Spirituality and psychology: how psychologists bridge the gap

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Abstract

This research sought to understand the experience of psychologists who integrate spirituality into their clinical practice in Aotearoa, New Zealand using intuitive inquiry. This methodology follows a five-cycle hermeneutic approach, with origins in feminist theory, influenced by both transformative and constructivist epistemologies. Seven participants, who met eligibility criteria were interviewed using semi-structured interviews. Three overall themes plus sub-themes were identified, (a) influences outside of Western psychology, (b) practical aspects of clinical integration of spirituality, including sub-themes (i) boundaries, (ii) language and (iii) their role as a psychologist; and (c) felt experience, including sub-themes (i) deepening of clients' experience and (ii) authenticity, trust and meaningful connection to work. The findings demonstrate the inclusion of spirituality into clinical practice presents both practical and experiential considerations that psychologists in Aotearoa, New Zealand face. While some challenges were identified the experience was overwhelmingly positive, allowing for a deepened connection and passion to work and a belief in more effective and sustained treatment. Further exploration into the integration of spirituality into psychology practice is needed to ensure psychologists are skilled and able to navigate this aspect of clients' experience.

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"The most beautiful and profound emotion we have is the mystical. It is the source of all true art and science. He to whom this emotion is a stranger, who can no longer pause to wonder and stand wrapped in awe, is as good as dead – his eyes are closed"

Albert Einstein

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Literature Review (Cycle Two)

What is spirituality?

Spirituality is a broad and complex term, encapsulating centuries of beliefs, practices and rituals conducted in various ways around the world (Cunha & Scorsolini-Comin, 2021; Hill et al., 2000). While it captures the beliefs and practices of groups, it is also defined at an individual level through experience and interpretation (Hill et al., 2000; Pargament et al., 2014). Historically, spirituality was a way of describing religious beliefs or affiliations, however, more recently the word spirituality has grown beyond institutional religions to a broader, more inclusive term for existential meaning making at an individual and group level (Crossley & Salter, 2005; Pargament et al., 2014). This has been most present in the West where, through the Industrial Revolution, society transitioned from community structures grounded in religious and spiritual beliefs, to more capitalist ideals that put individualism, work ethic and economic success at the forefront (Hill et al., 2000; Lines, 2006). In line with the growth of these new values, secularism took hold in many Western countries, creating fertile ground for further erosion of guiding religious and spiritual values and beliefs (Hill et al., 2000; Lines, 2006). Secularism is that which is not aligned to, or bound by religious or spiritual beliefs but is focused on observable events and concerns of our world (Lines, 2006; Soanes & Stevenson, 2005). The growth of secularism went hand in hand with the growth of scientific thought and research that sought to grow outside of the bounds of religious and spiritual texts and beliefs, while focusing on observable phenomena, often excluding beliefs, values and ideology (Hill et al., 2000; West, 2004).

As alluded to earlier, the connection between religion and spirituality is deeply entrenched. The relationship between religion and spirituality is murky, with the terms often used interchangeably, particularly in research, and is heavily influenced by prevailing societal views at any given time (Cunha & Scorsolini-Comin, 2021; Hill et al., 2000; Kienzler & Wachholtz, 2022). While historically the term spirituality was used to speak exclusively of religion, it has transitioned to a much broader meaning, encompassing religious structures and beliefs as well as those that hold

either anti-religious or non-religious views (Crossley & Salter, 2005; Culliford, 2010; Cunha & Scorsolini-Comin, 2021). Spirituality can be viewed as the macro concept under which religion falls (Cashwell & Young, 2011; Vieten et al., 2013), although this is often based on a very simplistic and limited conceptualisation of religion. Miller and Thoresen (2003) explain religion as a social construct and while spiritual views and beliefs are central to its practice, it is also socially organised and focuses on economic, political and social goals. In contrast, spirituality does not draw definitive boundaries around beliefs and behaviours as seen in many religions and allows for an individual to be non-religious whilst still identifying as spiritual (Lines, 2006; Miller & Thoresen, 2003). The focus of this research was the broader term of spirituality that included religious beliefs and affiliations.

To date, research holds that the word spirituality is nebulous, non-prescriptive, highly interpretive and often deeply individualised (Begum, 2012; Crossley & Salter, 2005; Culliford, 2010; Hill et al., 2000). The expansive growth of the term spirituality, outside of the sole bounds of religion, has led to it being defined in an unending number of ways. In various research that has sought to explore the experience of spiritual integration in therapy, multiple definitions have been presented. In research conducted by White (2003), clinicians often associated spirituality with the concept 'sacred' and as a means to grapple with the meaning of life. Cunha and Scorsolini-Comin (2019) describe it as a human or universal experience, one which most people will experience across their lifetime. It involves the concepts of faith, transcendence and a search for the sacred. Oxhandler et al. (2021) quite simply describes spirituality as a search for what is often referred to as a 'higher power' or 'sacred'. The research presents definitions of spirituality that focus on the connection or relationship that exists between a person and transcendent forces, beyond current reality (King et al., 1999). Others focus on a specific experience and the ability to stay present in that experience without reference to the past or gazing toward the future (Rowe, 2001). Yet others view spirituality as guiding principles or values, often individual, by which people live their lives (Duffy, 1998). In a review conducted by Spilka (1993 as cited inHill et al., 2000), spirituality fell into three groups. The first held a focus on God, the second a focus on nature and the third on people. Each of these

definitions hones in on one aspect deemed to be the most significant within spirituality, at the exclusion of others (Hill et al., 2000). While there are aspects across various definitions that intersect or align, the research highlights just how varied and interpretive the term spirituality has been to date. There has, however, been attempts to quantify spirituality within the context of research with a focus on spiritual intelligence, which shifts from a focus on the sacred experience to the applied usefulness. One of the researchers in the this field is Amram (2022), who focuses on this aspect of spirituality and defines it as "the ability to draw on and embody spiritual qualities and resources to enhance daily functioning and wellbeing" (pg. 1). Amram's research used grounded theory across a broad range of spiritual traditions to first develop an understanding of spiritual intelligence. This research identified key themes within these often apparently opposing traditions. These were, consciousness, grace, meaning, transcendence, truth, serenity and inner-directedness (Amram, 2022). This research led to the development of psychometric tools to allow for the assessment and quantification of spiritual intelligence including Amram's Integrated Spiritual Intelligence Scale (ISIS) (Amram, 2022), and the Spiritual Intelligence Self Report Inventory (King & DeCicco, 2009) of which the latter is more widely used. In light of the discussion around the definition challenges, it is worth nothing the potential impact of the researchers' own assumptions about spirituality and how these could have influenced the identification, interpretation and naming of the scale items.

The challenge of pinning down a definitive definition of spirituality has been one of the barriers to its inclusion in scientific psychological research, with psychologists and researchers grappling with how to consistently operationalise it and find common points of connection to enable meaningful discussion (Cunha & Scorsolini-Comin, 2021; Hill et al., 2000; Lines, 2006; Miller & Thoresen, 2003; Nino, 1997; West, 2004). This has implications for clinical practice, creating difficulty in the inclusion of spirituality in assessment, formulation and intervention as it limits the ability for a shared understanding between client and clinician (Begum, 2012). This challenge has contributed to the exclusion or avoidance of spirituality in clinical practice. However, while consistent definition may be desired in the research and clinical community, research by Hill and Pargament (2008) and

Miller and Thoresen (2003) suggest that concrete definitions could be unhelpful for clients given the often individual experience and interpretation. Whether a clear, consistent definition is required remains contested. What is clear is that spirituality has been a central guiding facet of the majority of peoples' lives around the world for centuries (Vieten & Lukoff, 2022). While beliefs, practices and traditions vary greatly across the various spiritual groups, the presence of this important component in peoples' lives has remained consistent (Vieten & Lukoff, 2022). This is an area that will be further explored in the following section.

My definition of spirituality is one that is constantly evolving. At the point of conducting this research, I would define spirituality as an experience beyond cognition, a deeper felt sense of knowing; and a connection to myself, others, nature and the Universe. It is about a connection and exploration of the soul in order to deepen the understanding of one's experience, purpose, and to learn to live as fully as possible.

Spirituality in society

Rates of religious affiliation and spiritual views have been most closely studied within a United States (US) population. Studies and surveys have shown that in the adult population, rates of belief in a higher power or God have stayed consistently high, around 90% for over 50 years (Gladding & Crockett, 2019; Miller & Thoresen, 2003; Oxhandler et al., 2021). Within this population, 90% of people state that their spirituality is a guiding force in their life, a sentiment which has steadily increased since the early 1990's (Crossley & Salter, 2005; Oxhandler et al., 2021; Vieten & Lukoff, 2022). Almost two thirds of the US population identify themselves as reasonably or very spiritual and over half as reasonably or very religious (Oxhandler et al., 2021). While these rates remain high, affiliation to traditional religious groups has been declining, predominantly in the younger populations, combined with an increase in those who identify as spiritual yet not religious (Lines, 2006; West, 2004; Zhang et al., 2022). The population who do not formally affiliate with a specific religion or spiritual group yet identify themselves as either religious or spiritual has grown to 27%, up 5% since 2012 (Vieten et al., 2016). This has been coupled with the growth of interest in

alternative approaches to managing physical and mental illness, for example, meditation, drumming circles and the use of plant medicine (Vieten & Lukoff, 2022).

In the United Kingdom (UK) religious affiliation has been surveyed since the introduction of the British Social Attitudes (BSA) survey in 1983. This has demonstrated that Christian religious affiliation was been steady at over 50% until the mid 00's when it had a gradual decline to just below 40% . At this time, as reflected in the US statistics, a rise in non-Christian religious affiliation occurred (*British Social Attitudes: The 35th Report*, 2018).

In a similar pattern, the most recent census conducted by the Australian Bureau of Statistics (ABS), showed a declining trajectory of Christian religious affiliation, which had been dominant in the country (above 50%) from the 1970's until 2016. It also highlighted a growth in non-Christian religious and non-religious affiliation (Australian Bureau of Statistics, 2021). Australia has also seen a growth in interest levels pertaining to spirituality, both religious and non-religious, with particular reference to the younger generation (Halafoff et al., 2021).

The above trends which are seen in other Western countries, are also reflected in Aotearoa, New Zealand. While religious and spiritual affiliation remains at over 50% of the population, the 2018 census demonstrated a steady increase in those who identify as having no religion (Statistics New Zealand, 2019a, 2019b). Within the Māori population (the tangata whenua or indigenous people of Aotearoa New Zealand), 39% report at least one religious or spiritual affiliation (Statistics New Zealand, 2019a, 2019b). Models of Māori health position wairua (spirituality) as a fundamental pillar to ensure hauora (wellbeing). This is illustrated in Durie's 1984 Te Whare Tapa Wha model which uses the model of a whare (house) with four pillars or foundations which are considered crucial to Māori hauora. These are whānau (family and community connection), hinengaro (psychological wellbeing), tinana (physical wellbeing) and finally wairua (spiritual connection) (Pitama et al., 2007). These are seen as the four core aspects of life. Being strong in each of them allows a person to experience true wellbeing (Durie, 1985). Durie goes on to say that wairua is often seen as the most critical pillar of this model as it is the most essential component of health as

without this a person is more susceptible to illness. It is important to note that spirituality for Māori can come in many variations, including traditional Western religion as a result of the presence and pressure of missionaries in the early 19th Century, as well as a deep connection to the land where their ancestors lived (Durie, 1985).

For the New Zealand population as a whole, Christianity remains consistent as the largest group at 35.5%, along with increases in non-Christian religions, including Hinduism (2.6%) and Islam (1.3%) (Statistics New Zealand, 2019a). The data does not specify spiritual beliefs and affiliations however, based on the studies and survey's in the US, it is clear the lack of religious or spiritual identification does not necessarily correlate to no spiritual or religious beliefs and practices (Vieten et al., 2016). Aotearoa, New Zealand is a vibrant, multi-cultural nation with religious and spiritual affiliation seen within diverse culture groups as well. Data from the 2018 census reported at least one religious or spiritual affiliation in the Pasifika and Asian populations with rates of 71% and 62% respectively (Statistics New Zealand, 2019a). Further support of the importance of spirituality for individuals within Aotearoa, New Zealand comes from research conducted by Shelley and Buttle (2008). Their research demonstrated that older adults facing mental health challenges have a stronger preference for seeking support from clergy or spiritual advisors, in comparison to their younger counterparts.

In contrast to the relatively high and consistent rates of spiritual identification within the general population, studies have shown that mental health professionals in the West have much lower levels of religious affiliation by comparison. These levels have been holding consistent over time (Begum, 2012; Cunha & Scorsolini-Comin, 2021; Hill et al., 2000; Hutton, 1994; Vieten & Lukoff, 2022). It is interesting to note that within the mental health field, psychologists are reported as having the lowest levels of spiritual affiliation by group (Begum, 2012; Vieten & Lukoff, 2022). A psychotherapist's particular orientation may also contribute to their having spiritual beliefs and affiliation. Research demonstrates a positive correlation between spiritual orientation for Jungian therapists and a negative correlation for behavioural therapists (Hutton, 1994; Khalsa & Mijares,

2005). Other research indicates that psychologists are more likely to describe themselves as spiritual as opposed to religious (Begum, 2012; Hill et al., 2000). The rise of a more secular society, and the direction that psychology has taken in the late 20th Century could have played a role in these views.

Research has also demonstrated that within this group, psychologist's own spiritual beliefs or lack of them can influence their clinical practice (Crossley & Salter, 2005; Hutton, 1994). A psychologist's own perception and beliefs around spirituality can influence their perception of its relevance in clinical practice and influence whether a client's spiritual beliefs are welcomed into therapy (Hutton, 1994). For psychologists who do not hold spiritual beliefs or do not believe they have a place in therapy, it can lead to a lack of understanding and empathy with clients' beliefs and behaviours, influencing the direction and outcome of therapy (Cunha & Scorsolini-Comin, 2021).

While there is still divergence among psychologists' regarding the inclusion and relevance of spirituality in a clinical setting, the American Psychological Association has recognised the growing interest in this field of study and in 2009 created the Society for the Psychology of Religion and Spirituality, cementing its place as a valid area of exploration and research. In Aotearoa, New Zealand, the New Zealand Psychological Board has developed Cultural Competencies, reflecting the importance for all registered psychologists of practicing with cultural safety and recognising te Tiriti o Waitangi (New Zealand Psychologists Board, 2011).

Society has evolved over time and prevailing ideas, theories and priorities have also changed. In the West, this change has resulted in the growth of a more dominant secular society, which has seen a decline in affiliation to traditional religious groups, i.e. Christianity, as well as growth in non-Christian religions and non-religious spiritual ideologies and practices (Lines, 2006; Vieten & Lukoff, 2022; West, 2004; Zhang et al., 2022).

History of psychology and spirituality

Psychology is the exploration of human behaviour and the connected cognitive and physiological processes that accompany it (Weiten, 2013). The most dominant areas of focus within psychology are research and therapy, with a bi-directional influence operating between the two.

What presents in therapeutic and clinical settings often becomes a topic for research and research outcomes and findings often influence the practice of therapeutic intervention. Psychology has evolved over time and has been affected by the dominant cultural, political and social factors which in turn have seen changes to methods, practice and theories (Weiten, 2013). One of these socio-cultural factors is spirituality. The level of engagement and integration of spirituality into the research and practice of psychology has changed over the years, influenced by dominant psychological theories and key figures (Miller & Thoresen, 2003).

Prior to the formation of psychology as a recognised discipline and later a science, people sought out spiritual and religious leaders in their local communities for support when navigating and seeking to make sense of life's challenges (Lines, 2006; West, 2004). In the West, the Enlightenment Period from the late 17th Century and the Industrial Revolution into the 19th Century had a lasting impact on the role of spiritual leaders (Lines, 2006; West, 2004). These periods of history bought the expanded focus on evidence and the pursuit of knowledge beyond religious texts. It also sought to separate church influence from state and had significant social impacts, with large numbers of people moving out of smaller communities and into larger towns and cities to take up roles in factories and other industries (Lines, 2006). With the growth of populations into smaller geographical areas and the dismantling of community structures and support, individuals who were experiencing mental distress were moved into state run asylums. The developing medical profession expanded to explore the experiences of these people, which resulted in the development of psychology (Lines, 2006). Around this time, key psychological thought leaders were presenting their theories on the human mind and human behaviour. Two such leaders were Freud and Jung whose differing opinions and resulting theories on the role and influence of spirituality on the human experience resulted in the end of their working relationship (Brown, 2016; Crossley & Salter, 2005; Khalsa & Mijares, 2005).

Jung was a Swiss philosopher and psychiatrist who saw spirituality as a cornerstone to understanding the human experience and believed it to be critical to the overall wellbeing of his

patients (Crossley & Salter, 2005; Culliford, 2010; Lines, 2006; West, 2004). While he did not support institutional religion, he dedicated his study to ancient and indigenous cultures, practices and beliefs and drew connections from this research back to his patients (Culliford, 2010; Lines, 2006). On the other hand, Freud, an Austrian neurologist who developed psychoanalysis, saw spirituality as limited to his work on sexual repression and urges, and held that beyond this it had no place in therapy. He saw spiritual practices and rituals as pathological (Lines, 2006; West, 2004). Freuds approach was informed by his scientific background and desire to be seen as a scientist, which led him away from incorporating spirituality into practice. He was also influenced by the positivist epistemology prevalent at the time (Brown, 2016; Miller & Thoresen, 2003; West, 2004). Since then, dissent regarding the relevance and inclusion of spirituality in the study and practice of psychology has continued (Culliford, 2010; Khalsa & Mijares, 2005; Lines, 2006; Miller & Thoresen, 2003; West, 2004). However it has been Freud's position, the influence of the positivist approach and the strong desire for psychology to be recognised and respected as a 'hard' science, which has seen the move away from more philosophical directions. That emphasis has continued to grow throughout the Western psychological community (Begum, 2012; Brown, 2016; Crossley & Salter, 2005; Miller & Thoresen, 2003; White, 2003).

As psychology grew as a discipline, there was a desire by some early psychological leaders to be recognised as scientists (Brown, 2016; Miller & Thoresen, 2003; West, 2004). As a result, exploration into religious and spiritual constructs and influences were, for the most part, not seen to align with a scientific approach to seeking knowledge in a positivist construct. This led to a position that spirituality is not measurable, therefore not able to be scientifically studied. This viewpoint has persisted for decades (Hill et al., 2000; Lines, 2006; Miller & Thoresen, 2003; West, 2004). This delineation between science and spirituality has resulted in a lack of research into the influence of spirituality in therapy. It was likely also influenced by the highly interpretative and personal nature of the concept of spirituality and the challenge to find consistent definitions, especially within a positivist framework, as outlined above (Begum, 2012; Lines, 2006; West, 2004). This has created an

environment where spirituality was not seen as a variable that could be measured or tested in a scientific way so was left out of the scope of research, practice and teaching (Brown et al., 2013; Brown, 2016; Culliford, 2010; Khalsa & Mijares, 2005; West, 2004). In the current, predominantly secular environment there is a growing interest in spirituality in the general population, which has seen a rise in research looking to better understand how this aspect of a client's and psychologist's experience influences the therapeutic experience and outcome (Lee et al., 2019). There have also been new challenges to the old belief that spirituality cannot be scientifically studied. Miller and Thoresen (2003) explore and debunk the myths surrounding the scientific study of spirituality and challenge the psychological community: "The study of spirituality and health is a true frontier for psychology and one with high public interest" (pg. 24).

Although dominant psychological schools of thought such as behaviourism and cognition had a strong hold in the 20th Century and they distanced themselves from spirituality, psychology continued to evolve (Hill et al., 2000; Liem, 2020). This evolution was influenced by the ever-changing dominant socio-cultural discourses, including a growing interest in spirituality outside of the realms of religion (Vieten & Lukoff, 2022). In the West, Eastern practices such as mediation and yoga were sought out, which saw people travel to countries like India and Indonesia to have spiritual experiences (D'Souza, 2002; Vieten & Lukoff, 2022; West, 2004). Over time the positive impact and growth of these practices and teachings permeated psychological theories and interventions. Cognitive-behavioural therapy (CBT) and those coined 'third wave therapies', are some of the most prominent therapies to have evolved their practices (Prochaska & Norcross, 2018). These therapies take a combined approach of Western science, utilising key cognitive and behavioural treatments including cognitive restructuring, while introducing Eastern philosophy which seeks to bring curiosity and acceptance to emotionally challenging experiences (Prochaska & Norcross, 2018). The most prominent of these are, mindfulness-based cognitive therapy (MBCT) and mindfulness-based stress reduction (MBSR). As well, there are two established programs which integrated mindfulness: acceptance and commitment therapy (ACT) and dialectical behavioural therapy (DBT). In line with

the growth of therapies taking an integrative approach, the American Psychiatric Association (APA) has also included religion and spirituality under the key term of culture in the Diagnostic and Statistical Manual version 5 (DSM-5), where it is recognised that these aspects of a person's life provide a critical context which must be considered for both assessment and intervention (American Psychological Association, 2022). Further to this, in 2011 the APA renamed division 36, previously named Psychology of Religion, to the Society for the Psychology of Religion and Spirituality, giving credence and authority to the research calling for the recognition of the relationship between spirituality and psychology (Vieten & Lukoff, 2022).

Spirituality and mental health

There is a significant amount of research demonstrating the link between spirituality (beliefs, practices, affiliations) and mental health. Research has shown that those who engage in spiritual practices gain support to cope with stress. Recognition has been given to the importance of this especially with respect to the increase in stress at both an individual and global level, for example, during the recent pandemic (Plante, 2022). There are also studies demonstrating the association between spiritual connection and a reduction in substance abuse, depression and anxiety, as well as with other mental health issues (Oxhandler et al., 2021; Plante, 2022; Vieten & Lukoff, 2022). When regular spiritual practices are part of someone's life, research has shown links to lower rates of mortality, reduced cardiovascular risk, and an improved sense of wellbeing in patients experiencing chronic or long term illnesses (Hsien-Chuan Hsu et al., 2009). A meta-analysis by Koenig et al. (2000) reviewed over 1200 studies investigating the connection between religion and health. The findings showed a link to higher levels of happiness, overall wellbeing and life satisfaction in those who held spiritual beliefs. Goncąlves et al. (2015) conducted a systematic review and meta-analysis of 23 randomised controlled clinical trials looking at spiritual and religious interventions in mental health support. The results indicated that the inclusion of spiritual and religious intervention in mental health treatment significantly reduced symptoms associated with anxiety and depression. Another meta-analysis of longitudinal studies sought to determine the

degree to which spirituality positively impacts mental health. 48 longitudinal studies were reviewed, with results showing evidence that spirituality has a positive effect on mental health (Garssen et al., 2021). Greeson et al. (2011) also found spiritual experiences mediate the relationships between mindfulness and positive health outcomes. In Aotearoa, New Zealand, studies have been conducted looking at how spirituality impacts mental health in a younger population. Hsien-Chuan Hsu et al. (2009) found that spirituality in both domestic and international students was substantially correlated with strong psychological wellbeing, as well as increased social quality of life for international students. In a more recent study, O'Brien et al. (2013) looked at how spiritual connection influences the health risk behaviour of young people in Aotearoa, New Zealand. It was found that those who reported strong spiritual beliefs and a strong connection to their place of worship experienced reduced mental health concerns and lower health risk behaviour.

There is also research that suggests spirituality can negatively influence mental health, whether that is due to obsession and hyper-adherence to religious rules or as a means to avoid dealing with psychological distress (Jung et al., 2022; Plante, 2022; Vieten et al., 2016). Jung et al. (2022) conducted research that demonstrates an association between personal spiritual struggles and increases in psychological distress, including anxiety and depression. Another meta-analysis reviewing 32 studies, considered how spiritual struggles impacted psychological adjustment. The findings demonstrated that those who experienced spiritual and religious struggles were more likely to present with psychological maladjustment. They go on to say that this research articulates the need for clinicians to factor spiritual beliefs, values and struggles into clinical practice (Bockrath et al., 2021). Either way, the research clearly demonstrates that spirituality and associated beliefs, practices and values has a clear impact on mental health and one that must be considered by clinicians in practice (Vieten et al., 2016).

Clients' expectations and experiences

Even with the increase in interest and openness to the important role spirituality plays in people's lives, there still exists negative sentiment and/or apprehension in the psychological

community concerning the connection between psychological practice and spirituality (Begum, 2012; Cunha & Scorsolini-Comin, 2021; Lee et al., 2019). This negative sentiment is often seen as a barrier for clients seeking out therapy, especially for those with spiritual beliefs as there is a perception that these beliefs will not be respected or could even be pathologized if bought to light (Brown et al., 2013; Lee et al., 2019; Prout et al., 2021). Further to this is the gap that seems to exist between psychologists and clients, often referred to as the religiosity gap, referring to the higher rate of identified spiritual beliefs in a client population by comparison to psychologists (D'Souza, 2007; Vieten & Lukoff, 2022). In a study conducted in Aotearoa, New Zealand, de Beer (2000) found that over half of the clients in the study reported a belief in 'God' or a 'higher power' and the psychiatrists reported higher levels of atheism and agnosticism (Prout et al., 2021). The results also found only 11% of clients had their spiritual background explored in the assessment process. Beyond this gap, some research has highlighted potentially serious issues associated with a divergence of spiritual beliefs between therapists and clients, whether caused by two different belief sets or one party holding spiritual beliefs and the other not (most often the psychologist) (Prout et al., 2021). It has been found that secular therapists see religious clients as more depressed and in more need of pharmacological intervention by comparison to their non-religious peers (Prout et al., 2021).

In a study conducted by Harris et al. (2016), clients who identified as religious indicated high levels of apprehension prior to attending a therapy session with a secular psychologist. This has been supported in other research which suggests clients with specific spiritual beliefs will seek out a psychologist or therapist with matching beliefs or will continue the tradition of seeking mental health support from a religious leader (Dimmick et al., 2021). The reasons for this are varied according to research. For some it is due to fear of how spiritual beliefs may be received and potentially demeaned by a psychologist or therapist (Lyon, 2013; Prout et al., 2021; Vieten & Lukoff, 2022). For others, their concept of mental illness within their spiritual beliefs may lend them to seek someone who shares these beliefs (Markova & Sandal, 2016). In other instances, having spirituality in common can be viewed as a way to strengthen the therapeutic alliance (Shumway & Waldo,

2012); even to the extent of changing their values to match their therapist in order to achieve a more positive outcome (Harris et al., 2016).

While it is clear that barriers exist in integrating a client's spiritual beliefs and values into a clinical setting, what is also very clear is that most clients desire their spiritual beliefs be, at a minimum, recognised if not integrated into their treatment (Dimmick et al., 2021; Harris et al., 2016; Miller & Thoresen, 2003; Oxhandler et al., 2018; Rose et al., 2001). In a study conducted in Australia, D'Souza (2002) found 79% of clients rated spirituality as important and over two thirds stated they believed spiritual beliefs helped them cope with psychological issues. Further to this, over 80% felt it was important for a therapist to be aware of their spiritual beliefs and 68% believed spiritual needs should be considered by the therapist within treatment. Even though many clients desire exploration and discussion of this area, it is a topic that can breed discomfort when raised in a clinical setting, with many clients relying on the therapist to bring the topic into the discussion (Dimmick et al., 2021; Oxhandler et al., 2018; Rose et al., 2001). Unfortunately, this is at odds with taking a client-centred approach which allows the client to lead what is discussed (Dimmick et al., 2021; Oxhandler et al., 2018). When coupled with the history of tension between psychology and spirituality this can often result in a crucial area of the client's experience being ignored or avoided. Positive outcomes have been associated with the inclusion or recognition of a clients spiritual beliefs. In a medical setting, clients whose treating practitioner discussed their spiritual beliefs and values were more likely to rate their experience at the highest rating (Vieten et al., 2016). Even just the simple support or acknowledgement of a clients belief, whether shared or not, has been shown to result in more positive assessments of the therapist (Harris et al., 2016). A meta-analysis that reviewed 97 outcome studies looked to understand if adapting psychological treatment to a client's spiritual beliefs led to improved outcomes. It was found that clients with spiritual beliefs and values had improved outcomes across their spiritual and psychological experience when spirituality was integrated into treatment (Captari et al., 2018).

When entering into any mental health treatment, a client brings their history, values, beliefs and experiences. For many, this includes spiritual beliefs and values, ones which are often used as guide posts throughout their lives and regularly during times of distress. Through this lens, you can see that spirituality can form an important part of any client attending therapy (Bellamy et al., 2007; D'Souza, 2007; Duggal & Sriram, 2021; Khalsa & Mijares, 2005; West, 2004). Supporting this is research which shows that clients use spiritual language within therapy at a very high rate, suggesting clear integration into their conceptualisation of their lives and challenges (Rose et al., 2001). Beyond this, spiritual beliefs, values and practices can often intersect with presenting issues in treatment, demonstrating the need for psychologists, at a minimum, to include spirituality as part of a complete assessment to gauge how any beliefs may be contributing to or protecting a client's experience (Miller & Thoresen, 2003; Vieten & Lukoff, 2022; Vieten et al., 2016).

Any residual negative views on spirituality seems to ignore the research that cites the positive influence this can have on a person's mental and physical wellbeing. This includes reduced rates of stroke and heart attacks as well as lower rates of depression and anxiety (Brown et al., 2013). They also fail to acknowledge that a person's spiritual beliefs are often a filter used to make sense of their experiences and can serve as a protective factor (Brown et al., 2013).

Psychologists' expectations and experiences

For those psychologists that choose to integrate spirituality into their clinical practice, the research outlines both positive and negative experiences (Brown et al., 2013; Cunha & Scorsolini-Comin, 2021; Lee et al., 2019). Many participants share positive experiences, such as by opening up this aspect of a client's life, they are able to have a more complete assessment process. As well, it acknowledges that therapy is often a place where existential questions arise, therefore creating space for spiritual beliefs and views to factor into this discussion which can be very meaningful (Crossley & Salter, 2005; Lee et al., 2019). In research conducted by Brown et al. (2013), participants shared that they saw this inclusion as a demonstration of basic therapy skills, such as the desire to understand the support systems available to the client, and creating an empathetic and non-

judgemental therapeutic environment. In contrast, other psychologists shared the belief that it was the role of the client to bring up views and beliefs around spirituality in recognition of the implicit power dynamic present in a therapist/client relationship (Crossley & Salter, 2005). Further to this, some psychologists express a reluctance to explore this aspect of a client's experience due to their own limited understanding of those beliefs and the incredibly broad expanse of spiritual beliefs and values that exist (Begum, 2012; Brown et al., 2013; Crossley & Salter, 2005). Lack of language by which to communicate spiritual concepts is also described as a barrier to inclusion in clinical practice, aggravated by a seeming lack of provision in supervision (Begum, 2012; Crossley & Salter, 2005; Duggal & Sriram, 2021).

The personal beliefs of psychologists are demonstrated to have an influence on the level of comfort in including spirituality within a clinical setting. Research conducted by Hutton (1994), looked at how transpersonal psychotherapists differed from other modalities. It was demonstrated that the psychologist's own personal view on spirituality was crucial to its recognition as an important consideration in therapy. This was also echoed in research conducted in Brazil, where Cunha and Scorsolini-Comin (2021) found that a psychologists own spiritual connection was a strong influence on their willingness to incorporate this aspect into therapy with clients. This was validated again in research conducted in India by Duggal and Sriram (2021). Even so, some psychologists do not regard spirituality as a critical component to their work so make an active choice not to engage in these discussions with clients (Crossley & Salter, 2005). This can be influenced by the epistemological basis of the psychologist's practice. For example, integration of spirituality in clinical practice is less common for behavioural psychologists than transpersonal psychologists (Duggal & Sriram, 2021; Hutton, 1994). The influence of the scientist practitioner model may also influence how psychologists engage with spirituality within their practice, with some research indicating that rates of affiliation and identification with religion and spirituality dropped throughout the duration of psychology students' study (Cunha & Scorsolini-Comin, 2021).

In research conducted by Brown et al. (2013) both enablers and barriers were identified to integrating religion and spirituality into clinical practice. Enablers included having their own religious and/or spiritual beliefs, understanding the support structure and full life journey of clients and practicing basic therapeutic skills of empathy and non-judgement when a client themselves raises the topic. On the flip side, barriers presented included ethical concerns relating to boundaries and competence, where a psychologist may not have the competence or knowledge to speak about spiritual traditions or may lose focus on the client because of their own values and beliefs may raise issues. Some similar themes were present in research by Cunha and Scorsolini-Comin (2021) who found that psychologists were at times challenged in balancing building rapport and trust, particularly when asked specifically about spiritual concepts and maintaining professional boundaries. They also cited difficult situations they had faced when engaging with clients who had divergent spiritual beliefs and values from their own. Lack of training was also highlighted and this has been a consistent theme across research and will be discussed more thoroughly in the next section.

When considering the practical elements of integrating spirituality into clinical practice, research by Liem (2020) provides more evidence. From interviews with clinical psychologists in Indonesia, key themes arose. One theme related to the recognition of the limitations of integrating spirituality into existing interventions both relating to the client and the intervention itself. The focus of this was around ensuring the psychologist had a depth of knowledge of the spiritual interventions to be able to guide the client, as identified by Cunha and Scorsolini-Comin (2021) and Brown et al. (2013). A client's receptivity to participate in spiritual interventions and practices was identified (Liem, 2020). It also recognised that for those with severe mental health concerns, it may not be appropriate. Beyond this, the need to ensure any spiritual interventions were grounded in psychological theory was highlighted as a critical component. There have also been Christian specific mindfulness programs developed focused on using this powerful intervention, aligning it to Christian concepts to allow for more acceptance of this practice for Christian clients (Kempton, 2022). These

programs differ from the more traditional approaches in that they ask the client to focus on the presence of God, as opposed to connecting within themselves. Another practical consideration concerned implementation, which was either done by incorporating spiritual concepts or using spiritual activities and practices, which for this population predominantly meant Islamic teachings and activities (Liem, 2020).

While there is a growing body of research focused on the experience of psychologists integrating spirituality into their practice from around the world, research looking at the experiences of psychologists in Aotearoa, New Zealand is very limited. This gap was addressed by Lee et al. (2019) where they sought to understand how clinical psychologists experience of integrating spirituality and religion into their practice. The results indicated that participants recognised the positive impact that this integration can have in therapy, which is supported by the view that therapy is a place where existential questions often arise. Aligned to research already discussed, participants also shared that the influence of a psychologist's own beliefs has the potential to be detrimental to the therapeutic relationship if those beliefs clash with those of the client. However, the opposite was also true for some participants, when there was alignment in views they felt it had a positive influence on the therapeutic relationship. Participants also advocated for the inclusion of religion and spirituality in assessment processes which allows for both a more thorough understanding of the client, their beliefs, values and practices, but also creates an environment that invites discussion around those topics. On a practical level, participants indicated that certain modalities allow for easier integration of religion and spirituality into practice. These were cognitive-behavioural therapy (CBT), dialectical behavioural therapy (DBT) and acceptance and commitment therapy (ACT). This came in the form of inclusion of mindfulness (DBT), cognitive restructuring aligned to spiritual beliefs (CBT) and value identification (ACT). Recognition was given to Māori views of spirituality as being a fundamental aspect of life within the Māori culture, as well as an understanding that it extends beyond beliefs and encompasses ancestry (whakapapa) and connection to land (whenua). For some participants, engaging with kaumatua and kuia (Māori

elders) to support spiritual practices was a way spirituality was integrated in practice. An example of this was tapu lifting ceremonies (Lee et al., 2019).

Participants also shared barriers and challenges they have faced as they have sought to integrate spirituality into their practice (Lee et al., 2019). Many of these are validated in research already outlined around the world. They include lack of training in how to integrate this aspect of client's lives into clinical practice (Begum, 2012; Brown et al., 2013; Cunha & Scorsolini-Comin, 2021; Vieten et al., 2013) and feelings of resistance, shame and anxiety in discussing spirituality that can be present for both clients and psychologists, which for the latter could be exacerbated by the lack of training (Begum, 2012; Brown et al., 2013; Crossley & Salter, 2005). Participants also shared a felt perception of prevailing negative attitudes within the mental health field of integrating spirituality and how this has the potential to lead to pathologizing of a client's spiritual beliefs and values (Brown et al., 2013; Cunha & Scorsolini-Comin, 2021; Vieten et al., 2013). This was balanced with the challenge of discerning between those spiritual practices that are deemed helpful and those that are potentially formed as part of a mental health illness which could become a hindrance to recovery and would require sensitive investigation. Interestingly, participants shared a view that they felt counsellors, as opposed to psychologists, were more open to religion and spiritual integration in therapy. This could be a result of the underpinning scientist-practitioner model fundamental to psychology training.

In more recent research, another aspect to consider in the experience of psychologists integrating spirituality into their practice is the protective factor it can provide to psychologists themselves. Duggal and Sriram (2021) found that psychologists who already have their own spiritual beliefs and who integrate spirituality into their practice were supported with a buffer against the effects of trauma exposure. This increased their resilience and provided opportunities for self-care. Further to this it allowed them to develop more compassion for their clients, protecting against burnout and compassion fatigue which is a common issue among those in the helping profession. The research also highlighted that the psychologists used their spiritual beliefs and associated

language to help them to derive greater meaning in their roles, supporting their commitment to their work, while also better defining the boundaries and limits of their work.

While psychology looks to be objective in its approach, reflective practice indicates that this is only possible to a degree and in fact all individual psychologists bring with them bias, expectations, values and beliefs. These can inform and influence their approach, questioning and responses (Harris et al., 2016). This applies to spiritual beliefs, their own as well as those of their clients. Without this awareness, ethical issues concerning discrimination could arise (Brown et al., 2013; Cunha & Scorsolini-Comin, 2021; Harris et al., 2016; Lee et al., 2019).

Current issues

Across the research, there are strong themes present when discussing the challenges psychologists face in the integration of spirituality in practice. One of the most regularly shared was in relation to the fundamental lack of training in integrating spirituality into clinical practice, which often lead psychologists to avoid engaging in this area with clients (Begum, 2012; Brown et al., 2013; Cunha & Scorsolini-Comin, 2021; Lee et al., 2019). At this stage, the majority of education training pathways to becoming a psychologist do not address spirituality in the curriculum (Begum, 2012; Vieten & Lukoff, 2022). The lack of training means psychologists are not equipped with the skills necessary to facilitate ethically safe and therapeutically sound interventions with spiritual integration, leaving them unable to assess to what extent this area of a clients experience should be explored (Cunha & Scorsolini-Comin, 2021; Duggal & Sriram, 2021; Vieten et al., 2016). This lack of training and support often continues on past training and into practice, where supervision structures rarely allow for exploration of spiritual issues and integration in clinical interventions (Begum, 2012; Crossley & Salter, 2005; Duggal & Sriram, 2021). In research conducted by Vieten et al. (2016) discussing how to develop competencies for psychologists around spiritual integration, over 70% of participants stated they felt psychologists should have training in the area of spirituality and be able to demonstrate competence. They have gone on to develop sixteen competencies grouped under, ‘attitudes’, ‘knowledge’ and ‘skills’ (Vieten & Lukoff, 2022).

Ethical concerns were often raised with multiple considerations (Brown et al., 2013; Crossley & Salter, 2005; Vieten et al., 2016). Firstly, competence, which was closely linked to training. Many psychologists indicated an ethical concern around appropriate levels of competence required to integrate spirituality into clinical practice. Given it is not part of a training programme, it would appear those who do it are doing so under their own instruction and guidance (Brown et al., 2013; Cunha & Scorsolini-Comin, 2021; Lee et al., 2019). It was also noted that as it is a subject that has not been given much focus in the psychology community, there could also be a lack of language available for people to feel confident in engaging with clients (Crossley & Salter, 2005). Evidence has shown psychologists hold both implicit and explicit negative bias relating to perceived levels of religiosity and spirituality in clients (Vieten et al., 2016). As stated earlier, psychologists are shown to be less likely to identify as religious or spiritual in comparison to higher rates within the general population. Biases could lead to incorrect diagnosing and pathologizing of clients' experiences or beliefs (Vieten et al., 2016).

Following on from this theme of ethics, the concept of culture was raised (Castell, 2013). Research has shown that participants placed spiritual views within the construct of culture, suggesting it is a component of culture. If this is the case, ethical guidelines pertaining to cultural considerations should be included and culturally safe practices engaged (Castell, 2013; Cunha & Scorsolini-Comin, 2021; Lee et al., 2019). In Aotearoa, New Zealand, Lee et al. (2019) highlighted how this is true for Māori clients. Within the construct of culture exists diversity and the need to embrace and honour this diversity as well as spiritual beliefs and values (Miller & Thoresen, 2003; Vieten et al., 2016). The grouping of spiritual and religious beliefs within a cultural context is not always clean cut as an individual may grow up within a culture that comes with certain spiritual traditions yet that may not be their current practice or belief. Discernment and exploration of this is important to ensure that the client's cultural and spiritual background is clear to avoid assumption and potential alienation. Some argue that true cultural competence only comes when a client's spiritual beliefs, values and practices are included in assessment, formulation and intervention

(Brown, 2016). Given cultural competence is a pillar of the New Zealand Psychologist Board Code of Ethics, this is a contribution worth further investigation.

Consistently participants also shared the challenges when there were divergent spiritual beliefs between the client and therapist and that this can cause challenges in the relationship if not handled carefully (Brown et al., 2013; Cunha & Scorsolini-Comin, 2021; Lee et al., 2019). With a lack of training and supervision support to discuss these issues, further integration may be intimidating for many psychologists and this fundamental area of client's lives may continue to be left outside of the therapy space.

The research to date highlights that this is a growing area of interest, yet it is under researched due to historical views on the integration of psychological practice and spirituality and the lack of training and competence. Further research into the experience of psychologists who integrate spirituality into their clinical practice would increase knowledge of the potential benefits and risks and this could seek to inform future training. If there is a growth of spirituality within the broader community, psychology must be open to its inclusion and learn how to incorporate it to best support clients.

Research Aims

The aim of this research was to explore the experiences of psychologists in Aotearoa, New Zealand who integrate spirituality into their clinical practice. This research sought to understand the felt and personal experience of psychologists who take this more integrative approach. The research was grounded in qualitative principles and was conducted using a transformative methodological approach called Intuitive Inquiry. This methodology allows the researcher to position themselves as an active participant in the research itself, creating personal transformations. Both of these aspects were important to me as I intend to practice in this integrated way when qualified and I connect most to the depth of experience and narrative you achieve when using a qualitative approach. Intuitive Inquiry is a lesser known methodological and epistemological approach yet creates a

research environment with structure and flexibility, allowing the exploration of deeply meaningful topics. An overview of this methodology is provided in the next section.

Methodology (Cycle Three)

Method

This research used a qualitative design with semi-structured interviews to explore the experience of psychologists who integrate spirituality in their clinical practice. Qualitative research allows for a deep and rich exploration of each participant's specific experience in relation to the research topic. It also creates space for an in-depth discussion and understanding of each participant's unique experiences (Braun & Clarke, 2013). This approach provides the opportunity to generate rich data to explore in the analysis. Qualitative research also asks for reflexivity from the researcher, recognising they bring their own experience, bias and values to the research, not to work to exclude or mitigate this but to accept it as part of the richness of the research process (Creswell & Creswell, 2018). This key focus on reflexivity led me to the use of intuitive inquiry as a methodology in this research (Anderson, 2019; Anderson & Braud, 2011). This approach created the space and freedom for me to use a method of analysis that felt the most appropriate as I further explored the experiences of my participants as well as my experience as a researcher. As I'll explore further below, methodology as a means of defining my approach or style as a researcher is not yet developed (due to my limited experience as a researcher) and at times I found this to be a disingenuous process. Intuitive inquiry provided relief and empowerment to explore multiple approaches, staying within the realm of qualitative research and identifying the one that I felt would best honour the experiences of my participants while meeting the research aims.

Intuitive Inquiry

Intuitive Inquiry was developed in the 1990's by Rosemarie Anderson who in her article 'Intuitive Inquiry: An Epistemology of the Heart for Scientific Inquiry', described it as a process that connects intuition to intellect (Anderson, 2004). Anderson is a transpersonal psychologist and researcher who felt that the available methods in both qualitative and quantitative approaches did not allow for a complete exploration into the psychospiritual subjects so often researched within the

humanistic and transpersonal disciplines (Anderson, 2019; Anderson & Braud, 1998). Anderson worked closely with William Braud, another transpersonal psychologist and researcher, who also found that the traditional training and knowledge they had acquired did not adequately set them up to study the "farther reaches of human nature" (Maslow, 1971, as cited in Anderson, 2020). They both sought to create new methodological approaches to research, underpinned by a focus on transformational research practice (Anderson, 2020; Anderson & Braud, 2011). The drive for the development of these new ways of conceptualising psychological research was spawned by their students. Both were supervisors to masters and PhD students whose topics were challenging the bounds of existing methods of research (Anderson, 2019; Anderson, 2020). They also noted that the topics selected by their students were personal to them and, through the course of the research, the students experienced some level of transformation in relation to a personal experience (Anderson, 2004, 2019; Anderson, 2020). From this, both Anderson and Braud identified that the "essential dynamic for transpersonal and spiritual research and scholarship is the researchers' willingness to engage in research as a journey of transformation – a journey that fully implicates their own understanding of the topic and prompts changes in readers as they read and apply research findings to their own lives, their communities, and the world at large" (Anderson, 2020, p. 96).

I came upon intuitive inquiry as an epistemology and methodology after I had already commenced my study, at a time where I was wrestling with how to meet the obligations of my thesis while honouring my own and my participants' experience. This is not my first experience of this challenge. As this is only my second piece of formal scientific, psychological research, my first being my Honours research project, I do not feel I have a research identity informed by clear parameters or a lens by which to interpret data. This is not to say I do not have a view on the world, or biases as to how I view how we, as humans, make meaning and knowledge but it is still very much in its infancy. Feeling like I needed to have a clear view on this and demonstrate a proficient integration was challenging. For example, social constructionism is an epistemology that resonates with me. I believe we all make meaning from our experiences and that these are influenced by prevailing

social, political and cultural ideologies and narratives (Gergen, 2009). The meaning of an experience or place could be different between multiple people, indicating multiple realities existing within the same material space and time (Gergen, 2011; Gergen, 2009). Yet for this research, I was seeking to understand the *experience*, how my participants *experienced* spirituality within a clinical setting and while meaning making is a part of that, I did not desire to focus on this. So, while it may inform my overall alignment of knowledge creation, following the formal links from social constructionism to methodology did not feel appropriate for the aims of this research.

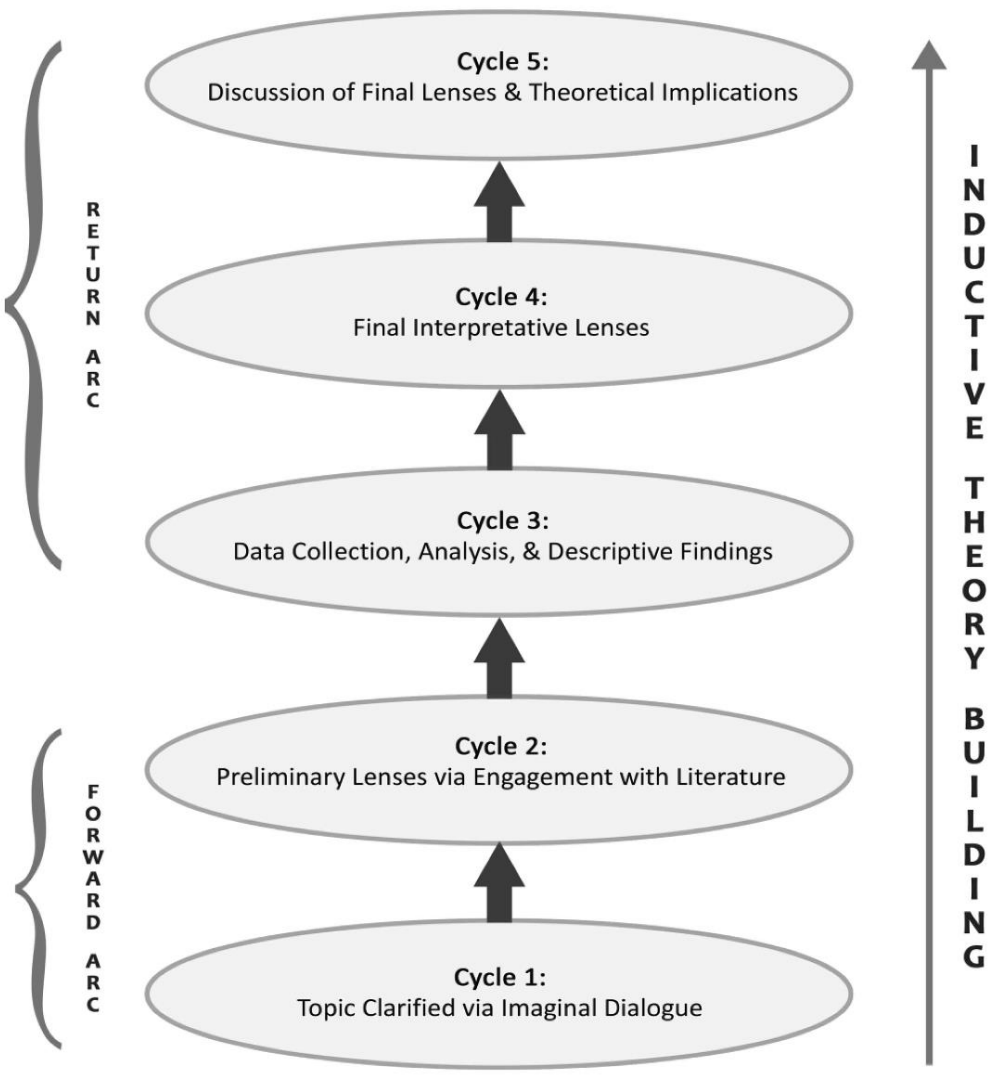
I mentioned earlier a feeling of identifying an appropriate, integrated methodology being disingenuous. This was down to the idea of 'having' to have a methodological position to tick a marking box versus experiencing it and conducting it in a way that feels true to me, my participants and the contribution I would like to make to this body of research here in Aotearoa, New Zealand. Intuitive inquiry has allowed the research and experiences of the participants to unfold as opposed to their being directed. This methodology guided by my intuition, has shaped my engagement with the interviews, probing questions asked and how the findings were expressed. This has been challenging at times but has also made it a much more meaningful learning experience for me. This research was born out of a passion for how I want to practice one day as a psychologist in Aotearoa, New Zealand. Creating space for a client to be fully present, welcomed and explored in a clinical setting. Letting the research unfold allowed for my learning around this to be even deeper and for this I am very grateful to the intuitive inquiry methodology.

Intuition can be described as the experience of the world without the overlay of conscious conception or cognition, often embodied in manifestation, in that it is a felt knowing (Anderson & Braud, 2011). Intuition and compassion provide the grounding to this epistemological and methodological approach, asking researchers to follow their own felt sense of knowing to guide the development of a research topic and right through the research process (Anderson, 2019; Anderson, 2020; Anderson & Braud, 1998). An overview on the five intuitive styles can be found in appendix B.

The early iterations of intuitive inquiry were grounded in feminist and heuristic approaches to research and were influenced by liberation social movements. They focused on bringing compassion and intuition as ways of knowing into the development of a research project, from topic definition, analysis and results presentation (Anderson, 2019; Anderson, 2020). As this approach developed, influenced by hermeneutics, Anderson applied the concept of interpretation to intuitive inquiry to provide it with a structure which comprised of five cycles enabling both intellectual rigour and expressive freedom (Anderson & Braud, 2011). These cycles are non-linear. They are dynamic, meaning influences could occur forward and backwards within the structure of the method, constantly inviting reflection for the researcher through the process (Anderson, 2019). In this, Anderson recognised that to explore topics such as spirituality within a transformational research method, the researcher will never be objective, as we are active participants in the world in which the research takes place (Anderson, 2020). Further to this, another contributing factor to the expansion and development of this five part cycle was the recognition that those engaging in this research bring with them a high level of enthusiasm and deep and personal connection to the topic, often influenced by their own sense of knowing or intuition (Anderson, 2004; Anderson, 2020). This connection to the research also posed the risk of the researcher leading or unduly influencing the analysis and results. The application of a hermeneutic structure, creating the opportunity to explore the researchers 'lens' at key stages was put in place to limit this influence, bringing with it further rigour while not losing the intuitive nature of the approach (Anderson, 2020).

This thesis has been written in a hybrid fashion, incorporating all traditional aspects expected of such a document, while integrating the five intuitive inquiry cycles. This is necessary as the five cycles encapsulate the entire research process, see figure 1. Below is an overview of each cycle in the intuitive inquiry methodology (Anderson, 2019). My own intuitive approach to each cycle is captured here or in other sections, as outlined.

Figure 1. Overview of Intuitive inquiry cycles



Note. From "Intuitive Inquiry: Inviting transformation and breakthrough insights in qualitative research" by R. Anderson, 2019, *Qualitative Psychology, 6*(3), p.314.

Cycle One – Topic clarified

Cycle one is the very beginning of the research process, whereby the researcher identifies the focus of research and works to clarify the specifics of what they are seeking to understand. This topic is always something that is particularly enticing to the researcher themselves, something they are passionate to understand in more depth (Anderson & Braud, 1998). This is often different to how a research topic is identified in more traditional approaches, where it is often based on existing

literature on the subject (Anderson, 2004). In this cycle, intuitive inquiry asks a researcher to focus on a particular text or image that captures their interest for potential exploration and to interact with this over a period of time, capturing insights along the way (Anderson, 2004, 2019). Through this ongoing, reflective process a research topic will start to come into form and meet these criteria; it is compelling to the researcher; it is manageable within the constructs of the course being undertaken; it is clear and easily explained; it is a focused topic; it is concrete in that it is relating to certain experiences, phenomena or behaviours; it is able to be researchable; and it is promising, in that it a topic that still presents with a need for further understanding (Anderson, 2004; Anderson & Braud, 1998).

As mentioned earlier, I came to the intuitive inquiry methodology after I had already commenced my research so my completing of this cycle has been retrospective, however, reflecting back, I can see that I was already engaging in my intuitive process albeit unconsciously. I completed my Honours research project on a completely unrelated topic, which I found engaging but it was not a subject for which I held deep passion and interest. I found the research process challenging, for some of the reasons already outlined, so I knew to be able to engage and stay focused with this research, it had to be a topic I felt strongly about. Ultimately I knew the area that I was the most interested in, was the intersection of spirituality and psychology, how they blended, if they did and how it was done. As someone who had started a spiritual journey myself in the previous years and who knew the important role it had in my life, the idea of separating this from therapy felt wrong to me. I knew that integrating this into how I would one day work as a psychologist was inherently important to me. I just did not yet know how to formulate that into a meaningful piece of research. Knowing this was loosely the area of my focus, I worked to identify a supervisor that I felt would be able to support this work, one open to the exploration of such areas within the discipline of psychological research. In my initial discussions with Heather, we spoke about a very broad range of topics, all with a spirituality lens and from here I began to clarify my focus. I found this to be a challenge and when I reflect back I can see why. I was busying myself so much with ensuring the

topic would be deemed ‘valid’ that I was losing my connection to why I wanted to do it. After weeks of going back and forth, I sat down and wrote in my note book ‘what do I want to know?’. From here I jotted down a few questions and one stood out clearly to me, ‘How are psychologists integrating non-religious spirituality into their traditional approaches and practice’. My topic was further refined through cycle two, which I explore in more detail below.

I sat with this for a few days and I realised I needed to be clear about whether I was looking to understand the practical or experiential elements of this topic. While a part of me wanted to know the methods psychologists were engaging, I felt more drawn to the experiential elements. I felt confident that this was what I wanted to understand, motivated in part by a desire to practice in this way myself one day. I had my topic! While intuitive inquiry speaks to a focus on an image or text for example, I found that my interest and enthusiasm in the area of psychology and spirituality became my image or text and I used this image to guide and focus my attention as I worked to solidify my topic.

Cycle Two – Development of preliminary lenses

Cycle two is concerned with identifying and outlining both the researcher’s baseline understanding of the topic they have chosen as well as finding existing empirical literature concerning the research topic (Anderson, 2019). The process involves what would be traditionally referred to as a literature review, whereby you seek out relevant published literature on your chosen topic (Anderson, 2019). Following this literature review, the researcher is invited to go through an experiential exercise whereby they reflect on the information they have found as well as any previous understandings or constructs they hold about the topic and identify any ‘lenses’ by which they are approaching this research, prior to collecting new and unique data (Anderson, 2004). These initial lenses, or preliminary lenses, are there as a sort of guidepost to not only identify any perceptions, assumptions or values held by the researcher about the topic, but to also demonstrate how these evolve and transform through the course of the research process (Anderson, 2004; Anderson, 2020; Anderson & Braud, 2011). This is a key tenet of intuitive inquiry in that it focuses

not only the transformation the research can bring to the topic but also what it can bring to the researcher, hence preliminary lenses, suggesting evolution (Anderson, 2019; Anderson, 2020). This transformation is most evident as the researcher moves through the remaining three cycles (Anderson, 2004).

Going into this research I really only had my own desires around the sort of psychologist I want to be and my understanding of my own spirituality. After reading through a large amount of existing literature on the subject of spirituality, including religion (as it seemed they were so often coupled together or even used interchangeably), I went through a process of establishing what my preliminary lenses were with respect to this research, I outline these in detail below:

Preliminary lens: Spirituality is deeply personal and difficult to define.

When commencing this research and beginning my investigation into existing research, it became clear that there was no one agreed definition of spirituality used across the research. For some it was used interchangeably with religion while for others these concepts were delineated and defined. At first I felt I was going to need to identify a definition to use throughout my research. But the more I read and considered my own spirituality the more I realised that I see spirituality as a deeply personal and unique construct. What spirituality means will likely differ from person to person but that does not make my understanding and meaning wrong. Spirituality for each person is defined by their own environment, culture and prevailing societal influences. As a result, I chose not to define spirituality and allowed this word to be used throughout the interview process leaving the participants to interpret and respond within their own understanding and meaning of the word.

Preliminary lens: Spirituality is religion and religion is spirituality.

As the researcher, I consider myself a non-religious yet spiritual person. While I deeply respect every person's right to their own beliefs, provided they do not harm others, I can also, at times, hold a negative view on institutionalised religion. As a result, at the outset I sought to limit my focus to the integration of non-religious spirituality into clinical practice. Upon reflection, I realised that my own bias would limit the scope of my research and was not in keeping with my belief of

everyone's right to their own beliefs. I therefore kept the topic broad and open to all beliefs that identified with the concept of spirituality. Through my reading, it was clear that for some the concept of spirituality is used interchangeably with religion but for others they are distinct. Also people within the same belief set may differ on how they would even identify themselves. Some may consider themselves religious and spiritual, religious yet not spiritual or spiritual and not religious. The identification process is, again inherently personal.

Preliminary lens: The psychological discipline was built on a scientific approach that appears to automatically exclude spirituality, yet its earliest work began within spiritual traditions.

Psychology as a discipline has worked hard to demonstrate its ability to meet the standards of scientific rigour. Through my reading it became clear that it was likely this positioning that has allowed it to hold the influence it does today, particularly in the Western world. As with other scientific domains, to be viewed as a valid and robust science, its grounding had to be made in objective 'truth', those which were observable, replicable and proven (Hill et al., 2000; West, 2004). With the adoption of a 'scientist-practitioner' model the space for spiritual beliefs and values was removed from the practice of psychology, further embedded thanks to Freud himself who held very strong negative views about the practice of spirituality (Brown, 2016; Crossley & Salter, 2005; Hill et al., 2000; Lines, 2006). What is more interesting is that, prior to the industrialisation of the West, when people lived in villages and communities, it was the role of the spiritual leaders of those communities to support members who were experiencing any levels of distress (Lines, 2006). I see this as the beginning of psychology. Potentially without clear frameworks and interventions, but at its heart, the role of a psychologist is to support and guide someone through distress, grief and challenge and build in them the inner tools to navigate through them. The support offered by psychologists has no doubt been in practice for centuries, prior to its formal formation, but it is now supported by focused effort, evidence and a commitment to outcomes.

Preliminary lens: Exploring spirituality is not given any credence through psychological training programmes.

I've already stated that a key interest in this research was a desire to effectively integrate spirituality into practice when I am qualified. Another element to this is that if I was to see a psychologist, I myself would want my spirituality to be welcomed into the therapy room. I see this as a critical component for clients who seek support and who hold spiritual or religious beliefs. As I shared earlier, the research shows that in most cases, spiritual and religious beliefs are protective factors when supporting someone through mental health challenges (Brown et al., 2013). To exclude this, especially when it is valued by the client, feels invalidating and removes a valuable support for that client. While I have not gone through any practical elements in my psychology training, I note that academically, spirituality has not been present in my training to date which appears to be the case in almost all other training programmes around the world (Begum, 2012; Brown et al., 2013; Cunha & Scorsolini-Comin, 2021; Vieten et al., 2013). In Aotearoa, New Zealand, it is pleasing to know that Te Whare Tapa Wha is a model that seeks to improve this by demonstrating the importance of a persons' wairua (spirituality) to their overall wellbeing. Also in Aotearoa, New Zealand, under the governance of the New Zealand Psychologists Board, cultural competencies encompass spirituality and as such this aspect of a client's experience must be accommodated, thus creating cultural safety (New Zealand Psychologists Board, 2011).

Cycle Three – Data Collection, Analysis and Findings

Cycle three is a more practical component to the intuitive inquiry approach and would align traditionally with the methodology section of a research report. In this cycle the focus is on data and participants or texts (Anderson, 2019). From a data standpoint, the researcher is identifying what data they are seeking to collect, explore and understand and the best sources for this data (Anderson, 2004, 2019). Within this cycle is also the development of tools used to collect data, such as an interview guide if interviews are determined to be the best source of data for the research topic (Anderson, 2004; Anderson & Braud, 1998). The researcher is also then to establish how to

select participants or texts that will provide the data that best aligns to their research topic. When working with the participants, this would include establishing inclusion and exclusion criteria (Anderson, 2004). Once these parameters are set the process of data collection is then the focus of this cycle, in whichever way has been deemed the most appropriate. The final stage involves the actual presentation of the findings from the data (Anderson, 2004, 2019). The analysis and presentation is chosen as a result of the data itself and what feels intuitively appropriate to honouring the data provided (Anderson, 2019).

Below is a breakdown of the cycle three processes I engaged in for this research endeavour.

Recruitment.

Ethics approval was granted in June 2022, under a low risk notification. Using a recruitment poster initially, multiple mediums were used to recruit participants (see appendix C). I met with a researcher who completed similar researcher at AUT in 2019 to discuss their research. They offered to share it on the Facebook page of The New Zealand Psychological Society Institute of Counselling Psychology. Unfortunately, this did not generate any interest. I also approached the New Zealand College of Clinical Psychologists (NZCCP) to ask if my poster could be shared on their Facebook page. They advised that they would include it in the next NZCCP newsletter, 'ShrinkRAP'. I also went to the New Zealand Psychological Society website and under the section 'find a psychologist' typed in the keyword of 'spiritual'. This search generated only one name. I wrote to them via the website, sharing information about my research and contact details if they were interested. While I was intending to include only psychologists, the difficulty I was experiencing in even identifying those that may integrate or even welcome spirituality into their practice meant I also went to a website for psychotherapists. From here I sought those who mentioned spirituality in their bio and reached out to them. I yielded nothing from my attempts with the psychotherapists I approached, however I did receive positive interest from the psychologist I approached via the New Zealand Psychological Society website. At this stage I was getting concerned about my ability to achieve a meaningful sample to complete my research. In discussion with my supervisor, it was agreed that I could expand

my recruitment beyond psychology and into counselling as well. Before I did this, I made one last attempt to find psychologists to participate. I went back to the New Zealand Psychological Society page and searched through all records of registered psychologists. While none specifically mentioned 'spirituality', where I found biographies that spoke of mindfulness, yoga, somatic practice or body work and holistic approaches, I contacted them via the website. This turned out to be a very successful approach, with a number responding positively about participating. The aim was to recruit 8 participants, with a minimum sample of 5 required to make the research viable. The aim of the research was explained as seeking to understand the experience of psychologists who integrate spirituality into their clinical practice. Participants were required to be over 18 years of age and who currently or previously practiced as a psychologist who integrates spirituality into their practice. Recruitment was only conducted in Aotearoa, New Zealand.

Participants.

Seven participants met the criteria for inclusion in the research and agreed to participate. They were all registered psychologists (under the general, clinical or counselling scope) either current or recently retired, who were working or had worked in Aotearoa, New Zealand and who integrate spirituality into their clinical practice. Demographic data was not collected about the participants as this was not a key variable to the research. Even so, I was prepared for the participants sharing aspects of themselves and how they identified during the interviews, recognising that the ways people identify through demographic facets can be an essential component of their experience being understood. An overview of the participants is captured in table 1 below.

Table 1. *Overview of the participants*

Name *pseudonyms	Gender	Background spiritual identification	Current spiritual identification	Position
Allison	Female	Agnostic	Unspecified spiritual beliefs	Psychologist – General scope
Ruby	Female	Anglican	Unspecified spiritual beliefs	Clinical Psychologist (retired)
Jack	Male	Anglican	Unspecified spiritual beliefs	Clinical Psychologist
Sarah	Female	Christian	Unspecified spiritual beliefs	Clinical Psychologist
Stephanie	Female	Christian	Christian	Counselling Psychologist
Claire	Female	Anglican	Anglican	Clinical Psychologist
Jess	Female	Buddhist	Buddhist	Counselling Psychologist

Data collection.

Using the online consent form, all participants confirmed that they met the requirements of the research. Zoom interviews were scheduled, accommodating location and schedules. All participants were given the opportunity to discuss the research so I could answer any questions they may have had after reading the information sheet, however none requested this. Prior to commencing the interview, the participants were asked if they were comfortable and had everything they needed. Following this, they were asked if they had a specific way they wished to open the discussion. I opened by reminding the participants the focus of the research and made it clear that if

at any stage they were unsure about a question they could seek clarification. They could also advise me if they were not comfortable answering a question or they needed a break.

A semi-structured interview guide was used to provide direction to the discussion and ensure the information received was aligned to the aim of the research while leaving space for any specific experiences of participants. All interviews followed the interview guide which allowed for rich data to be collected aligned to the research. One participant requested to view the interview guide prior to the interview to allow them to prepare. This was discussed with my supervisor and agreed to, recognising it may allow for deeper responses to the questions.

The interview guide (see appendix D) was developed with the aim of the research in mind and to facilitate an understanding psychologists' experience of integrating spirituality in practice. I wrote a first draft and shared it with my supervisor who provided feedback on the exploratory probes. I also spoke to a lecturer at AUT who had been involved in a similar study who shared the interview guide used in that research. There were a lot of similarities but I did add in some broader contextual questions they had included, in collaboration with my supervisor. The initial questions were about understanding the participants interest in participating in the research, as well as their own understanding of spirituality. I hoped this would allow them to settle into the interview. The questions then focused on key topics: (i) their experience of spirituality within clinical practice, its role in mental health and how their own spirituality impacts this; (ii) the practical aspects of integrating spirituality into clinical practice; (iii) the benefits and challenges experienced when integrating spirituality into clinical practice; and (iv) perceptions of spiritual integration in clinical practice in Aotearoa, New Zealand and potential improvements. All interviews were voice recorded.

Data analysis method.

As previously explained, I had commenced my research prior to exploring intuitive inquiry as an epistemological approach and so I had already turned my mind to thematic analysis as a method I would use to articulate my participant's experience. The main reason for this was that I had used it previously, so I had comfort and confidence in my ability to use this method. Once I settled on

intuitive inquiry I realised I needed to let that desire go and stay open to what I saw in the data and use the best method available that would allow me to honour the experience of my participants. The possibility of having to fully immerse myself in a method I was unfamiliar with was a daunting prospect, a concern I shared with my supervisor. However, ensuring I could share the experience and stories of my participants was the most important thing to me and I hoped that they would read this thesis and feel heard, so I was prepared to identify the best method to enable this. I had started to mentally prepare myself for exploring Interpretative Phenomenological Analysis, believing this would be the best way to explore each individual experience, while also feeling overwhelmed at the idea of completing this for seven participants.

I had transcribed the first interview myself as I was unaware of the software available to ease this process. Subsequent interviews were transcribed using online software, Otter, with varying levels of accuracy. After going through all interviews via the Otter platform and fixing any issues, my analysis began. Interestingly, once I began my review of the transcripts, reading them multiple times and making notes as I went, clear themes were expressed through the data. Commonalities were almost flashing in lights across the participants' experience. While there are always unique and individual aspects, the themes were impossible to ignore and I felt speaking about them would allow for a deeper exploration of the data and provide an opportunity to review the results in a way to create a platform for discussion. After identifying this I felt thematic analysis to be the best method to allow me to do this. This is in line with much intuitive inquiry research to date as one of the most common methods utilised (Anderson, 2019).

Thematic analysis is a qualitative method used in psychological research that allows researchers to identify, review and explore patterns of experience from the participants accounts, most often from interviews (Braun & Clarke, 2006). The method requires researchers to review their data set individually initially to identify key aspects aligned to the research aim and to then review it collectively, to establish what, if any common themes exist in the data set which are then explored as a means to answer the research question (Braun & Clarke, 2013, 2021). It is a widely used method

across many epistemological approaches in psychology, providing a strong basis of analytic skills that can be used in various other methods (Braun & Clarke, 2006). The process follows six phases, culminating in the production of results and requires the researcher to spend time deeply reviewing the data and starting to identify commonality or codes. These are then further reduced into clear themes with associated evidence from the research data (Braun & Clarke, 2006; Braun & Clarke, 2013, 2021).

My analysis continued following the six-phase approached outlined by Braun and Clarke (2006). I had already begun the first phase, leading me to thematic analysis, however I continued in this phase to ensure I was deeply connected to the data. I continued to make notes as I read transcripts, not connected to each other or grouped, I simply noted key aspects of the interviews. These notes formed the basis of the key themes I later identified. During phase two I went back over them and started to notice commonality across them and started to form some early themes and identify key topics present in the data. From here, I constructed codes that represented these early themes which connected back to the aim of my research. These initial codes included, 'challenges with language'; 'recognition of which 'hat' they were wearing'; 'depth, authenticity and integrity' and 'a feeling of clients being fully seen' (see appendix A). I then moved onto phase three where all the themes and codes I had identified were reviewed repeatedly and quotes and reference data were identified that aligned to each theme. During the fourth phase I continued to review and refine the themes I had identified, while also ensuring there was sufficient content or evidence present in the transcripts to support them as an overall theme. Once the overall themes had been identified and supported by quotes and references from the transcripts, I moved into phase five, which was focused on further refinement of the identified themes and ensuring conceptual uniqueness for each theme. This also involved continuous reviewing and accumulation of support from the data to bring authenticity to each theme. Thematic analysis, the final phase, phase six, involves taking all of the presenting themes with all associated quotes and supporting evidence and writing the final results of the data. This can be found in the findings section.

Cycle Four – Final Interpretative Lenses

Cycle four represents the hermeneutic arc which was incorporated into the intuitive inquiry methodology (Anderson, 2004). In this cycle, the researcher is asked to reflect on the data they have sourced in relation to their research topic and consider the preliminary lenses they created in cycle two (Anderson, 2019). Cycle four invites the researcher to consider how these earlier lenses have been impacted by the process of data collection and how this has transformed their understanding of the topic (Anderson, 2019). Given that intuitive inquiry is grounded in a transformational research approach, the expectation and anticipation is that there will be significant changes between the lenses from cycle two to four and that it is in this practice that intuitive breakthroughs are often experienced (Anderson, 2004; Anderson & Braud, 2011).

Cycle Five – Discussion of Final Lenses & Implications

Cycle five is the final stage in the intuitive inquiry process and this brings a culmination of the existent literature and the learnings of the researcher through the data collection, analysis and hermeneutic circle (Anderson, 2004; Anderson & Braud, 2011). The researcher is expected to consider and discuss the transformed lenses identified in cycle four, situated within the existing empirical literature explored previously (Anderson, 2004, 2019). The findings from the research itself are also examined in light of the existing research to more broadly consider the contribution and implications of these findings on the topic (Anderson, 2019). This cycle also expects the researcher to consider the research process itself, its strengths, areas of weakness and limitations of the study overall, including the interpretative lenses (Anderson & Braud, 2011). In intuitive inquiry, the researcher is also expected to consider any mistakes made through the process, areas for further exploration and application of the possibilities this research creates for the world at large (Anderson, 2004, 2019; Anderson & Braud, 2011).

In my research, my discussion section will be made up of my cycle four reflective lenses and cycle five, review of findings within existing literature. This allows me to explore my expanded

understanding of this topic, situated within existing literature, while reflecting on the potential contribution of this research and also its limitations.

Further Ethical Considerations

Below are additional, important components of the ethical process completed in the design of the research that warrant mention, although these do not neatly fit into the intuitive inquiry structure.

Ethics.

My experience of completing a full ethics submission in my Honours project was very helpful when I came to conceptualise my research. As I was speaking with professionals and exploring a topic that was not anticipated to pose any risks to the participants, a low risk ethics notification was made for this research.

Treaty of Waitangi.

Exploring cultural difference in the experience of psychologists who integrate spirituality into their clinical practice was not a focus of this research. However, it was important to ensure the structure of the interview was culturally inclusive and welcoming to potential Māori or other culturally identifying participants. I used Te Ara Tika to ground my research in principles and practical guidance to create a culturally respectful research project (Hudson et al., 2010). Creating an inclusive space for Māori and all the participants, involved planning for kai for any in person interviews (of which there were none) and creating opportunity for how participants wished to open the interview which could include karakia. In consideration to whanaungatanga (connection), I also provided more information about myself in the information sheet (see appendix E), allowing participants to know more about me prior to agreeing to participate. Given the topic of spirituality (wairua) is a fundamental element in models of Māori health and wellbeing (Pitama, 2007), I also consulted with Dr Matthew Shepherd, Associate Professor, School of Psychology at Massey University. This conversation supported the practice and principles provided in Te Ara Tika

document but also allowed for a very thoughtful discussion around the potential impacts of colonisation on Māori experience of wairua today.

Consent.

After the participants made initial contact to express their interest in participating in the research, they were sent a copy of the information sheet (see appendix E), which provided more detail on the purpose of the study. It confirmed the eligibility criteria, explained that interviews were expected to take between 45-60mins and would be voice recorded only. It went into more detail about the research and outlined the key focus areas of the interview. Participants were advised that once the interviews had been transcribed, the voice recording would be deleted and their responses would be analysed and reported on collectively. The information sheet also outlined their right to: decline answering any question; ask any questions about the research during the course of the research process; be provided access to the recording and transcript if they wished as well as make any adjustments to them; ask for the recording to be turned off at any stage; withdraw from the study up until two weeks after the interview transcript is sent for review and be provided access to the final written report and findings of the research. They were also provided information on the benefits and risks of participating (further outlined below). An online informed consent form was used (Qualtrics) to obtain formal consent to participate (see appendix F).

Confidentiality.

Pseudonyms were used to protect the identity and confidentiality of participants. As per the information sheet, following the transcription and validation process, the audio recordings were destroyed and the transcribed copies of the interviews were held securely on a password protected computer. All information collected from the interviews has been used solely for the purpose of the research as outlined in the information guide and ethics submission, as well as for any potential future publication. All documents will be kept for five years, in accordance with Massey University policy.

Risk and Benefits.

While there were no immediate benefits present in participating in this research it was anticipated that those who were interested in participating would find it a positive experience to share their experiences with someone who was open and interested in this component of clinical practice. The offer of reading the final report was also seen to be a potential benefit, allowing the participants to get a sense of what a small group of their peers have experienced through the integration of spirituality into practice.

No risks were immediately anticipated and in the situation of a participant becoming distressed the interview would have been stopped immediately. This was never an issue. The information sheet also encouraged all the participants to reach out to their supervisors if any issues came up during the interview. The contact details of myself and my supervisor were also provided in the event that the participants had any issues or questions. All participants were sent a $40 Prezzy gift voucher for their participation.

Findings (Cycle Three)

This research was seeking to understand the experience of psychologists in Aotearoa, New Zealand who integrate spirituality into their clinical practice. Following the completion of the thematic analysis, three broad themes were identified for the participants. These themes were, *what outside influences impacted their practice of integrating spirituality; practical aspects of integration of spirituality in clinical practice;* and lastly *the felt experience of this integration for both themselves as clinicians but also their clients.* Within the last two themes, additional sub-themes were present that will be explored separately to better capture the depth of the layers of these themes, refer to table 2.

Table 2. *Table of themes*

Overarching Theme	Specific	Sub-theme
Influence	How influences outside of Western Psychology impacted participants practice integrating spirituality	- n/a
Practical	Some key practical aspects in relation to the integration of spirituality into clinical practice	1. Boundaries
		2. Language
		3. Their role as a psychologist
Felt experience	How the participants experienced the inclusion of spirituality into their practice	1. Deepening of clients' experience
		2. Authenticity, Trust and meaningful connection to work

Within the first theme, the focus was on what influenced the participants to integrate spirituality into their own practice. In every instance, an experience outside of Western

psychological practice was present, drawing predominantly from Eastern practices including yoga and Buddhism and in most cases was driven by a personal desire and impactful experience.

Theme two centred around the practical components of integrating spirituality into clinical practice. This was not in the sense of a 'how to', although some of that was present, but it was more focused on key aspects of this approach to clinical practice. Within this theme, three sub-themes were present. These sub-themes were focused on; *boundaries*, how participants felt about and navigated professional boundaries; *language,* the role language can play in this experience as both a help and hinderance; and lastly, *their role as a psychologist*, how they saw their role working with clients and integrating spirituality into their practice.

The final theme was concerned more with the felt experience for the participants of integrating spirituality into their practice. Again, there were sub-themes present here. The first, *personal experience*, focused on how the participants felt about the work they did in this space and how it influenced their experience of their work as a psychologist. The second, *deepening of clients' experience*, explores how this additional component in therapy influenced the therapeutic alliance for clients and allowed for a deeper delve into clients' experiences and self.

All these themes and sub-themes will be further explored below, supported by evidential quotes from the data. All participants have been given pseudonyms and these are used in the identification of quotes.

Theme One: Influences outside of Western psychology

Of the seven participants, five spoke of either growing up within Christian families of varying sects or they clearly stated Christianity as their identifying spiritual belief. One participant had even begun theological study with the aim to become an Anglican Priest. One of the other participants indicated growing up agnostic and the other spoke of their introduction to Buddhism around the age of 22. While all participants had varied experiences with religion or spirituality, all stated that they either considered themselves a spiritual person or held spirituality as an important aspect of their lives.

Those who were raised with a religion all spoke of some level of progression in their beliefs. Some had periods of time in their life where they stepped away from these religious beliefs or practices and then returned to them later, while others, moved away from them completely. Multiple quotes have been shared to demonstrate the variety of spiritual journeys participants have embarked upon so far, illustrated by *Sarah*, *Claire* and *Jack*.

> …my upbringing was kind of, broadly Christian. I grew up in the UK. So, it was kind of a Church of England upbringing, although it didn't feature very big in my life. But I feel like I got to my teens and my early 20's and I kind of rejected that, it just hadn't landed and resonated for me and I went through a period of time where I identified as an atheist *Sarah*

> So, I was raised in a very Anglican family and my parents were incredibly involved in their local church and then when I was about 11….my father had a crisis in faith. I think he got sick of being told he was a sinner every Sunday so we started church shopping as a family which was quite interesting…yeah I got to around 15 and started sort of challenging that…by the time I got to university I wasn't going back [to church] anymore and I thought I had left it all behind me really...but my next husband had been also raised as an Anglican…and he wanted to baptize our baby. And I thought, I'm not just agreeing to this as a kind of, you know, that's cause of what you do, I'll go to our local, which was the cathedral in Hamilton and see how I feel. So, I started going and we started going and the people around me were the people I recognised from the Springboks tour protest and were involved in kind of social justice and it felt like it was a kind of good place to be. And then I had all this kind of coming back home, coming home kind of experience which sort of seeped into me by osmosis, I think *Claire*

> I went to Theological College with a fervent belief that if it was in the New Testament it was true and that the New Testament was describing historical events…In the end, I was left with the fact that this is a narrative, a propaganda narrative, no different to any other religious

text and I found myself saying to me, when I faced my third year where I would be ordained, saying 'What am I going to tell people?'. Because most of what I believed when I arrived, I no longer believed and so I took that to the logical conclusion and left and got a job as opposed to a posting until I sorted myself out a bit *Jack*

These quotes highlight what was present for the majority of the participants, which was an evolution of their spiritual beliefs, with particular reference to those who grew up with religion. Yet all still found themselves remaining connected to or reconnecting with spirituality, at times with a different set of beliefs. *Sarah* and *Jack* describe religion as a grounded or starting point in their lives while growing up, followed by periods of those beliefs being challenged leading to the development of broader, unspecified spiritual beliefs. *Claire* came more full circle, having grown up in the Anglican church and after a period away, reconnected to it after establishing some of her key values were shared by others attending the church. The experiences expressed by the three participants also demonstrate a similar pattern of moving away from the beliefs of their childhood. This occurred during late adolescence or early adulthood. It is unclear whether the participants' early exposure to spirituality or religion created a space for them to explore their beliefs further or revisit them later in life.

While the spiritual journeys of all the participants varied, each communicated that they considered themselves a spiritual person or articulated what their spiritual beliefs were. It's worth noting that these descriptions were often difficult for participants to put into a clear statement, except for the two who identified as Christian and the practicing Buddhist. In these descriptions there seemed to be a consistent underlying sense of a presence beyond the individual, a non-physical connection to the others. This is exemplified by *Allison's* statement of, "It means there's something more than, there's something bigger than just me and my body that connect me to the world and other people". This concept of 'connection' was consistent in how *Sarah* articulated her understanding of spirituality as well, "But when I think about spirituality, I think I'm thinking about a connection to something larger than just the individual. I'm thinking about how we make meaning in

our lives. How we understand things like life and death" (*Sarah)*. There was also the presence of spirituality as a source of making and giving meaning to your life, as shared by *Claire*, "…really that idea of something that, that gives meaning to your life". This supports the literature demonstrating the personal nature of spirituality for those outside of predefined spiritual denominations. Beyond the cerebral articulation of the concept of spirituality, two participants shared their felt experience of spirituality. For *Claire* this took place through the vocal expression of a song:

> It could be something simple. I remember it happened once singing Silent Night at a Christmas thing, which is simple, really simple music. But it's like electricity, that was something between all the choristers and the choir director and the people there

Jack shared a time when they were alone in nature, witnessing a spectacular view and had the felt experience of being part of the world, "…suddenly time stood still, the only way I can describe it, suddenly, I was part of like, everything, I was connected to life, I was the mountains". In all instances there is a clear experience of connection, whether that is connection to others, to nature or to a higher power or presence outside of our human seeing, a deeper knowing. This deeper knowing suggests something quite inherent in us, something beyond our physical experience but one that can have a profound impact when felt.

When it came to the integration of spirituality into practice, participants were asked whether this had always been a feature of their practice. Only two confirmed that it had, *Stephanie*, who identified as Christian and *Jess*, who identified as a practicing Buddhist. *Stephanie* discusses the importance of creating a sense of welcoming of the whole person to the therapeutic space and demonstrates an understanding of the importance of incorporating this aspect of a client's experience, she notes:

> I always welcome it, that it's not something that I would want people to shy away from or feel like they can't talk about. So, I invite people to talk about whatever they would like to talk about, and especially if someone is spiritual, that that is an essence of who they are. So, if we don't identify that we're missing a big chunk

Jess describes a desire to consider spiritual beliefs with openness and curiosity as a means of understanding the experiences of clients as opposed to pathologizing these ideas. She shared this through her direct experience working in mental health services:

> …I was working in an adult mental health residential service and working with clients with paranoid schizophrenia, that kind of thing and I remember there, you know I was always so open to talk with the clients about their experiences and seeing it, you know, not not just through that lens of psychosis, but actually seeing it through a lens of spirituality at time

Interestingly, this contrasted with the other five participants who indicated that this integration was not present for them at the outset of their qualification and practice as a psychologist. This was regardless of spiritual identification at the time of studying or initial practice. Their initial focus was on their role as a psychologist and seemingly wrapping their head around what they had been taught and putting that into practice. There appeared to be a focus on building their clinical skills in the early stages of their careers. This was illustrated by *Allison* who stated, "No, it hasn't. At the beginning, you know, I wasn't, I was, you know, in the beginning, it is so new and you're just like, trying to just do what you're taught really". The lack of focus on spirituality in psychological training programmes in Aotearoa, New Zealand, did not appear to deter *Stephanie* and *Jess* from incorporating spirituality into their clinical practice. It appears that the main mention of spirituality within psychological training programmes is in reference to the Māori models of wellbeing, Te Whare Tapa Wha. However, even this appears to simply states spirituality is a core pillar of wellbeing yet does not go on to explore and teach how to incorporate this into psychological interventions or engagements.

For other participants, however, their training actually created a noted hesitation in bringing spirituality into their practice. This was due to the prevailing psychological approach in favour at the time of their training, which was described by two participants as behaviourism and by others as focusing solely on the mind and thoughts. The participants shared that this training made them feel cautious and hesitant to even broach the topic with client:

> …in those days was very staunchly and rigidly behaviourist, um, we didn't even really do anything that would be called cognitions. Thoughts were um covert, um, verbal events (laughs), you know, it was hard line Skinner. Um and so um, spirituality doesn't really have a place in that sort of view of the world…there was that sense that um, that was getting too close to, to disclosing about yourself I suppose *Ruby*

This sentiment was shared by *Claire* who stated, "…I was trained as a behavourist, I suppose we all were, at that time and you know to even acknowledge feelings and thoughts would have been, you know, a bit of an anathema, you just looked at behaviour". This was echoed by *Allison* who shared, "My psychology training was all about here (motions to head), was just all here…". There was a sense of feeling it would cause problems for them if they were to bring spirituality into practice, particularly if they held those beliefs as well, as noted by *Claire,* "You know, because people seemed to me to be, it was a short road to getting into trouble if you, you know, had too much of your own belief system…that's not your job".

For all the participants there was scant mention of any inclusion or even discussion of spirituality throughout their training programmes. In some instances, it appeared that there was a sense that it was not a topic to enter into the psychological therapeutic space. One participant made mention of it in their training pertaining to cultural considerations and how to recognise and respect religious beliefs, however this was the only comment regarding any discussion of spirituality within the training of psychologists. There was also some sentiment that there is an element of psychology that is very "anti-spirituality or religion" (*Stephanie)* and that the training of psychology can create some conflict for those with spiritual beliefs as some psychological theories and teachings can challenge some of these beliefs. The experiences of the participants suggests that training programmes need to be mindful of the spiritual component of many people's wellbeing, both for the practitioner and client, and that there is a need for this to be explored and taught within training programmes. This would ensure at minimum clinicians are competent and confident to welcome in the beliefs of clients with an open mind beyond the Freudian influence of pathology. It is worth

noting that the participants were trained at various stages across the past 30-40 years and as expected, were influenced by the prevailing psychological theories of those times and institutions. What was present was a consistent lack of training, understanding and exploration of spirituality within training programmes in psychology, regardless of when the training took place.

What does appear to have changed is the importance placed on cultural competencies. This is reflected in the Code of Ethics and Cultural Competencies set out by the New Zealand Psychological Board (New Zealand Psychologists Board, 2002, 2011). Religious and spiritual beliefs are often placed under the broader concept of culture and are discussed more around a requirement for cultural sensitivity and competence, often relating to discrimination. This takes an almost risk adverse approach as opposed to a curiosity and welcoming of clients' beliefs and practices as a way of better understanding them and their experiences. As you will see further on, an integrative approach became essential in the treatment of some clients who were experiencing mental health distress in relation to their religious and spiritual beliefs.

Those participants who did not initially bring spirituality into their clinical practice shared that this inclusion was an evolution which, for some, was influenced by their clients and, for others, by their own personal experiences. Yet all appeared to be influenced by non-Western practices. Mindfulness, meditation, yoga, Buddhism and Buddhist concepts were discussed by six out of the seven participants when describing their relationship to spirituality within clinical practice. As noted by *Sarah,* "I think there's a lot of practices that I might bring in that come from spiritual traditions. So, I mean, you know, that can be everything from mindfulness and self-compassion, radical acceptance, you know, a lot of these concepts are coming from spiritual traditions and have been, were embraced by Western psychology" (*Sarah).* These predominantly Eastern approaches have been practiced for centuries around the world, including the following of Buddhism as a practiced religion. However, they did not feature historically in the discipline and research of Western psychology until around the 1970's. What seemed to allow for this inclusion for these participants was the acceptance of these approaches into more mainstream psychological treatment, through

such programmes as Mindfulness Based Stress Reduction (MBSR) by Jon Kabat-Zinn. "…it's more about the mindfulness and Buddhist stuff that was…a group of us at Waikato, um early in the piece when mindfulness was just sort of creeping into mainstream really, um, we got together and taught ourselves an 8-week programme…we've run MBSR courses and MBCT courses for about the last 12 or 15 years privately" (*Ruby).* As these programmes and their components, such as meditation, became a focus of research and gained evidential support, they provided scope to explore ideas, feelings and concepts beyond the historical psychological focus on behaviour and thoughts. The participants felt able to incorporate these Eastern concepts in the therapeutic space in a way that felt in line with their training. It is maybe not such a huge surprise that it was these Eastern approaches that gave participants the invitation to explore clients' experiences beyond thoughts and behaviour, given Western psychology's distant relationship to spirituality through the decades.

Some of the incorporation of these practices appeared to be driven by the integration of spirituality into more Western psychological frameworks and research support. However, in some instances the need to broaden the understanding of experience came from their clients, "I think it was just an evolving thing that was very much led from where clients were at" (*Ruby).* This idea that their clients were sharing experiences that did not fit into the theories or concepts within traditional psychological training challenged the participants to look beyond psychology to better understand their clients experience in order to support them, "And then my clients started telling me stories about their experiences, which didn't fit into the rule, they're either psychotic, or they were sharing something that was outside of what was ordinarily seen as psychology" (*Jack)*. This once again, highlights the potential gap between the experience and needs of clients and the psychological training provided to clinicians.

Along with the inclusion of Eastern practices, third wave psychological therapies created more opportunity for the participants to understand and explore their clients' spirituality or beliefs. Acceptance and Commitment Therapy (ACT), previously mentioned as an intervention that gave this flexibility, with its work around values. As illustrated by *Stephanie,* "…I mean with ACT, you know,

we're talking about values for example, that's a big value for some people". The participants, describe using this to better understand a client's spiritual beliefs under the guidance of a psychological intervention:

> …its cropped up into some of the new therapies, which using the word new, because it's not so new anymore, but you know, with kind of with the mindfulness approaches and the things in ACT, that its actually kind of much more mainstream to be asking those kinds of question like, what do you believe in?...and I really liked having a new model that moved away from sort of cognitive behaviour therapy *Claire*

iRest (Integrated Restoration) was also discussed as a means of providing structure to explore clients' experiences more deeply:

> And one of my teachers introduced me to iRest…it was designed by Richard Miller and he was a, he was a clinical psychologist but with a great big spiritual, he had a great big spiritual, I guess he was like a scholar really. And he created this 10-step program that is, just, to me it just felt like I'd come home *Allison*

For several of the participants, it appeared that having an empirical psychological intervention available, gave them the professional safety and guidance to explore this aspect of their clients' experience. This seemed particularly true for those who trained prior to its introduction, suggesting that previously, there were no available frameworks that supported clinicians to do this. This had potentially created a significant gap in the offering of psychology for many clients. This will be further explored in theme two.

Interestingly, the two participants who described their exploration of spirituality in their practice as directly connected to their own spiritual exploration both appeared to their have roots in the practice of yoga. The practice of yoga began as a personal activity, one not consciously connected to their clinical practice and through this journey they became trained yoga teachers. *Allison* notes the key driver for her was somatic. The incorporation of yoga allowed her to bring a somatic focus into the clinical setting, which she states as essential to her psychological work:

> And I guess I started delving into yoga and meditation and did yoga. You know, I guess, I've always believed the body is really important in therapy…I'm going to come back and do therapy but I want to be really transparent about what I'm doing…I need to know what I'm doing if I'm going to bring the body in

Yoga's influence on *Sarah's* approach to clinical practice came through more in the exploration of yoga philosophies and Buddhist teachings, beyond the physical yoga practice. She notes:

> So, I went from, you know, practicing yoga once a week in a gym, to be, you know, eventually becoming a yoga teacher and yoga is my daily practice. And so, I've been very influenced by a lot of the teachings and philosophies of yoga and also became really interested in Buddhist psychology and the ways that that kind of Buddhist thinking has woven its way into Western psychology through some of the mindfulness and compassion based therapies

These participants highlight that the benefits they personally experienced through this practice and the associated teachings seemed to prompt them to bring those benefits to their clients. Through their own exploration of spirituality and dealing with their own challenges they identified those tools and approaches which had benefited them that they then wove into their psychological approach to treatment.

> And I think, you know, with some of the personal struggles that I've gone through in my life, there have been times where psychology wasn't enough. Traditional kind of Western psychology was, isn't enough. And it was often the teachings of yoga and Buddhism that kind of gave me what I needed to get through difficult and dark periods in my life and so I think that's influenced a lot how I work with client *Sarah*

These participants speak to a need for more tools, that the traditional psychological interventions and approaches were at times not sufficient for themselves and their clients when navigating challenges, that there was a gap, a "…missing link for people" (*Allison).* This idea of

Western psychology not being “enough”, is a powerful statement to highlight the human experience beyond traditional thought-behaviour models. The descriptions that the participants gave of spirituality imply that there are elements of our experience that go beyond normal cognition and behaviour, highlighting the idea of non-physical aspects of our being and experience.

Both these participants speak about a somatic approach to psychology, “I’ve always believed the body is really important in therapy” (*Allison)*. This seems to be heavily influenced by their yoga training and has also led them to participate in further professional development within that somatic realm. Somatic, meaning body, is not often a core element of focus within the Western paradigm of psychology. They spoke of training in somatic models of trauma therapy and trauma sensitive yoga, which are covered under Accident Compensation Corporation (ACC) and the demand for which has grown to an overwhelming level. Others also mentioned training outside of the bounds of standard psychological intervention, including psychodrama courses and meditation training. It seemed that as the participants’ own spiritual experience grew, so did the integration of spirituality into their practice, and for several of them, this continues to influence how they grow their practice through professional development. However, even with this Eastern philosophy integration, *Sarah* highlights that commonality exists between these and psychological theory and suggests that perhaps it is simple terminology that creates the appearance of difference.

> …I think most of the teachings that I draw on the most, which, you know, would be the teachings from the yoga tradition, the more I understand them, the more they are really aligned with psychology actually. They’re coming from a different perspective, they’re often using different languaging but actually I think the whole model of yoga and certainly how we use our asanas or physical practices and pranayama breathwork, it essentially maps directly onto polyvagal theory in psychology

From an Aotearoa, New Zealand perspective, the Māori health and wellbeing model, created by Mason Drury (Durie, 2001) was mentioned as both a way of describing the importance of spirituality or wairua to clinical practice in how it has allowed spirituality to be more welcomed

within a clinical setting. There was a view that it gave creditability to spirituality as a key aspect of a person's wellbeing and health as noted by *Ruby,* "…having the Te Whare Tapa Wha model, I think legitimised including spirituality, you know, so I think that, that was helpful".

It was acknowledged that in Aotearoa, New Zealand, this approach is fuelled by the cultural considerations necessary in our country to ensure appropriate support is offered to all clients. Participants recognised and celebrated the training approaches including attendance on Marae and felt that it is applicable to non-Māori as well, that these key elements of wellbeing, including spiritualty are relevant to all people and this, now mainstream model creates space for and asks psychologists to consider it, as noted by *Sarah:*

> Absolutely, I think it's super important and you know, and especially in a New Zealand context, you know, if we think about the Māori health model, Te Whare Tapa Wha, wairua is one of the four pillars of health, and so I think if we're neglecting that as psychologists, we're actually doing a disservice to our clients

The sentiment of inclusion of this model was shared by *Claire* who noted the importance of using Māori models of health in the training of psychologists as a way to bridge the current gap in training and positioning of spirituality within psychology:

> Well, I think if we just, in the teaching of psychologists with, we followed Mason Jury's, you know, Te Whare Tapa Wha, if we're going to do that we are introducing the idea that this is something that's important about human life that you shouldn't ignore, because I think that mainly, we're trying to ignore it

It seemed clear for the participants that the introduction and welcoming of the Te Whare Tapa Wha model gave credibility to the importance of spirituality within the context of health and wellbeing for Māori but has also extended this space to all clients. It has created a validated and endorsed model for psychologists to use to welcome that aspect of a client into the clinical experience. The question remains, however, as to what they are to do with it once it is there. Further to this, if there is no space for training of how to safely bring this into the clinical

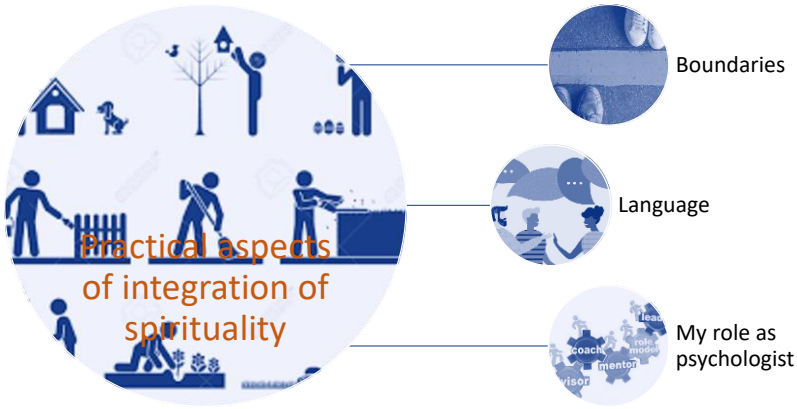
environment, could this actually do the opposite of its intention and create a lack of competence and safety for clients?

Overall, participants shared that their exposure to non-Western therapeutic approaches through both their own exploration and that of the expansion in psychological integration with Eastern practices influenced their approach to integrate spirituality into their practice. This was influenced by a wish to meet their client's needs and a deep personal connection and belief in the power of those approaches and the feeling that traditional approaches were missing something. It also appears that as their own practice and spirituality has grown, so too has their confidence and desire to bring this aspect into the clinical setting when working with clients.

Theme Two: Practical aspects of clinical integration of spirituality

What came through in the second theme was focused more on the specific aspects of the participants' experience of integrating spirituality into clinical practice. Some of this, I believe, was due to specific questions in the interview guide which focused on potential barriers to the integration as well as a question on how they bring spirituality into their practice. It did, however, also show up in responses to other questions that were not so targeted. It appeared that for most of the participants there were some very real considerations to this integration and they all had a sense of walking a line or being quite mindful about how they undertook this integration. This theme is made up from three sub-themes present in the data, which are *boundaries, language,* and *their role as a psychologist*, as depicted in Figure 1. These sub-themes will be explored separately and then discussed in the overall summary.

Figure 2. *Theme Two and related sub-themes*



Subtheme One: Boundaries

Six participants discussed boundaries, predominantly in the context of them being a challenge when integrating spirituality into their practice. This was in relation to ethical and scope or competency considerations, "Yeah, I think that's really important to know what's in your scope and what's maybe not appropriate to, to explore" (*Stephanie)*. For *Claire*, this was a recognition of when other supports would be more appropriate to explore certain issues with:

> But if someone does have a faith, there've been times when I've said to them, that sounds like something that would be really good to explore with someone else, you know, who have you got, have you got, sometimes someone might have a spiritual mentor or priest or group they are in and I would encourage them to do but I wouldn't see it as part of the job that I would have

As well as navigating perceptions of what was acceptable in practice as a psychologist as it pertains to spirituality, *Allison* shared:

> I remember, like 15 years ago, in my clinical room, with my door closed doing mindfulness and breathing and thinking, they're gonna strike me off if they could see what I was

> doing…we won't talk about it, because frankly, I thought I'd be struck off, you know, because it wasn't part of any training, wasn't part of any protocol

There was a sentiment the participants shared of a feeling of nervousness in ensuring they were staying within the scope of their registration and the potential negative impacts it could have on them professionally. At the very least, a clear perception that discussing spirituality or some of the practices they were using with clients, although now widely accepted, could be, at certain points in their careers deemed out of scope and potentially result in professional misconduct. Given the absence of this aspect of people's experience from training programmes and the view of it not being appropriate within psychological practice, it is understandable for the participants to have had reservations or a lack of confidence in engaging in this area of a client's experience, "Right, I guess I have always come from a fairly cautious perspective, that's partly my training I supposed, well probably, wholly my training" *(Ruby)*. What is interesting is that in all cases, even with hesitation they continued to explore it, as noted by *Sarah:*

> …and kind of wondered whether I was stepping outside of my scope, and you know, those kinds of questions would, would come up, and at the same time, I think it's so important within psychology, I just think its such an important piece of people's mental and physical wellbeing, it feels too big a piece to omit really

As will be discussed shortly, the participants grew in their confidence in exploring this. This suggests their own connection to it or their own belief in its importance to clients overrode the potential professional threat. The focus on boundaries also highlighted the participants strong sense of integrity, their honouring of the role they have as psychologists and the responsibility they hold in this role, as seen with *Sarah* who stated, "I'm aware that I'm wearing the hat of a psychologist and there's certain expectations that come along with that". Participants spoke of valuing this more integrative approach yet also being clear that it was not the main focus of their work, as noted by *Claire,* "it's not our main business, it's not our core business". They shared the need to ensure that their clinical skills were honed while understanding that while it may be important to them, they

needed to recognise when it was appropriate to raise or bring into the clinical setting, “if somebody turns up and they’re agitated, not sleeping, have constant ruminations. I’m not going to say to them, have you prayed to Jesus recently?” *(Jack)*. This is where it becomes clear there is a need for balance in the approach they take with each client, regardless of their own beliefs. Whether they feel a more spiritual or embodied practice may fit, meeting the client where they are in their current experience and beliefs is paramount to them.

Many spoke of the challenges around boundaries, while still present and front of mind, as more of a concern for them earlier on in their careers. Even with this apprehension, there appeared to be a level of trust and comfort that developed for participants throughout the course of their careers as it pertained to managing this boundary, as noted by *Allison:*

> So I think that was, that was a, it’s a it’s a learning, trusting process of time and until I guess I believed more that what I was doing was more effect, was really helping my clients, than being scared of what I was doing and is it the right thing to do

This progression for many of the participants seems to align to the earlier theme and discussion centred around their own evolving spiritual beliefs and practices, as well as their growing confidence as psychologists. As their own spiritual connection and understanding grew, so too did their comfort in bringing these into the therapeutic space, “you know, the more it sort of really aligns with me, and it’s taken a long time, I think, to find the therapy models and styles that really resonated with me” *(Sarah)*.

One participant shared an interesting perspective on the balancing of boundaries. This was in relation to the approach you take with a client whether it is from more of a spiritual lens versus psychological, recognising when their own beliefs could influence the approach. *Jess* stated, “Yeah and learning how to hold, put your spiritual views or biases to the side as well and yeah to kind of hold space for them both in a way”. They go on to share that the very conscious act of balancing spiritual and psychological views is more present early on while learning the skill of psychology and can feel more challenging, yet as time goes on this integration becomes more seamless.

As highlighted in Theme 1, for some of the participants, the development of validated and respected psychological frameworks gave them the structure and professional integrity by which to begin the introduction of spirituality into their clinical practice. This also influenced their experience of boundaries and the apprehension already mentioned. “So, to me its validating and reassuring that I’ve got a framework [iRest] because I think you’ll always need a framework or we’re stumbling” *(Allison)*. The introduction of psychological frameworks such as ACT, MBSR, MBCT and mindfulness through interventions such as DBT, provided the participants with validated approaches by which to open up discussions around spirituality, “One of the domains that you go through with people when you’re looking at their values, there is spirituality and talking and that involves saying what that means to people” *(Ruby)*. The desire for clear frameworks was also present for a participant who specifically raised the importance of only engaging in therapies that they have been trained in, regardless of their own personal exploration, “I’ve been to see all kinds of different healers in my own personal journey, but I’m not going to bring in practices that I’m not trained in or not, you know, not, not qualified to offer” *(Sarah)*. This again demonstrates the high level of professional integrity that is shown to be critical for the participants, while balancing their boundaries and incorporating new areas within the psychology profession.

Within the context of spirituality integration in clinical practice, four participants described instances where the presence of their own spiritual identification either created a point of connection or made the need for boundaries even more necessary. For two, it centred around when their spiritual beliefs were shared by clients and that this created a nervousness about whether to incorporate aspects from their spiritual beliefs into the therapy. This was illustrated by *Claire:*

> If I has a Christian client, there’s some text that go beautifully with that, like, you know, I came that you might have life and have it abundantly, you know, about living a bigger life, isn’t it? But because I’m careful not to go out on the job lines, it’s almost been easier to incorporate some of the Buddhist stuff, because it isn’t my faith base, because I haven’t felt so anxious about boundary crossing with that interestingly

In this there is a sentiment around not sharing too many of your own beliefs or too much of your own self in the process of therapy. For me, this raises the question of a therapeutic relationship. How can this exist if both parties are not somewhat invested and giving of themselves? The other participant shared a story where, only when she had retired, was she able to truly support a previous client who had terminal cancer in a way that felt meaningful to them both, *Ruby states:*

> …she wasn't terminal until I had retired which was very fortuitous really, we negotiated and I saw her, you know, every other day in her last couple of week of life, um it was a very meaningful experience for me, it was really good to do that, it was different from how it had been when she had actually been a client

Ruby goes on to share that she had shared books with her client (post retirement) that *Ruby* had found helpful herself and her client has assumed this was what she provided to all clients. While *Stephanie* shared some of this sentiment and the need to manage those boundaries, contrastingly, she shared the positive impact that openly communicating shared faith can have within the therapeutic relationship, "…when I'm Christian and they're Christian, when we share the same worldview, share the same faith, like there is this stronger therapeutic relationship, yeah, so which definitely helps". However, she does recognise that this openness may not be appropriate for all clients.

Jess shared the tension she experiences in desiring to connect with clients as a human and not just a "blank slate" while being mindful of the potential vulnerability of clients overidentifying and fixating on their psychologists' ideas and beliefs:

> I have one client whose trouble is sitting on that kind of borderline edge of the spectrum and he's very preoccupied with me and my life and my values and my beliefs and so I'm very aware, I have to be careful with him, because I'm trying to help him build his own sense of self, you know, not just kinda get into things that I'm into you know, if that make sense or be influenced by that

These experiences highlight the ongoing need for psychologists to consider how they engage in a therapeutic relationship and the boundaries they navigate, yet it also still demonstrates a hesitation of sharing elements of themselves in their practice, in some instances to protect clients, in others it appears to protect themselves.

Finally, it is worth noting that two participants shared that having a supervisor who was experienced in the integration of spirituality supported them in how they navigated any questions of boundary or scope, as noted by *Sarah:*

> I'm lucky that I have a supervisor who's also very spiritually orientated [sic] and he has helped me a lot in you know, figuring out how to integrate the two, you know, if I've been struggling with something, I've been struggling with that question of like, is this okay? And then under the umbrella of psychology, is what I'm doing ok, he's really helped me to kind of find a way to formulate it that, that makes sense

Subtheme Two: Language

This sub-theme, while maybe not as large as others, felt important to discuss. It was also divergent. Language was mentioned by all seven participants and in most instances what they shared was different, or at least from a different perspective around language. Language came up for two participants when discussing how they may bring in therapeutic activities or discussion that is either incorporating spiritual beliefs or may feel more 'spiritual' in nature. What they discussed was the importance of connecting to the language that their clients used to describe the experience of the activity. For *Sarah*, this was about understanding their clients' spiritual beliefs, traditions and stories and then utilising this within the therapeutic space, she notes:

> If somebody has a tradition or religion or spiritual tradition that they come from, then I will try and draw on what's already there. So, I will ask them you know about the beliefs within their tradition and how, you know, what are the teachings…so you know, sometimes accessing the specific stories or metaphors that resonate for them is really useful

Allison noticed the language clients use in an activity like a body scan, "…then they'll talk back to me in their language and I'll just keep using that language, kind of like that reflect..reflecting the language back". For both participants there was a shared desire for a sense of resonance with clients, suggesting the importance of the power of language in a therapeutic space for understanding. Interestingly, *Allison* appeared to be informed by a feeling of ensuring she did not alienate certain clients by using language that she felt could be off putting. She notes this when she shared, "I'd call it like a, like a yielding, grounding practice, but I would never say that to them [middle aged men] in those words". This appears to demonstrate her use of code switching to manage a perceived tension between the language that she would use herself versus what she feels would resonate with some clients. This highlights the potential barrier language can create in a therapeutic intervention. A third participant shared the sentiment however, that they felt that spiritual language has become more acceptable, as noted by *Claire*, "I'm just interested in the intersect, which in a way I think has got, in more recent times language in a way, that's kind of if you like, more acceptable". Perhaps demonstrating the ever-evolving nature of psychology and adaptations which have been made over time.

This concept of a shared understanding through language was discussed by another two participants in the context of working with clients with whom they share the same beliefs. These participants felt that coming from the same faith or belief system at times allowed for a greater understanding of their clients' experience. This can be exemplified by *Stephanie* who stated that, "…some people as I've said before don't really need anything else [beyond mentioning their beliefs initially in an early session] or just to even mention I guess certain things and I already know because we share that worldview, what they are talking about". For *Claire*, this went beyond the idea of just a mutual understanding of beliefs and ideas and into how some faith-based language can be perceived in a clinical setting. She spoke of this shared language enabling her to better understand some clients' experience when she states:

> …there's a whole language around church that I understand and a whole lot of ideas that I would understand. So, you know, you might if you didn't have any association with that, you might think some people might be being a bit paranoid or delusional with some of the comment, you know, that I understand where they come from

This suggests that some spiritual language, beliefs, and ideas can be deemed pathological within the psychology discipline. This will be further explored in the next sub-theme.

Another participant felt that caution was necessary when discussing spiritual topics with clients who had differing spiritual beliefs to themselves. As *Ruby* describes, a tension existed between using language that was resonant with both the client but also herself and a sense of not wanting to offend the client. This is shown here:

> The challenge when my views were different, in trying to, um, trying to use language which, which I was comfortable with but that would be ok for her as well…making sure it can't be misinterpreted or taken offense at…I was very careful to not want to, um, let her be too aware of my um, of the reality of where I was at, so I could talk about it as if I was in her world and use language that was compatible with that but was still acceptable to me, I didn't want to be devious, so a fine line there

Language appears to be an important aspect of communicating and connecting on spiritual topics within a clinical setting but is not without challenges. This mindful approach to language was also explored by two participants who found it a challenge to merge or code switch the language of spirituality within psychological practice and discussion. For *Jack*, this was described as a lack of available language within a clinical context to describe the experience some clients were sharing in therapy. He notes:

> What was Jesus saying and he has difficulty explaining to me about that and I was okay with it because what I was aware of, is that something very powerful had been going on, now I can't explain that in clinical language necessarily but what I know is that it had a very powerful effect on my client

In this, it's clear a meaningful experience took place that was positive for the client, yet *Jack* was unable to discuss it within any psychological terminology. This was further explored by *Jess* who described the experience of learning a whole new language through the study of psychology yet already having operated with spiritual language and the challenge of working to combine those. She shares:

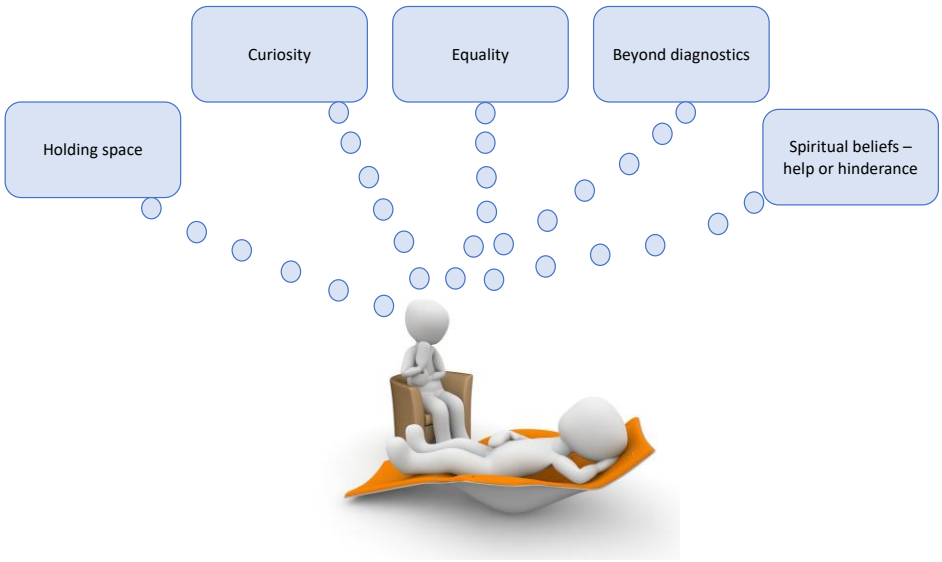
> …where you're learning language or psychology but you've already got this, your own spiritual language, you've been, you know, speaking for 20 odd years. So, I remember as I first came into my training and practicing as a psychologist, that's how to, how to integrate those two languages something, you know, how not to just fall back on your spiritual language because you're not quite eloquent in your psychology language

From this experience of language, it appears that the participants have had to navigate this alone, through trial and error or relying on their own understanding of their clients' beliefs. It could be that as all participants indicate their own sense of spirituality, their own traditions and practices allow them to explore and interpret their clients experience more easily. However, it does highlight a potential need for more exploration into psycho-spiritual language that allows psychologists to incorporate this area into their practice where necessary, or at the very least a need for a stronger educational focus on spirituality in general.

Subtheme Three: Their role as a psychologist

The final subtheme from theme 2 centred around how the participants viewed their role as a psychologist in their clinical practice. There was no specific question posed to the participants about this so I can only speak to what came through in the data. Whether some of these aspects are how they see their role regardless of spirituality being present is unclear. While this was a sub-theme, it contained a lot of insightful data, the overview of which is captured in figure 2.

Figure 3. *Overview Of Theme Two, Sub-Theme Three, Their Role As A Psychologist*



Six participants spoke about their role in cultivating a space that was welcoming of clients' spiritual beliefs and traditions. Three shared that they actively sought information pertaining to spiritual beliefs as part of an assessment process, so they had an understanding prior to formal therapy beginning. This was noted by *Jess* who shared, "So I guess I introduced that in my assessment phase, I invite it in". It seemed important to these participants to ensure that clients understood this aspect of their experience would be welcomed into the discussion. *Stephanie* shared that this also came from a perception of religion, in her case, Christianity not being in favour and that potentially causing uncertainty for clients in whether to share it. She notes:

> Yeah, I mean, I don't think Christianity is very popular these days, so being able to open up about that might be, definitely at least a decision-making process for them…Should I share this with this person? Would they take it well?

There appeared to be a desire to put clients at ease in this regard and enable them to share this area of their life if they desire to. This suggests at minimum an educated perception by participants that this facet of clients' lives is often not explored and understood within psychological clinical practice. They also described intentionally creating non-judgemental environments where

clients could feel safe to explore this aspect of their experience, if present. This can be seen with *Stephanie* who stated, "So I think it's really important to, I guess, create that space where they can bring whatever they want". The participants also spoke of qualities or traits of their practice that also served this purpose, *Jack* discusses this using the technique of a 'naïve inquirer', he states, "I might say to them, something like, look I don't doubt your experience, I'm curious…and in other words what you're doing is you're saying to them, I don't know very much about this but I'm interested in learning". Curiosity as an approach was shared by another participant, *Jess*, who stated, "I think the main framework I have is just openness and curiosity and really just a desire to make space for people". For the participants, the use of traits like curiosity appears to be a therapeutically developed skill to enable the full exploration of a client's experience.

Further to this creation of, what we will call, safe space, three participants go on to discuss how this cultivated environment allows clients to explore their spirituality or associated beliefs. This is illustrated by *Sarah* who stated:

> But I think when we can create the right conditions, that, that knowledge comes forward, that we don't need to suggest it to our clients, we don't need to implant those idea or beliefs, I think it's just about uncovering them

Here they describe the therapeutic environment and themselves (psychologists) as the holders of that space which allows clients to feel able to identify and understand this aspect of themselves more, as noted by *Jess,* "I guess helping them like, creating a space that can support their own connection to their spirituality". The participants articulated their role as creating an environment that allows clients to explore themselves and their experience fully, allowing for a better understanding for both psychologist and client.

This flows into the next element where four participants spoke about the power dynamic they seek to create within their therapeutic relationships. As described above, for some participants, their role appeared to be more passive in relation to the exploration of spirituality within a clinical setting. However, it was acknowledged in the discussion that a power dynamic naturally exists

between a psychologist and a client. There is an unspoken understanding of this positional power held by the participants in their role as psychologists, however these participants spoke of working to dissolve this imbalance. This was expressed in two distinct ways. Two participants described this relationally and how they view their role within the therapeutic relationship being at odds with the generally held position of holding power. This can be seen with *Allison* who stated, "…is that sharing of power, I think, because I am giving people tools that they can use, so there's again, that relationship is actually kind of more equal rather than actually this thing was, I'm going to fix you". *Jess* discusses it in the context of her own spiritual beliefs in Buddhism where she notes:

> I think the main thing is I guess my Buddhist practice, like there's a very kind of humanistic values base to it…there's we're all, we're all equal human beings and there's a sense of like, equality and respect and I think that's one of the core things, the foundations in terms of when I'm thinking about integrating spirituality in my practice, that I am, I am just a human being too, and we are just like two human beings meeting

Equality was mentioned by both participants. There appeared to be a feeling of viewing the relationship with a sense of balance, that there is not one more powerful or important person in the relationship. This is not to negate the extensive expertise the participants all bring to their practice and which they have highlighted previously as critical but to demonstrate this expertise does not always need to bring with it positional power. Interestingly, expertise was raised by the other two participants in relation to this idea of power and their role within the therapeutic relationship. For these participants, they state that within their role, they do not seek to hold the role of 'expert'. They describe this in relation to a potential expectation of knowing how to navigate every situation with clients, as noted by *Jack,* who stated "…that means that I don't always have to have the answer". This concept of the role of expert suggests the potential of a perception and even pressure some psychologists may at times feel in their careers, that their role is to hold all the answers for their clients. It seems those participants who take a spiritually integrated approach seem more

comfortable with this not being the case. Whether this is approach is unique to those who integrate spirituality into their clinical practice is unclear.

Within this theme, five participants described the approach often taken within a mental health or psychological setting, where the focus is on problems. They highlight that this problem focused model that looks to identify and 'fix' problematic situations, thoughts and behaviours present for clients is not always conducive to successful treatment or therapy for their clients. The participants described their role as one to look beyond this traditional problem focused model to one that sought to build the resilience and mental health of clients, through the integration of spiritual traditions and practices. This is illustrated by *Sarah* who stated:

> I think those practices can really support, you know, can really be a scaffolding for our mental health, can really be important to draw on and kind of giving us a place to go and, and, and a way to engage with distress other than just, you know, there's something in me that I'm struggling with that I need to fix in myself, it's just a different way of approaching your struggles I think

Beyond the conceptualisation of problem focused psychology, the participants also discussed when this goes a step further into pathologizing of clients' thoughts, feelings and behaviours. Here three participants talked about the need to look beyond a purely diagnostic framework and symptoms to better understand what was present for their clients. This was clearly discussed within the frame of integrating spirituality into practice and how clients' beliefs can be perceived as indications of serious mental distress. This was noted by *Jack*, who described a story following the Christchurch earthquakes, where he was a volunteer to support those impacted. He talks of meeting a young man who presented as one of the "most distressed, disturbed" people he had met in a clinical context. The client disclosed to him an extensive mental health history, including psychiatric hospital admissions. Instead of taking the approach of pathologizing this client's behaviour, he tried to see beyond it, recognising a highly intelligent person who needed some help. He asked this client, "What's your biggest problem right now", to which the client advised that he

had lost his computer, which was his only means of communication and connection in the world. *Jack* sought to support him and arrange for him to receive a new computer. A few weeks after receiving his new computer, the client came back and presented as "quite a different person". He remained in contact with *Jack* for a period of time and went on to successfully develop computer software. This story highlights the impact that can be made when a psychologist looks to see beyond the diagnostic criteria and presentation and seeks to build rapport and address the needs of the client in that moment. Had *Jack* taken a purely diagnostic approach, the outcome would likely have been very different. This is not to say that additional therapeutic supports are not warranted or that presentations should be ignored but perhaps to broaden the perspective from which they are applied and engaging the person as opposed to the diagnostic indicators.

Conversely four participants also acknowledged their role to identify when spiritual beliefs or influences have a negative impact on a clients' mental wellbeing and presentation. Of these participants, two stressed the need to see beyond a problem, to look past a diagnostic based approach and to demonstrate the flexibility required from psychologists when traversing certain topics. The participants discussed the need to be able to recognise when a client's spiritual beliefs were a hindrance to their mental wellbeing or even the cause of some of their distress, as noted by *Jess*:

> …I think the main difficulty is when I can, oh, well, in my opinion, I can see where those clients' spiritual beliefs are restricting their life or maybe that the way they're interpreting their spiritual beliefs are actually feeding their core, um, core beliefs, you know of that like badness

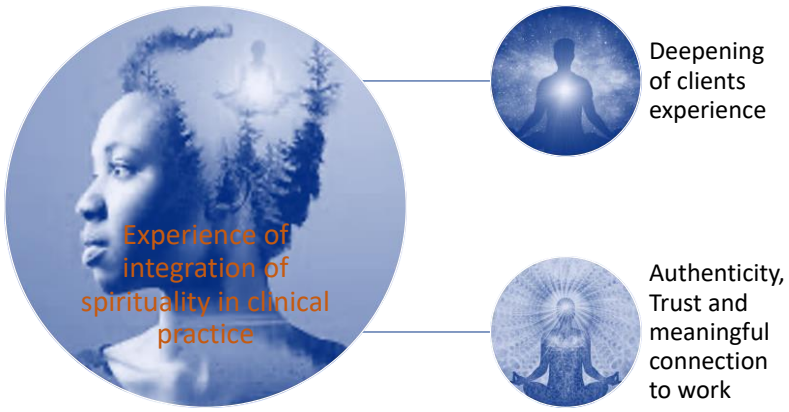
Ruby described this within the context of more traditional religious bodies, "That's certainly a challenge and from the more fire and brimstone, um, hell and purgatory regimes, that can be a real issue". For these participants, creating a space to welcome in spiritual beliefs and ideas also allowed for a better understanding of what could also be contributing to their clients' distress, meaning they were able to better address those beliefs or ideas. This highlights again the need for

psychologists to walk a line between the welcoming and exploration of spirituality within their clinical practice while also addressing concerns relating to it as it arises.

Theme two focused on the practical aspects the participants raised when integrating spirituality into clinical practice. In all three subthemes the participants stated that balance was required to navigate the areas of *boundaries, language* and *their role*. This was either from a professional perspective, using terms and references to engage and not alienate, or by maintaining an open willingness to explore spirituality as well as challenge it as necessary.

Theme Three: Felt Experience

Figure 4. *Theme Three and related sub-themes*



Theme three focused on the felt experience of the participants who engage in their work as psychologists with this willingness to incorporate their client's full self. While I had anticipated that this would be one focused theme based on experience, what came through was not only the participants own felt experience of their work with spiritual integration but also their perception of their clients' experience. It felt important to separate these and discuss them individually so as not

to entangle the participants own experience from their perceptions of their clients and the therapeutic relationship.

Subtheme One: Deepening of clients' experience

Six participants spoke of the impact of taking this more integrative or broad approach in their clinical practice in relation to the therapeutic relationship between themselves and their clients. This was not entirely unexpected as there was a specific question asked of the participants in relation to any impacts on the therapeutic relationship. What was fascinating to note was that all six described this influence as having a powerful and positive impact on the relationships they build with clients. The participants shared a feeling that this created a strong relationship between themselves and their clients, as noted by *Ruby*, "…I think it can give a much, um, significant sense of therapeutic alliance, if you like, a much stronger interpersonal connection". This was explored in more detail by *Jess* who described a sense of a fated connection to her clients, a feeling she notes, is often reflected back by her clients:

> So like I really believe that every single client that comes to see me, we've been meant to, like they are meant to come to me, I'm meant to be working with them…there's been quite a few conversations that have also come from them in terms of that

In this illustration, *Jess* is alluding to a belief of a metaphysical connection between people which stands outside the structure of empirical psychology. She goes on to share that she sees this felt sense of intended connection as a positive contributor to the relationship, "you know, I think they actually begin to feel that actually, this is, this is, you know, it's not just a job, this is actually a meaningful relationship". This sense of a deeply connected relationship was also echoed by other participants, who describe this strong connection in terms of depth, that this way of engaging with clients allows for a more deep and intimate relationship. This is illustrated by *Sarah* who shares, "I think potentially it can deepen it and it just offers some, some really intimate areas of exploration". As will be explored shortly, this intimacy and depth may allow clients to have a more significant and impactful experience.

Two participants also shared this sentiment of a deepening of the connection between psychologist and client, however, they spoke specifically about the positive impact that can be felt when there is a shared faith or understanding between the two parties. For *Claire*, this was expressed from the perspective of having a common understanding of a faith, "it's an, if you're in the same faith system, it kind of enhances that, because there's a whole lot of stuff you just know, both of you just know". Here it seemed there was the idea of unspoken understanding, a connection built on an existing set of beliefs that allowed for some things to not require explanation or interpretation. *Stephanie* not only identified her feeling that spirituality within a clinical setting was positive in general, but she went on to state that a shared faith creates and even stronger connection:

> …I can see it being super beneficial to the therapeutic relationship and like, again, another deeper level of them, level of depth of that bond, because it's not just a, it's not just the surface level bond, like if for example if that person's Christian and I'm Christian, well we're family, we're brothers and sisters in Christ, there is a very strong bond there

This connection in faith is clearly described and felt powerfully among some participants and is resonant with others who shared similar sentiments without necessarily having the common faith base. This exploration into this dimension of a client's experience appears to allow for more exploratory and intimate clinical discussion.

Three participants went on to talk about how having this additional focus in their practice allowed for clients to experience post traumatic growth. In this, they described the using of ideas and practices, or their clients' spiritual beliefs to enable clients to see their presenting challenges as a way to further their spiritual connection or grow from their current circumstances in a more resilient and powerful way. *Jack* discussed this within the framework of a clinical understanding as noted, "And it is in crisis that people can shift into a spiritual experience, which may also, of course be very unsettling for them but if they find a way through that spiritual experience, then they're going to, this will be post traumatic growth rather than post traumatic distress". Conversely, *Claire*

describes this through a more artistic metaphor, using the Japanese art of kintsugi as a way of demonstrating this with a client, “Yeah, you’re a broken vessel but you’ve been mended with gold and that set up the idea that, you know, kind of like adverse experiences cannot not only, can result in something more than simple recovery, they can, it’s that kind of idea of resilience and, you know, kind of traumatic recovery being something bigger and better for someone”. *Jess* outlined how comforted she was knowing her client’s spiritual beliefs when faced with supporting her through another significant loss. She states, “And I remember that point like, and knew that she had some spiritual beliefs, because seeing her previously and honestly, at that point, I was so grateful that we could have this spiritual framework to work within”. She goes on to share:

> And her spirituality really helped her through that time, and she actually ended up, she ended up going onto be a counsellor and she went into training to be a counsellor because she realised, she’d had these profound experiences and actually because of that, she could sit with other people’s grief and darkness and became her spiritual path

Having this additional area to view a client’s experience through, which was only possible through the earlier discussion and openness to explore outside the bounds of traditional intervention, enabled these participants to support clients to see their therapy journey as one for not only resolution of distress but positive growth.

Six participants openly shared the significant impact the inclusion of spirituality in their practice had had on their clients. This is obviously a perceived impact, yet there were common views on how this had contributed to their clients’ experience. Th participants share that the spiritual aspects of their work allowed for deeper, more existential questions and broader thinking to occur in their therapy with clients, as noted by *Claire*:

> …so if you can be doing something that looks at those kind of bigger ideas and like who am I and what is my value and those kinds of things, then you’re, it’s just more successful in getting, I think, more profound change in people as well

These ideas of effectiveness but also depth for clients were illustrated by *Stephanie*:

> …just being able to explore it, name it in the room and, and you can see them kind of unlocking things and, and then feeling, you know, a whole lot lighter and more at peace afterwards…I think people feel really know and I think that's one of the core needs that we have as humans, like, we want to be known and loved, and, and we, I guess, probably can't feel loved if we're not fully known…but it's that added level of trust, I just think it also, it's deeper work…and it seems to really make deep changes. Yeah like, it's hard to described, yeah I mean, like, if cognitive is on a like, we think in a five part mode, you know, body, behaviour, feelings, thoughts, situations, like, the thoughts are like the deeper part, but if feels like it's a whole new level of depth, when we, when we talk about, yeah, that person's spirituality or religion

For *Ruby* a significant component of her experience had been in cancer and pain treatment service. What she notes is that the inclusion and exploration of spirituality for clients allowed the navigation of these challenges to occur more effectively, she shares:

> Um, that business for people of working through, um, whatever crisis or transitions bought them to you and obviously in the pain service it was obviously it was the life disruption that was having a pain condition and cancer similarly, just, enabling them to make those, make that journey, make that traverse more satisfactorily, yeah and sometimes, people haven't thought about things for a long time but the, the life interruptions…was making them think about stuff in a broader way

This depth of exploration and discovery appears to allow clients to gain a better and broader understanding of themselves and of their presenting experiences in an empowered and connected way with their psychologist. The participants articulated the view that this leads to better and more significant outcomes in therapy than potentially just following standard psychological interventions. It is also clear from their passionate descriptions that the participants truly believe this work to be important and impactful for their clients, as noted by *Allison*, "I think it's enriching to me, it's enriching to my clients, it's enriching to the world".

Subtheme Theme: Authenticity, trust and meaningful connection to work

This subtheme is focused on the participants' sharing their personal experience of integrating spirituality into their practice and the influence it has had on their connection to work and for themselves personally.

All seven participants shared their felt experience of this more integrative practice. They all described very positive and significant impacts of fulfilling their roles from this perspective and often used emotive language which was highly descriptive. *Jack* shares a time with a client who was open to trying a different approach and while sitting with this client in silence shares, "is that it felt very sacred, it felt expansive, the silence had a quality to it". This sentiment or feeling from working in this way was shared by other participants. *Allison* described working from this combined psycho-spiritual perspective as, "deliciously refreshing" highlighting the relief experienced when she felt more able to take this approach in her work. She goes on to state, "It's just a richness, it enlivens me I guess". This sense of feeling energised by this work was shared by *Jess,* who stated, "…being able to really meet people with that belief [Buddhahood], it's really, yeah, just feels really life giving". *Sarah* also shares, "I feel more spacious in the work, I feel more creative and I feel more passionate and more energised about my work…I just feel alive in myself in the room with clients" [when bringing in more somatic practices]. *Stephanie's* experience is one of gratitude for being able to support clients in this meaningful way. She shares, "…I feel really blessed, it's a privilege and joy to be able to help people in this space".

These participants clearly receive a lot from this more integrative approach which flows into their ongoing practice and dedication to their clients. They describe a strong feeling of presence in the room with clients and believe that this allows them to work more intimately with their clients in a way that feels aligned with their values. The participants shared a sense of trust they had in themselves and their practices, which had developed over their careers. This has given them an internal knowing of being in alignment with themselves and knowing they were supporting their clients to their best ability. This can be seen with *Allison* who stated, "I can trust myself because I'm

working in a way that feels really right for me and I can be me and you know, the relationship is more authentically me". *Jess* shares this sentiment when she states, "…it gives me a complete sense of trust in the process, it gives me a, it takes away so much of the fear and the anxiety that can come up when you're working with people". This feeling of trust in oneself while practicing psychology appears to have had a significant impact on the participants and their confidence in the way in which they chose to work with clients.

Six participants articulated a feeling of holding more meaning in their work with the presence of spirituality when welcomed or explored in their clinical practice with clients. There appeared to be a strong connection to their work as the result of this additional component in that it offered them more meaning and enjoyment in their work as psychologists. This was illustrated by *Claire* who stated:

> Just that I think it's been more rewarding and more effective…and so when something came up that looked like it worked with this and then when you used it, it turned out to work better, that's been a really good experience

This was echoed by *Stephanie*, who shared, "…I think it's deep and like more powerful and I mean, a benefit for me is, it's so satisfying, like the work is really satisfying being able to see such deep shifts". What is clear from the participants' sentiment (and previous exploration), is that they not only felt more connection to their work and gained more pleasure from it, but also felt it to be more effective which in turn may also contribute to that sense of satisfaction. *Allison* felt that this was focused on her sense of authenticity within her work, "I'm, I'm authentic, I can work authentically and I can trust my own intelligent wisdom of the body more because I'm working in a way that's authentic". This idea of authenticity was echoed by two participants when sharing how having spirituality present in their practice has allowed them to bring more of themselves into the therapeutic space. This is illustrated by *Sarah*, who shared:

> …I think that's part of what, what makes us good therapists as well, you know, bringing aspects of ourselves to the role that we're not just wearing a hat and trying to, you know,

> perform therapy, by the textbook according to somebody else's model, we're kind of bringing who we are into the room and spirituality is a big part of my lie and yoga is a big part of my life and so it comes through". She goes to share, "…so I actually enjoy work now more than, more than I ever have in the past

This sense of alignment to self appears to have created and opportunity for the participants to feel more connected to their work and, as a result, they describe more meaningful connections with clients and a feeling of more meaningful work taking place. Some participants appear to be describing the importance of their own practice within their experience and expression as a psychologist. Four participants describe this in a variety of ways. *Jess* discusses it in relation to how it provides her with a strength when navigating challenging times within the therapeutic relationship. She states:

> …but I remember believing in the Buddha nature of myself and him, really helped me to weather that storm…so quite often when I'm struggling with clients really deeply, I'm chanting about them in the morning, in the evening and that really helps my process in terms of being with them

For others it was around the recognition of the impact of the importance they place on their own spiritual beliefs or traditions and wanting to respect the beliefs and traditions of their clients, as noted by *Stephanie*:

> …because it's important to me, if it's important to the other person, I want that to be honoured or like, however they want it to be explore in the room, so if I put myself in their shoes, yeah, I would want someone to get what I'm talking about or at least respect it

Two participants discussed this in relation to the importance of having lived experience or your own spiritual practices to really bring it into the room. For both, there was an integrity in having gone through a particular experience as in 'practicing what you preach'. For example, if you are going to suggest meditation, you should have your own meditative practice. This can be seen with *Sarah* who stated:

> I think there's an element of drawing on what has supported me through difficult periods of my life and obviously, you know, I'm not assuming that clients are all going to respond in the same way to the things that I responded to but I was, feel like there's a level of authenticity when we've lived something from the inside, and you know that in some of the darkest moments of my life, when I was dealing with loss and grief, I don't know how I would have come through some of those times without having a spiritual perspective to draw from

Interestingly, as outlined in the methodology section of this report, identifying psychologists who take this integrative approach was very difficult. Only one participant indicated they explicitly state their spiritual beliefs on their profile and have said they have been contacted directly because of this. Another specifically stated that she did not include it. So, while the participants unanimously highlight the importance of their spiritual beliefs, there appears to be a hesitancy, one that may be a hangover from the ideas shared in the *boundaries* subtheme. *Claire* made a striking comment that feels worthy of sharing and will be discussed further in the discussion:

> Well, I think if we just in the teaching of psychologists with, we followed, Mason Durie's, you know, Te Whare Tapa Wha, if we're going to do that we are introducing the idea that this is something that's important about human life that you shouldn't ignore…we're trying to ignore it, pretend it's not there, or that it isn't important and unless it kind of hits you in the face because of some other kind of belief system or conduct of the individual you're working with. We're probably learning some of that in relation to dealing with Māori clients. In fact, there's an interesting sort of reverse racism about that and a funny little way, is that everyone's happy to chant off karakia at things they are at but if you tried to introduce a grace there would be hell to pay, which, what is the grace? You know, it's, its giving thanks, it's no different

What *Claire* highlights is the tension that can exist between culture and spirituality/religion. The inclusive practice of Tikanga Māori practices such as karakia appear to be focused on promoting Te Ao Māori as well as bringing the oral traditions back into mainstream Aotearoa, New Zealand. So,

is it about acknowledging and honouring the Māori culture or spirituality or can they not be separated? Perhaps the link between 'grace' and a karakia is simply the closest translation available in the English language. What it demonstrates is the need to really consider when we are talking about culture and when we are talking about spirituality as they are not always one and the same.

The experience of integrating spirituality into practice for both psychologists and clients appears to be almost entirely positive. The participants shared experiences of expansion, joy, satisfaction, gratitude, alignment and deep trust, enabling them to work deeply with their clients. They shared the experiences they witnessed of their clients finding connection, meaning and effective relief from this more integrative approach.

The findings of this research demonstrate the influence of the prevailing perceptions of what was previously deemed acceptable within psychology until more recent times. It suggests as well that these perceptions are changing, in line with the growth of research outside of traditional psychological interventions and the development of third wave approaches that seek to use practices from Eastern traditions, such as meditation. There was a prevailing sense of finding a balance between ethical boundaries and respecting the beliefs of the client, as well as using language that was palatable for them. This also flowed into their experience and understanding of their role as a psychologist and ensuring they respect the competency under which they operate, yet not allowing rigidity to limit the support of their clients. There was also a tension between the participants respecting the spiritual beliefs of their clients yet needing to use clinical judgement as to when these beliefs may be contributing to their client's mental distress. There was also a sense that these opposing factors needed to be treated carefully. Through all of this, however, the participants shared a joyous response to working in this more authentic way, which aligned to their own beliefs that spirituality was a critical aspect of clients lived experience. They shared the feeling that this allowed them to connect more deeply to clients but also to themselves, which in turn created a greater sense of enjoyment and expansion in their work.

Discussion (Cycle Four and Five)

As explored in the methodology, this fourth cycle is the return arc of the hermeneutical process in which the intuitive and reflective process moves from an inward focus as seen in Cycle two, to one that looks outside of oneself and incorporates the experiences of the participants into the researchers own understanding of the research topic (Anderson, 2019; Anderson & Braud, 2011). This process allows for the researcher to deeply reflect on how the data and analysis has influenced and transformed their understanding of the research topic (Anderson, 2019). It is in this cycle that the phenomena of auspicious bewilderment, developed alongside the creation of the intuitive inquiry method, is often present (Anderson & Braud, 2011). Auspicious bewilderment is a term used to describe the experience the researcher has through this method of being caught off guard by insights and understandings about the research topic which they did not expect (Anderson, 2019; Anderson & Braud, 2011). This was very much my experience, particularly with one preliminary lens. This section will go through my preliminary lenses and outline how these have evolved, diminished, or dissolved through the course of the research. I will then share any new lenses that I have developed from my own research and findings.

Revisited Preliminary Lenses

I will begin with the preliminary lens that transformed the most for me and has left me with unanswered questions. The reader should note that this is out of sequence with how they were outlined in cycle two.

Exploring spirituality is not given any credence through psychological training programmes

This lens has transformed the most for me and is filled with tension. It also leaves me with questions for which I do not have answers. The findings of my research have indeed supported my initial position, that spirituality was not a feature of training and if anything was overtly overlooked. The participants expressed the desire for it to be included in training moving forward to allow further exploration and understanding of this aspect of clients' experience. On reflection it seems clear to me that this lens should have been extended and clearly stated and that I came in with the

perspective that spirituality should be included in psychological training programmes. While I could have gone back in writing this thesis and updated it, I wanted to honour the realisations that I have only now had after going through the data analysis process and I wanted to remain transparent about this process. Plus, even with the extension of the initial lens, this idea has evolved for me and grown in complexity. I do still believe spirituality and associated beliefs have a place in psychology, if only for the clients for whom they are relevant and so, by default, the psychologists who are tasked with supporting these clients. This is in line with the non-discrimination sections of the Code of Ethics (New Zealand Psychologists Board, 2002). However, this research has made me question whether the incorporation of spirituality into training programmes is the answer and, in fact, how this would be achieved. The experiences shared by the participants have given rise to the question, can you integrate that which is not already part of your own understanding and experience? I now feel that to integrate spirituality authentically and meaningfully into psychological practice, you must have your own spiritual base from which to start, otherwise it risks feeling tokenistic and disingenuous. I also wonder if the depths and impact described by the participants would be true if this was not present. I do think psychological training programmes could create more space for spirituality and welcome it into the practice of psychology. This could allow discussions as to how this may present and how one might safely incorporate this into their practice. I feel this would be beneficial for those who hold their own spiritual beliefs and seek to do this but also for those who do not, so they can become skilled at respectfully navigating this with clients and be aware of any potential biases they may have. As outlined by the participants, I agree that Aotearoa, New Zealand is beautifully placed to use the Te Whare Tapa Wha model to support this process in training programmes. But I believe it needs to go beyond the mere mention of wairua, into an understanding of what this means for people and both the positive and negative impacts it can have. I do wonder if this lack of discussion and training could create situations of reduced safety and even potential harm for clients.

Spirituality is deeply personal and difficult to define

This lens still holds true for me. I intentionally left the interpretation of the word 'spiritual' open to all the participants so as not to exclude anyone by using language that did not resonate. As a result, the term spirituality was not explored specifically in this research. However, it was clear that the participants had their own understanding of what spirituality meant to them and connected with the word or their understanding of it, regardless of that spiritual identification. The participants who came from the same religious institution did not necessarily talk about it in the same way. This further cemented my assertion that the meaning is highly personal and not straightforward to define. What has changed for me is that I am unclear if it is necessary to define spirituality. While I did not enter this research trying to do so, it was clear in the literature that the idea of it being challenging to define was cause for concern within the realm of research. I do believe we can further explore the integration of spirituality within psychology without the need to provide an operational definition to order to provide validity to the findings shared by the participants.

Spirituality is religion and religion is spirituality

This lens still feels true for me to a certain extent; however, I did not explore this in depth with the participants so there is room for a deeper understanding of this. I suspect this would again be down to a personal interpretation as I understand both words can hold connotations that are not always welcomed by all spiritual groups. In the literature, it was discussed that spirituality was in fact a macro concept and religion a micro within this larger construct (Cashwell & Young, 2011; Vieten et al., 2013). This still resonates for me, as I believe the term spirituality is more inclusive and that some participants may not have engaged had it been replaced with religion. I will say that while religion can differ to other spiritual traditions through its cultural positions and influence, what I saw in the research were similarities, not differences. There were fundamental values and approaches that all the participants expressed, regardless of their own spiritual identification. There was also a clear willingness to look beyond the construct of their own spiritual or religious teachings and

traditions to expand their own understanding and experience and provide the best care for their clients.

The psychological discipline was built on a scientific approach that appears to automatically exclude spirituality, yet its earliest work began within spiritual traditions

The findings of my research confirm this lens for me. The participants shared feelings that spirituality had been excluded from training and even a sense of psychology having an overt, negative perception of spirituality. For me this goes together with the challenges outlined in the literature around definition. The scientific approach is heavily focused on objective truth, where consistent operational definitions are paramount for valid and reliable findings. Where this lens has changed for me is around what I've seen has been the impact of the inclusion of spirituality into clinical practice. The position taken by Western psychology concerning spirituality seems to have led to a hesitation by some participants to overtly state that they welcome spirituality into their sessions with clients or to say that it is in fact, a part of who they are. Many of the participants spoke of this hesitation and it was only through experience and confidence that they have felt more able to integrate this into their work. However, this has not always translated into an overt mention of spirituality on their bio's. This leads me to the question: how does a potential client who is looking for such an offering know who to go to?

Post research – new lenses

Through my research, two new lenses have come through that I had not considered prior to commencing. I will now explore those here and they will be reviewed within the literature, along with the expanded preliminary lenses within cycle five.

Integrating spirituality within psychological practice is profound and effective for both psychologist and client alike

I am surprised to say this, as the reason I chose this topic was because I one day hope to practice in this very way, but I had not really stopped to consider the significant impact it can have. While the research has highlighted that even just the acknowledgement of spiritual beliefs led to a

positive impact on treatment, not to mention how the psychologists were viewed, I did not anticipate hearing such positive client impacts as part of this research. Beyond that, I had not stopped to consider the profound impact it could have on the psychologists as well as one participant articulated. I have found great learning, growth and support in my own spiritual beliefs and learning and as such I believe it to offer a richness that would benefit others. It has been encouraging and exciting to develop this new lens and it has created a deeper personal conviction that there is space to intertwine both psychology and spiritual traditions and that this is how I wish to engage with clients in my career. This lens is important for me as I reflect that when I went into this process, I initially approached it as an objective piece of work, not necessarily something that could provide such reassurance and expansion of understanding. It is exciting to be able to share the very personal impact it has had on me.

This approach is a balancing act, walking a line between two worlds

What this research has shown me, is that to work in this way within the psychology discipline requires balance. This balance comes in the practical application of psychological learning and intervention when working with clients. The participants spoke of boundaries in detail, yet within this idea was the need to find balance. They spoke about the need to hold professional boundaries while also being authentic when working with clients. For some this meant disclosing aspects of themselves in a way that was not to influence or alienate but to connect. There appeared to be a sense that the sharing of oneself was not aligned with the practice of psychology, bringing up for me an image of detachment and disconnection. The idea of balance came through when considering spiritual beliefs in clinical practice and the need to avoid pathologising them as well as being able to recognise when they may be contributing to a client's distress. It has become clear to me that to work in this way requires clear boundaries, respecting the role psychologist and positional power it affords. It also provides integrity in the guidance, support and intervention one provides to clients. This seems like no easy feat when the path within psychology is not clear. However, I also now believe that the inclusion of spirituality has created very reflective and

thoughtful psychologists. Demonstrated in the participants who are willing to expand their understanding and continuously learn and grow, while closely monitoring their impact and influence on their clients.

This final hermeneutical arc has allowed me to take the time to consider how my understanding of this topic has transformed during the course of this research. When I think back to research I have done previously, this element of my own understanding and experience was absent. As I have mentioned, this is significant for me as this topic is personal in my desire to practice in this way one day. The expanded lenses demonstrate some confirmation of my initial understanding of the topic, with the participants identifying many tensions between the psychology discipline and spirituality. Confirmation was also given to the uniqueness of the concept of spirituality and the challenge and potentially unnecessary desire for a definition. This expansion also bought up a vexing consideration to the preliminary lens, which was whether this approach can be taught in training programmes and, if so, how. The new lenses present more practical detailing of this experience as well as a deeper understanding of the actual, felt experience of practicing in this way which I had not truly anticipated experiencing. These new lenses have offered a much more profound understanding of this topic and what it means to engage with clients in this expanded and open way.

Cycle Five

Cycle five is the final stage of the intuitive inquiry methodology and it is in this cycle that the researcher situates their findings and reviewed lenses of the research topic into the existing literature (Anderson & Braud, 2011). This cycle is closely aligned to a 'discussion' section found in traditional research reports. It is in this cycle that a final hermeneutic circle is placed around the entirety of the research and existing hermeneutic arcs (Anderson, 2019). This section is also a place for the researcher to be honest about the research process. Intuitive inquiry asks the researcher to consider, (a) mistakes made; (b) any plans or procedures that did not work out; (c) the intuitive style used; anything that remains unclear about the topic; (d) any misgivings the researcher holds in relation to the findings or method (Anderson & Braud, 2011). This cycle will look to draw together

the significant elements presented in the findings that have influenced my understanding of the research topic and the interpretative lenses, situating them within the existent literature. It will then reflect back on the research process, in considering those aspects specific to intuitive inquiry. Finally, it will address future implications for the research as well as highlighting limitations of this study and method used.

Spirituality definition/spirituality and religion

As outlined previously, finding a definition for spirituality was not an aim of this research and the findings did not present anything that suggested it was necessary to explore this in depth. The participants were able to use their own understanding of spirituality to answer the questions and share their experience. It did not feel critical to the exploration of their experience to attempt to define the bounds of their beliefs. Some participants shared only aspects of their spiritual beliefs, e.g. in broad statements around interconnectedness, while others simply stated their identified religious group. The way the participants spoke about their spiritual beliefs or experiences actually validated what the research states, that spirituality is of a personal understanding and nature and is interpreted uniquely by each individual (Begum, 2012; Crossley & Salter, 2005; Culliford, 2010; Hill et al., 2000). The scientific underpinning of psychology is built on the concept of observable phenomena which has often created the challenge around researching a concept like spirituality (Cunha & Scorsolini-Comin, 2021; Hill et al., 2000; Kienzler & Wachholtz, 2022). Within psychological scientific study, many aspects of human nature are not so easily observed or conceptualised. These are often unable to be observed directly, yet can be understood through their observable, multidimensional components (Miller & Thoresen, 2003). This suggests that an operational definition adhering to the rigour of a scientific approach is possible, yet the question remains if it is necessary. Could it create more challenges by creating the potential for alienating clients who do not identify with the operational definition, due to the very personal nature of such beliefs (Hill & Pargament, 2008; Miller & Thoresen, 2003)?

The participants identified with both religious and non-religious spiritual beliefs and traditions and I believe the use of the broader term 'spirituality' allowed for all to engage. While the research has demonstrated a blurring of these concepts, as if they would be interpreted in the same way (Cunha & Scorsolini-Comin, 2021; Hill et al., 2000; Kienzler & Wachholtz, 2022), this seems to ignore the history and connotation attached to religion (Miller & Thoresen, 2003), commented on by several participants. It is doubtful that the participants who did not identify with a religious group, would have seen themselves as eligible had religion been used in replace of spirituality. As such, the findings support the concept that spirituality is a larger construct into which religion sits, allowing for personal interpretation (Cashwell & Young, 2011; Lines, 2006; Miller & Thoresen, 2003; Vieten et al., 2013). This was validated in a study conducted by Zinnbauer et al. (1997), which resulted in almost half of the participants stating that there were similarities between religiousness and spirituality and over one third expressing that spirituality was the broader concept which included religion. As this is an evolving field of exploration and starting to garner more interest, it is likely these concepts and understandings will continue to evolve, yet it appears that the concept of spirituality is continuing to widen, while that of religion appears to be narrowing (Miller & Thoresen, 2003).

What was clear in the findings is that regardless of identification, there were common approaches and values that were brought into the clinical setting by all participants. These approaches may have more reference to clinical skills and education, however, all the participants had an open mind to exploring their clients' spiritual beliefs, if any, and more often than not, felt it was of critical importance. Further to this, the literature has discussed in detail the barrier created by this lack of operational definition in progressing research concerning spirituality (Cunha & Scorsolini-Comin, 2021; Hill & Pargament, 2008; Lines, 2006; Miller & Thoresen, 2003; Nino, 1997; West, 2004). As a result this impacts on the incorporation of spirituality into assessment and interventions (Begum, 2012). However, the findings of my study suggest that psychologists who choose to practice in this way, seek this information through assessment and utilise existing frameworks, for example ACT and CBT, that allow for these discussions. This is supported by

research conducted by Lee et al. (2019) in Aotearoa, New Zealand, where psychologists spoke of interweaving spirituality into these same existing interventions. It appears to be a choice to incorporate this aspect of a person's experience, rather than only the result of a lack of research and associated validated tools.

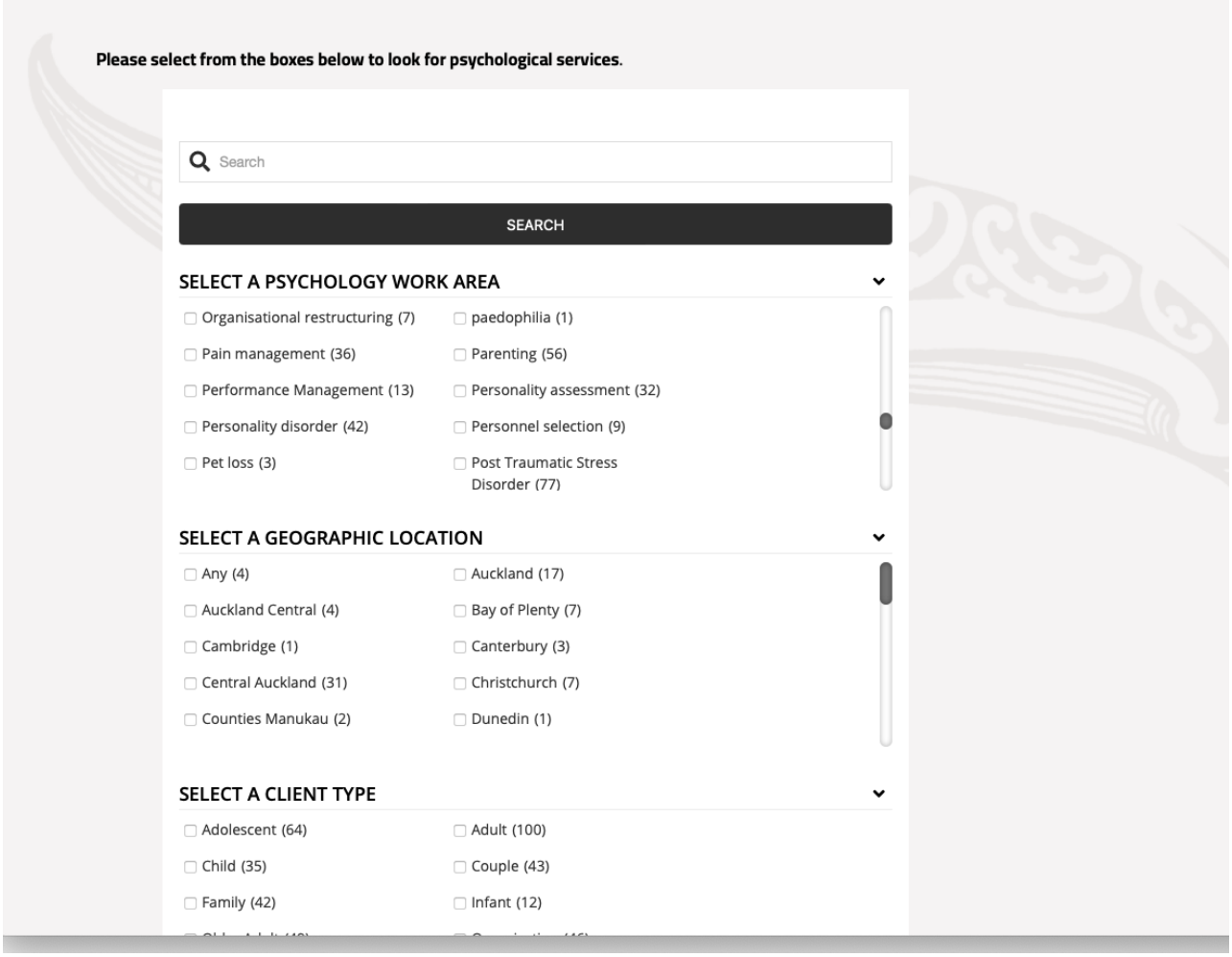
Impact of historical relationship between psychology and spirituality

As outlined in the literature review, there is a long-standing history between spirituality and psychology, one filled with tension and for the most part, exclusion (Hathaway, 2013). The impact of this tension appears to have influenced the level of engagement, or at least the disclosure of engagement, of psychologists who espouse spiritual and religious beliefs. While the collective group of mental health practitioners demonstrates consistently low levels of affiliation, psychologists continue to be the group with the lowest levels of affiliation (Begum, 2012; Cunha & Scorsolini-Comin, 2021; Hill & Pargament, 2008; Vieten & Lukoff, 2022). However, increases in spiritual and non-Christian affiliation, alongside relatively steady rates of religious identification across the US, UK, Australia and Aotearoa, New Zealand, suggests psychologists are at risk of being out of step with a growing portion of the population in the West (Australian Bureau of Statistics, 2021; *British Social Attitudes: The 35th Report*, 2018; Crossley & Salter, 2005; Gladding & Crockett, 2019; Halafoff et al., 2021; Miller & Thoresen, 2003; Oxhandler et al., 2021; Statistics New Zealand, 2019a; Vieten & Lukoff, 2022; Zhang et al., 2022). In contrast to this, all the participants had either religious or spiritual beliefs. While it could be assumed that because of the topic this should have been expected, there was no requirement for any of the participants to have their own spiritual practices or beliefs, only that they integrated this aspect into clinical practice. It is unclear whether this is simply an anomaly or whether the cultivating of one's own spiritual practice is a prerequisite for this approach to psychological practice. This last point will be discussed more thoroughly in the following section.

Where the extant research did align to the findings was in relation to the impact the removal, and at times negative positioning of spirituality has had on the training and practice of

psychology (Begum, 2012; Brown, 2016). The participants spoke of their hesitation in introducing spirituality into their practice and even shared feelings of fear that it would put their professional status at risk. This was articulated by some as directly relating to the prevailing psychological discipline operating at the time of their training, which in this case was behaviourism. The behaviourist group of psychologists have been shown to be one of the lowest spiritually affiliated psychology groups (Hutton, 1994; Khalsa & Mijares, 2005). Behaviourism, along with the majority of prevailing psychological orientations, was heavily influenced and developed under the positivist epistemologies, that had strong hold in the early 20th Century and which excluded spirituality (Brown, 2016; Miller & Thoresen, 2003; West, 2004). The influence of an objective, positivist epistemology is potentially the reason why one participant shared the view that psychology as a discipline was "anti-spiritual or religion". Interestingly, there is research that has demonstrated a decline in spiritual and religious affiliation during the course of psychological studies (Cunha & Scorsolini-Comin, 2021). However, their apprehension in introducing spirituality appeared to go beyond psychological discipline. As shared in the methodology section, identifying participants for this study was a challenge. The biggest reason for this was that only one of their professional profiles referred to 'spirituality' or 'religion'. I had to read between the lines of what they had written and cross my fingers that I had done so correctly. Given the participants willingness to share their experience once identified, I was curious as to why this was not an option available when searching for a psychologist via the New Zealand Psychological Society website. I contacted the New Zealand Psychological Society to ask how the 'psychology work areas' were defined, please refer to figure 4.

Figure 5. *New Zealand Psychology Society search criteria when seeking a psychologist (https://www.psychology.org.nz/public/find-psychologist#/cid/884/id/101).*



When I reviewed them, I noticed some were capitalised and others not. In clarifying with the Psychology Society, they advised me the work areas were made up of those created by the Psychology Society (capitalised) and those where individual psychologists had added themselves (lower case), such as 'adolescents w at risk type of behaviours'. What this suggest is that even those who do integrate spirituality and religion into their practice choose not to create this as a search function available for potential clients. The reasons behind this go beyond the scope of this research, however, combined with the findings of this study, it is possible the exclusionary way spirituality has been handled by psychology over the last century has played a part.

It does seem that the sentiment within psychology is changing. This is supported by this study alone. More broadly, there have been steps taken within the institutions of psychology recognising the significant role spirituality plays in people's lives including their psychological health. The APA, recognising spiritual and religious challenges were a natural aspect of a person's experience and should not automatically be pathologized, created the V-Code in the DSM-IV to allow for this to be accommodated and explored (Miller & Thoresen, 2003). While this seeks to acknowledge the influence a person's spirituality can have on their overall wellbeing, there has been limited exploration into the meaningful integration of spirituality into psychological interventions. The introduction of the Te Whare Tapa Wha within Aotearoa, New Zealand, recognises the foundational pillar wairua is to the overall hauora of all people (Durie, 2001). The opportunity to better leverage this model into intervention will be discussed in the following section.

Regardless of the history between psychology and spirituality, what both the findings of this study and existing research demonstrate is that spirituality is a critical component of a person's overall wellbeing. Spirituality is a way in which meaning is made of psychological distress and is a pillar of strength to draw on. Clients not only desire to include it in their psychological treatment but they also experience better outcomes as a result (Bowland et al., 2012; Captari et al., 2018; Dimmick et al., 2021; Garssen et al., 2021; Goncąlves et al., 2015; Harris et al., 2016; Oxhandler et al., 2018; Rose et al., 2001). Given that psychology is a service based offering, understanding and responding to the desires of the clients should be paramount, especially if a client-centred approach is taken. Our understanding of what can be studied, observed, felt and understood has grown exponentially since the beginnings of psychology, as demonstrated by the expansion of third wave therapies and the incorporation of Eastern practices. It is important that the institutions of psychology remain reflective and responsive to these changes and to what is effective when working with clients.

Spirituality and psychology training programmes

This was the lens for me that transformed the most and the one I least expected to change. After reading the literature that clearly demonstrated that training programmes either completely

excluded spirituality or that it was viewed in a negative context, I came in with a strong view that this was a critical area for change. The findings demonstrated the lack of exploration of spirituality within the training programmes undertaken by the participants, regardless of their scope of practice or the time of their training. The participants also shared that they felt more inclusion into training would be a beneficial addition to bring credibility and exploration to the discussion forum at a minimum and beyond into practice. The research supports this, with the lack of training highlighted as a contributing factor to the avoidance of this area in clinical practice by psychologists (Begum, 2012; Brown et al., 2013; Cunha & Scorsolini-Comin, 2021; Lee et al., 2019). I agree with this view and believe that the complete exclusion of spirituality within psychological training programmes ignores the research demonstrating the positive impact it can have on clients' treatment, as well as the recognition of the level of importance it can hold for clients (Begum, 2012; Captari et al., 2018; Dimmick et al., 2021; Vieten & Lukoff, 2022).

The exclusion of spirituality in training programmes also ignores the evidence that shows spiritual beliefs can also contribute to or be a source of psychological distress which therefore requires sensitive exploration (Plante, 2022; Vieten et al., 2016). It would seem this is now a recognised aspect of a client's lived experience that can both positively and negatively impact their lives, their willingness to attend therapy and the outcomes of that therapy.

The question then becomes how to include it into training and to what extent can this be taught. It is clear that, at minimum a psychologist should be trained in how to respectfully acknowledge and create a welcoming space for a client's spiritual beliefs to be discussed. This is in line with the New Zealand Psychological Board's Code of Ethics, concerning non-discrimination, respect and cultural safety (New Zealand Psychologists Board, 2002). It is worth noting that this document only refers to religion, so spirituality is currently not covered by the Code, though one may be safe in assuming it is captured by religion or cultural identification. However, this should be reviewed to ensure these concepts are individually identified (Vieten & Lukoff, 2022). The very fact the Code of Ethics includes religion indicates an expectation that psychologists should have some

competence in navigating this aspect of a client's life, yet there is no allocation of training to grow this competence, identifying a clear gap within the Aotearoa, New Zealand training structure (Hathaway, 2013). The inclusion of a module into psychology training programmes could alleviate the apprehension felt by psychologists in attempting to approach this topic (Begum, 2012; Brown et al., 2013; Crossley & Salter, 2005; Cunha & Scorsolini-Comin, 2021; Vieten et al., 2013). Beyond this, training should also include how to explore presenting challenges, precipitated, or perpetuated by spiritual beliefs to ensure psychologists feel competent in navigating this with clients (Plante, 2022; Vieten et al., 2016). I believe it be unrealistic to expect psychologists to have an in depth understanding about the numerous and varied spiritual beliefs that exist within the world, however, training psychologists to be able to explore these with clients, regardless of their own beliefs, seems to be a baseline of creating competence and safety within a clinical setting.

From here, the findings of the study really changed how I saw the inclusion of spirituality into psychological training programmes. Initially I would have said that all that was required was for spirituality to be included in training. However, one of the participants prompted my reflection whether you can truly embody and integrate spirituality into your practice if it is not something already personal to you. To me, it feels like such an important aspect to include in psychological treatment but now I wonder if that is due to it being an important part of my life. The research supports this as well, demonstrating that psychologists who have their own spiritual beliefs are more likely to explore this with clients in practice (Brown et al., 2013; Cunha & Scorsolini-Comin, 2021; Duggal & Sriram, 2021). Research also holds that the opposite is true with studies demonstrating that psychologists who do not hold spiritual beliefs or who hold negative perceptions around spirituality, are less likely to welcome or encourage the presence of clients beliefs and in the extreme, demonstrate a lack of empathy. This can have a direct impact on treatment (Cunha & Scorsolini-Comin, 2021; Duggal & Sriram, 2021; Hutton, 1994). What was clear in the findings of this research was how personal and connected the participants were to their work when integrating spirituality into their practice (which will be explored in the next section). It was also clear that they

all had their own spiritual beliefs and practices which both informed their own lives, the way they chose to practice and the trainings they completed. The participants shared how their own beliefs supported them through personal struggles and wanted to share that positive impact with their clients. Because I hold spiritual beliefs myself, I do not believe I can answer the question of whether you need a spiritual practice to effectively integrate spirituality into clinical practice. This would need to be further explored with psychologists who hold no spiritual beliefs yet welcome or integrate spirituality into their practice, if indeed there are any.

There is limited and sporadic research pertaining to how to train psychologists in the integration of spirituality into clinical practice for reasons already explored. As it stands, beyond cultural considerations concerning ethical conduct, there are no specific competencies developed and implemented on which training could be based (Vieten & Lukoff, 2022). While those in the medical sciences have spirituality included into training, which includes course work developed around competencies, there is still a gap in psychological training (Vieten & Lukoff, 2022). As with the Code of Ethics, the Cultural Competencies are centred around awareness, knowledge and skill as a guide of ensuring culturally safe practice (New Zealand Psychologists Board, 2011). This aligns to the competency models developed by Vieten and Lukoff (2022) and those summarised by Hathaway (2013), which sought to address the gap prevalent in the training programmes of psychologists. These competency models address; *attitudes* focusing not only receptivity from the psychologist but also the awareness of their own beliefs and biases; *knowledge,* including psychologists ability to demonstrate an understanding of the vast forms of spirituality, and the ability to identify those spiritual practices or beliefs that could be supportive or harmful and; *skills,* which included incorporating spirituality into a client assessment, staying up to date with research on spirituality in clinical practice, and the ability to recognise when an issue is outside of their scope of competence (Hathaway, 2013; Vieten & Lukoff, 2022).

There is limited research on specific interventions that integrate spirituality. A study from Australia explored the impact of 'spiritually augmented cognitive behavioural therapy' which was

developed by a multidisciplinary team, including Aboriginal elders and pastoral teams (D'Souza & Rodrigo, 2004). In another study, working with women with breast cancer, an intervention called Psycho-Spiritual Integrative Therapy (PSIT) was used. This was described as third wave CBT with mindfulness and meditation (Corwin et al., 2012). This use of third wave interventions and the incorporation of Eastern practices aligns to my findings and the practices described by the participants. While these studies provided encouraging results, there does not appear to be data as to the validity or reliability of such interventions (Corwin et al., 2012; D'Souza & Rodrigo, 2004). The APA Handbook of psychology, religion and spirituality, volume 2 (which appears to be the latest version), shares papers outlining spiritually adapted interventions including CBT and family systems (Jones et al., 2013). However again, while they discuss empirical bases, there does not appear to be interventions developed into widely used treatments (Shafranske & Cummings, 2013). Further development and evaluation of such interventions should be investigated.

From an Aotearoa, New Zealand perspective, there was an acknowledgement in the findings pertaining to the Te Whare Tapa Wha model and how this has provided credibility and created the opportunity by which to explore wairua within a psychological setting. The participants saw this as an avenue to be able to successfully bring spirituality into the psychological domain and were encouraged by its growing influence and inclusion. Papers have been written to further apply the model, developed by Mason Durie in 1982, with Pitama et al. (2007) expanding this model for the purpose of assessment within the psychological setting. Through this process additional components were included, those of *taio* (physical environment of the services) and *Iwi-Katoa* (impactful societal structures). Other research has used this model to ground thematic analysis in a study of Māori lived experience with osteoporosis (McGruer et al., 2019) and as a theoretical framework, analysing smoking behaviour (Glover, 2005). However, there is a dearth of research on the implementation of the Te Whare Tapa Wha model into psychological practice. The key areas this model focuses on, are, for the most part, already aspects captured within psychological interventions with reference to behavioural activation (tinana), cognitions (hinengaro) and family relationships and support

(whanau). Spirituality (wairua) is the only one currently under serviced by validated intervention. As this is currently a model often introduced at both undergraduate and postgraduate level within psychology, development of this model to include valid and reliable interventions across all domains would be an asset to the psychological workforce in Aotearoa, New Zealand and the clients they serve.

Psychologists experience

The findings of this study demonstrated a depth and impact for the participants which has not yet been seen in the research. As explored in the findings the participants spoke of this approach to their clinical practice as evoking a sense of deep connection, passion, authenticity, and trust in themselves. However, the research predominantly discussed more practical aspects of psychologists' experience as opposed to their felt experience, with brief mention of this approach offering more meaning and job satisfaction (Crossley & Salter, 2005; Duggal & Sriram, 2021; Lee et al., 2019). This was broken out into a separate theme in this study and will be explored further in the next section. In existing research, it is unclear if an aim for these studies was to understand their participants personal experience of integrating spirituality into their practice or if they chose not to share this or were not explicitly asked (Cunha & Scorsolini-Comin, 2021; Lee et al., 2019).

While I asked the participants a specific question about their own experience of this integrative approach, a number of them also described their own experience when asked about the benefits of this approach. I invited them to share both their own and their clients' experiences. This suggests that they are aware that practicing in this way provides a benefit for themselves as well for their clients. This aligns with the research by Duggal and Sriram (2021), and the discussion on the connection between having one's own spiritual beliefs and clinical practice. This study demonstrated that this approach to clinical practice can act as a protective factor for psychologists, protecting against vicarious trauma, providing stronger self-care practices and more therapeutic resilience (Duggal & Sriram, 2021).

It appears the key focus of research to date involves practical discussions, often with a focus on barriers, boundaries, ethical considerations, language and the impact of aligned and divergent spiritual beliefs (Begum, 2012; Brown et al., 2013; Crossley & Salter, 2005; Cunha & Scorsolini-Comin, 2021; Lee et al., 2019). More qualitative exploration into the felt experience of psychologists who practice in this integrative way could inform supportive strategies especially where burnout is an industry wide challenge (Duggal & Sriram, 2021).

Balancing of worlds

Given the negative position spirituality has held in psychology for decades and its absence from training, the challenges identified by the participants, which are well supported in the research, are understandable. There appears to be conscious decision making around practical aspects of clinical practice that psychologists use when integrating spirituality into their practice. As discussed in the findings, these centred around boundaries, language and the role the participants play in the therapeutic relationship.

All of these components of practice appear to have been influenced to some degree by the history of spirituality within psychology and the lack of training identified in earlier sections. Boundaries were discussed at length in the literature. They appear to be both protective and to be a potential barrier to exploring a client's spiritual beliefs (Brown et al., 2013; Cunha & Scorsolini-Comin, 2021). Given the lack of training provided to psychologists in this area and the potentially confusing requirement in the Code of Ethics, psychologists appear to approach this subject in practice with apprehension. They are often unclear where the boundaries lie and the depth of exploration possible while remaining within their scope of competence (Cunha & Scorsolini-Comin, 2021; Lee et al., 2019). This can result in those practicing without appropriate supervision or validated interventions, out of concern for how it will be perceived within the psychology community. The findings of this study also explored boundaries from another perspective, that of relating to the sharing of oneself with clients in clinical practice. This was not explicitly discussed within existing literature, but it appeared that the participants were of the understanding that any

personal disclosure was a potential breach of a professional boundary. It was clear that any disclosures they made was still very measured and limited and were discussed within the context of spirituality, yet, they discussed the positive impact that it has on their experience of their work and the therapeutic alliance with clients (Shumway & Waldo, 2012). It is worth noting that a challenge that is present when spiritual disclosures are made by psychologists concern both the alignment and divergence of spiritual beliefs. The research holds that an alignment of spiritual beliefs can support the therapeutic alliance and some clients will seek this alignment out (Cunha & Scorsolini-Comin, 2021; Dimmick et al., 2021; Lee et al., 2019; Shumway & Waldo, 2012), but that there are risks of clients overidentifying with a psychologists beliefs (Harris et al., 2016) or of psychologists losing sight of their professional role (Cunha & Scorsolini-Comin, 2021). On the flip side, divergent spiritual beliefs can cause discomfort for both the psychologist, client and potentially for the therapeutic alliance (Brown et al., 2013; Cunha & Scorsolini-Comin, 2021). It is worth noting that the implementation of therapeutic interventions which are aligned to the spiritual beliefs of the client can be undertaken by a psychologist regardless of their own beliefs with outcomes largely matched when compared with the intervention being implemented by a spiritually aligned psychologist (Hathaway, 2013).

Within the focus on aligned and divergent views is the potential for the pathologizing of spiritual beliefs that is raised by both clients and psychologists alike (Lyon, 2013; Prout et al., 2021; Vieten & Lukoff, 2022; Vieten et al., 2016). With data suggesting psychologists with no declared spiritual beliefs see religious clients as more depressed (Prout et al., 2021). This pathologizing of spirituality, once again, has roots in the history of psychology, with Freud stating that spirituality and associated beliefs were in fact pathological (Lines, 2006; West, 2004). It is acknowledged that spiritual beliefs do have the potential to cause psychological distress, however the rate at which this view is often taken by psychologists without an understanding or openness to those spiritual beliefs is cause for concern (Plante, 2022; Vieten et al., 2016). While the APA introduced the Religious and

Spiritual Problem V-Code in the DSM IV in 2000 to attempt to de-pathologize spirituality, to date this is still an under explored area, with this V-Code very rarely used in practice (Hathaway, 2013).

Language was not a prominent focus within the literature and was of a lesser discussion piece within the findings. However, it would seem that while clients use this language frequently within therapeutic settings (Rose et al., 2001), the research shows that psychologists feel a lack of available language in which to discuss spiritual concepts, leaving them less confident and more likely to avoid this area of a clients experience in a clinical setting (Begum, 2012; Crossley & Salter, 2005; Duggal & Sriram, 2021). Even with the increase in focus on spirituality within psychology, it continues to be under explored in clinical practice (Hathaway, 2013).

The absence of research and training has left psychologists who choose to integrate spirituality into clinical practice to work out the parameters of this practice themselves, requiring them to strike a balance between professional standards, engaging in an authentic and meaningful way with clients and exploring all aspects of a client's life within a therapeutic setting. It also does not encourage those psychologists to whom spirituality may not be significant to consider the exploration and inclusion of spiritual beliefs for those clients who desire that within a clinical setting.

Intuitive Inquiry reflections

Mistakes Made

When I reflected back on the research process, I saw the first 'mistake' I made was in formulating my research topic and not listening to my intuition at the outset. Having completed my Honours dissertation on a topic that was meaningful but not of deep interest to me, I came into my Masters knowing what I wanted to study. Yet I found myself paralysed for a period of time feeling that what I wanted to research would not be deemed sufficient. Had I found this methodology then, I feel I would have been able to more intuitively clarify my research topic much sooner. In relation to the actual act of research, one aspect I noted when listening to the recordings was that at times instead of prompting I potentially led participants. This was influenced by my interpretation and

understanding of what they were sharing. Although I see this as part of the transformative nature of intuitive inquiry, I also feel it was reflective of my naiveness as a researcher.

Procedures and Plans that Did Not Work

My intention was to have at least one Māori psychologist represented in the participants. I had identified a participant who expressed interest but unfortunately, they did not respond when I attempted to schedule an interview with them. I wanted this to bring a Te Ao Māori perspective into the research given it was exploring the experiences of psychologists in Aotearoa, New Zealand.

The Style of Intuitive Interpretation Used

Exploring the different styles of intuitive inquiry used in this research was an interesting proposition. While I consider myself an intuitive person, I experience this predominantly within the scope of *sensory modes of intuition* and I would articulate my experience of this as an inner sense of knowing. This is not something I specifically practice but rather an omnipresent part of myself and my experience. After reading more about the five types of intuition as outlined in Anderson and Braud (2011), I reflected that there were others at play, even if I was not always consciously aware of them. This sense of knowing or using sensory modes of intuition was most present for me in determining the topic. As I mentioned earlier, my disconnection or disregarding of my intuitive knowing meant landing on this topic took longer than needed. I found myself coming back to this topic and pushing past it, feeling like it needed to be something more involved or complicated. Gratefully this intuitive sense of knowing was strong and I was able to acknowledge this was the research I wanted to undertake. Beyond this, I can identify the presence of two additional styles of intuition: *empathic identification* and *through our wounds*. Through the course of this research, I was able to identify that I wanted to seek out a psychologist who practices in the way my participants do. This was fuelled by a desire to support myself in a way that feels more holistic and open, and which incorporated somatic practice and spiritual principles. Speaking to my participants and reading their accounts pushed me to make this decision, one I had been contemplating for a couple of years. I knew I had some things to work through and this research gave me the confidence to seek support

and be clear about what support I was looking for. It also became very important to me to tell the story of my participants with integrity and honour their experiences. I could feel how passionate they were about this approach and I wanted to ensure they felt seen in my report.

The Researcher's Apprehensions and Puzzlements about the Study

I have no puzzlements about the findings of my research but I have felt apprehensive through the process. Initially I found myself apprehensive about a focus on a more experiential exploration as opposed to a practical one and this came through in some of the questions I developed in the interview guide. I had a desire to get a roadmap into 'how' this integrative approach was done, what training, what frameworks were used. While some of this was discussed, what sounded out like a siren was that it was about the experience not the method. Once I resolved this in myself, I was able to really focus on the richness provided by the participants. After identifying intuitive inquiry and reading existing studies, I started to doubt whether my topic was 'spiritual enough'. Some of the studies looked at such deep concepts, I feared mine was too practical and my style of writing, perhaps not the best fit. I persevered, and I am glad I did as I feel that the flexibility of this methodology allowed me to move past the practical and into the experiential, which is where my transformation happened. However, it has been an uncomfortable journey to write so much from my own perspective. The focus in psychology on the scientist-practitioner model removes the individual perspective and the academic structure certainly reinforced that perspective. However, this is a critical and unique aspect of intuitive inquiry as the experience and voice of the researcher is a core part of the overall study (Anderson & Braud, 2011).

What Remains Unresolved or Problematic about the Topic or Method

The issues that are unresolved and problematic for me concern Te Ao Māori, the process of ensuring safe practice with spirituality in a clinical setting and whether holding your own spiritual beliefs is required to work in this integrated way. The answer to the latter may lie in the former as I have alluded to in my cycle four reflections. There appears to be a lack of research into the concept of wairua within a psychological setting. Beyond cultural safety, how do practitioners know how to

engage with this aspect of a person's experience if there is no training, exploration and guidance. The requirement for religion to be considered within ethical practice, yet its absence from any training programmes is problematic. Understanding how to best build competence for psychologists in navigating a client's spirituality is a critical area of focus and one that could not be considered within the bounds of this study. The tension outlined of whether holding your own spiritual beliefs is a pre-requisite to integrating spirituality into clinical practice is one that I currently do not have an answer for. Perhaps this will operate on a continuum, with a minimum standard being all psychologists are competent in exploring what is relevant and meaningful to each client, regardless of their own beliefs. The method is problematic, only in that it appears to be very unknown within psychological research circles which could lead to it being overlooked or undermined.

Future directions and limitations

As alluded to throughout the discussion, there are some key areas for focus on this topic. Within an Aotearoa, New Zealand perspective, development of the Te Whare Tapa Wha model to integrate it into psychological interventions would enable support for psychologists to further explore this aspect of clients lives but also do so using a culturally relevant and safe foundation. As this model is incorporated into the study of psychology today so to expand into implementation seems a logical next step. It will be important for additional models to be considered that take into consideration other significant groups of spiritual beliefs or identification in Aotearoa, New Zealand so to ensure there are inclusive models available. Beyond this, discussions should take place to explore the competence expected of psychologists to welcome, explore and support spiritual beliefs within a clinical setting. It is clear there is an expectation for this by the New Zealand Psychologist Board, as outlined in the Code of Ethics. A gap now exists between this and the level of comfort and competence psychologists feel to explore or integrate this element of client's experiences into therapy. This gap appears to be perpetuated by the fundamental lack of training offered through professional training programmes in psychology concerning spirituality, both here and around the world. The absence of this is creating the risk of unsafe practice or overlooking a fundamental aspect

of clients' lives. While it is unclear whether one can teach truly integrated spiritual practice without having one's own beliefs, training to build a better understanding of how these beliefs can influence a client's experience both positively and negatively is essential. The validation and inclusion of spirituality within psychology should not be at the mercy of individual psychologists' beliefs. Validated and reliable interventions should be researched and taught so all clients can benefit from this approach if it is something they wish to explore.

A key limitation of this study for me was the lack of representation of Māori participants. As mentioned, I had planned on having a minimum of one and had identified an interested party. Unfortunately, they were unable to participate when followed up. I believe this would have provided valuable insight into the experience of exploring spirituality, a concept more readily accepted within Te Ao Māori culture, within a psychological setting. Other limitations focus on the size and make up of the participants. There were seven participants, only one of whom was male. While many studies seek to understand gender differences or influences, this was not an aim of the study, nor was it relevant to the conversations I had with participants. The number of participants should also be considered here. Seven participants were sufficient for the completion of this thesis and certainly gave me rich data to better understand this topic while also transforming my initial perceptions on it. However, for the purposes of further research on this topic, additional studies and larger sample sizes would enable a stronger position to review the future directions and considerations put forward in this study.

Summary

The positivist, objective approach taken to cement psychology's position as a valid scientific endeavour has led to the exclusion and pathologizing of spiritual beliefs (Brown, 2016; Lines, 2006; West, 2004). This has led to a lack of recognition as to the important place spirituality holds for many people who seek psychological support (Culliford, 2010; Khalsa & Mijares, 2005). This lack of recognition has created a significant gap in the research and in the development of psychological interventions and training for psychologists to include this component of lived experience. It has also created apprehension for clients seeking psychological support who hold these views (Hathaway, 2013; Prout et al., 2021). In more recent times, psychological research has sought to better understand this aspect of people's lives and how it plays a role in psychological wellbeing. As a result, studies have shown the inclusion of spirituality in clinical practice leads to positive outcomes within both physical and psychological health (Garssen et al., 2021; Goncąlves et al., 2015; Hsien-Chuan Hsu et al., 2009).

This study has highlighted the tremendous and positive impact this approach to psychological practice can have for both the psychologist and the client. It pulls psychology out of a purely scientific and diagnostic domain and brings connection, universal experience and curiosity into the clinical space. It has shown that more work is required to support psychologists to traverse these aspects within a clinical setting even when to do so is not without challenge. Yet it is a challenge that all the participants sought to navigate, regardless of the prevailing perspectives, knowing intuitively that it was the best way to support their clients and honour their own experience. The results of this study have further convinced me that when I get the privilege of supporting clients as a psychologist, this will be a valuable area of exploration that can open a richness in the therapeutic alliance and support long lasting, positive change. My hope for this study is that it creates the space for discussions to take place, to better understand how psychologists in Aotearoa, New Zealand can support clients who wish to bring spirituality into the clinical space.

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Appendices

Appendix A – Recruitment Poster

Spirituality and psychology: how psychologists bridge the gap

If you are a psychologist, practicing in Aotearoa, New Zealand who integrates spirituality into their practice, I want to hear from you!

If you are interested in sharing your experience of spiritual and psychological integration please contact Julia Stewart, julia.stewart.3@uni.massey.ac.nz

Appendix B – Interview Guide

Spirituality and psychology: how psychologists bridge the gap

Interview Guide

Introductions:

Introduce myself and my role in the project. Bring kai to share if face to face. Ask how they would like to open the interview (e.g. karakia).

Introduce the topic and purpose of the project. Reiterate that the interview can be paused or stopped at any time and if there is a question they are not comfortable answering, they are not required to answer.

1. What made you interested in participating in this study?
    a. Could you share with me a bit about your own spiritual beliefs/background?
2. What does spirituality mean to you?
3. How do you think spirituality fits into mental health?
    a. What are your thoughts on exploring spirituality/spiritual issues in therapy?
4. Has spirituality always been a feature to how you have practiced?
    a. If yes, why?
    b. If no, why and what changed?
5. How have you experienced spirituality in the context of your clinical practice?
    a. Is it something clients have actively raised and desired discussion in sessions?
6. What has been your experience of integrating spirituality into your clinical practice?
    a. Have there been any pivotal moments for you in your career in regard to this?
7. In what ways do you integrate spirituality into your clinical practice?

    a. What kind of framework do you use?

8. What have you experienced are the benefits of integrating spirituality into clinical practice?
9. What have you experienced as barriers or challenges to integrating spirituality into clinical practice?
    a. What challenges have you faced working with spiritual clients?
10. How can spirituality affect the therapeutic relationship?
11. What role does your own spirituality play in how you integrate spirituality into clinical practice?
12. What do you think about the integration of spirituality in Aotearoa, New Zealand practices?
13. What improvements can be made in clinical practice to ensure spirituality is recognised and addressed in therapy?
14. Is there anything else you would like to share with me relating to your experience of integrating spirituality into psychological clinical practice?

Thank you for participating in this project and sharing your stories and experience with me, I really appreciate it. I will be transcribing our interview and will share a copy of this with you so you can review and confirm it is an accurate account of your experience.

Appendix C – Outline of Thematic Analysis phase 2

Eastern Practices	Own experience	Language	Boundaries	Their role	Deepening of exploration
Training in alternative practices	Progressive evolution	Using therapeutic language	Ethical considerations	Naive inquirer	Expansive Sacred
Yoga	Embodied practice	Divergent beliefs	Fear of disciplinary action	Not expert	Clients feeling fully seen
Mindfulness	Values	Hesitation	Training did not include	Creating space	Richness Depth
Te Whare Tapa Wha	Supervision	Challenges with language	Feelings of restriction	Helping clients find answer	Point of connection
Somatic	Authenticity Integrity			Power dynamic	Missing link
	Effective			Unconditional positive regard	Strengthening therapeutic alliance
	Rewarding Enjoyment			Recognition of which hat they are wearing	Full trust

Appendix D – Information Sheet

MASSEY UNIVERSITY
COLLEGE OF HUMANITIES
AND SOCIAL SCIENCES
TE KURA PŪKENGA TANGATA

Spirituality and psychology: how psychologists bridge the gap

INFORMATION SHEET

Researcher Introduction

My name is Julia Stewart and I am from the East Coast Bays of Auckland. I come from a large family of 5 with many nieces and nephews. I have recently returned to Aotearoa, after 13 years living overseas and working varying roles in human resources. I am currently completing my Master of Arts (psychology) at Massey University, with the intention to become a registered psychologist.

Project Description and Invitation

This is a qualitative project looking to understand how psychologists integrate spirituality into their clinical practice in Aotearoa, New Zealand. You are invited to participate in this research project.

Eligibility

You are eligible to participate if you a registered psychologist in Aotearoa, New Zealand who has experience integrating spirituality into their clinical practice. I am anticipating recruiting 8-10 participants.

What does participation in this study look like?

If you agree to participate, you will participate in a face to face or Zoom interview at a time and location that works for you and me. For face-to-face interviews, we recommend meeting at Massey University, Albany campus; if you have a preferred private meeting space we can also arrange to meet elsewhere.

Interviews will include questions about your experience of integrating spirituality into your clinical practice. Each interview is anticipated to last for 45-60 mins and it will be voice recorded only both in face to face and online interviews. At the end of the interview, we can discuss the interview and I will address any concerns or questions you may have.

Potential benefits and risks
There are no immediate benefits associated with participating in this project, however, some participants may appreciate the opportunity to share their experience with someone, open and interested to listen. There may also be some benefit to participants in reading the final report to understand how a small sample of psychologists have experienced integrating spirituality into their clinical practice. As recognition and appreciation of each participants time, a $40 Westfield voucher will be provided.

While I do not anticipate there to be any harm or risks to participants, the interview can be paused or stopped at any time and if a participant is distressed. I encourage all participants to contact their supervisor if any issues arise through participation and I can provide additional information about free counselling services. Myself and my supervisor are available to answer any questions participants may have.

Data Management
A recording of the interview will be completed to enable it to be transcribed and analysed. Once the full transcription has taken place, the recording will be destroyed. You will have the option to review a copy of the transcribed interview. I will ask for you to review within two weeks; if by then you have not responded I will assume you are ok with the transcript as written.

No identifying information will be used and all participants will be asked to choose a pseudonym. All information collected from participants will only be used for the purposes of this project and will be kept and stored securely under password protection. Only myself and my supervisor will have access to this information. This information will be securely stored and retained for 5 years after which time it will be destroyed. For any participants who indicate they would like to receive a copy of the final report, one will be sent to them at the completion of this project.

Participant's Rights
You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- decline to answer any particular question;
- withdraw from the study at any time, up until two weeks after the transcript is sent;
- ask any questions about the study at any time during participation;
- provide information on the understanding that your name will not be used unless you give permission to the researcher;
- be given access to a summary of the project findings when it is concluded;
- ask for the recorder to be turned off at any time during the interview.

Project Contacts
If you have any questions about this project or you wish to participate, please contact me on the information below. If you have any concerns or questions about this project that you wish to raise with someone other than myself, please contact my supervisor on the information below.

Researcher
Julia Stewart
Phone: [redacted]
Email: Julia.Stewart.3@uni.massey.ac.nz

Supervisor
Dr Heather Kempton
School of Psychology
Massey University, Albany Campus
Phone: +64 9 213 6103
Email: H.Kempton@massey.ac.nz

This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application 4000026039. If you have any concerns about the conduct of this research, please contact Dr Fiona Te Momo, Chair, Massey University Human Ethics Committee: Northern, telephone 09 414 0800 x 43347, email humanethicsnorth@massey.ac.nz.

Appendix E – Consent Form

Spirituality and psychology: how psychologists bridge the gap

PARTICIPANT CONSENT FORM - INDIVIDUAL

I have read, or have had read to me in my first language, and I understand the Information Sheet attached as Appendix I. I have had the details of the study explained to me, any questions I had have been answered to my satisfaction, and I understand that I may ask further questions at any time. I have been given sufficient time to consider whether to participate in this study and I understand participation is voluntary and that I may withdraw from the study at any time.

1. I agree/do not agree to the interview being sound recorded
2. I wish/do not wish to have my recordings returned to me
3. I agree to participate in this study under the conditions set out in the Information Sheet
4. I wish/do not wish to have a copy of the final report sent to me at the completion of the project

Declaration by Participant:

I _____ [print full name]_____ hereby consent to take part in this study.

Signature: _____ Date: _____

Appendix F – Intuitive Styles

Unconscious, symbolic and imaginal processes are often experienced by people who have very active symbolic lives which includes active imagination as well as extensive and frequent dreams (Anderson & Braud, 2011). People from the West tend to conceptualise this style of intuition as a key aspect of the collective human psyche, expressed through archetypes and symbols. By contrast, Indigenous cultures experience this expression of intuition through connection to Mother Nature, viewing symbols and patterns within the natural landscape (Anderson & Braud, 2011).

Psychic or parapsychological experiences at times referred to as exceptional human experiences, include clairvoyance, precognitive experiences that occur at a distance and telepathy (Anderson & Braud, 2011). While this type of intuition has been largely ignored or unacknowledged in scientific research, within Intuitive Inquiry the researcher often holds a deep personal connection to the topic which in turn is more likely to lead to such intuitive experiences (Anderson & Braud, 2011).

Sensory modes of intuition include the existing five senses of smell, sound, taste, touch, hearing and sight experienced by the human body. In addition, this style of intuition includes, proprioception (the sese of orientation in space), kinesthesia (the sensation of movement within space), and the subtle experience of sensorial sensation arising from viscera that is often beyond the awareness of the mind (Anderson & Braud, 2011).

Empathic identification is the act of compassionate knowing, the ability to place yourself into the lived experience of another person in an attempt to better understand their experience (Anderson & Braud, 2011). This can be exemplified by psychotherapists who seek to understand their clients experience by walking in their world and from there providing alternate perspectives (Anderson & Braud, 2011). In the context of intuitive based research, the act of seeking to deeply understand and

explore the experiences of others, resulting in this experience coming to life, can result in the merging of the of participants experiences with the researchers experience (Anderson & Braud, 2011).

Through our wounds is intuition experienced through the wounding each researcher holds within themselves. These 'wounds' are often sources of pain, yet they can also be an opportunity to connect to the divine (Anderson & Braud, 2011). Within the context of research, by identifying and exploring their own wounds, researchers can transform experiences of suffering to inspiration for others (Anderson & Braud, 2011). In Intuitive Inquiry research it is very common for this type of intuition to be a driver behind the topic selected, where individual researchers, choose topics where healing is sought either personally or within the broader culture (Anderson & Braud, 2011). They are also often shocked to find that through the research process, the 'wound' that once provided only distress and struggle, could also become a source of insight (Anderson & Braud, 2011).