- British Psychological Society. (2006). *Core competencies - clinical psychology - A guide*. Leicester: BPS.
- British Psychological Society. (2008). *Generic Professional Practice Guidelines. 2nd Edition*. Leicester: BPS.

- British Psychological Society. (2009). *Code of ethics and conduct*. Leicester: BPS.
- Campbell, J., & Britton, M. L. (2008). Experiences with an elective in spirituality. *American Journal of Pharmaceutical Education*, 72, 1-2.
- Cawley, N. (1997). An exploration of the concept of spirituality. *International Journal of Palliative Nursing*, 3(1), 31-36.
- Cheshire, R. (2000). Clinical training in the 1990's; trainees' perspectives. *Clinical Psychology*, (145), 37-41.
- Clarke, I. (2008). *Madness, mystery and the survival of God*. Winchester: O Books.
- Clark, W. H. (1958). How do social scientists define religion? *Journal of Social Psychology*, (47), 143-147.
- Clement, P. W., & Warren, N. C. (1973). Can religion and psychotherapy be happily married? An experiment in education. In R. H. Cox (Ed.), *Religious Systems and Psychotherapy* (pp. 417-426). Springfield, IL: Thomas.
- Cohen, P. (1994). An interesting contradiction: A study of religiously committed, psychoanalytically oriented clinicians. *Journal of Psychology and Theology*, 22(4), 304-318.
- Commission for Healthcare Audit and Inspection (2007). *Caring for dignity. A national report on dignity in care for older people while in hospital*. London: Healthcare Commission.
- Cooper, C. (2012). The place of religious and spiritual beliefs in therapy. *Clinical Psychology Forum*, 230, 20-24.
- Coughlan, M., Cronin, P., & Ryan, F. (2007). Step-by-step guide to critiquing research, Part 1: quantitative research. *British Journal of Nursing* 16(11,) 658-663.

- Coyle, A. (2007). Introduction to qualitative psychological research. In E. Lyons & A. Coyle (Eds.), *Analysing Qualitative Data in Psychology*. London: Sage.
- Coyle, J., & Lochner, J. (2011). Religion, spirituality and therapeutic practice. *The Psychologist*, 24(4), 264-266.
- Crossley, J. (2000). *Clinical psychologists' understanding of how spirituality is addressed within therapy*. Unpublished Doctoral Thesis, University of Leicester, UK.
- Cushway, D. (1992). Stress in clinical psychology trainees. *British Journal of Clinical Psychology*, 31(2), 169-179.
- Delaney, H. D., Miller, W. R., & Bisono, A. M. (2007). Religiosity and spirituality among psychologists: A survey of clinician members of the American Psychological Association. *Professional Psychology: Research and Practice*, 38(5), 53-546.
- De Fina, A., & Perrino, S. (2011). Introduction: interviews vs. 'natural' contexts: a false dilemma. *Language in Society*, 40, 1-11.
- Denzin, N. K., & Lincoln, Y. S. (Eds.). (2005). *The Sage Handbook of Qualitative Research, Third edition*. London: Sage Publications.
- Department of Health. (2009). *Religion or belief: A practical guide for the NHS*. DoH.
- Eatough, V., & Smith, J. (2008). Interpretative Phenomenological Analysis. In C. Willig & W. Stanton-Rogers, *The Sage Handbook of Qualitative Research in Psychology*. London: Sage Publications.
- Elliot, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal for Clinical Psychology*, 38, 215-229.

- Fabricatore, A. N., Handal, P. J., & Fenzel, L. M. (2000). Personal spirituality as a moderator of the relationship between stressors and subjective well-being. *Journal of Psychology and Theology, 2*, 221-22.
- Frazier, R. E., & Hansen, N. D. (2009). Religious/spiritual psychotherapy behaviours: Do we do what we believe to be important? *Professional Psychology: Research and Practice, 40*, 81-87.
- Freud, S. (1927). *The Future of an Illusion*. London: Hogarth Press.
- Gallup Jr, G. H. (1994). *The Gallup poll: Public opinion 1993*. Wilmington, DE: Scholarly Resources.
- Gallup Jr, G. H. (1999). Survey of Christianity in Britain. *Reported in the daily telegraph, 31, December 1999*.
- Gallup Jr, G. H. (2002). *The Gallup poll: Public opinion 2001*. Wilmington, DE: Scholarly Resources.
- Garfield, S., & Bergin, A. (1971). Personal therapy, outcome and some therapist variables. *Psychotherapy: Theory, Research, and Practice, 8*, 251-253.
- Gill, R. (1999). *Churchgoing and Christian ethics*. Cambridge: CUP.
- Gonsiorek, J. C., Richards, P. S., Pargament, K. I., & McMinn, M. (2009). Ethical challenges and opportunities at the edge: Incorporating spirituality and religion into psychotherapy. *Professional Psychology: Research and Practice, 40*, 385-395.
- Graham-Howard, M. L., & Scott, S. T. (2011). Interdisciplinary integration in clinical training: The Azusa Pacific University program. *Journal of Psychology and Christianity, 30*(2), 101-107.
- Green, D., Callands, T. A., Radcliffe, A. M., Luebke, A. M., & Klonoff, E. A. (2009). Clinical psychology students' perceptions of diversity training: A study of exposure and satisfaction. *Journal of Clinical Psychology, 65*(10), 1056-1070.

- Gross, S. M. (2005). Student perspectives on clinical and counseling psychology practica. *Professional Psychology: Research and Practice, 36*(3), 299-306.
- Gushue, G. V., & Constantine, M. G. (2007). Color-blind racial attitudes and white racial identity attitudes in psychology trainees. *Professional Psychology: Research and Practice, 38*(3), 321-328.
- Guy, J. D., Poelstra, P. L., & Stark, M. J. (1989). Personal distress and therapeutic effectiveness: National survey of psychologists practicing psychotherapy. *Professional Psychology: Research and Practice, 20*, 48-50.
- Hage, S. M. (2006). A closer look at the role of spirituality in psychology training programs. *Professional Psychology: Research and Practice, 37*(3), 303-310.
- Hastings, E., & Hastings, H. (Eds.). (1994). Index to international public opinion: 1993-1994. Westport, CT: Greenwood Press. Cited in: E. Shafranske (Ed.). *Religion and the clinical practice of psychology*. Washington: APA.
- 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*, 97-104.
- Health Professions Council. (2008). *Standards of conduct, performance and ethics*. HPC publication code 20071105bPOLPUB/2008. London: HPC.
- Henwood, K., & Pigeon, N. F. (1992). Qualitative research and psychological theorising. *British Journal of Psychology, 83*(1), 97-112.
- Hill, P. C., Pargament, K. I., Hood, R. W., 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.

- Hill, P. C., & Pargament, K. I. (2003). Advances in the conceptualization and measurement of religion and spirituality: Implications for physical and mental health research. *American Psychologist*, *58*, 64-74.
- Hinterkopf, E. (1994). Integrating spiritual experiences in counselling. *Counseling and Values*, *38*, 165-175.
- Holloway, W. (2005). Commentaries on Potter and Hepburn, 'Qualitative interviews in psychology: problems and possibilities'. *Qualitative Research in Psychology*, *2*, 309-325.
- Houts, A., & Graham, K. (1986). Can religion make you crazy? Impact of client and therapist religious values on clinical judgements. *Journal of Consulting and Clinical Psychology*, (*54*), 267-271.
- Husserl, E. (1931). *Ideas*. Translated by W. R. Boyce-Gibson. London: George Allen & Unwin.
- James, W. (1902). *The varieties of religious experience*. Cambridge, MA: Harvard University Press.
- Jensen, J., & Bergin, A. (1988). Mental health values of professional therapists: A national interdisciplinary survey. *Professional Psychology: Research and Practice*, *19*, 290-297.
- Jones, S., & Wilcox, B. (1993). Religious values in secular theories of psychotherapy. In E. Worthington (Ed.), *Psychotherapy and religious values*. Grand Rapids: Baker.
- Jung, C. G. (1938). *Psychology and religion*. New Haven, CT: Yale University Press.
- Kapuscinski, A. N., & Masters, K. S. (2010). The current status of measures of spirituality: A critical review of scale development. *Psychology of Religion and Spirituality*, *2*(4), 191-205.

- Keating, A. M., & Fretz, B. R. (1990). Christians' anticipations about counselors in response to counselor descriptions. *Journal of Counseling Psychology, 3*, 293-296.
- Kelly, E. W. (1997). Spirituality and religion in variously accredited counselor training programs: A comment on Pate and High (1995). *Counseling and Values, 42*, 7-11.
- King, E. (1996). The use of self in qualitative research. In J. T. E. Richardson (Ed.). *Handbook of qualitative research methods* (pp 175-188). Leicester: The British Psychological Society.
- Knox, S., Catlin, L., Casper, M., & Schlosser, L. Z. (2005). Addressing religion and spirituality in psychotherapy: Clients' perspectives. *Psychotherapy Research, 15*, 287-303.
- Koenig, H. G., McCullough, M. E., & Larson, D. B. (2001). *Religion and health*. New York: Oxford University Press.
- Kurtz, E. (1999). The historical context. In W. R. Miller (Ed.), *Integrating spirituality into treatment: Resources for practitioners* (pp. 19-46). Washington, DC: APA.
- Kvale, S. (1996). *Interviews: An introduction to qualitative research interviewing*. London: Sage.
- Legere, T. (1984). A spirituality for today. *Studies in Formative Spirituality, (5)*, 375-383.
- Lopez, S. J., & Snyder, C. R. (Eds.). (2003). *Positive psychological assessment: A handbook of models and measures*. Washington, DC: APA.
- Lowenthal, K. M. (1995). *Mental health and religion*. London: Chapman and Hall.
- Lukoff, D., Lu, F., & Turner, R. (1992). Toward a more culturally sensitive DSM-IV: Psychoreligious and psychospiritual problems. *Journal of Nervous and Mental Disease, 180*, 673-682.

- Madill, A., Jordan, A., & Shirley, C. (2000). Objectivity and reliability in qualitative analysis: Realist, contextualist and radical constructionist epistemologies. *British Journal of Psychology, 91*, 1-20.
- Martinez, S., & Baker, M. (2000). 'Psychodynamic and religious?' Religiously committed psychodynamic counsellors, in training and practice. *Counselling Psychology Quarterly, 13*(3), 259-264.
- Martinez, J. S., Smith, T. B., & Barlow, S. H. (2007). Spiritual interventions in psychotherapy: Evaluations by highly religious clients. *Journal of Clinical Psychology, 63*, 943-960.
- Masters, K. S. (2010). Commentary: The role of religion in therapy: Time for psychologists to have a little faith? *Cognitive and Behavioural Practice, 17*, 393-400.
- 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 and Psychotherapy, 14*, 317-327.
- McClure, R. F., & Livingston, R. B. (2000). Religious values of counsellors, psychologists and college students. *TCA Journal, 28*(2), 7-85.
- Miller, G. (1999). The development of the spiritual focus in counseling and counsellor education. *Journal of Counseling and Development, 77*, 498-501.
- McCullough, M. E., Worthington, E. L., Maxey, J., & Rachal, K. C. (1997). Gender in the context of supportive and challenging religious counseling interventions. *Journal of Counseling Psychology, 44*, 80-88.
- Mental Health Foundation (2006). *The impact of spirituality on mental health: A review of the literature*. London: Mental Health Foundation.

- Miller, W., & Delaney, H. (Eds.). (2004). *Judeo-Christian perspectives on psychology: Human nature, motivation and change*. Washington: American Psychological Association.
- Miller, W., & Thoresen, C. E. (2003). Spirituality, religion, and health: An emerging research field. *American Psychologist*, *58*(1), 24-35.
- Mills, J. (2010). *An exploration of trainee clinical psychologists' experiences of engaging with psycho spiritual issues in clinical practice*. (Unpublished Doctoral Thesis), University of Leicester: UK.
- Mulla, A. A. (2011). *How British NHS clinical psychologists talk about their experiences of considering spirituality in therapeutic sessions*. (Unpublished Doctoral Thesis), University of East London: London, UK.
- Myers, J., & Baker, M. (1998). Religiously committed clinical psychologists, talking. *Clinical Psychology Forum*, *117*, 30-32.
- Nagai, C. (2008). Clinicians' self-assessment of cultural and spiritual competency: Working with Asians and Asian Americans. *Community Mental Health Journal*, *44*, 303-309.
- Nelson, J. (2009). *Psychology, religion and spirituality*. New York: Springer.
- O'Connor, S., & Vandenberg, B. (2005). Psychosis or faith? Clinicians' assessment of religious beliefs. *Journal of Consulting and Clinical Psychology*, *73*(4), 610-616.
- O'Hanlon, B. (2006). *Pathways to spirituality: Connection, wholeness and possibility for therapist and client*. New York: Norton.
- Oxford Dictionaries Online. (2012). Oxford University Press. Accessed online 14/03/2012 at oxforddictionaries.com/definition/
- Pargament, K. I., Ensing, D. S., Falgout, K., Olsen, H., Reilly, B., Van Haitsma, K. K. I., Smith, B., & Brant, C. (1995). Religious and non-religious coping methods

with the 1993 Midwest flood. *Paper presented at the meeting of the society for the scientific study of religion*. St Louis, MO.

Pargament, K. I. (1997). *The Psychology of Religion and Coping: Theory, Research, Practice*. The Guildford Press.

Pargament, K. I., & Saunders, S. M. (2007). Introduction to the special issue on spirituality and psychotherapy. *Journal of Clinical Psychology, 63*, 903-907.

Patel, C. J., & Shikongo, A. E. 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.

Peden, A. (2012). The potential benefits of religious beliefs and practices for psychological well-being. *Clinical Psychology Forum, 233*, 33-36.

Pilgrim, D., & Treacher, A. (1992). *Clinical psychology observed*. Tavistock/Routledge: London and New York.

Plante, T. G., & Sharma, N. K. (2001). Religious faith and mental health outcomes. In T. G. Plante & A. C. Sherman (Eds.). *Faith and health: Psychological perspectives* (pp. 240-261). New York: Guildford Press.

Plante, T. G., & Sherman, A. S. (Eds.). (2001). *Faith and health: Psychological perspectives*. New York: Guildford Press.

Plante, T. G. (2007). Integrating spirituality and psychotherapy: Ethical issues and principles to consider. *Journal of Clinical Psychology, 63(9)*, 891-902.

Pope, C., & Mays, N. (2000). *Qualitative research in health care*. London: British Medical Journal Books.

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.

- Potter, J., & Hepburn, A. (2005). Qualitative interviews in psychology: problems and possibilities. *Qualitative Research in Psychology*, 2, 1-27.
- Putnam, R. D., & Campbell, D. E. (2010) *American grace: How religion divides and unites us*. New York: Simon and Schuster.
- Rapley, T. (2001). The art(fulness) of open-ended interviewing: some considerations on analysing interviews. *Qualitative Research*, 1(3), 303-323.
- Reicher, S. (2000). Against methodolatry: some comments on Elliot, Fischer and Rennie. *British Journal of Clinical Psychology*, 39, 1-6.
- Richards, P. S., & Potts, R. W. (1995). Using spiritual interventions in psychotherapy: Practices, successes, failures, and ethical concerns of Mormon psychotherapists. *Professional Psychology: Research and Practice*, 26, 163-170.
- Richards, P. S., & Bergin, A. E. (2000). *Handbook of psychotherapy and religious diversity*. Washington: APA.
- Rogers, C. (1951). *Client centered therapy*. Boston: Houghton-Mifflin.
- Rogers, C. (1980). *A way of being*. Boston: Houghton-Mifflin.
- Rose, S. (2001). Is the term 'spirituality' a word that everyone uses but nobody knows what anyone means by it? *Journal of Contemporary Religion*, (16), 193-207.
- Rose, E. M., Westefeld, J. S., & Ansley, T. N. (2001). Spiritual issues in counseling clients' beliefs and preferences. *Journal of Counseling Psychology*, 4, 61-71.
- Rosmarin, D. H., Pargament, K. I., & Robb, H. B. (2010). Introduction to special series: Spiritual and religious issues in behaviour change. *Cognitive and Behavioral Practice*, 17, 343-347.

- Russell, S. R., & Yarhouse, M. A. (2006). Religion/spirituality within APA-accredited psychology predoctoral internships. *Professional Psychology: Research and Practice, 37*, 430-436.
- Ryan, F., Coughlan, M., & Cronin, P. (2007). Step-by-step guide to critiquing research, Part 2: qualitative research. *British Journal of Nursing 16(12)*, 738-744.
- Sala, E., Dandy, J., & Rapley, M. (2010). 'Real Italians and Wogs': The discursive construction of Italian identity among first generation Italian immigrants in Western Australia. *Journal of Community & Applied Social Psychology, 20*, 110-124.
- Saunders, S. M., Miller, M. L., & Bright, M. M. (2010). Spiritually conscious psychological care. *Professional Psychology: Research and Practice, 41(5)*, 355-362.
- Schulte, D. L., Skinner, T. A., & Claiborn, C. D. (2002). Religious and spiritual issues in counseling psychology training. *The Counseling Psychologist, 30*, 11-134.
- Scott, S., Garver, S., Richards, J., & Hathaway, W. L. (2003). Religious issues and diagnosis: The V-code and beyond. *Mental Health, Religion and Culture, 6*, 161-173.
- Shafranske, E. (1996). Religious beliefs, affiliations and practices of clinical psychologists. In E. Shafranske (Ed). *Religion and the Clinical Practice of Psychology*. Washington: APA.
- Shafranske, E. P. & Malony, H. N. (1990). Clinical psychologists' religious and spiritual orientations and their practice of psychotherapy. *Psychotherapy, 27*, 72-78.
- Shank, G. (1998). The extraordinary ordinary powers of abductive reasoning. *Theory and Psychology, 8(6)*, 841-860.

- Sherman, M. D., & Thelen, M. H. (1998). Distress and professional impairment among psychologists in clinical practice. *Professional Psychology: Research and Practice, 29*(1), 79-85.
- Sloan, R. P., Bagiella, E., & Powell, T. (1999). Religion, spirituality and medicine. *The Lancet, 353*, 664-667.
- Sloan, R. P., Bagiella, E., & Powell, T. (2001). Without a prayer: Methodological problems, ethical challenges and misrepresentations in the study of religion, spirituality and medicine. In T. G. Plante & A. C. Sherman (Eds.), *Faith and health: Psychological perspectives*, (pp. 339-354). New York: Guildford Press.
- Sloan, R. P., & Bagiella, E. (2002). Claims about religious involvement and health outcomes. *Annals of Behavioral Medicine, 24*, 14-21.
- Sloan, R. P., Bagiella, E., VandeCreek, L., Hover, M., Casalone, C., Jinpu Hirsch, T.,...Poulos, P. (2000). Should physicians prescribe religious activities? *New England Journal of Medicine, 342*, 1913-1916.
- Smiley, T. (2001). *Clinical psychology and religion: A survey of the attitudes and practices of clinical psychologists in South East England*. (Unpublished Doctoral Thesis), University of Surrey: Surrey, UK.
- Smith, J. A. (2011). Evaluating the contribution of interpretative phenomenological analysis. *Health Psychology Review, 5*(1), 9-27.
- Smith, J. (2005). Commentaries on Potter and Hepburn, 'Qualitative interviews in psychology: problems and possibilities'. *Qualitative Research in Psychology, 2*, 309-325.
- Smith, J. T. (1997). *The effects of therapists' prayer practices on psychotherapy outcomes*. Dissertation abstracts international: Section B: The Sciences and Engineering. 57 (9-B).

- Smith, J. (1996). Beyond the divide between cognition and discourse: Using interpretative phenomenological analysis in health psychology. *Psychology and Health*, (11), 261-271.
- Smith, J., Jarman, M., & Osborn, M. (1999). Doing interpretative phenomenological analysis. In: Murray, M. & Chamberlain, K. (Eds.). *Qualitative Health Psychology*. London: Sage.
- Smith, J., & Osborn, M. (2003). Interpretative phenomenological analysis. In J. Smith (Ed.). *Qualitative psychology: A practical guide to research methods*. London: Sage.
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. London: Sage.
- Smith, T., & Richards, P. S. (2005). The integration of spiritual and religious issues in racial-cultural psychology and counseling. In R. T. Carter (Ed.), *Handbook of racial-cultural psychology and counseling: Volume 4. Theory and research* (pp. 132-159). New York: Wiley.
- Souza, K. Z. (2002). Spirituality in counseling: What do counseling students think about it? *Counseling and Values*, 46, 213-217.
- Spencer, L., Ritchie, J., Lewis., & Dillon, L. (2003). *Quality in qualitative evaluation: A framework for assessing research evidence. A quality framework*. London: Cabinet Office.
- Sperry, R. W. (1988). Psychology's mentalist paradigm and the religion/science tension. *American Psychologist*, (43), 607-613.
- Sperry, L., & Shafranske, E. P. (Eds.). (2005). *Spirituality oriented psychotherapy*. Washington, DC: APA.
- Spilka, B., Hood, R. W., & Gorus, R. L. (1985). *The psychology of religion: An empirical approach*. Englewood Cliffs, NJ: Prentice-Hall.


- Thurston, N. S. (2000). Psychotherapy with evangelical and fundamentalist Protestants. In P. S. Richards & A. E. Bergin (Eds.), *Handbook of psychotherapy and religious diversity* (pp. 131-153). Washington, DC: APA.
- Timms, P. (2006). (Ed.). *Help is at hand: Spirituality and mental health*. UK: Royal College of Psychiatrists.
- Turpin, G., Barley, V., Beail, N., Scaife, J., Slade, P., Smith, J., & Walsh, S. (1997). Standards for research projects involving qualitative methods; suggested guidelines for trainees on courses. *Clinical Psychology Forum*, (108), 3-7.
- Viriden, P., Jenner, A., & Bigwood, P. (Eds.). (2011). *Asylum: The magazine for democratic psychiatry*. 3, (18).
- Walker, D. F., Gorsuch, R. L., & Tan, S. Y. (2005). Therapists' use of religious and spiritual interventions in Christian counseling: A preliminary report. *Counseling and Values*, 49, 107-119.
- Walker, D. F., Gorsuch, R. L., Tan, S. Y., & Otis, K. E. (2008). Use of religious and spiritual interventions by trainees in APA-accredited Christian clinical psychology programs. *Mental Health, Religion and Culture*, 11(6), 623-633.
- Willig, C. (2009). *Introducing qualitative research in psychology: Adventures in theory and method (2nd Edition)*. Berkshire: Open University Press.
- Wood, B. J., Klein, S., Cross, H. J., Lammers, C. J., & Elliot, J. K. (1985). Impaired practitioners: Psychologists' opinions about prevalence, and proposals for intervention. *Professional Psychology: Research and Practice*, 16, 843-850.
- Worthington Jr, E. L. (1988). Understanding the values of religious clients: A model and its application to counseling. *Journal of Counseling Psychology*, 35, 166-174.

- Worthington Jr, E. L., & Aten, J. D. (2009). Psychotherapy with religious and spiritual clients: An introduction. *Journal of Clinical Psychology: In session*, 65(2), 123-130.
- Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology & Health*, 15(2), 215-228.
- Young, J. S., Wiggins-Frame, M., & Cashwell, C. S. (2007). Spirituality and counselor competence: A national survey of American Counseling Association members. *Journal of Counseling and Development*, 85, 47-52.
- Zinnbauer, B. J., Pargament, K. I., Cole, B., Rye, M. S., Butter, E. M., Belavich, T. G., Hipp, K. M., Scott, A. B., & Kadar, J. L. (1997). Religion and spirituality: Unfuzzifying the fuzzy. *Journal for the Scientific Study of Religion*, 36(4), 549-564.
- Zinnbauer, B. J., Pargament, K. I., & Scott, A. (1999). The emerging meanings of religiousness and spirituality. *Journal of Personality*, 67(6), 889-919.

Appendices

Appendix 1: Ethical approval

SCHOOL OF PSYCHOLOGY
Dean: Professor Mark N. O. Davies, PhD, CPsychol, CBiol.
uel.ac.uk/psychology



Doctoral Degree in Clinical Psychology
Direct Fax: 0208 223 4967

June 2011

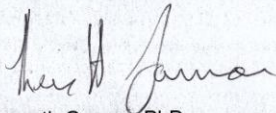
Name of Student	Nicola Begum
Title of Research Project	An exploration of trainee clinical psychologists' diverse experiences of religion and spirituality and the impact upon their professional training.

To Whom It May Concern:

This is to confirm that the above named student is conducting research as part of the requirements for the Professional Doctorate in Clinical Psychology. The Ethics Committee of the School of Psychology, University of East London has approved their proposal and they are, therefore, covered by the University's indemnity insurance policy. This policy should normally cover for any untoward event provided that the experimental programme has been approved by the Ethics Committee prior to its commencement. The University does not offer "no fault" cover, so in the event of untoward event leading to a claim against the institution, the claimant would be obliged to bring an action against the University and seek compensation through the courts.

As the above named is a student of UEL the University will act as the sponsor of their research. UEL will also fund expenses arising from the research, such as photocopying and postage.


Yours faithfully,



Kenneth Gannon PhD
Research Director

Dr Martyn Baker	020 8223 4411	M.C.Baker@uel.ac.uk	Dr Nimisha Patel	020 8223 4413	N.Patel@uel.ac.uk
Dr Maria Castro	020 8223 4422	M.Castro@uel.ac.uk	Prof Mark Rapley	020 8223 6392	m.rapley@uel.ac.uk
Dr Sarah Davidson	020 8223 4564	S.Davidson@uel.ac.uk	Dr Neil Rees	020 8223 4475	N.Rees@uel.ac.uk
Dr Kenneth Gannon	020 8223 4576	K.N.Gannon@uel.ac.uk	Dr Rachel Smith	020 8223 4423	r.a.smith@uel.ac.uk
Dr David Harper	020 8223 4021	D.Harper@uel.ac.uk	Dr Robyn Vesey	020 8223 4409	r.vesey@uel.ac.uk
Dr M Jones Chesters	020 8223 4603	m.h.jones-chesters@uel.ac.uk	Ruth Wacholder	020 8223 4408	r.wacholder@uel.ac.uk
Dr Paula Magee	020 8223 4414	p.l.magee@uel.ac.uk	Administrators	020 8223 4174/4567	c.wickham@uel.ac.uk/ j.chapman@uel.ac.uk

Stratford Campus, Water Lane, Stratford, London E15 4LZ
Tel: +44 (0)20 8223 4966 Fax: +44 (0)20 8223 4937 MINICOM 020 8223 2853
Email: mmo.davies@uel.ac.uk



Appendix 2: Participant Information Sheet

PARTICIPANT INFORMATION SHEET

Title of study: A study of the spiritual lives of trainee clinical psychologists.

Researcher: Nicola Begum (Trainee Clinical Psychologist)

School of Psychology
The University of East London
Stratford Campus
Water Lane
London
E15 4LZ
Telephone: +44 (0)20 8223 4174
Email address: u0933865@uel.ac.uk

Invitation

As part of my thesis study I am interested in exploring the understanding of trainee clinical psychologists' experiences of religion and spirituality both personally and as these issues relate to their work. You may identify yourself as a member of a traditional religious or spiritual group, you may not know (agnostic) or you may not believe in a supernatural power (atheist). Your views on this topic would be invaluable in furthering the current knowledge in this field.

Purpose of the study

Studies that look at religion and spirituality suggest clients experience positive effects within both therapeutic contexts and in their personal lives. Literature in the USA dominates the field of religion and spirituality in mental health which means current findings are not generalisable to UK populations. There are sparse findings when considering the clinical psychology population. Studies looking at issues of religion and spirituality within the clinical psychology profession point to minimal focus on and understanding of these areas of diversity with regards to professional practice and personal experience. Little is known about the impacts of these issues upon clinical psychology trainees.

This study aims to explore this neglected area in order to develop greater understandings of the experiences of trainee clinical psychologists with respect to religion and spirituality both in their personal lives and in professional domains. The findings of this research may have implications for personal support, training and clinical practice.

Participation in the study

Ethical approval for this study has been sought from the University of East London, safeguarding your participation.

You will be asked to attend an individual interview with myself, the researcher, which will last up to an hour. If you agree to participate, you will be asked to read and sign a consent form – you will be free to end the interview at any time and withdraw from the study if you wish, at any point (further information will be detailed in the consent form). The interview will be audio recorded and the final study may contain direct quotes

although all participant responses will remain anonymous. Interviews will take place at a mutually agreed venue.

There is no other participation involved and findings of the study may be forwarded on to you at your request.

Confidentiality

All the information obtained from you will remain confidential and will only be identifiable in the study write up by code. Any information gathered during the field research and interview process, including audio recordings and transcripts will be seen by the researcher, stored securely and destroyed following the completion of this research project.

If you are willing to participate or would like further information, please contact me using the details above. I would be grateful if you request further information and provide me with your contact details including a suitable time to contact you.

Nicola Begum
Trainee clinical psychologist.

Appendix 3: Consent form

CONSENT FORM

Title of study: A study of the spiritual lives of trainee clinical psychologists.

Researcher: Nicola Begum

This consent form accompanies the participant information sheet; please request a copy before signing this form if you have not read it.

In this study you will be interviewed, as a trainee clinical psychologist, about issues concerning religion and spirituality. The interview will last no more than one hour and some demographic information will be obtained from you. Your participation will help further the knowledge base in this field and may have implications for future training and support for trainee clinical psychologists.

Please read the points below, tick as appropriate, and sign this form.

- I agree to take part in the above named study, as described in the participant information sheet.
- The nature and purpose of the study have been explained to me.
- I understand that I may withdraw from the study at any time without justification or penalty. If I request, any information I do provide may be excluded from the study.
- I understand that all information will remain anonymous and kept confidential by the principal researcher.
- I understand that the interview will be audio-taped and that direct quotes may be used in the written study.
- I understand that the research supervisor may wish to review sections of my interview and that this information will be treated confidentially.
- I have read the information sheet on the above study and have had the opportunity to ask questions and discuss these with the principal researcher.

Signature of participant.....Date.....
Name of participant.....

I confirm that I have explained the nature of the study as detailed in the participant information sheet and I believe that the consent given by this participant is based on their clear understanding, in my opinion.

Signature of researcher.....Date.....
Name of researcher.....

* A copy of this form will be given to you at your request.

Appendix 4: Demographic questionnaire

Demographics

PARTICIPANT NUMBER:

- Course:
- Year of study:
- Age:
- Gender:
- Nationality:
- Religion:
- Socio-economic status/ class:
- Placements undertaken:

Placement 1 –

Placement 2 –

Placement 3 –

Placement 4 –

- Previous experience (prior to training):

Appendix 5: Semi-structured interview schedule

SEMI-STRUCTURED INTERVIEW SCHEDULE

This interview schedule is designed to be used flexibly with participants in order to provide the best opportunity for them to give free accounts of their experiences.

Introduction:

- Introduce self and study
- Emphasise consent, confidentiality, and process of interview
- Check for participant queries

Demographics

- note course, year of study, age, gender, nationality, placements undertaken

Interview questions/ topics

- How participant came to study clinical psychology and course
- Definition of religion and spirituality (R/S)
- Childhood experiences of R/S
- Personal views of R/S
- Views of clients regarding R/S
- Views of the profession regarding R/S
- Experience of R/S in training and guidance
- Experiences of R/S with regards to client work, placement, supervision and university
- Sources of support regarding R/S
- Positive and negative experiences of R/S as a trainee and outside of the profession
- Views on own knowledge when working professionally and understanding of psychological theory

End

- Thank participant and seek to answer any further questions

Appendix 6: Annotated transcripts

Participant 07; Interviewed on 31/01/2012; Duration 57m 29s

teaching staff open to R discussions as indivs

1 P: No I actually don't think that at all. I think as individuals, all of them would be equally

2 tolerant actually. Because I respect and know a lot of them as clinicians. [I: Oh ok] There

3 are perhaps one or two people, I don't know, I think it's more like [name of lecturer]. But

4 it's hard, it's hard to kind of separate out isn't it because I think lots of those individuals

5 would be equally tolerant as human beings but then a lot of that kind of comes together

6 to make an kind of overall ethos of the course doesn't it. [I: Mm] And my sense of that

7 ethos of the course or philosophy of the course is not that congruent with being religious.

8 [I: Ok] But that doesn't mean as individuals. I would feel totally confident with going to I'd

9 say 80% of them and say, and I think they'd be really really explorative and tolerant and

10 interested. [I: Brilliant, ok] So yeah, but I don't have, it's really interesting that, that you

11 get that and you get a bit of a mismatch between that and the overall philosophy. It's

12 quite interesting. — *incongruence btwn indiv staff + course overall. not gal or bad.*

13 I: Yeah. Yeah and curious about how that happens. *Label of science restrictive of respect for R.*

14 P: Yeah. I think it's perhaps that whole scientist practitioner kind of label. But it's

15 interesting because the amount of people who are actually kind of really practice by that

16 in terms of really intuitively believing that's what they're doing. [I: Hm] I mean hardly

17 anyone I know really genuinely believe that's what they're doing, they're sticking to the

18 evidence base and following that rigidly. [I: Yeah] I mean I don't really know anyone

19 that's doing that. Well I'm not anyway but. (both laugh)

20 I: I mean from what, the way you're kind of talking about it, in my head I'm thinking about

21 maybe the face of the profession versus actually what we do [P: Yeah, yeah] and what

22 we say we do and the need to justify maybe a scientific kind of.

23 P: Yeah, I mean absolutely, definitely. Yeah I think that's a lot to do with it. It's like we

24 have to present to the world this is what we're doing. Behind closed doors, it's rubbish

25 that any of us are actually doing that. I mean yeah we pick and take you know, that's a

26 bit of a model but half the time you're using a bit of this and a bit of that. Working

CP do not follow evidence base science approach as CP profession claims. incongruence

need to hide face of profession representing science → to fit a culture of acceptable in society / other profs?

outward face of CP vs inward practice } mismatch / secret of CP?

20

Participant 06; Interviewed on 19/08/2011; Duration 50m 12s

doesn't share family - private S + R public

not imp to P

1 because it would upset my family so much and it's not important because the actual,
2 again the actual words to me aren't so important, it's the behaviours of everybody doing
3 it and how they behave on a day to day basis. So it's the process of the family going
4 together to the synagogue and then the process of them having lunch together or dinner
5 and um, the you know always doing it every year on the same days, that is what I really
6 like.

Process of R as actions + family unity pattern regular behs.

7 I: Ok. So, and you've kind of alluded to how, so that's how you feel about religion and
8 spirituality, how would you define those 2 terms?

non-academic?

9 P: Ok, erm. From being jewish? - assume define R/S as Jewish person - different to as self?

10 I: Erm no, just generally, a definition. [P: Oh ok] How would you define religion in itself
11 and spirituality?

not sure / not thought abt before interview?

academic

12 P: Oh goodness, I should have read up on it. (laughing) I don't know much about them

lack of knowledge.

13 honestly. Religion, I would define it as beliefs erm. Belonging to a certain group, a
14 religious group, so something you were born into or you convert into and it's a group.

R as group membership of set beliefs born into (choice?) or convert to (choice?)

15 Erm, where as your spiritual beliefs are perhaps something which you choose. That's
16 what I would define it as. [I: Ok] Probably wrong.

S as a choice.

17 I: No but there's no right or wrong, [P: Ok] the thing is people have been giving lots of
18 different definitions because there isn't really one right definition so it's alright.

reassurance.

academic

19 P: Oh really, ok. Because I'm going to go and look it up. Spiritual beliefs though, I
20 suppose they are meant to marry with your group, religious group, sometimes they just
21 might not, I see it more as a spectrum [I: Ok] of religious beliefs, spirituality sorry. [I: Ok]
22 Yep.

S as spectrum of beliefs usually true in R

23 I: Ok. So you've said about how you see yourself now. Could you tell me a bit more
24 about your childhood experiences? Are your family quite religious?

progressively more R

25 P: Mm. Yeah. My family have become more and more religious really as they age. Um,
26 growing up my parents didn't eat kosher meat out, you know, they would just eat normal

did not practise diet aspect of R.

Participant 03; Interviewed on 08/08/2011; Duration 42m 58s

repetition
'strict' + 'very'

1 but I understand spirituality and there are moments where I feel quite spiritual but I'm not
 2 religious at all and, I've. I think maybe I've had quite negative experiences of religion. I
 3 went to a very Catholic first school. I found it very kind of, quite hard core and. And yeah,
 4 I've not, and my family, they're from Spain and they had a very strict Catholic upbringing.
 5 And a lot of them are very now, very anti-religion now because they felt very repressed.
 6 And I think, I have, more Catholicism than, I think I can respect other religions much
 7 more than Catholicism, possibly because of direct experience. [I: Ok] Religion has, it has
 8 this kind of repressive connotations for me. It's kind of, I don't know. But with spirituality I
 9 find a little bit freer, less constrained by, like it's something that you don't have to define.
 10 There's no rules to it and so personally I feel like I feel [I: Ok] Yeah I feel like they're very
 11 different.

can relate to a feeling

not identified e.

lang use re R

inured by exp for whole family.

overwhelming exp => lack of respect for this R => impact on clinical work?

no reason to dislike other R's

S as an abstract undet. used concept. Relaxed lang use.

12 I: So could you tell me a bit more about these experiences [P: Mmm] from your
13 childhood?

14 P: Yeah, so I went to, it was a first school. It was run by nuns. It was a very strict
15 Catholic school. stereotype.

meaning v R-laden

associations
= Catholicism

16 I: Was that here in the UK?

17 P: It was in Surrey, yeah. [I: Ok] I've just got, it wasn't terrible but I've just got memories
18 of, it's silly things. But memories of having to go to confession and then, or like,

not compared to horror media stories

now seem silly

forced

19 memories of having to go to, we'd have to go to mass quite often. Kneeling on the pews
20 and my knees were really aching and you felt like you couldn't move or, erm, like, just

unnecessary pain

metaphor for constraining & controlled

21 how strict like some of the nuns were. And just, the way that it's taught as well, it's really
22 like putting the fear of God into you. Like, I remember being terrified that, you know, that

Harsh upbringing

fear not love, unsurprising

23 if I accidentally told a lie, that I would go to hell. [I: Oh] You know, it was very kind of you
24 know [I: How old were you when you were?..] So it was sort of my first school, so I would

sweet & sad as unfair, confused child; made to sin

25 have been 5 to. I don't know, how old would you be when you go to middle school?

early age to be fearful, no + story of R.

26 Probably about 5 til about 9 something I think [I: Ok] First school, cos then I went to

GROUNDING THE FINDINGS

Superordinate theme 1: Conceptualising religion and spirituality

1.1 Overlapping constructs: spirituality subsumes religion

“But in spirituality, I think you don’t necessarily have that, it’s just kind of like a belief in non-material things that we can’t prove which is the same as religion but it can be very individual and, erm, it doesn’t have to conform to any other religion or belief system that’s already out there.” (Jane)

“Yeah, I guess it’s [spirituality] about having particular beliefs about what’s important in your life, without necessarily identifying that with a particular God or a particular church.” (Elena)

“Spiritual beliefs though, I suppose they are meant to marry with your group, religious group, sometimes they just might not, I see it more as a spectrum.” (Maggie)

1.2 Spirituality as untrammelled

“...anyone can be spiritual, you don’t necessarily have to go to a church or a mosque or whatever to be spiritual, you can still be spiritual and live your life knowing that...” (Mary)

“Whereas spirituality to me is more um. Gosh, I’ve never thought about defining it before. I guess it’s more wanting to believe that there’s something out there, not necessarily wanted to identify or practice in a particular church but um, just.” (Elena)

“I think spirituality as well is almost like, ok it’s this explanation of one’s experience that may be transcend kind of ordinary life but also, the sense of values and beliefs that people live their lives for and things that they believe that are fair and just, what would happen to them, explanation for things that might not have a logical explanation and things like that.” (Fiona)

“And spirituality’s a bit less, for me, is a bit less directed by a specific book or rules and regulations of how to be certain things. It’s a bit more, you can believe in something but you haven’t quite defined it...” (Sally)

1.3 Religion as controlling and controlled

“...I think religion, when you think of religion, you think of more organised religion. You know, sort of, all the icons, all the erm places of worship, all the sort of, not rules but guidelines people adhere to... And obviously sex education was pretty much non-existent except for when we were in Year 9 which is quite young... you shouldn’t have sex and this is what happens when you have sex but if you do have sex and you have a baby you’ve gotta keep it, you know and it’s like is that right for...” (Mary)

“So there’s, with religion I’d I would imagine, religion’s distinguished from spirituality because it kind of has a structure to it.” (Jane)

“And I think religion is formalised, structured way to set some guidelines, protocol to this experience of spirituality... Catholicism seen here as very rigid, (inaudible), sexist, homophobic blah blah blah all the criticisms that they had and the pope and the problems with contraception and things like that. And yes it’s true, there’s all of that and that’s one of the reasons that I don’t go to church.” (Fiona)

“Erm. I would see religion as adhering more to a sort of erm, collective idea about erm, one particular God or set of Gods and how you should therefore worship or join together in a collective way to worship that God or set of Gods. And religion is more to do with the kind of cultural things that go with that... Although I also would say there are bits of Christianity which I think are absolutely abhorrent.” (Karen)

1.4 Societal influences on experiences

“Erm, I think in Britain, it’s become quite, I think. What’s the word I’m looking for now? Not ridiculed, that’s far too strong a word but it’s derided a little bit from, not that anyone would say oh you’re religious aren’t you daft but. Oh I don’t know, how can I, I can’t explain this at all. I just think it’s gone a bit out of vogue, I don’t think people are really into being religious.” (Mary)

"[speaking about her father] Cos he grew up in a quite a poor area and he started, well that's what he says, he started noticing a difference between the rich and the poor, going to church. And the rich would always be at the front of the church, and I think, he kind of comes from a, er yeah, from an area where they started thinking about like socialist ideas of equality." (Sally)

Superordinate theme 2: Identifying self within a Religious/Spiritual context

2.1 Influences

2.1.1 Family

"My mom was brought up a catholic and she very much turned against that and I think that was because of how controlling and possibly imposing it was on her when she was growing up...So she was very kind of, I don't want to say anti-religion but she was very like, hmmm, a-religious. And possibly critical of the church as an institution and the abuses that have happened and da da da. Erm, so yeah and my dad as well was probably a humanist more than anything else so I've grown up in that environment. [I: Ok]. And they were quite politically quite erm, I suppose lefty or liberal and so it made me question kind of powerful structures in our society and how they might abuse their power and stuff so as a teenager I was very much aware that the church was one of these or has been in the past and so if anything during my teens and late teens...I mean I don't think I've ever had any negative experiences [I: Ok] erm. I think I've had some maybe negative opinions when I was younger [I: Ok] based on you know mostly my parents' beliefs and things." (Jane)

"My family have become more and more religious really as they age... And then, the whole weekend was just routine, Jewish routine. And so Friday night was Friday night dinner which is like a regular dinner for Sabbath which comes in at dusk on a Friday night and so it would be a big family meal that was great." (Maggie)

"And obviously the ceremony's in the church so, when I think of like important events in my family and in my little brothers' lives and all my cousins' live and in my aunty, everyone's are all around that church really. And so I, I think that's a nice thing, it sort of brings us together all the time..." (Mary)

"I think because I come from a Catholic family and I would not say that. Well both of my parents would define themselves as Catholics but I never see my father going to church... my mum was a bit more of a regular and times in her life she has been more practising than others...My mum socialised me very early on I think as soon as I remembered she did my prayers in the night before going to sleep and [I: Ok] taught me taught me the prayers like you know holy father and things like that..." (Fiona)

2.1.2 Education

"Yeah, I went to, so my first school... which was a Catholic primary school and we had a church next door and we'd go to mass every Wednesday morning. And it's very much on the values of Catholicism and Christianity and that was a very big part of our, like we had hymns every morning and stuff like that and prayers every morning. And then I went to [name] high school for girls... it's a convent, used to be a convent school. And it was still run by nuns when I was there, the head teacher was sister [name] and loads of our teachers were nuns." (Mary)

"...I did religious studies a level. And I just remember sitting in a classroom and I'd just be like, with about 5 other kind of Christians and I'd be like nooo it's all wrong..." (Jane)

"I went to a Catholic school. [I: Ok] Primary school. And the reason for that is that we were living in France and so um, my parents' reason for that is that there was a canteen and all the other schools didn't have canteens and they have to, my parents were both working, and they have to bring you back home for lunch. [I: Ok] So this was the only school in the area that had a canteen so you could stay in the school for the whole day." (Sally)

2.2 Identity

"So, really briefly, I would say um, I don't believe in any world religion, I wouldn't say I'm a member of world religions hence why I'm not religious. I'm very sceptical about whether there's a personal god er that kind of knows about us and has got intent and consciousness.

..But erm, in the past maybe 6 or 7 years, I've kind of opened up to the possibility that there might be some kind of existence or something else that isn't just material. Whether that's just more like some energy that we just don't know about or maybe you

know there's just some part of us that does kind of go, does kind of carry on after our material body dies. But not necessarily a soul but again, maybe some kind or energy or something. But I don't know and I'm kind of just, I'm open to the possibility and I'm quite curious about thinking about that but em. So that's why I wouldn't say I'm an atheist because I'm not, I wouldn't say that I definitely don't believe in [I: Ok] anything."

(Jane)

"I guess I'm quite stereotypical. I grew up quite religious and when I actually went off on my own, I didn't really keep it up. So yeah, I do go to, I go to church every Easter and Christmas and I do still identify myself as Church of England and as a Christian. But I don't necessarily practise that day to day." **(Elena)**

"Although I am, I don't believe in God... Well I don't believe in God for one [I: Uh hm] and I think it's all that stuff, family and culture, it's never been I don't know, like any other belief I guess. Um so it's not something I've ever believed in something higher or." **(Sally)**

POLARISING IDEAS: A DEFENCE AGAINST POWERLESSNESS?

Superordinate theme 3: Experiencing religion and spirituality as a trainee clinical psychologist

3.1 Shared framework with clients

"And there's something there that they've got these values, there's a common ground there already, do you know what I mean?..Yeah, a positive common ground yeah. A shared thing... And so it made that work actually so much easier because you could tap into that faith and that belief that was there already." **(Mary)**

"I would definitely rather them be (PAUSE) religious, personally. Because, and as well, I suppose I'm thinking of the stereotype as well. I would actually probably like them to be Catholic, because I think there is a stereotype but I think it does say, well it gives me loads of understanding. When I hear someone's a Catholic I think loads of things that I think is a stereotype but they're usually true." **(Mary)**

"Yeah or that was the same ethnic ethnic background to me cos then I would think that they're not, they're less likely to think that I'm making assumptions about them cos I'm

the same. I appear to be the same... I know that we're obviously asking nose questions because we're doing a psychological assessment but, it just seems a bit, quite intrusive. It's just soo, I think someone's belief system is just soo like important to them, it's just so personal to them and and it might just be something that they wanna hold you know in themselves and not, and I kind of think it's a kind of intrusive question to ask." **(Jane)**

3.2 Lack of curiosity

"And I am showing my ignorance, I don't know hardly anything about it. So I don't know if I'd be as keen to be, but then as well, that shows I've never really sought out any further information about it cos it's just my impression of it." **(Mary)**

"Yeah. Um, I have. I've worked with clients that I've known you know, to have attended church erm. Or you know. Erm. But I haven't. yeah. But I haven't, it's not become part of the therapy really. [I: Ok] Uhmm, and yeah, I'm not really sure why that might be but it's not really come up as something that's been important for them to talk about. Or, relevant. Or, erm. Yeah. And. I'm trying to think of some examples. Erm." **(Jane)**

"I might have to ask people about religion... I think maybe because it's not that present in my life, it's easy to forget... Talking to you I'm just realising how little attention I've been paying to spirituality. Ah. I don't know." **(Fiona)**

3.3 In supervision

"I think that felt ok and my supervisor at the time thought that it was very nice that I had done it which it was really good to have my supervisor backing me up on that...Because I could have just walked away. By the way my supervisor was I think was a catholic too. Not practising, non-practising like me but." **(Fiona)**

3.4 Academic knowledge

"And it's in CBT. I think all models, it's at different levels I guess. I think all models to some extent take into some consideration of religion and spirituality. But you can put it in different like systemic, there are different systems around the family or around the

person and at different there are higher levels of religious beliefs and how yeah.”

(Sally)

“But I always feel like I haven’t read enough because religions are vast and, me like reading like a chapter or something, I just feel like I haven’t read anything at all. [I: Ok] Erm, so I always, my motto is you always learn from the client, the client’s your like expert so ask them about it. And then I know it’s a bit of a cop out probably. I know it’s like daunting sorry, daunting, reading about a religion is daunting.” **(Maggie)**

3.5 Culture and stereotypes

“...especially with arranged marriages which I know is cultural as well as religious, it’s not necessarily just a religious thing.” **(Elena)**

“Yeah I just think working in such an ethnically diverse area, you get so used to, observing the difference between yourself and your client that it just, that becomes normal. And you forget and you just perhaps, don’t step back and think about that difference any more because it’s always there. So you know, perhaps if working in a different area, where your clients are more usually White clients, non-faith background clients I should say, erm.” **(Lisa)**

“I think the white British families that I see, I don’t think it’s that important to them, like from what I know of the clients, I don’t I don’t think like going to church and things like that hasn’t been mentioned so I just think that may be Christianity or Christianity to the extent that you go to church all the time is declining so much that, I just don’t actually think that my clients do have that sort of religious life... so I think cultural, in some particular cultures it may be more important to ask about it...” **(Elena)**

Superordinate theme 4: ‘There’s no space for religion’; attributing blame.

4.1 Avoidance and Ignorance

“...from what I remember, I don’t think I’ve actively explored any of their religious beliefs with them. So it’s never been something that’s part of the dialogue. [I: Ok] Erm, I don’t know if that’s my own avoidance of it or my own beliefs that it’s not relevant or what. Or

maybe, it just hasn't been relevant... it would be more difficult in a clinical context to ask your client, oh what's that like and what about this and what do you think about that. You almost feel like you should already know it. And they're expecting you to already know about their religion." **(Lisa)**

"Yeah er I have to say er actually that is something that I've kind of probably lacked in my assessments and things which is asking specifically, like do you have any religious or spiritual beliefs... Erm I guess, I think. Erm, in my experience, I probably couldn't say because just haven't explore it enough for me to really know [I: Ok] And um, that's a whole other issue I suppose about why that didn't really happen but erm... I suppose just thinking about erm what, literally just since we've been talking, it's making me think why didn't I, why isn't it on my agenda to ask about it. As erm part of my assessment and to ask directly about it." **(Jane)**

4.2 The problem lies without

"I think the profession sees it as another area factor in a person's life if as. I don't know. I'm thinking about the ticking boxes again. How's their work life, how's their family life, how is their religious life, how is their sex life. It's another part, it's another factor..." **(Fiona)**

"And in a way, people don't talk about their beliefs enough because you know, everyone's scared of conflict or falling out with people they're close with so it would be really good to talk more about personal issues on the training course, in general I think. [I: Ok] Erm because so much of our person, personal lives come up in our work yet on the training course, nothing is given for our personal issues like no one ever talks about them. Besides in the pub, erm but on the actual training. So in a way they treat it as a science again and not as, and not enough erm, and not enough looking at the whole picture of us as human beings and our beliefs... But seeing that we're taught about loads of different models, I think that they are overlooked a bit know... in practice in CBT is really helpful. But that in theory, I don't think there's much room for like religion erm, it's all about challenging, thought challenging, negative thoughts. Whereas I don't really, I do believe in negative thoughts but I don't see a right or wrong way erm. [I: Uh hm] I don't see how challenging thoughts doesn't really fit in with religious beliefs I don't think or beliefs in general that are grey... also made a difference if the person who's my supervisor isn't the manager of a service because I've found that if they are, in like a very senior role, that they've not got so much time and they're a bit like pressured in

their own life, so so they aren't as curious about different ideas. This is a bit like general." **(Maggie)**

"I guess because we're quite restricted in the therapy that we do, I haven't really been able to use it in the therapy because trauma therapy is basically recounting the trauma stories. So, I think in any other placement, you could have used as like another coping strategy or built on that as a coping strategy... I guess, well, part of it as a trainee, you kind of follow what your supervisor does. (laugh) So you're assessment will often be mirroring, because yeah, mirroring what your supervisor has done before. So if the question hasn't been asked when you observe your supervisor or when your supervisor, because you kind of have to follow what your supervisor has said. You can't really go and ask your own questions about religion." **(Sally)**

4.3 'If it's important for the client then they would bring it up'

"I never had anything very explicit. Um I have had clients from all sorts of religions but not, I'm afraid most of the clients that I've worked with have not disclosed their religions..." **(Fiona)**

"I guess til now, it's true that I've waited until the client brings it up. And I think if it's something that's important in their life then they have brought it up and asked... Yeah. I think it just hasn't come up as an issue as yet..." **(Sally)**

4.4 Inadequate teaching

"So that's made me think maybe there's been something missing in a more kind of direct teaching of this is what you need to cover in assessment and maybe it was missing there... And I suppose again it might have been literally one word under context...not emphasised maybe as much erm but that's more related to practice erm...but on the other hand I'm aware that there's only so much that they can fit into 3 years of training so [I: Ok] and it's probably more than a lot of courses have done...committed a lot of time to it but it's the quality that's been in that time. So, if you could amalgamate all the times that people someone's mentioned GRRACCEES then that would be, and use that time to talk particularly about religion then that would probably be quite useful..." **(Jane)**

"I don't think, I can't remember having any teaching specifically about. [I: Ok, nothing that's coming to your mind right now] I mean there might have been something in the first year but obviously it wasn't very good because I can't remember it!.. People are a bit scared to talk about religion because they don't want to show how little they know, they don't want to offend people. I just think, it's just a bit of a murky area that people just don't want to go to. Whereas if it became more part of the teaching, part of the dialogue. If people felt ok to say well I don't really understand what that is or I don't you know. I just think it would break down those barriers a bit more and it would be more accessible." **(Lisa)**

"I think it would be nice to have erm more like regular presentations or talks about different religions and for people then the trainees to feel able to talk about their own personal beliefs...It would be good to know more about religious beliefs in general and to have more like space in order to talk about them... to think about how you could couple up religion and research for example, and religion and practice and supervision and. Just more training days to get skills and knowledge about it." **(Maggie)**

"It's hard because the lectures that we've had on spirituality and religion have been about like this separate thing that we need to consider in the back of our mind but not something that is fully integrated into therapy... And maybe the course hasn't thought about it enough like how to integrate religious and spiritual beliefs into psychology." **(Sally)**

"I think it's a really hard one because I think however they do it, to me it just always seems to end up quite tokenistic I think...it's quite hard to avoid in a way isn't it, because it's sort of like saying it's an adjunct. So considering someone's spirituality or religion or sexuality...completely key and integral to the person but trying to see them as a topic or separate that thing out and discuss it for a day... I just think that's quite an arbitrary construct because a person's being made up of their religion and their spirituality and their family relationships... courses are left in a quite difficult position, a way to not ignore it because it's really important but do it in a way that doesn't feel really artificial." **(Karen)**

VALUES AND WORLDVIEWS

Superordinate theme 6: Facilitating religion and spirituality

6.1 Spiritual crises?

“And or. Ok I think then I will start by defining spirituality. Erm, because I think religion develops from that. For me, spirituality would be a personal sense of. I don’t know. I hesitate to say a higher power but erm. A personal experience of maybe some sort of meaning that maybe extrapolates erm. The day to day life is not part of necessarily of... I’m a bit confused. Talking to you I’m just realising how little attention I’ve been paying to spirituality. Ah. I don’t know. I (pause) I think some people report intense experiences that are very unique and very spiritual and I don’t have them, so maybe I don’t know what they’re talking about.” (Fiona)

“Oh goodness, I should have read up on it. (laughing) I don’t know much about them honestly. Religion, I would define it as beliefs erm. Belonging to a certain group, a religious group, so something you were born into or you convert into and it’s a group. Erm, where as your spiritual beliefs are perhaps something which you choose. That’s what I would define it as. [I: Ok] Probably wrong.” (Maggie)