“To Be Honoured”: Experiences of Therapists Who Engage in Spiritually Integrated Counselling Practice

by

Jasmine Michel

Bachelor of Music Therapy, Wilfrid Laurier University, 2017

A Thesis Submitted in Partial Fulfillment
of the Requirements for the Degree of

Master of Education

in the Graduate Academic Unit of Education

Supervisors: Jenny Rowett, Ph.D., Faculty of Education

Helen Massfeller, Ph.D., Faculty of Education

Examining Board: Karla Culligan, Ph.D., Faculty of Education, Chair

Juan Rodriguez, Ph.D., Faculty of Education

Arielle Dylan, Ph.D., School of Social Work, St Thomas University

This thesis is accepted by the Dean of Graduate Studies

THE UNIVERSITY OF NEW BRUNSWICK

March, 2025

Abstract

Spirituality is an important part of well-being and culture for many psychotherapy clients, and therapists are called by their ethical code to acknowledge and incorporate spirituality when desired by the client. However, few counsellors receive education in spiritually integrated practice in Canada. This study explored approaches to spiritually integrated practice employed among Licensed Counselling Therapists (LCTs) and LCT Candidates (LCT-Cs) in New Brunswick and the nature of their learning processes to integrate spirituality into counselling. This qualitative study utilized narrative inquiry to explore the experiences of eight LCTs and LCT-Cs who engaged in spiritually integrated counselling practice. Data were collected through semi-structured interviews and analyzed through thematic analysis. Findings were presented in five themes: (1) the spiritual nature of therapy; (2) therapist congruence; (3) culture-infused practice; (4) stigmatized spirituality; and (5) a closer look at practice. Implications for practice, training, and further research are discussed.

Acknowledgements

I would like to begin by expressing my profound gratitude to my supervisors, Dr Rowett and Dr Massfeller, for your invaluable guidance and support throughout this whole endeavour. I would like to thank the examining board chair, Dr Culligan, and the examining board, Dr Rodriguez and Dr Dylan, for the gift of your time, attention, and insight.

Special thanks to my wonderful participants for sharing so generously of your time and your experience. Each of you has inspired me and made this study possible.

I am also grateful to the Work in Progress Sessions community, the Atlantic Education Graduate Student Conference, and the Spirituality and Mental Health Group for the opportunities to present this research and for your heartfelt encouragement and thoughtful insights.

Thank you to my MEd Counselling cohort and UNB Counselling colleagues for your sage wisdom, for cheerleading and commiserating, and for the many conversations that helped to shape this project. To the friends who showed up to body-double with me, online and in person, thank you for getting me through the most difficult days and nights of the writing process.

I want to thank my family, especially my parents and my in-laws, for all your moral and practical support throughout this process and always. Lastly, thank you to my husband and my biggest support, Liam, for your infinite love, patience, encouragement and faith in me.

Table of Contents

List of Tables

List of Figures

List of Appendices

Chapter 1: Introduction

Dominant frameworks of counselling often fail to meet the key needs of many people seeking mental health support in Canada to the extent that they do not acknowledge the role that spirituality plays in well-being (Daniels & Fitzpatrick, 2013). Clients often wish to explore spiritual or religious issues in counselling and many fear their beliefs being dismissed or neglected in therapy (Harris et al., 2016). In the meta-analysis review of literature, Captari et al. (2018) demonstrate that therapeutic approaches that consider client spirituality result in greater improvements in psychological and spiritual functioning compared to approaches that neglect this domain. In its ethical *Standards of practice*, the Canadian Counselling and Psychotherapy Association (CCPA, 2021) calls its professional members to "acknowledge their clients' religious and spiritual beliefs" and to "incorporate such beliefs into their counselling/therapy discourse with clients" (p.29). However, studies from both Canada and the United States have shown that counsellors are largely uncomfortable addressing spiritual concerns in practice (Oxhandler et al., 2019; Plumb, 2011). At present, counsellor education rarely addresses the spiritual domain, especially its culturally diverse presentations (Hage et al., 2006; Schafer et al., 2011). How do therapists become capable of understanding, honouring and engaging with the increasingly diverse spiritual presentations of their clients?

This study highlights spiritually integrated practices among Licensed Counselling Therapists (LCTs) in New Brunswick, Canada, and will explore the personal and professional learning experiences of these LCTs in striving for ethical, culture-infused,

spiritually integrated practice. New Brunswick is a province that is becoming more culturally diverse (New Brunswick Multicultural Council, n.d.), challenging counsellors to consider what is required to meet the needs of the population. Several studies have explored barriers to integrating spirituality into counselling practice (Oxhandler et al., 2019; Plumb, 2011) and deficits in training (Pearce et al., 2019; Shafranske, 2016). The objective of this research is to document experiences within a regional community of practitioners, highlighting strengths and insights into this under-studied area of practice. In doing so, this study contributes to the existing body of knowledge around engaging in meaningful and inclusive spiritually integrative counselling practices with increasingly diverse populations.

Key Definitions

Spirituality: The term *spirituality* will be used in this paper to refer to a person's connection to or search for sacredness (Oxhandler et al., 2019; Post & Wade, 2009) and the meaning, relationships, inner resources, and growth derived therefrom (Howden, 1992, as cited in Daniels & Fitzpatrick, 2013). This term will be used in this paper inclusively to encompass all experiences of spirituality, expressed through established religious belief and action and/or through personal practice. It will also be used when referencing literature that specifically uses the term *spirituality*.

Religion: The term *religion* will be used in this paper to describe the systems and institutions designed to facilitate spirituality through beliefs and practices shared at the level of the community (Harris et al., 2016; Duggal & Sriram, 2022; Oxhandler et al., 2019), often involving oral or written traditions (Post & Wade, 2009) that delineate a spiritual path. It will be used when referring to qualities unique to *religion*, as defined

above, rather than shared by *spirituality*, as defined above. It will also be used when referencing literature that specifically uses the term *religion.*

Faith: The term *faith* is used in this paper

a) To describe a person's own religious beliefs. As described in the findings section, this term was used by some participants and was rejected by others.
b) As a synonym for hope or trust in something.

Therapy: "Counselling is a relational process based upon the ethical use of specific professional competencies to facilitate human change. Counselling addresses wellness, relationships, personal growth, career development, mental health, and psychological illness or distress. The counselling process is characterized by the application of recognized cognitive, affective, expressive, somatic, spiritual, developmental, behavioural, learning, and systemic principles" (CCPA, n.d.-a). The CCPA does not distinguish between the practices of counselling and psychotherapy (CCPA, n.d.-a). The terms *counselling, therapy* and *psychotherapy* will be used interchangeably in this paper.

Counsellor: The terms *counsellor, therapist* and *psychotherapist* will be used to refer generally to a qualified practitioner of *therapy* as defined above.

Licensed Counselling Therapist (LCT): A counselling therapist who has obtained a license through the College of Licensed Counselling Therapists of New Brunswick, Canada.

Spiritually Integrated Psychotherapy: An "approach to treatment that acknowledges and addresses the spirituality of the client, the spirituality of the therapist, and the process of change" (Pargament, 2007, p. 176).

Researcher Positioning

The subject of spirituality in counselling practice is close to my heart, because of my personal and professional experiences, and my worldview. In the interest of clarity and transparency, I will describe here my assumptions on the subject, as well as the personal and professional experiences that have led me to this work. I describe my positionality as it relates to my various identities, as I embark on this research project.

Positionality

As a researcher striving to engage in a reflexive process, I recognise that every step of this research process is influenced by my worldview and by my positionality, comprised of my intersecting identities. I am a white-settler, neurotypical, able-bodied, middle-class, university-educated, cis-gender, heterosexual young woman. I have relational identities - daughter, granddaughter, sister, wife, friend and community member – and professional ones - music therapist, counsellor in training, student, and emerging researcher. First and foremost, I believe that I am a spiritual being. Though I adhere to a non-dominant religion, the Bahá'í Faith, and have, in that way, felt different from a young age, I have always been granted the freedom of conscience to live in accordance with my beliefs without fear of discrimination.

I am aware of the privileged position from which I have been able to approach this research. I do not have the experience of being persecuted for my religious beliefs, as my fellow Bahá'ís in other countries have; I have not faced xenophobia and hate for my religion here in Canada, as so many racialized people have; I have not endured cultural genocide and subsequent intergenerational trauma in the name of religion as Indigenous people in Canada have; I do not have the experience of being rejected by a religious

community on the basis of sexuality or gender-identity, as is the experience of so many sexual and gender minorities; and I have not experienced spiritual or religious trauma, as far too many people of all walks of life have. So it is from a place of privilege, humility, curiosity and compassion that I have approached this work.

Assumptions

A significant part of the lens through which I experience the world is informed by the Baha'i Faith, founded on the teachings of Bahá'u'lláh (The Bahá'í Faith, n.d.). I will elaborate here on three Bahá'í teachings that stand out as particularly relevant to this topic. The first of these concepts is the essential spiritual nature of human beings. 'Abdu'l-Bahá, the son of Bahá'ú'lláh, in a public address in 1911, explained this teaching, saying that the human being is "in reality, a spiritual being, and only when he lives in the spirit is he truly happy. This spiritual longing and perception belongs to all men [people] alike…" ('Abdu'l-Bahá, 1951, p. 72). The second teaching that strikes me as relevant to this topic is the principle of the essential oneness of the source and message of the world's religions and spiritual traditions. Bahá'ú'lláh said, "There can be no doubt whatever that the peoples of the world, of whatever race or religion, derive their inspiration from one heavenly Source, and are the subjects of one God" (Bahá'u'lláh, 1982, p. 217). 'Abdu'l-Bahá further explains, "The foundation of all the divine religions is one . . . the teachings of the holy Souls Who founded the divine religions are one in essence and reality" ('Abdu'l-Bahá, 2007, p. 487). The third teaching of relevance to this project is the harmony of science and religion:

> … religion and science are the two indispensable knowledge systems through which the potentialities of consciousness develop. Far from being in conflict with

> one another, these fundamental modes of the mind's exploration of reality are mutually dependent and have been most productive in those rare but happy periods of history when their complementary nature has been recognized and they have been able to work together. The insights and skills generated by scientific advance will have always to look to the guidance of spiritual and moral commitment to ensure their appropriate application; religious convictions, no matter how cherished they may be, must submit, willingly and gratefully, to impartial testing by scientific methods. (The Universal House of Justice, 2002, para. 21)

These three concepts together form the lens through which I am approaching this study: that spirituality constitutes a central part of wellness, that there is an element of universality present in our diverse experiences of spirituality, and the wisdom of spiritual traditions is of equal value to the processes of scientific inquiry when it comes to developing therapeutic approaches. This lens informs the theoretical perspectives chosen to guide the data collection and analysis, described later in this paper.

Personal and professional experiences

When I am in the role of a counselling client, I am acutely aware of the difference in worldview that may exist between myself and the counsellor in front of me. My faith, while tied inextricably to the way I view myself and the world, is impossible to adequately distill into a few comments in the therapy room to provide context for the situation at hand. In addition to the anxieties experienced by any given client entering the therapy room for the first time – fear of being judged for who they are, worry that they will be misunderstood – as a member of a non-dominant faith, I have felt at times a

responsibility to act as a cultural ambassador, representing my religion with the knowledge that my words may inform the counsellor's opinion of my entire faith community. In my experience as a client, this intercultural dynamic has resulted in one of two outcomes: I may leave feeling discouraged that I, and my worldview, have not been adequately understood by the counsellor; or in the best case scenario, the counsellor may encourage me to draw on the strength of my faith and encourage me to broaden my perspective on how a particular teaching might apply to my life. I have been fortunate to have experienced the latter several times, with both seasoned counsellors and even some of my fellow counsellors in training. These skilled individuals have invited me to share prayers or passages from scripture in the session, have engaged enthusiastically with metaphors from the teachings that I brought to the conversation, and have encouraged me to delve deeper into scripture to gain a more balanced perspective on a concept I was struggling with. In embarking on this research, I hoped that I might glean insights from counsellors such as these, who routinely draw on the spiritual beliefs, backgrounds, and practices of their clients in the therapeutic space.

In my experience as a music therapist, I have observed that clients who are nearing the end of their lives or who are dealing with mental health challenges are often eager to explore spiritual topics, either verbally or musically. In New Brunswick where I practiced for several years, primarily with older adults in long term care and end-of-life care settings, my clients tended to come from a Christian background, whether practicing or non-practicing. My belief that all religions and spiritual traditions share the same essential truths at their core made it easier to relate to my clients who identify with different traditions. I comfortably learned and sang hymns and engaged in conversations

with my elders who worried about the spiritual well-being of their children, or who were coming to terms with the end of their earthly lives and preparing for the next part of the journey. Through this study I have learned much from my participants about incorporating ethical use of self into their work as they engage with clients whose beliefs differ from their own. Many of them seemed to share my perspective of spiritual oneness and have also offered new perspectives that I hope to carry into my clinical work.

As a counsellor in training pursuing the education that will allow me to expand the scope of my clinical practice, my faith informs the clinical framework I am constructing and the approaches that I hope to draw on. My beliefs in the inherently noble spiritual nature of each person, and my value of reciprocity, interdependence and community guide my choices to learn about approaches that recognize spirituality and community as essential components of well-being, and which honour the sacred and unique potentialities of each person to better themselves and the world around them. This study has provided a window into the approaches that likeminded clinicians are taking, and the experiences that have shaped their learning journeys toward spiritually integrated counselling practice.

The present study

The literature establishes spiritually integrated practice as an important component of client-centred (Harris et al., 2016), culturally sensitive (Daniels & Fitzpatrick, 2013), ethical (CCPA, 2021) therapeutic practice. Despite this, many clinicians report a lack of competence in integrating spirituality into therapy (Oxhandler et al., 2019; Plumb, 2011) and spiritual competency-related content is inconsistently delivered in graduate training programs (Hage et al., 2006; Schafer et al., 2011). The gap

between ethical standards and research, on the one hand, and clinical practice, practitioner competence, and training on the other, was the impetus for the development of the present study.

Previous studies have used large-scale surveys to determine the prevalence of spiritually integrated practice among helping professionals (Oxhandler et al., 2015), or to assess competency among practitioners (Plumb, 2011). Another survey explored helping professionals' perceived supports, barriers, and training to integrate client spirituality into their work (Oxhandler et al., 2019). Qualitative studies have been used to explore the influence of therapists' spiritual beliefs on their practice (Duggal & Sriram, 2022) and their approach to addressing spiritual problems in therapy (Johnson et al., 2007). Of these qualitative studies, some have explored the experiences of therapists who practice with specific cultural groups, such as Oulanova et al.'s (2010) study of the experiences Indigenous and non-Indigenous clinicians who integrate traditional healing practices in work with Indigenous clients, while others have looked at the experiences of counsellors who belong to a specific cultural group, such as Scott's (2013) study of experiences of Christian counsellors in their work with Christian and non-Christian clients. Duggal and Sriram's (2013) study involved a participant sample representing the spiritual diversity of a religiously pluralistic Indian society, similar in this respect to the multicultural Canadian context.

The present study took an in-depth approach to investigating how counsellors in a small, Canadian province who are skilled in spiritually integrated practice approach their work with clients from a variety of spiritual backgrounds. The study highlights the various learning experiences that have contributed to competency in this area of practice.

Learning experiences of all kinds were considered whether personal, professional, formal, or informal. The following questions guided the research.

Research questions

1) What current approaches to spiritually integrated practice are being implemented among Licensed Counselling Therapists (LCTs) and Licensed Counselling Therapist Candidates (LCT-Cs) in New Brunswick?

2) What is the nature of the learning process in which these professionals are engaged to integrate spirituality into counselling?

Chapter 2: Literature Review

Context for the integration of spirituality in clinical practice

Before summarizing the literature on the two primary areas of inquiry of this study, being a) the nature of spiritually integrated counselling practice and b) paths of learning for counsellors in the area of spirituality in practice, this section aims to provide context for why these questions are relevant to practitioners. First, a brief exploration of the historical relationship between counselling and spirituality across different traditions and how these relationships have changed over time, helps to put into perspective current norms in the field and where they have come from. Next, a look at the changing landscape of spirituality and religion in Canada points to the increasing need for culturally infused practice and for competency in addressing spirituality from diverse viewpoints in the context of counselling. Further, a summary of findings related to client preferences concerning whether and how spirituality should be addressed in counselling highlights the need for counsellors to be attuned to the full range of client experiences

and expectations. Finally, a review of the CCPA *Code of ethics* (2020) makes clear that spiritually integrated practice is a standard for all counsellors to aspire to.

Historical context

Helpers, healers, and counsellors in nearly every cultural tradition have historically given attention to spirituality as an essential part of well-being. Western psychology also traces its roots back to philosophy and moral treatment, adopting practices from religious and spiritual healing traditions, such as confession and encouragement (Pargament, 2013; Shafranske, 2002). Nevertheless, the field has, at various points in its history, sought to distance itself from philosophy and spirituality to be recognized as a legitimate area of scientific inquiry (Pargament, 2013). As a result, the relationship between psychology and religion is fraught with conflict and mutual rejection (Harris et al., 2016). The effects of this broken relationship can be seen in the lack of spiritual and religious cultural competency training for new practitioners, which in turn creates a professional body largely uncomfortable addressing spiritual concerns or incorporating spiritual considerations into practice. Hathaway (2016) observes a "conspiracy of silence" around spiritual issues in therapy, in which it is common for neither the counsellor nor the client to feel they are allowed to acknowledge the spiritual, even if it feels pressingly relevant.

Diverse spiritualities

A recent study published by Statistics Canada shows that two-thirds of the population report having a religious affiliation, and half consider their religious or spiritual beliefs somewhat or very important to their lives (Cornelissen, 2021). Though the study does not measure the number of Canadians who consider themselves spiritual

but not religious, over a third of the total population reported engaging in their own individual religious or spiritual practices at least once a month (Cornelissen, 2021). Two notable trends in the Statistics Canada study are proportional increases in both non-Christian religious affiliation and in non-affiliation (Cornelissen, 2021). Immigration accounts for the growth of non-dominant faiths such as Islam, Sikhism and Hinduism throughout Canada, even in the Atlantic provinces which are less diverse than larger urban centres (Pew Research Centre, 2013; Ramesar, 2024). The spiritual diversity of the population is increasing, and with it the diversity of perspectives and experiences coming into the therapy room – often to be treated within a framework that does not address their important spiritual values (Daniels & Fitzpatrick, 2013). Therapists need to be capable of understanding, honouring and engaging with the increasingly diverse spiritual presentations of their clients to work effectively with them toward well-being. Such a pluralistic approach requires that the clinician not impose their worldview, neither defer to the secular values implicit in dominant psychotherapeutic frameworks (Brown, 2016). Readers may be familiar with the term *interfaith*, as a framework adjacent to pluralism, emphasizing respect, learning and amity between religious traditions (Spitzform, 2015). The concept of *interspiritual* (Spitzform, 2015) takes this one step further, becoming an experiential practice of participating in diverse spiritual practices, inclusive of religious and non-religious forms of spirituality.

Diverse client preferences

In a systematic review conducted by Harris et al. (2016) of 64 journal articles on client expectations and preferences for addressing spirituality in counselling, it was found that clients often wish to address spiritual or religious problems in counselling, that most

expect counsellors to respect their beliefs, and that many fear their beliefs being dismissed or neglected in therapy. Several studies pointed to client preference for a match in religious and spiritual values between themselves and the counsellor (Harris et al., 2016). Many clients who seek out mainstream Western "secular" therapy have spiritual beliefs, and counsellors should understand that these beliefs are potentially important to the treatment process (Daniels & Fitzpatrick, 2013).

In striving to meet the diverse needs of clients, practitioners would do well to consider the vast array of experiences and preferences clients carry in relation to spirituality. While Haris et al.'s (2016) review demonstrates a preference among many clients for spirituality to be integrated into therapy, it also makes clear that many others are not interested in addressing spirituality in a therapeutic setting. Clients will also come to therapy with unique histories and relationships to spirituality and religion, ranging from supportive and nurturing to traumatic. In a recent study of adults in the United States, one third of participants reported experiencing religious trauma at some point in their lives (Slade et al., 2023). Cultural competency in religion and spirituality means administering therapy safely and sensitively to the full range of client experience in a client-centred way.

Ethical bases for competency

Religion and spirituality both constitute significant aspects of cultural diversity, and the ethical codes of most, if not all, helping professionals require clinicians to strive for cultural competency (Oxhandler et al., 2019). The *Code of ethics* of the CCPA (2020) includes several items (A12, B9, C10) addressing the need for counsellors to engage in a continual process of developing "awareness, sensitivity, responsiveness, and competence

with respect to their own self-identities and those of their clients" (p. 8) and demonstrating "respect for client diversity and difference" (p. 11) in their professional activities, therapeutic interactions and assessment practices. The implications of these items for client's spiritual beliefs are elaborated on in explicit terms in the CCPA Standards of Practice: "Counsellors/therapists are sensitive to and acknowledge their clients' religious and spiritual beliefs and they incorporate such beliefs into their counselling/therapy discourse with clients" (CCPA, 2021, p. 29).

How do counsellors go about fulfilling this stated ethical imperative to incorporate the religious and spiritual beliefs of clients into therapy? McMinn offers the following practice considerations: that any spiritually oriented interventions should be used toward psychological aims; that they should be well documented; and that clinicians should practice within their scope of training and experience (2009, cited in Sperry, 2012). Further ethical guidelines for the integration of spirituality in practice are offered by Hathaway and Ripley (2009, cited in Sperry, 2012): familiarity with the spiritual traditions of a client population; awareness of ones' own beliefs and biases; refraining from imposing ones' own beliefs and remaining mindful of appropriateness of disclosure; respecting spirituality as an important part of identity alongside other intersecting identities; gaining competence in working with spiritually diverse clients; and referring to other professionals when the client's presenting issue exceeds the therapist's scope of practice. What stands out from the aforementioned professional codes and these practice considerations and guidelines is that counsellors have an ethical obligation to acknowledge and incorporate the beliefs of their clients into therapy, and to do so in an ethical manner, they must engage in a process of self-reflection and learning.

Spiritually integrated counselling practice

Spiritually integrated psychotherapy is a term used by Pargament to describe a trans-theoretical approach to therapy that considers client and therapist spirituality, and spiritual dimensions of the change process (2007). This section will explore the implications of such an approach for the various components of the therapeutic process. First, the importance of a strong therapeutic alliance is emphasized as a key component of spiritually integrated practice, along with an awareness of how counsellor and client attitudes toward spirituality can influence this relationship. Next, assessment is highlighted as the first opportunity to demonstrate openness to and learn more about the client's experience of spirituality. Further, a number of spiritually integrated interventions are described, ranging from the implementation of psychological interventions to explore spiritual themes to the inclusion of spiritual practices in the therapy room. Therapeutic approaches that have been developed or adapted for work with clients from particular spiritual traditions are described. Considerations for the ethical and appropriate use of spiritual interventions are offered. Finally, the prevalence of spiritually integrated practice among counsellors is depicted.

The therapeutic alliance

Clinicians who demonstrate experience in integrating spirituality into their therapeutic practice often describe their approach as pluralistic (Johnson et al., 2007), implying openness toward and appreciation of diverse spiritual and religious paths and care not to impose their own worldviews on clients (Post & Wade, 2009). More important than the therapist's specific knowledge of a client's beliefs is their willingness to open the space for a conversation about spirituality (Post et al., 2009). As such, a client and therapist do not need to hold shared values as long as the client perceives the therapist as

respectful of their beliefs and willing to consider them in determining the course of therapy (Wade et al., 2007 in Post & Wade, 2009). Therapists can demonstrate this openness toward their clients' worldviews by asking the client about their beliefs and how they see their values relating to the problems for which they are seeking help (Post & Wade, 2009). Such a foundation sets a precedent for the topic of spirituality to surface gradually over the course of therapy (Post & Wade, 2009). In a study of long-term outpatient clients, participants found discussions of spiritual problems more helpful when they arose naturally within the first year of therapy, whereas discussions raised in the first session were less helpful (Knox et al., 2005, as cited in Post & Wade, 2009).

If exploring spiritual themes and experiences is to take place within the safety of the therapeutic alliance, therapists should be aware of how their own biases can hinder the development of this relationship. Empathy can be impaired when therapists are confronted with beliefs vastly different from their own (Morrison & Borgen, 2010, cited in Sperry, 2012). Counsellors should be aware that clients may be resistant to therapy because of their spiritual beliefs, which may also impact the therapeutic alliance (Sperry, 2012). For example, an individual may use spiritual practices or ideas to avoid addressing psychological problems, a phenomenon referred to by Welwood (1984) as spiritual bypass. Pargament (2007) describes a similar behaviour, spiritual deferral, in which an individual defers to a higher power to avoid important responsibilities. Clients may also be resistant to discussing spirituality (Sperry, 2012) and it is important for clinicians to be aware of these dynamics.

Assessment

An element of spiritually integrated practice widely agreed upon by scholars is spiritual assessment (Post & Wade, 2009; Shafranske & Malony, 1990; Sperry, 2012; Vieten et al., 2013). Explicitly inviting the client to speak directly about their spiritual or religious beliefs, backgrounds, and practices at the outset of therapy communicates openness on the part of the therapist, paving the way for the client to return to the topic when it is important to them and the issue at hand (Post & Wade, 2009). The purpose of such an assessment is manifold: to understand the spiritual orientation of the client; to convey that this is of value and interest to the therapist; to determine the impact of the client's spirituality on the problem; to identify coping resources; to assess if spiritual needs should be addressed as part of treatment; and to determine which spiritual interventions might be useful for the client (Richards & Bergin, 2005, as cited in Sperry, 2012).

Several assessment tools have been developed for this purpose including brief spiritual assessments (Gorsuch & Miller, 1999; Matthews, 1988, as cited in Sperry, 2012) and extended spiritual assessments (Bullis, 1996; Josephson, Larson & Juthani, 2000, as cited in Sperry, 2012). A brief assessment might open a conversation about spirituality by asking, "Is religion or spirituality an important part of your life? How? If not, was it ever, and how?" (Matthews, 1998, as cited in Sperry, 2012, p. 161). An extended spiritual assessment ventures further into the client's experience and explores questions such as, "When you were growing up, how did you learn about spiritual/religious matters? What religious rituals or spiritual practices are important to you?" (Josephson et al., 2000, cited in Sperry, 2012, p. 161). In addition, a number of instruments have been designed to

measure different aspects of the client's spiritual experience. These include the Spiritual Well-Being Scale (Ellison, 1994, as cited in Sperry, 2012), the Spiritual Health Inventory (Veach and Chappel, 1992, as cited in Sperry, 2012), the Index of Core Spiritual Experience or INSPIRIT (Kass et al., 1991, as cited in Sperry, 2012), and the Spiritual Experience Index (Genia, 1991, as cited in Sperry, 2012).

Interventions

The interventions that a therapist chooses in their work with clients depends on the scope and focus of their practice. According to Sperry (2012) there is no consensus on what constitutes a psychospiritual intervention; however, scholars have identified a number of "spiritually themed" (Johnson et al., 2007), spiritually derived or spiritually oriented interventions that clinicians are using in their work with clients. These interventions described in this section can be thought of as falling roughly into one of two categories: mainstream psychological interventions that can be applied to address the spiritual domain, and spiritual teachings and practices that are incorporated into therapy, referred to as spiritual interventions (Sperry, 2012). The use of such spiritual interventions must be done with great care; therefore, several ethical considerations are described here. This section will also summarize several commonly used therapeutic approaches adapted for use with clients from particular spiritual backgrounds.

Psychological interventions. Scholars have identified a number of psychological interventions commonly used by therapists that take on particular importance in a spiritually integrated approach. Therapists will be well-familiar with Rogers' core conditions for growth which emphasize congruence, unconditional positive regard, and empathic understanding as the most important qualities of the therapeutic alliance (1957).

Embodying these conditions, widely accepted across theoretical models of practice, the relationship itself is considered a therapeutic intervention central to the helping process (Young, 2021). Likewise, therapists' demonstrated openness and respect for clients' spiritual beliefs and values constitutes an important intervention in spiritually integrated therapy (Johnson et al., 2007). Another trans-theoretical intervention that finds application in the spiritual domain is therapist self-disclosure; the literature shows mixed findings about its application in this context. Johnson et al. (2007) suggest that therapists may have an ethical responsibility to make their values known to clients. Worthington et al. (1996, as cited in Harris et al., 2016) found that self-disclosure of beliefs can be productive if the client and counsellor share beliefs but can interfere with the process if the client's beliefs differ greatly. Chesner and Baumeister (1985, as cited in Harris et al., 2016) found that clients disclosed more intimate details with therapists who did not disclose their own religious beliefs, compared to with therapists who self-disclosed.

Another conventional practice in psychotherapy settings is referral to other professionals or to community resources if a client's presenting concerns are out of a therapist's scope of practice, or if they could benefit from additional support. This is likewise an important practice in spiritually integrated practice, as psychotherapists cannot meet all the spiritual needs of their clients and may at times refer them to pastoral counselling, spiritual direction, or a religious or spiritual community leader or resource (Sperry, 2012; Duggal & Sriram, 2022).

In addition to these transtheoretical practices, several therapeutic approaches have been adapted for general and specific spiritual contexts. Cognitive-behavioural therapy (CBT) is an approach that is regarded to be well suited to addressing spiritual issues

because of its inherent flexibility and its focus on re-examining one's beliefs (Sperry, 2012).A number of adaptations have been developed for use with specific populations, such as religion-adapted CBT (de Abreu Costa & Moreira-Almeida, 2021) variations of which have been developed for work with Christian, Muslim, Jewish, Buddhist and Hindu clients (Captari et al., 2018). Psychodynamic approaches can be effective in applying object relations principles to a client's God representation (Sperry, 2012). Gendlin's experiential focusing method can be applied to the client's process of spiritual growth (Sperry, 2012) and has been adapted specifically to an Indigenous spiritual framework through Aboriginal focusing-oriented therapy (Turcotte & Schiffer, 2014). Using a relational dynamics approach, therapists can draw on a couple's beliefs as sources of insight into the process of growth, or as a context for positive practices to introduce into the relationship (Sperry, 2012). Therapeutic concepts like self-acceptance, self-awareness and authenticity can be helpful tools for clinicians as they assist clients to experience their spiritual life in new ways (Johnson et al., 2007). Eye movement desensitization and reprocessing (EMDR) can be combined with traditional Aboriginal drumming to ground the modality in a spiritually meaningful practice for Indigenous clients (Oulanova & Moodley, 2010). The exercise of creating a genogram wherein the client's relationships to others are illustrated in a visual diagram can be applied to a client's spiritual identity (Duggal & Sriram, 2022). In addition to adapting established psychotherapeutic approaches for use in spiritual contexts, clinicians are creating novel approaches rooted in spiritual traditions. Among these are several schools of Jewish psychology and psychotherapy (Mayseless et al., 2023), Gospel-centred Integrated

Framework for Therapy (GIFT; Kim et al., 2023), and Traditional Islamically Integrated Psychotherapy (TIIP; Khan & Keshavarzi, 2023).

Spiritual interventions. Spiritual interventions can involve the integration of spiritual teachings or concepts of significance to the client. A spiritual intervention mentioned by several scholars is the use of the client's religious or spiritual language when working with issues related to spirituality (Johnson et al., 2007; Shafranske & Maloney, 1990). While this can be considered a spiritual intervention, it is in keeping with the widely adopted client-centred practice of adopting client vocabulary when reflecting back content and meaning (Rogers, 1951). Some therapists reference or draw on written spiritual resources, such as religious scriptures, that are relevant to the client's worldview (Duggal & Sriram, 2022; Sperry, 2012) to connect with, console or even challenge clients' rigid or limiting interpretations of religious teachings (Johnson et al., 2007). Exploring culturally relevant spiritual concepts such as forgiveness, hope and karma is another spiritual intervention described in the literature (Duggal & Sriram, 2022; Shafranske & Maloney, 1990; Sperry, 2012). Some therapists report using stories from religious or spiritual traditions as a tool for discussing value conflicts or illustrating a concept (Duggal & Sriram, 2022).

Spiritual interventions can also involve incorporating spiritual practices that may already be a part of clients' daily lives (Sperry, 2012). Oulanova and Moodley document the experience of Indigenous and non-Indigenous therapists who incorporate traditional spiritual practices with Indigenous clients like smudging, drumming, using an Eagle feather or taking the client out of the office and on the land (2010). Participants expressed that traditional practices in a session should be instigated by clients, and the author

describes how providing visual access to traditional healing objects by having them visible to the client when they enter the office helps the client to initiate engagement with these practices (Oulanova & Moodley, 2010). Mindfulness is a practice derived primarily from Buddhism and its application as a therapeutic intervention has been widely adopted in mainstream practice (Sperry, 2012). Therapists draw on mindfulness and other meditative practices (Sperry, 2012) with varying degrees of secularization; loving kindness meditation is an example of a practice that stays closer to its traditional Buddhist form, routinely used therapeutically with clients experiencing shame (Johnson et al., 2007). Duggal and Sriram (2022) describe how therapists draw on the practice of chanting mantras or prayers to facilitate presence and grounding for clients who dissociate. The integration of prayer into therapeutic practice is a subject discussed often in the literature for which there is no consensus (Sperry, 2012). Prayer can be a vehicle for fostering cognitive and behavioural change and many clients are open to discussing their prayer life in therapy (McCullough & Larson, 1999, as cited in Sperry, 2012). Praying with or for a client in a session can have benefits (Shrafranske & Maloney, 1990) but also comes with risks (Koenig & Pritchett, 1998, as cited in Sperry, 2012). Praying with a client can be beneficial as it can offer comfort and hope extending beyond the session itself, demonstrate the clinician's caring for the client, counteract the client's feelings of loneliness, and enhance the working alliance because of its intimate nature (Sperry, 2012). Introducing prayer into the therapeutic relationship poses risks by potentially disrupting the boundaries between client and therapist and the client's perception of the therapist as neutral and objective (Sperry, 2012). Sperry (2012) outlines the following indications for bringing prayer into the therapeutic relationship: a client

expresses that religion is an important coping resource; if the client and therapist share a religious background; the client asks for prayer or does not hesitate when the therapist asks; the client has sufficient ego strength and strong interpersonal boundaries; and the prayer would be conducive to advancing the client's specific treatment goals.

There are undoubtedly situations in which the integration of spiritual interventions into practice will serve the therapeutic process well, and others where it is inappropriate. Sperry (2012) elucidates some basic considerations for therapists, outlined here. First, a spiritually oriented psychotherapy approach is appropriate for clients who are coping with a serious stressor and are looking to access spiritual resources; for clients experiencing spiritual difficulties such as a crisis of faith or meaning; and clients who have a stated goal of spiritual growth (Sperry, 2012). Furthermore, a client may be indicated for a psychospiritual intervention if they ask to discuss spiritual issues or incorporate spiritual interventions, if they are capable of consenting and if spirituality is relevant to the presenting issue (Sperry, 2012). If a client is not interested in engaging with spiritual material, is delusional or psychotic, or if spirituality bears no relevance to the presenting problem, these would be considered absolute contraindications (Sperry, 2012). A client being severely psychologically disturbed, having no interest in spiritual matters, having a passive religious problem-solving style such as being prone to spiritual bypassing, or perceiving God as punitive are described as relative contradictions (Sperry, 2012). Finally, Sperry (2012) warns clinicians that integrating spirituality into therapy poses a higher risk to the client if any of the following conditions are present: the therapeutic alliance is weak, there is low value-similarity between client and therapist, or therapists lack cultural competence and spiritual sensitivity or have limited expertise.

Prevalence of spiritually integrated psychotherapy

A broad look at the helping field demonstrates varied degrees of integration of clients' spiritual beliefs into therapy. Less than one third of psychologists reported discussing religious and spiritual issues with clients, according to a study by Hathaway et al. (2004). In a more recent study of helping professionals across five disciplines, Oxhandler and Parrish (2017) found that of the surveyed Licensed Clinical Social Workers (LCSWs), Licensed Professional Counselors (LPCs) and Licensed Marriage and Family Therapists (LMFTs), 70% reported that they often helped clients draw on the strength of their spiritual or religions backgrounds, beliefs and practices (SRBBPs). This same study found that less than half of surveyed professionals conduct biopsychosocial-spiritual assessments (Oxhandler & Parrish, 2016). Richards et al. (2023) have described three challenges that must be addressed in order to allow for a wider implementation of spiritually integrated psychotherapy approaches within the mental health field: inadequate empirical evaluation of treatment approaches, a dearth of descriptions of how clinicians use spiritually integrated approaches in their practice, and a lack of opportunities for clinicians to be trained and build competencies (Richards et al., 2023).

Learning paths

How do counsellors gain competency in spiritually integrated practice? The literature highlights personal experiences of spirituality as predictive of integrating spirituality in practice. At the same time, personal experiences – positive or negative – lead to biases which must be accounted for. Training in spiritual clinical competencies, whether as part of a graduate program, supervision, or continuing education can assist clinicians to develop attitudes, knowledge, and skills to ethically integrate spirituality into practice. This section summarizes the literature on each of these forms of training,

including a discussion of the dearth of spiritual competency content in graduate programs and the challenges involved.

Personal experiences

Personal experiences as strengths. The personal spiritual or religious experiences of clinicians constitute a significant factor impacting the integration of spirituality into therapeutic practice (Oxhandler et al., 2019). Besides influencing the theoretical approaches and interventions therapists choose to adopt with clients (Duggal and Sriram, 2022), such experiences allow therapists to understand more profoundly the spiritual experiences and problems of clients (Johnson et al., 2007) and address them with greater degrees of competency (Shafranske & Malony, 1990). Oxhandler (2017) references a popular interpretation of the Hindi term *namaste* – "the sacred in me recognizes the sacred in you" – to explain this phenomenon with her Namaste theory: that helping professionals tend to show more openness to clients' spirituality as they gain awareness of their own. Given the insight that personal experiences can offer, Spitzform (2015) advocates for the experiential practice of interspirituality – drawing on the wisdom of diverse spiritual traditions in one's personal life – as tool for expanding therapists' clinical scope. In the same vein, Pargament (2007) suggests that therapists have much to gain from venturing courageously into unfamiliar religious and spiritual settings or homes and learning from others to enrich one's understanding and build mutually beneficial relationships.

Potential for bias. Personal experience, while a potential clinical strength, can also create biases that may influence the course of therapy (Daniels & Fitzpatrick, 2013). Therapists who identify as religious or spiritual, or who have had positive experiences

with spirituality, are more likely to report the use of religious or spiritual interventions in practice (Plumb, 2011), while those who have had negative experiences are more likely to dismiss their clinical value (Frazier & Hansen, 2009, as cited in Daniels & Fitzpatrick, 2013; Oxhandler, 2017; Walker et al., 2004, as cited in Daniels & Fitzpatrick, 2013). Walker et al. (2004, as cited in Plumb, 2011) caution that therapists who make clinical decisions based on personal experience, or *interpersonal integration*, pose the risk of imposing their values onto clients or applying spiritual interventions inappropriately. Hathaway describes the ethical challenge faced by therapists in considering spiritual issues: to impose neither religious nor nonreligious biases on the client (2016).

Counsellors may experience discomfort when their beliefs differ greatly from those of their clients (Post & Wade, 2009) and refrain from integrating spirituality into practice because of concerns about imposing their beliefs on clients or fear that discussing spirituality would illuminate differences between themselves and the client which could impede the therapeutic relationship (Kahle, 1997, as cited in Griffith & Griffith, 2002). This is significant considering Delaney et al.'s (2007, as cited in Post & Wade, 2009) finding that psychologists are far less religious than their clientele and more likely to identify as "spiritual but not religious" than their clients. Lack of familiarity with a client's beliefs, particularly with less mainstream religions, can impact clinical judgement and lead to disproportionate pathologization (O'Connor & Vandenberg, 2005 as cited in Post & Wade, 2009). This is a problem, given that clients from these backgrounds are often already hesitant to seek counselling services (Mitchell & Baker, 2000, as cited in Daniels & Fitzpatrick, 2013).

Bias based on personal experiences may factor into counsellors' attitudes towards integrating spirituality into their therapeutic work, ranging from comfortable to cautious. In a cross-discipline study of helping professionals in Texas, Oxhandler and Parrish (2017) found that clinicians had positive attitudes towards integrating clients' religious and spiritual beliefs into practice and reported high levels of self-efficacy in this area, despite their responses indicating low levels of integration in practice. This aligns with findings from a study of counsellors in British Columbia (Plumb, 2011) that demonstrated that counsellors are slightly more comfortable with the idea of working with spiritual and religious clients than they are prepared to work with them. On the other hand, graduate-level counselling students in an earlier study reported discomfort around discussing spiritual matters with clients and fear of offending or being judged (Souza, 2002, as cited in Plumb, 2011). With Walker et al.'s (2004, as cited in Plumb, 2011) caution against interpersonal integration in mind, it seems that more than personal experience alone is required for safe and ethical handling of spirituality in therapy.

Education and training

Graduate training. Leighton (2016) contends that the absence of sensitivity shown to the spiritual experiences of clients originates in an education system that "frequently presents religious beliefs as a therapeutic afterthought" (p. 349). He claims that counselling curricula is held back by four persistent fallacies concerning spirituality: that religious clients are difficult to work with, students require an understanding of a client's beliefs as a prerequisite to working with them, existing courses cannot be used to effectively teach students about religion and spirituality in practice, and spiritual topics are not appropriate or relevant to counselling education (Leighton, 2016).

The literature suggests that spirituality is not always consistently addressed in graduate training programs, but that in recent years the situation has been improving. Whereas Schulte et al.'s (2002) survey of accredited counselling psychology programs in the United States revealed that spirituality was not included in course content at 87% of programs, a more recent study of these programs indicated an increase in the number of programs that covered the topic in some capacity, through supervision, dedicated courses, or integration into an existing course (Schafer et al., 2011). In a study of counselling interns (Dobmeier & Reiner, 2012), 84% indicated that their graduate coursework had introduced spirituality and religion, compared to 25% (Kelly, 1994 as cited in Dobmeier & Reiner, 2012) and 69% (Young et al., 2002, as cited in Dobmeier & Reiner, 2012) in earlier studies. These findings present a hopeful picture; yet as Dobmeier and Reiner point out, this 84% includes 42% who indicated that spirituality was only occasionally mentioned in their course work (2012), leaving room for improvement. Fewer than half of counsellors report being adequately trained in spiritual and religious content in their graduate studies (Hage et al., 2006; Henriksen et al., 2015, as cited in Oxhandler et al., 2019; Plumb, 2011) and many express that their training programs had discouraged them from discussing spiritual or religious concepts, such as God, with clients (Kahle, 1997, as cited in Griffith & Griffith, 2002).

Experts in spiritually integrated practice and counsellor education consulted in a recent study identified potential barriers to integrating spiritualty and religion into graduate training programs for counsellors (Adams et al., 2015). These experts agreed that counselling educators' lack of knowledge and interest about spirituality, religion, and their relevance to mental health constitute the most significant barriers to the integration

of these topics in graduate curriculum (Adams et al., 2015). These participants advocated for continuing education, increased awareness of self and others and curriculum-specific recommendations as strategies that could help to overcome these challenges (Adams et al., 2015). Other scholars have made additional recommendations as to how spirituality can be integrated into training programs. Hage et al. (2006) emphasize the importance of including content related to spiritual and religious diversity in multicultural education for counsellors-in-training, whether delivered in a designated course or infused throughout the curriculum. They encourage instructors to integrate relevant research findings on the connections between spirituality and health with students across the curriculum (Hage et al., 2006). Students should be introduced to spiritual interventions and instructed as to their application; for example, they should learn how to conduct a spiritual assessment (Miller, 1999, as cited in Hage et al., 2006). They go on to suggest that students should have opportunities to carefully consider their own values, beliefs, and prejudices toward spirituality or religion and how these may bias their clinical practice (Hage et al., 2006). Engaging trainees in discussions of their spiritual histories and the role of familial influences on their spiritual development (Bartoli, 2007, as cited in Daniels & Fitzgerald, 2013) and exercises like creating a spiritual genogram (Frame, 2011 as cited in Daniels & Fitzgerald, 2013) may be helpful in self-awareness.

Supervision. Looking beyond the classroom, competency-based clinical supervision could be uniquely suited to helping therapists-in-training develop clinical competence in spirituality (Shafranske, 2016). Supervisors competent in spiritually integrated practice can help supervisees to contextualize a client's spirituality within their worldview by drawing on their thorough knowledge of psychopathology and of the

client's spiritual tradition (Hage et al., 2006). Supervisors can help students to recognize spiritual distress, along with the potential for positive transformation that can come from such crises (Hage et al., 2006). Such processes of self-examination can continue beyond the classroom in the context of supervision (Daniels & Fitzpatrick, 2013). Supervisors can create a safer environment for such explorations by creating guidelines (Miller, 2003, as cited in Daniels & Fitzpatrick, 2013), by adopting supervisee definitions of spirituality, and structuring discussions around spiritual development models (Polanski, 2003, as cited in Daniels & Fitzpatrick, 2013). Supervisors can also facilitate broader conversations with supervisees about how spirituality has been treated in their coursework and practica, the assumptions that their preferred theoretical approaches make about the spiritual domain (Bartoli, 2007, as cited in Daniels & Fitzpatrick, 2013), and the historical and cultural tensions between spirituality and the helping field (Aten & Hernandez, 2004, as cited in Daniels & Fitzpatrick, 2013).

Continuing education. The processes of personal reflection and learning that have been discussed as central to skill development in spirituality certainly do not end after a counsellor has completed their initial training, and an increasing number of resources for professional development are now available. One such resource is an eight-hour online training program called the Spiritual Competency Training in Mental Health (SCT-MH) (Pearce et al., 2019) intended to create an initial foundation in the 16 competencies established by Vieten and colleagues (2016). In a study of the SCT-MH with helping professionals, participants reported significant increases in spiritual competence in practice following completion of the program (Pearce et al., 2020). For clinicians looking for more in-depth training, the Standard for Spiritual Care and

Education (ACPE, formerly Association for Clinical Pastoral Education) offers a Spiritually Integrated Psychotherapy (SIP) Training Program consisting of 30 hours of interactive coursework delivered online with an option for certification (ACPE, n.d.). The Solihten Institute (SI), an interfaith counselling and training network, offers SCT-MH and SIP training programs as well as an online community for practitioners (Solihten Institute, 2024). The Bridges Institute for Spiritually Integrated Psychotherapies offers resources for clinicians and researchers, including a video and print library and an ongoing webinar series (Bridges Institute, 2024). The Spiritual Competency Academy (2021) is another resource for online courses, workshops, and video presentations. For Canadian counsellors, the CCPA's Spirituality in Counselling Chapter, founded in 2006, offers a community of practice and online webinars for members (CCPA, n.d.-b)

In terms of literature, there has been a 10-fold increase in religion and spirituality related PsychINFO citations comparing 1981 and 2015 (Shafranske, 2016). The American Psychological Association (APA) has established two journals focused on this area of study: (1) Psychology of Religion and Spirituality in 2008, and (2) Spirituality in Clinical Practice in 2013. These together with the publication of the APA Handbook of Psychology, Religion, and Spirituality (Pargament et al., 2013) and other texts, constitute "benchmarks of the development and vibrancy of the field" (Shafranske, 2016, p. 18). Early publications tend toward reflective essays exploring conceptual ideas, sometimes accompanied by case studies to illustrate how these ideas might be applied in practice. Alongside continuing contributions of this nature, we now see systematic efforts to identify broader trends and develop tools, such as efforts to establish relevant competencies and create training programs. Another key development is the greater

attention paid to diverse perspectives. In recent years Spirituality in Clinical Practice has published special issues addressing topics and populations of interest, for example, a recent issue on Islamic Spirituality in Clinical Practice (York & Awan, 2023). Another significant resource is the *Handbook of Spiritually Integrated Psychotherapies* (Richards et al., 2023), a practical guide for practitioners that includes chapters on specific spiritual traditions and client populations.

It is important to note that developing one's knowledge and skills in this area is an ongoing process with no finite end. Approaching spirituality – one's own, the client's, and the interaction of the two – requires humility. Whether therapists have received specialized training in this area or not, all have the opportunity and responsibility to examine continually how their worldviews inform their work (Daniels & Fitzpatrick, 2013).

Theoretical perspectives

This study asks, "How are counsellors integrating spirituality into practice, and how are they learning to do it?" This section breaks down this question into its component parts and draws on theoretical perspectives from the literature that will guide the research process. The first component of the question is *spirituality* and where it fits in with the therapeutic process. Two complementary perspectives are offered here to address this. First, a holistic perspective is described in which spirituality is theorized as an essential part of well-being. Second, spirituality is theorized as an element of culture with both universal and culture-specific dimensions. Next, counsellor learning is addressed broadly through a theory of therapist professional development in which clinicians are understood to be engaged in a life-long process of integrating the personal

and professional self. This topic is then addressed in the specific context of spiritually integrated practice through a number of competency-based models.

Spirituality: a domain of well-being

While Western paradigms of mental health and mental illness tend to focus on deficits and dualistic notions of illness and health, Indigenous perspectives adopt a framework of wellness, and wholeness (Mussell, 2014). Holistic wellness has been defined as a balance of body, mind, and spirit (Fracasso et al., 2020), whereas the Western medical model of health often neglects the spiritual domain (Arthur & Collins, 2005; Daniels and Fitzpatrick, 2013). Western perspectives of health are highly individualistic, while many other cultures the world over favour a collective approach, with attention given to relationships with family, community, culture, the natural world, and the divine (Mussell, 2014). Internal conflicts are understood to have spiritual origins, and emphasis in treatment is given to healing the soul (Daniels & Fitzpatrick, 2013). For example, for Indigenous peoples of Turtle Island (also known as North America), Spirit is central to the way of life (Hart, 2014) and well-being is conceptualized as balance and connection between the spiritual and other aspects of the human being, and the natural world (National Collaborating Centre for Aboriginal Health, 2013). To present another example: in Islam, the human soul is inherently pure and connected to God and is engaged in a struggle to orient itself towards good; blockages or imbalances within the soul are understood to be the underlying cause of most cognitive and behavioural difficulties (Rothman & Coyle, 2020). Given that so many cultures and traditions emphasize the centrality of spirituality to overall wellness, this paper will adopt a holistic lens, viewing spirituality not simply as a cultural consideration but as a core part of

health. Taking this concept further, this paper will adopt Brown's (2016) stance that spirituality is not, as the mainstream clinical paradigm sees it, merely a life domain, but rather something that is expressed throughout all aspects of a person's experiences and beliefs. Brown (2016) argues that spiritual concerns themselves challenge the paradigmatic assumptions that the mental health system rests upon. These ideas will inform a research process that recognizes the interconnectedness of spiritual, physical, mental, and emotional aspects of human beings and of wellness and remains open to further insight about the role of spirituality in healing.

Spirituality: a cultural factor

"Culture" as a term is often most closely associated with race and ethnicity, but more expansive definitions include other factors such as gender, age, ability, sexual orientation, language, class and, notably for this discussion, religion and spiritual worldview (Arthur & Collins, 2005). In theorizing their culture-infused model of counselling, Arthur and Collins (2005) discuss two opposed but complementary positions in the literature on multiculturalism: emic (culture-specific), and etic (universal). In the context of counselling, the emic position emphasizes the importance of practitioners having specific cultural knowledge about the group to which their clients belong, advocates for specific focus on non-dominant groups to promote equity, and holds that therapeutic approaches developed in a dominant cultural context may be unsuitable for clients from non-dominant cultures (Arthur & Collins, 2005). The etic position argues that uniformity of cultural group members' experiences cannot be assumed, that cultural identities intersect within individuals, and that the cultural backgrounds of both counsellors and clients comprise unique experiences, making every interaction a cross-

cultural one (Arthur & Collins, 2005). This position focuses on the commonalities between groups and assumes that the core processes underlying the theory and practice of therapy transcend culture, emphasizing the role of the therapeutic working alliance and the counsellor's cultural awareness of self and others (Arthur & Collins, 2005). In their culture-infused counselling model, Arthur and Collins (2005) advocate for a balance between these perspectives. Applying this culture-infused lens to spiritually integrated practice implies a recognition that there are at once universal dynamics of spirituality and spiritual experience that transcend cultural identities, and at the same time there are dynamics that differ between individuals due to each person's unique cultural factors.

Professional development of therapists

In their landmark paper on the phases and mechanisms of professional development of counsellors and therapists, Rønnestad and Skovholt (2003) conducted a cross-sectional and longitudinal study of 100 counsellors and therapists. The findings of the study include a number of themes proposed as central to the process of development, several of which will be outlined here. In the first of these themes, the authors propose that the professional development of therapists entails a gradual and continuous process of integrating the professional self and the personal self (Rønnestad & Skovholt, 2003). They assert that a therapist's personality and their theoretical affinity increasingly align, involving letting go of values, beliefs and methods that are incongruent with the self, and sometimes shifts in theoretical orientation due to personal or professional experiences that shift therapists' perceptions of themselves and their work (Rønnestad & Skovholt, 2003).

Another theme identified is the role of reflection as a prerequisite for learning and development (Rønnestad & Skovholt, 2003). Reflection is defined as "a continuous and focused search for a more comprehensive, nuanced and in-depth understanding of oneself and others, and of the processes and phenomena that the practitioner meets in his/her work" (Rønnestad & Skovholt, 2003, p. 29). Another theme characterizes the process of professional development as long, slow, continuous, and sometimes erratic (Rønnestad & Skovholt, 2003). The authors elaborate that at times in a therapist's career, such a process can seem barely noticeable, but appear substantial in retrospect, while at other times change can be intense, initiated by critical incidences, life events or epiphanies (Rønnestad & Skovholt, 2003). Rønnestad and Skovholt (2003) highlight another theme concerned with the life-long nature of the process of professional development; growth occurs across the professional lifespan.

Professional development of therapists in the area of spiritual integration

Within the body of literature concerned with counsellor readiness to integrate spirituality into clinical practice, models of competency stand out as the most prevalent way of conceptualizing a framework for learning (Cashwell & Watts, 2010; Oxhandler et al., 2019; Pearce et al., 2019; Shafranske, 2016; Vieten et al., 2013).

Efforts to establish and measure spiritual and religious competencies for therapists have been underway for several decades. A major catalyst was the 1995 Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) Summit which proposed an initial set of nine competencies (Cashwell & Watts, 2010) that were revised according to empirical data in 2009 (Figure 1). More recently, in the field of psychology, Vieten et al. (2013) developed a set of 16 competencies (Figure 2) based on a

comprehensive literature review, focus groups and an online survey. They tested these competencies with a broader population of practicing clinicians, who showed a large degree of support for them (Vieten et al., 2016).

Considering the insights of the multicultural counselling movement with regard to counsellor's integration of client spirituality into practice, Collins and Arthur's (2010) culture-infused counselling model and its related competencies are worth mentioning here. The culture-infused counselling model is comprised of three core competency domains: cultural awareness of self, cultural awareness of others and their cultural identities, and a culturally sensitive working alliance (Figure 3). Notably, the model gives attention to addressing dominant and non-dominant cultural perspectives and experiences in the context of North American counselling practice (Collins & Arthur, 2010).

Alongside efforts to establish competencies, researchers have been developing instruments to assess them. Oxhandler and Parrish (2016) have developed the Religious/Spiritually Integrated Process Assessment Scale (RSIPAS), which has been tested and used across helping professions, and which is to date the only instrument to assess perceived self-efficacy, and R/S integration within an evidenced based practice process (Oxhandler & Pargament, 2018). Other methods of evaluating therapist competence for integrating SRBBPs include vignettes, case studies, and instructor observation (Oxhandler & Pargament, 2018).

In designing the present study, I have considered these four theoretical perspectives: spirituality as a component of well-being, spirituality as a facet of culture, and the nature of therapist personal and professional development, and a competency framework for counsellor development in spiritually integrated practice. In the next

chapter I will elaborate on the methods chosen and how they cohere with these perspectives.

Chapter 3: Methodology

Theoretical framework

While designing this qualitative study, I was concerned with the perspectives and lived experiences of the participants. As such, in answering the first question, "What current approaches to spiritually integrated practice are being implemented among Licensed Counselling Therapists (LCTs) and Licensed Counselling Therapist Candidates (LCT-Cs) in New Brunswick?" I was interested in the meaning that participants attributed to the term "spiritually integrated practice," and their perspectives on its relevance to their therapeutic work. In answering the second question, "What is the nature of the learning process in which these professionals are engaged to integrate spirituality into counselling?" I wanted to learn how participants viewed their personal and professional journeys as they related to spiritually integrated counselling practice. Rather than simply going through a list of interventions used by participants or courses taken, I wanted to hear how participants understood their work and its significance.

Methods

This led me to draw on two qualitative methods: narrative inquiry (Clandinin & Connelly, 2000) and thematic analysis (Braun & Clarke, 2022).

Narrative inquiry is an approach that draws on individuals' lived experiences in the form of stories to understand a particular phenomenon (McMillan, 2016). Proponents of narrative inquiry regard stories as "especially translucent windows into cultural and social meanings" (Patton, 2002, p. 116). This is a method developed in the context of

research concerned with processes of learning (Clandinin & Connelly, 2000), making it an appropriate choice for this study which aims to highlight clinician learning. Narrative inquiry's organization of data into meaningful sequences and its emphasis on "turning points" or critical moments in the story (McMillan, 2016, p. 321) lends itself to this study's exploration of the personal and professional paths that counsellors are walking. Narrative inquiry's orientation toward stories of identity formation and its acknowledgement of cultural context (McMillan, 2016) make it a suitable approach for exploring the topic of spirituality in counselling practice. Narrative research design is inherently fluid; it usually begins with a small number of participants sharing their stories with the researcher, and often evolves to include additional sources of data such as researcher observations, documents, work samples and others' viewpoints (McMillan, 2016). This study benefited from the flexibility of narrative approaches, opening the door to data items that have influenced the participants' practice and learning, such as a passage from a book shared in one of the interviews. Finally, narrative inquiry involves a collaborative relationship between researcher and participants, which naturally occurred in this study as the participants were professionals in the same field of work as me, the researcher. Narrative inquiry served as a guiding approach the initial design of this study: the small, purposeful sample and the collection of data in the form of detailed individual stories.

The narratives in this study were shared by LCTs and LCT-Cs in the form of semi-structured interviews. The first research question was concerned with how Licensed Counselling Therapists "do" spiritually integrated practice. Participant stories about this topic included anecdotes of integrating spirituality into practice, coalescing to form a

larger narrative of the participant's practice. Though as the researcher, I entered the data collection phase with a concept of spiritually integrated practice informed by immersion in the literature and by my own experience, the unique meanings of this concept shared by participants that have enriched this conceptualization and contribute new insights to the larger body of knowledge on this topic. Individual narratives aggregate to tell a larger story of the knowledge and experience within the professional community of LCTs and LCT-Cs in New Brunswick. The second question, concerned with how it is that counsellors have developed attitudes, knowledge, and skills in spiritually integrated practice, naturally lent itself to story-form, with personal and professional experiences serving as important points along the learning path. The events that participants shared revealed how they conceptualize their learning, which experiences they found to be most impactful, and how these experiences relate to their current practice.

When considering an approach to data analysis that would best serve my goals as a researcher, I decided to employ thematic analysis rather than narrative analysis. One of my primary goals was to produce something that could be of practical use to practitioners by offering insight into common practices shared between my participants, and patterns in their learning paths that others could learn from. While a narrative analysis of the data would have led to valuable insights into the cultural context and discourses in which each participants' narrative is situated, I determined that thematic analysis, which highlights patterns in common across the dataset, would be more conducive to this goal. In making this choice, I left the possibility open to conduct a narrative analysis on the data later, should it serve my research goals in the future. Thematic analysis is a versatile method that does not attach itself to a particular philosophy framework within qualitative research

(Braun & Clarke, 2022). It does, however, have characteristics in common with narrative inquiry, making them complementary methods: both methods are concerned with participant meanings, and both emphasize researcher reflexivity and acknowledge the researcher's interpretation as a factor in the analysis process (Braun & Clarke, 2022; Clandinin & Connelley, 2000). Thematic analysis and its application to this study are described in greater detail later in this chapter, in the *Data Analysis* section.

Participants

Prior to recruitment, the research proposal for this study was submitted to and approved by the Research Ethics Board of the University of New Brunswick. Potential participants were identified according to the following eligibility criteria: a) they were Licensed Counselling Therapists (LCTs) or Licensed Counselling Therapist Candidates (LCT-Cs) in New Brunswick, and b) who have knowledge and skills in spiritually integrated counselling practice. I used purposeful sampling (Patton, 2014) to obtain a data-rich sample of LCTs and LCT-Cs who are particularly experienced and knowledgeable in this area. Through my own professional networks and those of my thesis supervisor, 6 potential participants were identified on the basis of their perceived experience in this area of practice, and an additional 14 were identified from their description of their spiritual competencies or interests on their public profiles on the online directory Psychology Today. All prospective participants were sent an email (Appendix A) explaining the aims of the study and expectations of participants, along with an information letter (Appendix B). The information letter contained a link to a pre-screening questionnaire (Appendix C) to a) determine prospective participants meet eligibility criteria for the study, b) gather data to help the researcher to create a purposeful

sample representative of diverse personal and professional experiences, and c) gather availability and contact information of prospective participants. The pre-screening questionnaire included a self-report measure using two Likert scale questions about confidence in spiritually integrated practice (SIP) and frequency of integration of client spiritual and/or religious backgrounds, beliefs and practices (SRBBPs). The use of screening tools addressing inclusion factors can be an effective way of building a purposeful criterion sample (Creswell & Poth, 2013). Eight individuals completed the questionnaire and all met the inclusion criteria and were deemed eligible for the study. I contacted the respondents over email to invite them to participate in the study, and all eight accepted. All invited participants were sent an informed consent form (Appendix D) to read and sign prior to the agreed-upon interview date. Participants were encouraged to voice any questions or concerns to the researcher prior to, during, or after the interview. Participants were informed of the potential risks and benefits of participating in the study and given information about community resources should they require mental health support. Participants did not receive remuneration for their involvement and were informed of this in the information letter and consent form. Participants were informed that they could withdraw from the study at any time.

Though there are other clinicians who practice psychotherapy or mental health counselling in New Brunswick, such as registered social workers and psychologists, limiting this study to LCTs and LCT-Cs allowed for an exploration of the experiences of clinicians who have undergone similar training. A sample of 8 participants was used to maintain the small sample size typical of narrative inquiry (McMillan, 2016) while also allowing for diverse voices to be included. The eight participants ranged in clinical

experience from new professionals with 1.5 years in practice to seasoned counsellors with 17 years of experience. Seven worked in private practice, while one worked in the non-profit sector, and another worked in a post-secondary setting. Participants represented a diverse range of spiritual backgrounds. Three participants identified with the religious traditions of Judaism, Christianity, and Islam, respectively. The remaining five were unaffiliated and described their worldviews in terms such as "spiritual," "seeker," "existential," "eclectic," and "humanistic." To protect the identities of the participants, they will be referred to throughout this paper by pseudonyms.

Data Collection

I offered participants a choice of interviewing in person or virtually on Microsoft Teams, according to their preference. Two interviews were conducted in person, and six were conducted virtually. The interviews were recorded to ensure that analysis remained as close to participants' told experiences as possible. In-person interviews were recorded using a hand-held microphone and virtual interviews were recorded through the use of the record function on Microsoft Teams. A private and quiet space ensured confidentiality and allowed for the production of clear recordings. The interview recordings, along with all other research data including consent forms were stored in a secure, password-protected One Drive folder accessible only to me.

Interviews were approximately 60 minutes in length, allowing for an in-depth exploration of the participant's experience. I conducted semi-structured interviews with individual participants through the use an interview guide (Appendix E) of open-ended questions, beginning with rapport building questions, and then continuing with questions to encourage the participants to share a chronological account of the events that have

influenced their clinical practice as counsellors (Van den Hoonaard & Van den Scott, 2022). I used the interview guide to structure the interview while remaining flexible and following the participants' stories. I was mindful to bring the discussion back to the topic as necessary and to listen intently to identify subsequent questions, a practice referred to as "organized listening" (Brody, 2010, as cited in Van den Hoonaard & Van den Scott, 2022). Field notes were recorded (McMillan, 2016) after the interview as an additional data source.

Data Analysis

Data were subject to thematic analysis, a method of identifying, analyzing, and reporting themes across a data set (Braun & Clarke, 2022). This method, which allows for rich descriptions of data, is recommended as a foundational qualitative method of analysis that should be learned by new researchers (Braun & Clarke, 2006). Thematic analysis can be used independent of theoretical commitments, focusing on representing the data itself in a way that responds to the research questions, which can also evolve through the analysis process (Braun & Clarke, 2006). The process of thematic analysis is described by Braun and Clarke (2006; 2022) in six phases:

1. Familiarization.

In this phase, the researcher transcribes data, retaining as much as possible the participants' meaning through careful consideration of verbal and nonverbal information (e.g., pauses, inflection) (Braun & Clarke, 2006). Transcription is treated not simply as a mechanical act but as a means for the researcher to familiarize themselves with the data and as an interpretive act in itself (Braun & Clarke, 2006). The initial transcription for this project was generated automatically by Microsoft Teams for the virtual interviews

and through Microsoft Word for the in-person interviews. I listened carefully to the recordings and modified the autogenerated transcripts, correcting words, adding phrasing, punctuation and non-verbal data. After transcription, I read and reread the data, noting initial ideas in a field journal.

2. Coding

I read through the entire data set systematically and looked for words, phrases or phenomena that stood out and generated corresponding codes (McMillan, 2016; Braun & Clarke, 2006). I used a combination of physical and digital notes on each transcript to capture semantic and latent meanings (Braun & Clarke, 2022).

3. Generating initial themes

In this phase, I collated codes into potential themes (see Figure 4) based on shared patterns across the data set (Braun & Clarke, 2022). A theme is deemed important not only by prevalence within the data set but also equally by the degree to which it captures something important in relation to the research question (Braun & Clarke, 2006). In thematic analysis, it is acknowledged that the researcher plays an active role in identifying themes: they do not passively "emerge" but reflect the researcher's worldview, and as such, it is important that researchers make their assumptions explicit to the reader (Braun & Clare, 2006). I initially organized the codes for each transcript according to the structure of the interview guide and then additionally looked for other common threads across the data set. I allowed the data to lead this exploration, while making notes in the field journal about apparent connections between the data and the

guiding theoretical concepts that framed the research design so as to raise these ideas in the discussion chapter.

4. Developing and reviewing themes

I reviewed and refined themes on two levels. Level one involved a review of coded data extracts to ensure that they form a coherent pattern. Themes refined in a level one review were organized into a thematic map, which was then reviewed against the entire data set to ensure that it was meaningfully represented (Braun & Clarke, 2006). Through continual engagement with the data, as well as consultation with supervisors, I arrived at 5 working themes.

5. Refining, defining & naming themes

In this stage, the researcher refines the specifics of each theme, naming and clearly defining them. Braun and Clarke (2022) note that each theme should be simple enough to describe in a few sentences and theme names should be concise and immediately tell the reader what the theme is about. I further organized the data within each theme into sub-themes and referred to the initial transcripts to ensure that participant meaning was conveyed as accurately as possible. I chose names for each theme and subtheme (see Figure 5).

6. Writing up

The final phase of thematic analysis is writing a report that concisely and coherently portrays the story of the data, as told through the identified themes (Braun & Clarke, 2022). Vivid and compelling extracts from the data help to illustrate this story, creating an account that not only describes the data but makes an argument in relation to the

research question and the literature (Braun & Clarke, 2006). The findings chapter of this paper conveys the results of the researcher's analysis.

Credibility

I employed two procedures to enhance the credibility of this study: researcher reflection, including bracketing, and member checking. Researcher reflection involves the researcher reflecting on their own background, values, and biases regarding the research topic (McMillan, 2016). Researchers should demonstrate an awareness of their inherent subjectivity and an understanding of how their perspective influences their expectations of the study, their interpretations of data, and their conclusions about the findings (McMillan, 2016). Researchers might at the outset record their biases and expectations for the study in a procedure known as bracketing, allowing the influence of such biases to be monitored (Johnson et al., 2007). I implemented this procedure before data collection began, through writing a researcher positionality statement (see Chapter 1 of this text), and continually revisited it throughout the analysis process by writing in a reflexive field notes journal. The journal served as a venue to express my thoughts about and emotional responses to the research process. Some of these entries were the sparks for what evolved into the discussion chapter, while others were a form of accountability for noticing my own biases. The second procedure, member checking, was implemented after data analysis had taken place. This procedure involves inviting participants to review researcher interpretations of the data to ensure that participant meaning is accurately depicted (McMillan, 2016). For this study, I contacted participants through email once the data had been analyzed and invited them to join a 15 to 30 minute video or phone call to review the themes. Seven of the eight participants responded to the

invitation and participated in a member-checking call, after which I made minor clarifications and adjustments based on participant feedback.

Chapter 4: Findings

This chapter will illustrate the findings of the study, which I have organized into five themes: (1) the spiritual nature of therapy; (2) therapist congruence; (3) culture-infused practice; (4) stigmatized spirituality; and (5) a closer look at practice. Figure 5 displays a summary of the themes and their subthemes. Prior to a discussion of the themes, I have included some findings about how the participants conceptualized spirituality itself.

Defining spirituality

Early in my conversation with each participant, I invited them to offer their working definition of spirituality, a central concept to our discussions. I will briefly summarize their responses here, in order to contextualize the themes that will follow.

The therapists interviewed defined spirituality in broad and inclusive terms, stressing its unique manifestation for each individual and its ever-changing nature in their own minds. Participants spoke about spirituality as a means of "feeling connected with yourself," as "anything in your life that that gives you a greater sense of connection," as "human connection," and as "a connection with something greater than ourselves." For some interviewees, this connection to something greater was conceptualized in terms of a higher power, which some defined as God. Jo described their spiritual path as growing closer to God through connection with other people, and shared this quote from a treasured book: "…finding a God who is a gracious mystery, ever greater ever nearer

through a new awareness of the earth and in the lives of their neighbors" (Butler Bass, 2015. p. 47). Several participants described this spiritual connection as vital to well-being. Morgan noted that when they feel that the connection has become "distant," they take it as a sign that they are "struggling." Jordan hypothesized that many mental health issues are in part driven by the lack of opportunities that individuals have in their lives to explore and talk about spirituality. Many spoke about spirituality as a way to approach questions of "meaning," "purpose," and "the unknown." Taylor said that it can provide a "framework around the part of life we can't explain. Like the deeper things like awe, interconnectedness, and something being beyond ourselves." Noor described spirituality as "faith in, really, anything that guides your values or your morals. And practices that keep you within the set of values that you have." Some described how spirituality relates to the truest form of the self, "the soul," "the very essence of who we are." Getting to know, understand and embrace this essential self, participants said, is how we "find peace [and] inner healing" and "compassion towards the self" which allows a person to "expand that compassion for others."

The therapists interviewed stressed a distinction between spirituality and religion, explaining that spirituality exists with or without the structures of religion. While all respondents seemed to agree on this point, several also defined their spirituality in terms of alignment with a religious tradition, with one therapist self-identifying as Muslim, another as Jewish and another as Christian (United Church). On the topic of defining religion itself, Avery had this to say:

> "[Religion] can be a practice, a worldview, . . . to reduce it to 'what do you believe?' That's, I think, possibly damaging to clients . . . It's a tradition. It's a part

of who they are. It's their life and I think that is something that needs to be honoured. It's not about what they believe. It is so much more."

Theme 1: The spiritual nature of therapy

Sacredness of connection & transformation

As I began speaking with my participants, one of the first things I noticed was that my line of questioning carried assumptions that spirituality was an external thing to be brought into a non-spiritual sphere of therapy. These assumptions quickly gave way to an idea shared by several of the therapists interviewed, that spirituality can be regarded as inherent to therapy itself. Avery expressed it in these words: "I think that I see that my practice is spiritual. So, everything I do is spiritual. So, when you're talking about integrating it, it's like but it already is and I'm already honouring the spirituality of the client." Jordan referred to the Ancient Greek origins of the word "psychotherapy," meaning "soul healing." So what is it about the practice of psychotherapy that we might call spiritual or sacred? Jo described the way in which therapists create spaces of safety and acceptance, "respected sacred space in which each of us may be open to change." They go on to describe this further:

> "We have to walk gingerly with people. Right? Not to come on strong, but create a sacred space in the midst of a secular building, so that when people come in, they feel welcomed, and they learn that they're accepted in that space, so then they can ask those very questions they've never been able to ask anybody, or they've been able to tell you a part of their story that they're hoping that you can help them to know how to heal that . . .. It's our jobs to create sacred spaces in these

> buildings in which we work so somebody can breathe and go, 'Oh, I look forward to that because that's one of the few places in my life I feel safe.'"

This extract highlights the vulnerability that clients experience in disclosing their very personal experiences, and the deep respect with which the therapist holds them. In this exchange, there is an underlying sacred trust. Morgan described this disclosure as "very precious," and "a gift" to be treated "with the most respect" and "received with great gratitude." There is an honouring of the client's spirituality, and a reverence for what they share, that makes this connection a sacred endeavour. In describing the attitude with which they strive to approach interpersonal relationships in and outside of the therapy room, Jo remarked, "if I believe the God in me . . . reveres the God in you, then I'm going to treat you a whole lot differently." It is this kind of sacred relationship of mutual respect that allows for transformation. In describing their therapeutic process, Jordan observed that once the therapist creates "that space of love and connection," then "things start happening within clients." Many of the therapists I interviewed work with clients who have experienced trauma. Avery shared their observations about the spiritual transformation they have witnessed in these clients: "Deeply wounding experiences can lead to tremendous spiritual growth. And you know, I see it in clients. I think it really just happens and all I have to do is make room for it."

Embodiment of spiritual qualities

In describing the conditions needed for a strong therapeutic alliance and a safe space to discuss delicate matters, the participants touched on several spiritual qualities they strive to embody: trust and trustworthiness, patience, gentleness, empathy, respect,

hospitality, patience, compassion, calmness, creativity, and curiosity. The two most emphasized qualities were trust and hospitality.

Trust. Fostering trust between client and therapist was described as an essential prerequisite to client disclosure and willingness to delve deeper. Dominique explained that "an environment that's very trusting and respectful" is necessary because clients are often sharing their stories for the first time. When working with clients who have experienced trauma, Morgan noted, that trust can take time to build – sometimes months. Dominique explained that this trust can be built through empathic listening on the part of the therapist. Jo highlighted the importance of asking the client to clarify their understanding of the topic being discussed, to demonstrate that that the therapist is not making assumptions and wants to understand the client's perspective. Robin talked about the comfortable, informal manner that they use to address clients and build rapport. Several spoke to how such trust requires time to grow.

Hospitality. Hospitality was another quality highlighted by two participants. Jo emphasized the central role of hospitality in their spiritual practice

> "Part of my definition of spirituality includes hospitality because it's spirituality in action. So something that I'm very intentional, when I go into the waiting room, . . . I walk up and I say who I am and I shake their hand . . . then I say, 'Okay, am I making you a cup of tea today?' I want you to feel comfortable in my office like you would as if we were sitting around your kitchen table."

Robin also described cultivating an atmosphere of comfort where the client can feel at home: "I want my clients to feel like they're at home so that's why I've got the electric

fireplace, . . . coffee, tea, water, whatever. Cuz [*sic*] some of my clients just don't have that experience of going home."

Helping as spiritual practice

Most participants stated in one way or another that their work as therapists was a direct expression of their spirituality. Some described broadly how altruism, helping others, and inspiring growth in others are a part of their life mission, their process of self-actualization, and their spiritual practice. Dominique explained, "My life purpose is to self-actualize, basically. And in my self-actualization, I want to help others do the same for themselves and to be part of their journey is not just an honour, it's a privilege." Jordan put it this way: "My life is a spiritual practice. So, like I see every client, every person I encounter as an opportunity for growth. And if I can inspire that in other people just by modeling or normalizing these big ideas and a space of questioning these things, . . . that's my spirituality."

Others shared specific concepts or figures from their spiritual worldview that guide their therapeutic practice. Robin took inspiration from Norse spirituality to guide their therapeutic approach of honouring clients' experiences and acting as a host:

> "Odin, he welcomes in those who have given the ultimate sacrifice . . . once they're in the afterlife, they still train all day long, but in the evening they heal and they are continuously learning, working on their healing.. . . So it's basically the most recognized and honourable place to be, when you pass, for doing the ultimate sacrifice. So veterans, first line responders, all those unforgotten heroes, or even if people are just at war with themselves, right? [They can come here and feel like,] 'I'm at peace.'"

Jo described how they draw on the example of the life of Jesus and on scripture as they strive to walk with people in and out of the therapy room:

> "Jesus was always trying to teach those Pharisees, church officials, the temple keepers, the gatekeepers, whatever you want to call them, that God's love is all-encompassing, it's not just for the chosen few. They couldn't handle that, but if you look at who he let him teach him – lepers, a woman by the well, a child, . . . they're the ones who he allowed himself to be taught by, and he kept saying the same message over and over again. So I am reminded all the time that this figure in my spiritual perspective, and it wasn't just him, but because of that, I have been influenced to meet people where they're at.. . . I'm not always successful, but I do try to live by Micah: To do justice, to love kindness and to walk humbly with God."

Avery explained that their counselling work is "part of my religion." They spoke about how they contextualize their practice in the context of the Jewish tradition of *Tikkun Olam:*

> "In Judaism, there's a really strong tradition of what we call *Tikkun Olam,* healing the world. It's like in in the first book of Genesis.. . . Jews have never taken that story as a literal interpretation of the process of creation. But it's tremendously important because at the end of that story. God looks at the world and . . . God says 'it's very good' and God rests. And it's like, 'wait a minute. This is God we're talking about. Why doesn't God perfect the world? And why does God need to rest?' And the answer is God has made humans. So there's a really strong tradition in Judaism that we are partners with God in completing the work of creation.. . .

> Counselling is just about the most Jewish thing there is. It's healing the soul. *Refuah ha nefesh.*. . . We try to bring the sacred into everyday life, and so even the most secular Jew would see doing therapy as some kind of holy act, a very Jewish thing to do."

Theme 2: Therapist congruence

Authenticity

Authenticity was a common thread throughout many of the conversations with participating therapists. Several expressed that showing up fully as themselves means that their spirituality is part of the equation. Dominique said,

> "It's difficult to remove your own spiritual beliefs and practices from the counselling approach . . . I am who I am today because of everything that's happened to me as a human being . . . and I bring that either overtly or covertly to . . . my counselling practice. And that includes my spirituality."

Avery put it succinctly: "Everything I do is spiritual." Morgan explained that they strive to connect with others on a spiritual level, in and out of the therapy room. "I try to show up . . . practicing, being close to my being in everything I do.. . . it's not just with clients, it's my interactions with humans overall."

Dominique argued that this level of congruence is what clients deserve from their therapists: "They deserve authenticity, and professionalism, of course, but I don't think we can be professional if we were trying to be someone else or someone that we're not." Jordan noted the positive changes they have observed in their abilities as a therapist since deciding to embrace a more authentic approach in their work: "When I finally abandoned what I thought I should be doing and did what was more in alignment with what I was

meant to do . . . everything got better. Every client that followed me got significantly better." They commented that if therapists are telling their clients to live in alignment with their values, they must be striving toward the same congruence in their own lives. In the same vein, they talked about how "modelling" what it looks like to explore "big ideas" and to live in alignment with one's values can "give others permission to do the same." Even in the organization of their practice, Jordan noted that their decisions are spiritually informed:

> "Trusting my purpose in this profession has been like, accepting that I can't work a nine to five job because I can't show up in the way that I want to . . . I'd be spreading myself too thin if I were to do that . . . but that's part of my spiritual practice. It's so that I can be the best therapist for the people that I have in my little bubble right now . . . I've had to really make sure I have the space in my personal life to take that [existential questions] on."

Personal spiritual practice & journey

Most participants described themselves as on a "path" or "journey" with spirituality that began early in life and continues to evolve and change. Morgan spoke about a bond with nature that began in childhood and a habit of sitting "in the branches of the tree" that they would later recognize as "practicing mindfulness." Robin and Morgan both spoke about a deep curiosity in spiritual matters throughout childhood and adolescence. Dominique said that they consider therapy to be part of their spiritual journey, particularly the guided imagery work they did as a young adult.

Several participants expressed that therapists who are hoping to help clients explore spiritual matters need to have "done the work" of engaging in their own spiritual

exploration. Jordan said, “I can only take my clients as far as I've gone myself. I truly believe that. So if they're asking themselves these like big questions, I have to do the same.” Dominique echoed this sentiment, saying, “I only bring to the forefront what I'm capable of dealing with in terms of spiritual challenges.” Morgan said, “I really believe that in order to spiritually connect with your clients or understand their own spirituality, you need to have a good sense of that, what that is for you.”

Participants described their personal spiritual practices and the ways in which they impact their therapeutic work. Personal practices mentioned by participants included meditation, yoga, prayer, reading scripture, breath work, Reiki, reflective time spent in nature, reading Tarot cards, going on spiritual retreats, and engaging in community service. Jordan and Morgan both spoke about practicing Internal Family Systems (IFS) approaches in their daily lives by noticing “What's going on in my system?” and responding with compassion and curiosity. Jordan noted that to protect themselves from vicarious trauma, self-care has become a spiritual practice. Morgan said that their daily practices make them “a better therapist” and “a better person.” Dominique described using Reiki privately before sessions to prepare themselves and their space for clients: “I centre myself . . . I send the energy to the seat where they will be and to the person that's coming in. You know I have them in my thoughts and I ask for guidance.” For Jo, this spiritual preparation has taken the form of community service as faith in action:

> “When I used to make sandwiches for the school program . . . I was also blessing each sandwich that would meet up with a little kid that day. So I felt that I was living my faith before I went in to do counselling for the day.”

Interconnectedness of personal & professional development

Participants discussed the many personal and professional experiences that have shaped their decisions to work in their field, their clinical focus, and their attitudes and approaches as spiritually integrated therapists. Dominique's description of the breadth of experiences that lead them to their current role is representative of many participants stories:

> "All those years I knew I was preparing my career for what I'm doing now. There were a lot of events, there was a lot of PD [professional development], there were a lot of training sessions, there was a lot of my own existential stuff. I knew I was preparing for this."

For many participants, it was first and foremost their personal experiences with spirituality that impacted their work. Avery shared that personal experiences of trauma eventually lead them to a spiritually integrated approach to trauma work: "I'm a trauma therapist because of things that happened in my life. And I think for me, the process of recovery has been a deeply spiritual experience." Taylor reflected on how their personal history with religion has impacted their decision to work with survivors of sexual violence: "As I've untangled my own story, that makes a lot of sense as well. Because at the root of it . . . a lot of my personal harm from religion was around gender." Jordan also noted parallels between their own spiritual path and that of many of their clients, observing how in both cases, becoming a parent was the catalyst for new existential and spiritual questions. Other participants discussed experiences in their personal spiritual histories that were similar to issues their clients bring to therapy, including grappling with their spiritual identity, experiencing "existential angst," encountering new ideas that

challenged their beliefs, leaving a restrictive religious community, and discovering their cultural heritage later in life. Morgan reflected that part of what allows them to be an effective guide for their clients is the fact that they have "been there" many times and know what it is like to experience spiritual struggle.

As I asked participants to speak about personal and professional experiences of spirituality that had impacted their work, it became clear that these two domains were often impossible to separate. They talked about how their professional development has been motivated by deep personal interests and described moments of personal transformation taking place in professional contexts.

Noor and Taylor both commented on the lack of content related to spirituality in their graduate coursework. Taylor noted one course in their program that acknowledged a connection between spirituality and counselling: a course for counsellors about reconciliation in the context of Canada's historical and ongoing colonial oppression of Indigenous peoples. Though the purpose of the course was not to teach students how to integrate spirituality into their practice, it prompted them to reflect on their own spiritual and cultural history and worldview. Other participants did not mention their graduate training as having educated them about spiritually integrated practice. Jordan recalled how, even after completing specialized training in a new modality, they were not prepared to respond to the spiritual experiences that were taking place in sessions and asked themselves, "Am I doing the right thing?" Participants mentioned a wide range of professional development activities they have been or are currently engaged in, including books, podcasts, courses, webinars, conferences, clinical supervision, and membership in professional associations or networks (for a list of all resources mentioned by

participants, see Appendix F). Participants emphasized that these professional development activities were found and undertaken of their own initiative to expand their scope of competence in this area of profound personal interest, and to allow them to put it into practice in an ethical and evidence-based way.

Two of the participating therapists had previously trained and worked in religious professions – chaplaincy and ministry – and attribute much of their therapeutic approaches to what they learned through that work. Avery said that being a chaplain was "the most helpful training that I received in becoming a therapist" because they learned "to sit with people. Just sit with them, not trying to change them, just being there for them." Both recounted meeting individuals through their ministry who were facing mental illness, trauma and marginalization, and described the great personal lessons that they learned from these individuals. Jo said of these interactions, "I met Jesus as many different people . . . someone who met me where I was at and guided me along and listened and helped me to learn." Both participants regarded a move to the counselling field as a continuation and natural progression of the spiritual work of "accompanying" people in which they had already been engaged.

Several participants recounted professional development experiences that contributed not only to their clinical competencies but also to their personal healing and growth. Reflecting on a training they were currently taking about religious trauma, Taylor observed that the course was bringing greater awareness of how their internalized beliefs from their religious upbringing had shaped their worldview. They noted that a resource they often use with clients was equally valuable for their own healing as it "finally put language" to their thoughts and experiences. Jordan spoke about the personal impact of a

training they undertook in Internal Family Systems, which they described as "very moving," "life-changing," and leading to "a lot of self-discovery." "It brought me into alignment in many ways in terms of showing up for myself in that way and listening to myself and understanding like what spirituality meant to me."

Morgan reflected on their involvement in a professional network of Indigenous therapists and the space the group has given them to explore their heritage: "It's been healing for us all.. . . They're not afraid to say that they love each other. It's amazing. It's beautiful." These spaces and resources for professional learning do not simply foster the development of clinical competencies but rather can enact profound transformation on the whole person.

Navigating self-disclosure

All participants discussed navigating disclosure of their personal spiritual beliefs and practices within the session. Three participants pointed out that their clients come to therapy informed to a certain degree about their therapist's spirituality, training and practice focus because of details disclosed on their website. Avery said that they disclose their Jewish identity along with their background in chaplaincy; Jo noted that their website mentions spiritual accompaniment; and Robin mentioned that they described themselves as "non-traditional spiritual allied" online. These participants expressed that their clients often choose them because of this transparency, if they are looking for a particular perspective or approach. Beyond this, most participants expressed that whether, how, and how much to disclose about their own beliefs and practices is a nuanced decision. Noor said that their clients are seeking "relatability" and for their experiences or thoughts to be validated as "normal." They explained that self-disclosing in a general,

non-specific way, such as responding to a client, “I'm also a believer of [*sic*] a higher power,” can provide this bridge between the client and the therapist without centering the therapist. They noted that they exercise caution when a client discloses adverse experiences with spirituality, and that therapist self-disclosure may not be appropriate in such cases. Robin said that they will sometimes offer a personal story of relevance to clients but speak about it in the third person to avoid “making it about me.” Jordan shared that, while they refrain from disclosing too much about their own spirituality, they self-disclose “at the emotional level” to validate clients’ reactions. They said that clients often express surprise and reassurance, commenting, “Oh, you go through that?” They explained that they will answer clients’ questions about their beliefs and practices, but they do not volunteer this information, so that discussions about spirituality within the session remains client led.

Avery offered an anecdote about a client who was leaving a religious community that had been highly restrictive for him:

> “He was asking me questions about [my religion] and so on. And he was, he just wanted clarification, I think, that the world view that he had grown up with was not something that I subscribed to and he was very relieved, I think, with that.”

This example reveals another form of self-disclosure: offering one’s own perspective on the matter at hand. Jo discussed their use of this form of self-disclosure in their practice: “As we build trust, I can offer up something else. And then they'll say, ‘Well I never thought about that.’ You know, ‘No, I don't believe that your son died because you were not a good parent.’”

Self-disclosure can also take the form of relationship immediacy, using the here and now to explore a dynamic that may be common in the client's life. Morgan explained that when using the "parts" language of IFS, it is appropriate for the therapist to acknowledge the part of themselves that is "getting in the way," to model this process to the client. They shared an anecdote about their choice to share their own reaction to a client's use of religious terminology in the session:

> "I said to him, 'I have to share something with you.' And I shared with him that in my own way, how there's a part of me that's getting in the way of being comfortable around his own comfort and expression of Christianity. And he said, 'Oh wow, that's interesting... tell me more.' So I told him. He goes, 'Maybe that's why people, some people, get upset with me.' I said, 'Maybe.' He goes, 'I never thought of it that way… well, I actually kind of understand in some way.' And then we had this huge conversation about his fears and shame around his religion, and parts he didn't connect with and then felt relieved that maybe somebody else might feel that way too. . .. I shared . . . just enough disclosure to give him a sense of what I was seeing, and then it evoked a curiosity response in him."

Morgan took a risk in disclosing their own discomfort, and, in this case where there was a relationship of trust between them and the client, it created opportunities for emotional and spiritual growth.

Reciprocity in the therapeutic relationship

As participants spoke about the transformation occurring in their clients, it became clear that many of them were also growing, learning and allowing themselves to

be affected positively by their clients. Noor reflected that their counselling work has strengthened their spirituality:

> "It was powerful watching people struggle with their own religious views or their own spirituality and that drew me closer to mine. . . . I was struggling with my own practices, but once I started seeing clients in practicum as well, that even drew me closer too."

"When I see people making that connection with themselves," said Taylor, "then for me that's moving." "I find it inspiring," said Jordan, sharing that, after encouraging a client to try a new practice like walking in the forest, they often go home and "follow [their] own advice" and will sometimes even share this with the client at the next session. Jordan emphasized that they learn "just as much" from their clients as they do from them. They recalled a memorable insight shared by a client in a session, that stuck with them and "made the next six months of my life better," commenting that clients all have wisdom to share based on their life experience. Clients have often recommended books or sent resources of interest because, as Jordan put it, "it's a two way street . . . we're growing together."

A relationship of reciprocity in spiritually integrated practice requires a "good fit," said Dominique, one in which both client and counsellor feel comfortable. Robin reflected on goodness of fit, commenting that mutual respect is essential, and that, for them, if a client is disrespectful of them or their values, they would refer them out. Jo also has a personal boundary for what they will accept from clients and explained that "if I had somebody in my office that was proud to say they were a white supremacist, I would

have to go to my boss and just say 'conflict of interest.'" As Dominique put it, "I need to feel comfortable with them to be who I am."

Theme 3: Culture-infused practice

Honouring diverse spiritualities

Participants stressed the importance of a spiritually integrated counselling approach accommodating "many, many different experiences" of spirituality. As Morgan put it, "not everybody has the same connection to their higher power . . . Christianity might resonate with them, or Buddhism, or Hinduism or whatever it might be." Aside from a diversity of spiritual practices and traditions, clients differ greatly in how they conceptualize spirituality and religion. Avery argues, "Christians talk about 'faith' and they see religion as a set of beliefs. And just about every other religion out there sees religion differently. They see religion as a practice." Participants described spirituality, religion and culture as distinct but interrelated phenomena whose intersections form our values, beliefs and practices. The distinctions between them can be difficult to understand, said Noor:

> "Culture gets very intertwined with spirituality . . . . really honing in on the difference of that can be really helpful in talking about spirituality . . . . I think it's very valuable for clients to really open their minds to that and try and find what their own cultural beliefs are, separating that of the people around them or their environment."

Cultural differences come to light in therapy through clients' expressed values and practices. Noor noted differences they have observed between clients from individualist and collectivist cultures:

> "With Western clients, I find a lot of the values more so aligned with that kind of CBT based [practices] of . . . self care walks and like morning routines, things like that […] but with more BIPOC [Black, Indigenous and People of Colour] clients I find values are more aligned with kind of connectedness and family."

Noor said that they often work with individuals raised with values of collectivism who are now seeking to define their spiritual beliefs for themselves. "I find especially for immigrants, for example, moving to Western societies, it's really hard to find that adaptability in both having independence but also connectedness with community." Dominique has also observed the tension that individuals can feel when caught between values inherited from their family and culture of origin on the one hand, and perspectives gained through their own lived experience and exposure to a new culture on the other.

> "[The client's] set of values is becoming different than their cultural background. [There is a] big clash there, so it is spiritual in nature because . . . how they're feeling and reacting and behaving does not at all match with Mom and Dad's background."

Dominique explained that this value conflict can make it very difficult to process trauma, because the client's frame of reference is shifting so drastically, an unpredictable variable added to an already tumultuous situation.

Robin observed that spiritually integrated practice should include multicultural competency, in order to meet clients where they are at spiritually. This includes being able to explore therapeutic concepts in a culturally appropriate way. Taylor gave an example:

> "We do a lot of work around building autonomy and . . . creating boundaries, and that doesn't always work in other cultures . . . that doesn't always mesh in the same way and its, you know, not necessarily applicable or helpful even, so trying to really be transparent with clients [that] . . . the way I was trained, is coming from a really Western perspective and helping look at the flaws and maybe the benefits to building boundaries but also in a different cultural context what that means is going to look very different. . . . So finding a way that someone can do that in their own context feels appropriate."

Going a step beyond "acknowledging and addressing" the client's spirituality, Jo highlighted the importance of "honouring" it, whether or not they agree with the individual's beliefs or understand their practices. "I see my religion as a tradition, they have a different tradition, that's fine," said Avery. "I think that it it's so important to honour other traditions." Jo reflected that learning a person's story allows them to see the ways in which their spirituality is a source of strength and support. Holding space for different worldviews allows for greater connection and mutual growth, Jo explained:

> "So I may not agree with [someone's worldview], but I think I owe it to her to be respectful and honour it. It doesn't mean I might not share how I feel, but I'm never going to be heard if I don't say, well, 'Okay, that makes sense to me now. I never understood why that was so important to you.' And then when I make that bridge and meet her on that bridge part-way, then she comes out of her shell more and says, 'Well I never thought about your opinion before.' So I'm not saying we automatically change in that moment, but we create space, respectful sacred space in which each of us may be open to change."

Conveying this acceptance, respect and honouring of diverse spiritual traditions is important to Robin. One way that they have done this is through visual indicators in their office space, including objects of cultural and spiritual significance from Indigenous, Christian and other traditions. They have also identified themselves as “non-traditional spiritual allied” on their public online profile to let clients know that they are welcome.

Seeking to learn

When it came to working with clients whose backgrounds differ from their own, participants agreed that it is best to be honest about their lack of knowledge and adopt a stance of curiosity. “I'm very upfront about the fact that I don't know everything about their cultural background and about their spiritual practices,” said Dominique. Taylor echoed this, saying that they are “very transparent” with clients about the limitations of their own knowledge. Noor explained, “when someone's worldview differs, I find the curious stance is always the best way. I ask a lot of questions and I let the client know that the reason I'm asking a lot of questions is because I'm curious or I haven't shared that same kind of world view.” While participants described taking time to educate themselves about their clients’ spiritual traditions outside of sessions, Morgan said, “I don't believe it's necessary to study all these different religions and put the pressure on you to feel you have to understand them all. I feel that that kind of gets in the way.” They went on to explain that it is best to hear from the client about their experience, as each person’s perception may be different, even within the same religion or tradition.

Several participants spoke about the rich learning that has taken place for them in cross-cultural personal and professional relationships outside of the therapeutic context. Taylor described how their exposure to many different spiritual and cultural communities

as a child helped to expand their view of the human experience. Jo talked about a lifelong friendship with an individual of a different denomination, whose beliefs they disagree with but have come to understand in the context of their friend's life experiences. They also spoke about marginalized individuals met in their previous profession as a minister who had a profound impact on them, and "opened that world up to me so that I could see spirituality in a totally different way," including an unhoused person who taught them about the Bhagavad Gita, one of many "teachers" they encountered.

Avery shared a story about their time as a campus chaplain building community amongst Jewish and Muslim students, despite receiving backlash from an intolerant individual in power. They explained that they gained enormous student support and that the experience of striving for "some path to peace" in their community "kind of defined things for me that, you know, it's important to stand up for things and this was something important to stand up for." They reflected that the experience also highlighted how important it is "to honour other traditions," which is a central element of their therapy practice.

Morgan emphasized the importance of going "to the source" when seeking to understand a particular cultural perspective, and how relationships of reciprocity with people from different cultures make this possible. They told a story about reaching out to offer support to an Indigenous community leader after the revelation of the residential school graves, and then asking his perspective on what kind of allyship would be meaningful to him. "If I really wanna [*sic*] know what they're feeling," they said, "ask."

Decentering the therapist's worldview

Perhaps the most emphatically agreed upon principle among the participants was that the therapist should not impose their own worldview on their clients. "I'm not here to try and change anybody's mind," said Noor, but rather to "be a supporter in what their beliefs are." "I never encourage people to become Jewish or anything like that," Avery echoed. "My aim when I counsel a Christian is to make that person the best Christian I can, or the best Muslim or whatever." Jo explained how they take care to hear from the client about what "God" means to them, so as not to impose their perspective. Morgan reflected on the "potential limitations" of their own spirituality, frequently asking themselves, whether "any parts of it get in the way of me trying to understand somebody else's spirituality."

Several participants discussed the ways in which dynamics of dominant and non-dominant cultural identities influence spiritually integrated practice. Taylor spoke about their efforts to resist Western ethnocentrism, explaining that they try to "fight against the Western narrative to think that 'this is the best way and the right way.'" Jo noted that they are mindful of their "privileged white female perspective" and how this positionality may be perceived by clients. Avery shared a perspective on how Christianity, as a dominant spiritual and cultural worldview in Western society, has shaped social understanding of religion, even among those who do not identify with it: "I find that when I talk to people who are atheists and agnostics, their view of religion is often very Christian and so it's as if Christianity is the religion they don't believe in." As a Jewish therapist, they observe that "non-Christians," regardless of affiliation, are overrepresented in their practice:

> "Muslim, Hindu, whatever – clients seem very comfortable with me . . . . They will sort of mention religious practices or whatever, and in a way that I don't think they would be talking to a Christian therapist. . . . I think it's as if they're saying to me, 'Yeah, you get it. You get that [my religion] is a practice.'"

Clients sometimes look for a therapist who shares their spiritual background because there is automatically a greater sense of trust, Noor said. They added that clients who practice the same religion as their therapist do not need to explain everything about their beliefs and practices the way that they might have to with someone else. This common experience also allows for more detailed and practical conversations about integrating practices. For example, Noor, a practicing Muslim, illustrated the kind of conversation they have had with Muslim clients about aligning their practice of Islamic prayer with their intentions and values:

> "In Islamic prayer - where you have kind of a set of - we call it *surahs* - or you have a set of prayer that you do, but at the end of prayer you can kind of take it upon yourself to ask for things or to pray for someone or pray for yourself . . . and just kind of have that connectedness. And so I find that, for example, integrating that rather than just focusing solely on the prayer and really trying to find that connection with either faith or a higher power or spirituality is really helpful."

On the other hand, Avery said that Christian clients have sought them out knowing that they are Jewish, in order to gain a different perspective. They said that these clients expressed relief that they were not "pushing" them, "trying to convert" them, or telling them what they "should" be doing. When one is part of the dominant group, care is required to avoid ethnocentrism. Avery shared an anecdote about a clinical supervisor

who was Christian and who told them that they needed to convince a Muslim client to "go to church when he had spiritual issues."

Jo called this attitude "theological colonialism," meaning that the dominant group asserts, "Our God is *the* God and you need to come into line with my understanding of who and what that God is." Jo said they are aware that when this plays out on a global scale in the form of war and genocide, many of their clients are deeply hurt as they witness the maltreatment of their coreligionists. They open space for their clients to talk about these issues should they want to and observed that clients often respond with relief by saying something like, "As a matter of fact, I do . . . they are my people and it pains me for how they're being treated." In inviting this conversation, Jo honours the political grief often disproportionately experienced by members of non-dominant groups.

Managing bias and countertransference

Bias and countertransference are concerns that all therapists must manage. In the context of spirituality, participants identified two common scenarios when they tend to arise: on the one hand, when a client's experience seems similar to the therapists, and on the other, when their worldview or background is extremely different from that of the therapist. Speaking about the former, Taylor explained,

> "If someone is coming from a background that has some overlap with my own, then I have to be really aware. . . . If I notice I'm getting some internal resistance and trying to observe that, or if I'm feeling like this urgency like, 'I need to change their mind!' I have to really observe that and check, like, 'What's that hitting for me?' or 'What assumptions might I be making based on my own experience?'"

Robin commented that therapists “have to be very conscious of maybe our own difficulties we've had with spirituality throughout our life” and how these experiences may be shaping the way we perceive the client and their experience. Jordan emphasized the importance of remaining nonjudgmental, calling it a “main ethical duty.” So how do therapists deal with feelings of judgement that arise in the session? Several participants spoke about using tools from their therapeutic practice to address these reactions in the moment and process them after the session. Jordan explained how they utilize the concept of parts from IFS to approach the issue:

> “If I have a part that jumps up with judgment internally, based on what the client says or discloses, . . . I have a dialogue with that part in that moment that's like, ‘Okay, we'll talk about this later,’ like, ‘I know, I know, you're right, but not right now! We have to listen, we have to listen.’”

Taylor said that they “try and tune into what [their] own somatic response is” to notice what reactions they may be having. Morgan shared an anecdote that illustrates how they combine these two approaches, taking note of somatic signals, engaging non-judgmentally with the part and becoming curious about its origin:

> “I was two years into practicing with IFS and I had a client who was Christian. And he would use [Christian] terminology a lot when he spoke to me. And I noticed that I had this, like, jolting force that would go from my lumbar spine all the way up to the base of my neck. . . . And immediately my system sensed it as fear. . . . So I noticed that in that region of my body and I found that was very interesting and as soon as I noticed it, it settled because I brought my awareness to it without judgment. I was curious . . . I just said, ‘I will get to you guys later,

> whatever that is,' and I asked it to just kind of go behind me and it's settled . . . After that I did a lot of processing and a lot of internal IFS work and I found I was able to trace it back to a childhood fear around shame and religion or Christianity. So once that was calm and healed, then I could go back to that client and I would, I would listen more openly and I learned more about his religion or spirituality from his perspective."

This example demonstrates that self-reflection can enable therapists to "listen more openly" to the client's experience, without the interference of their biases, and in doing so, to recognize the client's unique experience of religion as distinct from their own. Noor shared that they often return to a set of reflection prompts from *Culturally responsive and socially just counselling* (Collins, 2022) as a way to check in whenever they notice biases creeping in, particularly when working with a client with a different worldview. "The number one [question] that I draw back to is 'What are some of the things that I was taught growing up that have influenced my worldview?' . . . Being able to reflect on that, I realize, 'Okay, this is where that thought is coming from. This is where that judgment is coming from.'" Reflecting on one's own history can also help therapists to become more empathetic to the client's experience. Taylor, who identifies as an "ex-evangelical," explained how their experiences with spirituality help them to refrain from judging clients whose views differ from theirs:

> "I think what I try and hold onto is also the feeling. I remember that feeling that I had of when I was really in it [the church]. Of how much it centered my whole world and how important [it was] and how I felt like it was truly meaningful and I was choosing it. . . . and I remember what it felt like in that space when people

> would try and rip that away from you. So I don't ever want to create that feeling for people."

Bias is a part of the human experience, said Noor, and being faced with one's biases is never comfortable. Leaning into this discomfort when "blind spots" come to light, Morgan argued, is what allows us to grow: "I could have just continued to be in that discomfort that was manageable, or I could work on it and be more connected with the client which will help the client heal."

Theme 4: Stigmatized spirituality

Pathologization of spiritual experiences

Two participants observed that clients can face social stigma when disclosing their spiritual experiences to others, explaining that unusual experiences are often pathologized or labelled as psychosis. Robin described this as a shortcoming of the Western medical model:

> "Yes, there is diagnosis in situations with schizophrenia and hearing voices, but some people legitimately do have experiences from spirits. And that sounds very delusional to some people you know . . . connecting with the universe and the spirit world has been around with many cultures, but I think we're very, I'll say it bluntly, we're very arrogant in the West."

Jordan referred to a client who described a constant spiritual presence during their sessions together, noting that "this would have been something that would have made her feel 'crazy' in the past" but that acknowledging this presence without judgement in therapy is "having a positive effect in her life." Robin explained that clients feel comfortable sharing these uncommon experiences for the first time when they sense their

therapist is “open-minded” and they trust that their disclosure will not result in institutionalization. “They prefer that and I find more healing gets done for helping them feel understood regardless of what's going on,” Robin said. Jordan emphasized their role as the therapist in these situations, “to be nonjudgmental and to normalize and explore how things show up.” When there is a strong working relationship, Robin explained, they can discern, together with the client, what they are experiencing:

> “I sit with them and kind of help them figure it out for themselves too, because if they are going through a state of psychosis, the person’s already scared. So definitely there's [*sic*] interventions and techniques to speak to someone who's going through psychosis . . . if I have that working relationship, we've talked about this stuff before, other experiences they've had, and they can identify [on] a conscious . . . level that they know that this is happening. Right? When it's full-blown psychosis they just don't know what's going on.”

Jordan shared their reflections on the tendency of the medical model to pathologize difference, and the limitations this can pose when it comes to spirituality:

> “I am not completely against the medical understanding of mental health disorders, but I do not want to see people struggle with what can be understood as something spiritual, only to have it labelled as a disorder, when it is often an invitation to explore yourself at a deeper level, [from] which great meaning can emerge.”

Sharing an example from their own life, they explained that the characteristics or “symptoms” of their neurodivergence, such as sensitivity to external stimuli and tendency

to experience intense emotions, are also "skills" that make them more connected and open-minded: "these are the exact conduits I have to expand my spiritual practice." They explained that they encourage their clients to harness their unique strengths as well, for example, inviting a client who experiences nightmares or trauma flashbacks to explore how to use their vivid imagination in their healing process. "I don't think anybody is broken. I really don't."

Facing prejudice as spiritual therapists

Several participants expressed that they have at times been hesitant to speak about their own spirituality or their spiritually integrated approach to therapy, out of concern that they would face judgement from clients or other professionals. Noor explained that they "have to walk on eggshells a little bit" in considering whether to disclose their Muslim faith to clients. They observed that "being religious" – regardless of the faith one adheres to - is often conflated with being "conservative," but that this is particularly assumed of Muslims. While Noor navigates prejudice toward their spiritual identity, Dominique discussed the "reservation and almost embarrassment" they have felt in the past when speaking about the spiritual side of their work, because of fear of being judged as unprofessional or "airy-fairy." Robin also described how colleagues have expressed disapproval of their approach in the past, conflating their "nature-based," Wicca-influenced approach with "dark witchcraft" and that they take care that their office not appear "too witchy." Dominique, for their part, said they no longer hesitate to speak with clients and colleagues about their intuitive, spiritually integrated approach. "Now I think it is a strength. . . . change happens at many different levels and the more of those levels . . . that we address, or that we honour, the more true, the more permanent, the more real is

the change." They expressed optimism that psychospiritual approaches are gaining credibility in the psychology field: "I think the science community still has a ways to go . . . [but] there are really good scientists out there that are studying how this is effective as a modality . . . I think in 20 years it's gonna [*sic*] be interesting where counselling and therapy goes."

Social taboo

Several therapists participating in the study shared the opinion that spirituality is neglected in the wider society and, by extension, in mainstream counselling. Several noted that their clients often feel they have no spaces in which they can explore spiritual matters, aside from the therapy rooms of spiritually integrated therapists. Jordan, whose clientele is made up in large part by therapists and other helping professionals, commented, that these clients "are educated and understand everything that we're 'supposed to know' in our culture, but there's not a place to explore these spiritual things." They described the cultural discomfort they have observed that people have conversing about spirituality, death, "purpose, and meaning and what drives us forward, and the unknown. Everybody needs a space to talk about that and explore that, and our culture is so lacking that in so many ways."

As a product of this cultural aversion to exploring spiritualty, participants noted that Western counselling practice often falls short of addressing it as well. Noor asserts that integrating spirituality into practice entails "breaking own Western ways or Western approaches in counselling" as these "aim to separate our identity in practice." Dominique said they have observed that many clients want more than these mainstream approaches can offer, at times outright telling their therapist, "I don't want CBT, I want to go

deeper." They explain, "quite often the spiritual part of them comes to the forefront" and they are seeking to "do some work at that level," rather than engaging in self-care practices that simply don't "cut it." Dominique described spiritually integrated practice as a means of working toward "a deeper level of change."

Theme 5: A closer look at practice

Therapeutic approaches in spiritually integrated practice

The therapists interviewed described a variety of modalities used in their practice with clients. Half of the participants described adopting a person-centered, client-centered or Rogerian approach to their work, in combination with another modality. Half of participating therapists discussed drawing on cognitive behavioural therapy (CBT), to varying degrees. Several described their approach as trauma-informed, and named cognitive processing therapy (CPT), eye movement desensitization and reprocessing (EMDR), and the 3 stages of trauma recovery model as primary approaches. Other modalities used by participants included internal family systems (IFS), solution-focused therapy, somatic approaches, psychodynamic approaches, Jungian therapy, dialectic behavioural therapy (DBT), narrative therapy, complicated grief therapy (CGT), and psychoeducation about biology and neuroscience. All participants named more than one modality in describing their practices, and one used the terms "integrated" and "holistic" to describe the combination of modalities. One participant talked about their feminist lens, and another about the culturally sensitive framework they adopt, as important parts of their therapeutic approaches.

Several participants discussed the ways in which their chosen modalities lend themselves to spiritual exploration within the therapy session. Noor explained that their

psychodynamic approach includes discussion of the client's background, which often includes their spiritual or religious upbringing. Jordan spoke about IFS as a "psychospiritual" modality that has "opened the door" to spirituality for clients because of the way that it allows them to define parts of themselves on their own terms. They explained that, in their experience, clients often label these parts as spiritual beings. While some participants highlighted the importance of their primary modalities to their spiritually integrated practice, others emphasized therapeutic use of self and therapeutic intuition as even more important than the modality. "When I'm in session I am using my intuition to guide me," Dominique explained. "I think it's that [spiritual] intelligence that's helping me in my session [to] be and say what I should be and should say . . . in that present moment with my client." Jordan shared a similar sentiment, reflecting that living their own life as a spiritual practice and modelling this for others "is what's inspiring for them and they [get] inspired in their own ways," and as long as this is done in an ethical manner, "I don't care how we get there."

Presenting issues in spiritually integrated practice

The participants reported that their clients present with a range of concerns, many of which involve spiritual matters. Among these are matters of spiritual identity - tensions between spiritual upbringing and an individual's changing worldview – as well as spiritual responses - spiritual and existential questions arising from disruptive life events – and everything in between.

Trauma was a frequently mentioned theme of spiritual significance. In the words of Jordan, "When you deal with the pain of trauma, you search for meaning. Searching for meaning is a spiritual practice." Avery also discussed this point, arguing that recovery

from trauma often involves post-traumatic spiritual growth: “When people have lost their spiritual direction there is opportunity to find a new one.” Grief and loss are other circumstances where spiritual questions arise, according to Jo. They explained that grieving clients who have a “punitive sense of God” will often be left wondering why God has taken their loved ones away, asking “why did this happen to me?” In cases of where the client has lost a child, and particularly in the case of suicide loss, these feelings can be magnified. Jo explained that these clients steer the conversation in a spiritual direction in many cases because they lack other spaces to talk about their loss and its spiritual implications: “Mainline churches have not done a very good job, I think, about talking about God.”

Jordan talked about their work with veterans who are dealing with trauma, who have “witness[ed] so much death and it doesn’t make sense to them.” Robin, who also works with veterans, explained that many are plagued by questions of “Why them, not me?” These sentiments of survivor’s guilt lead to a feeling of meaninglessness, a primary existential concern. Robin said many of their veteran, first responder and health worker clients deal with moral injury from actions taken in the heat of the moment that do not reflect their values and may have had fatal consequences. In their words, “moral injury is a huge thing when it comes to the soul” because it can lead to self-hatred or feeling abandoned by God. Morgan noted that the Covid-19 pandemic led to moral injury for many people, as the world grieved on such a large scale and beliefs about self and others were challenged. Similarly, Jo discussed how people experience hopelessness and hurt in the face of global conflict, particularly if they have familial, cultural or religious ties to

those directly affected (This point was discussed in greater detail in theme 3: cultural humility).

Yet another common client experience relates to existential crises in midlife. Dominique described a phenomenon they have observed among older women clients:

> "They come to me and they say, . . . 'I don't have any idea who I am anymore.' They've raised three kids, . . . they've got a husband who's retired and nothing makes sense anymore. So it's like a type of existential crisis that they're going through . . . so quite often the spiritual part of them comes to the forefront because they know they need to do some work at that level in order to provoke the change that they want, because going for walks and journaling and listening to relaxation music just doesn't cut it."

Dominique noted that this kind of crisis is not limited to those in the later stages of life, and that, "more and more, younger people [are also] questioning who they are."

Some clients come to therapy looking for a place to directly explore and address conflicts arising in relation to their spiritual values and practices. These kinds of concerns may be prompted by the aforementioned experiences, or by a gradual shift that takes place almost imperceptibly. In some cases, real harm has been caused at a spiritual level in the name of religion; participants described their clients experiences in terms such as "spiritual abuse," "religious trauma," and "toxic religion." Jo described a "broken theology" centred around a "punitive God" that is frequently taught in childhood, resulting in a fear that, "God is trying to teach [them] a lesson" to punish them for their alleged wrongdoings. Taylor observed that many of their clients have deeply internalized

fear-based beliefs from upbringings “where religion was used as an extra way to shame people.” Noor commented, of a person’s spirituality, “it's such a sensitive thing, you know, you can really destroy someone's outlook of life with toxic practices.”

Sometimes individuals come to therapy for support while going through a period of spiritual transition. For some this means choosing to leave a religious community or worldview behind, a process that can be painful and disorienting. Taylor described their own process of spiritual transition as an “untangling over time” rather than a conscious marked decision to “throw out” their religious beliefs. They explained: “There's a real vulnerability when you're letting go of the beliefs. But if it's structured your whole world, you're not even that aware of how much has shaped you, still. And you don't maybe have anything else to replace it with, so it kind of puts you in a vulnerable space.” They pointed out that individuals in this situation often feel the loss of community most acutely. Avery described the shock that such a transition has brought about in their clients: “When you grew up in that kind of [restrictive] religion, everybody's telling you what to do and all of a sudden when you leave, there's nothing there.” Individuals experience incongruence “when part of them holds onto a belief and then the other part is really rejecting it,” Taylor said.

On other occasions, clients feel that something is lacking spiritually and wish to integrate or reintegrate spiritual practices into their lives. Noor said that some of their clients have “drifted” away from spirituality because the practices they were taught are not coherent with their values, but that they still believe in a higher power. Feeling distant from this higher power can lead to hopelessness, Noor said. These clients are struggling to figure out what it looks like to integrate spirituality into their lives. Jordan observed a

similar phenomenon in their practice, of individuals who have abandoned the religion of their upbringing but now feel its absence, while not knowing how to fill the void that has opened in its place:

> "They've abandoned it but now they're realizing like, 'Oh, there was some value to that and now I don't know how to integrate that into my life because I don't like what [the religion] has to offer.' . . . [My clients] are often asking those questions in the therapy room. . . . they no longer believe that you know nothing happens after death, they don't know what that means, but now they don't know what to teach their kids."

These clients come to therapy to seek and discover new ways of experiencing this aspect of their lives.

Outcomes of spiritually integrated practice

The participating therapists observed common outcomes of spiritually integrated therapy for their clients. One such outcome involved moving toward a more hopeful and compassionate worldview. Jo explained,

> "When people are broken and their theology is broken, I try to heal both, so that they can start to see that they are valued by their God, their Creator, whatever they want to call it, and that's part of the healing because then when they feel valid, they start to treat themselves better and life gets infinitely better."

Often, through value exploration, clients become more flexible in their previously rigid beliefs, says Taylor. Robin observed that the therapeutic process can help clients to "regain faith in the world" at the same time that they learn to cultivate a sense of peace

and healing within themselves. Taylor described the transformation they have seen in clients when given the opportunity to express self-compassion through a somatic exercise of placing a hand on one's body to convey compassion and kindness toward an emotional response. "We don't often touch ourselves with compassion, but I've watched some people evolve over time [from] where they couldn't do that at all . . . you see people really have a shift in that moment." As clients grow to better understand and accept the various parts of themselves through therapy, their capacity for compassion grows, explained Morgan:

> "I see spirituality as like personal systems and if I can help someone else learn how to do that for themselves, then they by expanding the space within themselves in that way, compassion towards the self, then . . . they have more capacity to expand that compassion for others, especially the suffering of others."

Avery shared an anecdote of a client whose experience in therapy helped him to grow beyond his prejudices and relate to others in new ways:

> "I was thinking right now of a client who was super right wing. And very intolerant and all these kind of things. And it was just a chance encounter with the taxi driver that completely changed his world view. And that that was part of his recovery. I think in our sessions I had somehow helped prepare him to be open to this, I guess he was a black taxi driver . . . it was a really a reflection of how much he grown that he just said, 'You know, he was just like me.' Well, he wasn't, but, but I kind of understood what he meant, that he just accepted him as a fellow - that he wouldn't have done that before."

Of the changes they notice in their clients, Avery remarked, “I see my clients becoming more spiritual even when they're not becoming more religious.” They explained that they see their role not as telling clients “what to do” but rather encouraging them to grow and change spiritually. “Perhaps,” they said, spiritual growth means “recognizing or becoming the person they were meant to be.” Morgan noted that an open approach to spiritually integrated practice helps clients to “deepen [their] relationship with [their] own spirituality.” Ultimately, Morgan observed, through connecting with themselves, clients can grow “closer to their higher self, their higher being, their higher power.”

Roles of the spiritually integrated therapist

Participants spoke about their roles as spiritually integrated therapists as “open,” “encouraging” “guides” for their clients. Morgan discussed their approach of “meet[ing clients] where they’re at” spiritually, whether or not they come to therapy with defined spiritual identities and practices. Jordan elaborated on their own notion of “meeting” clients differently according to their presentation and their underlying existential concerns. For example, “clients that present more on the depressive symptomology, they already think and talk about death a lot you know, so they're they usually come in ready to talk about it.” Regardless of how a client is showing up, and whatever arises through the therapy process, the “job [of] a therapist is to be nonjudgmental and to normalize and explore how things show up,” Jordan said. Avery echoed this sentiment, reflecting, “I think what happens when they come to me is I'm simply open. I'm not going to tell them what to do, but I think it's a case of encouraging them to grow and change spiritually.” Encouraging client autonomy has been an important part of Avery’s work, particularly

with clients coming from restrictive religious environments. They explained that in some cases, it is "as if I have to give permission [for them] to search" and explore new ideas for themselves. Summarizing their role in the therapeutic process, Jordan remarked, "All I do is just promote that listening to themselves, following their intuition." They emphasized that they do not pretend to "know more than the client" or to have things "all figured out" and that owning their humanity is impactful for clients. Borrowing from Zen practice, Morgan described a metaphor of navigating a raft to shore to illustrate their guiding role: "You're helping the client get their raft from one shoreline to the next, because . . ., to find their way back to themselves, they need to be on the other shoreline because that's where it is. . . . you're a guide."

Talking about spirituality with clients

The participants discussed varied approaches when it came to broaching the topic of spirituality with clients, though all seemed to agree that trust is an important factor in such a personal disclosure. As such, spirituality might not always be discussed in the first or second session, but rather later on when the therapeutic alliance has been built.

Taylor explained, "I might not ask someone specifically if they have a faith tradition or something that they're following, [but] I try to ask about things that give people hope and meaning and purpose." Noor said they typically ask clients general value-based questions such as, "What are some of your values? What are some of your beliefs that you employ in your everyday life, or what are some of the things that kind of keep you going in terms of faith?" From there, they said they go on to ask clients scaling questions to understand how important their spiritual values and practices are to them, and to what extent they wish to integrate them into the therapy process. Robin remarked

that asking about a client's spiritual practices gives them "an idea of how they see the world." Dominique voiced a similar perspective: "When I ask about self-care, sometimes they'll say, 'Oh yeah, you know I do yoga and I meditate.' Oh, okay, well that tells me something different than if they tell me that they don't." They explained that they often inquire about spiritual practices in the context of self-care, particularly toward the end of a session in order to resource the client: "Let's see what can be added to your To-Do List that will generate some well-being in your soul." Dominique said that they often ask clients about practices – whether "religious oriented" or otherwise - that they would like to integrate or reintegrate into their lives: "I try to see what it is that has helped in the past and is missing from the present or has never been there in the past and might be nice to have in the present."

For some, their modality of choice naturally elicited conversation about spiritual matters. For example, Noor shared that through their psychodynamic approach to exploring the client's background, clients typically talk about their spiritual or religious upbringing. Jordan described how an internal family systems approach seems to consistently lead to discussions of spiritual matters: "I used to ask about spiritual practices in the context of building support. But eventually if someone is interested in IFS, it just always comes up now. When people go inside with love, there is something there . . . I haven't been able to avoid it with anyone." Jordan gave the example of clients labelling a part of themselves as "God-like," as "angels," or a "priestess." Morgan, also a practitioner of IFS, commented that, while not all clients have an interest in spirituality, they have observed that, for some, "as they start to become more connected within themselves, and then they'll explore religion or explore spirituality. It's interesting, it just

happens naturally." This idea of spirituality "coming up naturally" in the course of therapy was also echoed by Robin.

Whether or not therapists inquire directly about spirituality, the participants agreed that it is important to follow the client's lead and create an environment of trust and openness toward the topic. Taylor shared, "I try to create a space for when and if it comes up . . . I really follow people's lead. Like I don't generally ever explicitly guide towards religion, . . . if someone brings it up, or spirituality, then I'll start going there." Jordan echoed, "It's purely guided by them. I just give them the space to figure it out." Taylor noted the importance of staying close to the client's central concern and what role spirituality plays for the client: "Sometimes people will bring up their faith so I really try and not shy away from it and also not try and make the whole conversation about it, but really explore what's the meaning for them, like, what purpose is it serving?" Robin commented that they leave it to the client to volunteer information about their practices or religious affiliations. They observed that when clients share this information, it can sometimes be accompanied by disclosures of religious trauma, which should be handled with care.

Exploring client beliefs

Participants shared that a great deal of their spiritually integrated work involves working with clients to explore their beliefs and values. One prominent finding was that clients seeking spiritually integrated therapy are often facing some form of tension around their beliefs. Avery said that their clients sometimes express the notion that something about their approach to spirituality is "wrong," and that as a therapist they make sure to reflect this sense of "wrongness" back to the client to show that they have

understood the dilemma. They further explained that using the client's language is important – particularly in paying attention to whether the client uses words like "spiritual" or other terms to describe their concerns.

In discussing how they explore beliefs with clients, participants identified several kinds of invitations they make. The first is simply an invitation to elaborate on their worldview. For example, if a client is speaking about "God," Jo asks them, "Can you tell me about the God you believe in?" Another line of inquiry involves the origin of the beliefs and values in question. Taylor said they take time with clients to explore, "Where did that belief come from?" whether it was directly taught as part of their religious education, a matter of "absorbing the social environment" they were raised in, or "internalized" in some other way. Jo said that hearing from clients about how they came to their beliefs is a way for "me to honour where they have ended up." Participants also described working alongside clients to explore how particular beliefs might be "a help" and "beneficial" or "a hindrance," "limiting," and "harmful." Morgan explained that when clients are facing value conflicts, they can sometimes adopt "black and white" thinking patterns and become focused on the "negative" aspect of their spiritual experiences without seeing the "positives." Morgan said that they help clients to "have compassion for the conflict" as it can be a cause of great distress. By helping clients to "get specific" about what aspects of their experience may have caused harm, Taylor said, they can offer them a more nuanced way forward beyond an all-or-nothing view of religion or spirituality. Taylor said that they ask clients to consider, "Is this a belief that you want to edit, delete, save, or add something new in there?" which they explained can help to increase the "flexibility" of a "rigidly held belief."

Morgan described how this kind of value exploration can help clients "to be more connected to [their] spiritual self without some of that shame and other things that [they don't] want to have there anymore." Jordan described this process of exploring beliefs as the means to creating a belief system that reflects the individual's true values:

> "People walk around with a belief system that doesn't operate for them that doesn't make sense, that they haven't even fully conceptualized in their life. So once they understand that and they start to build their own, I don't care what that is. It matters that it matters to them."

As clients grapple with their evolving understanding of the world, Jo said that eventually, "with their permission," it is appropriate for the therapist to humbly offer a new perspective. Dominique observed that for some clients, evaluating their beliefs can be "uncomfortable" and "difficult." They relayed an anecdote about a client who was undergoing significant changes in her worldview as she explored her beliefs in therapy:

> "She acknowledged the fact that she is not ready to face some of the belief systems that she needs to examine . . . she needs more time between sessions in order to see how this new way of thinking and how this new . . . awareness is sinking in, and how it's fitting within her."

Exploring client practices

Noor stressed that a spiritually integrated approach to counselling must not only "acknowledge and address" spirituality but also involve "using it in practice." Spiritual practices can be a way in which to meaningfully enact one's beliefs and values in daily life. Some clients come to therapy resourced with existing practices. Noor said that they often hear from clients about practices that bring them hope, such as prayer, mindfulness

or meditation, and that the conversation sometimes becomes about how they can further integrate these helpful practices into their daily life in order to benefit more from them. Noor explained that they often ask clients to reflect on their intentions for their practice and what they hope to "gain from it." They observed that for those who have been raised with habitual practices of prayer, this kind of reflection can be helpful if the practice has become "a routine." "Values are very much connected to practices," said Noor. Spiritual practices "shouldn't be something that is kind of like a rule book," they expressed. "It should be something that's integrated in your own values that's in the context of what you need from it."

Many clients do not have existing spiritual practices in their lives and are looking to "create their own spiritual practice." Jordan noted that many of their clients have been brought up in a religious tradition but no longer align with its values and are seeking to redefine spiritual practice for themselves. They reflected:

> "Ceremony and ritual doesn't [*sic*] just have to happen within the church. They can do all that within their daily lives. If your life is a ceremony, if you find meaning in your morning coffee and you find meaning when watching the sunset going down . . . you can incorporate little rituals and have the family involved and we can create that same feeling that we had culturally, that religion offered, that people are so turned away from today"

Jordan emphasized this connection between spiritual practice and family or community. When clients begin to integrate a new practice, they explained, most begin on their own, but they may eventually share the practice with their partner and their family. "I'll help them get started but I hope it spreads through their family, changes their relationships,"

they said. They noted that many people who have stepped away from religion miss the sense of community. “Ceremony grounds us in our community,” they observed, but many are lacking this because it is common to “throw the baby out with the bathwater” when it comes to religion.

Noor observed that some clients maintain their “faith of a higher being” but have been harmed or turned off by practices that do not align with their values. With these clients, they have explored questions like, “What would these practices look like for you if you didn't feel any judgment? If there was no social rules or cultural rules?” Taylor said that they always take note when clients mention “anything that is hopeful or meaningful or gives them strength,” as these can be a foundation to “build on.” Morgan invites clients to think about what they “feel connected to” as a starting point. Jordan explained that they often encourage clients who don’t know where to begin, to “explore the elements” and observe how they feel when spending time in nature. Dominique explained that they encourage clients to explore a wide array of practices, including meditation and yoga. Noor said they encourage clients to experiment with mindfulness and will often incorporate grounding or breathing exercises into the session with interested clients. Jo said they invite their clients to “pull from their faith or from some set of their beliefs, a mantra” that can “sustain them.” Avery and Morgan said that they are encouraging of clients who are interested in exploring spiritual traditions that are new to them. Ultimately, participants agreed that spiritual practices should be client-defined. Jordan said that it’s a matter of “really getting down to what makes them feel good and connected to something” and being “open minded about what that looks like.”

Navigating scope in spiritually integrated practice

Several participants expressed that they have had conversations with clients, colleagues and supervisors about their scope of practice as therapists when it came to spiritual issues. Robin said that they have had clients approach them requesting to engage in spiritual practices like mediumship or tarot card readings – practices that the therapist engages in privately, but which do not fall within the scope of psychotherapeutic practice. Through supervision, they explained, they have found ways to meet client needs while maintaining clear boundaries around their clinical scope. “What I've what I've started to do more of,” they explain, “is integrating any intuitive talent, skills, whatever you'd like to call it, into my sessions.” By drawing on their intuitive skills to guide their work with evidence-based modalities like EMDR, they avoid creating “confusion about mixing formal therapy with anything. . . . We have to be conscious of our LCT hats all the time.” They further explain that they hope to create an interdisciplinary team including non-therapists who can provide services such as Reiki or spiritual support groups to meet clients’ additional spiritual needs. Taylor has also needed to reflect on their scope when faced with client issues that are “beyond [their] knowledge.” They reflected, “I have check in with what my own scope is, like I’m not trained in that kind of spiritual coaching or counselling at all . . . I’ll be very transparent that I have limitations on this, I have my own set of knowledge, but I’m not a spiritual mentor.” Taylor explained that when clients bring up such “convoluted” issues as “the harm they’ve experienced in previous lives or dimensions,” they invite clients to refocus on “how is the harm in the present showing up so can we work on that. What can we do with what’s happening in this moment?” For Taylor, case consultation groups have helped in situations like these to navigate and communicate their scope of practice to clients.

Chapter 5: Discussion

A holistic view of spiritually integrated practice

To frame our research conversations, I presented the participants with Pargament's definition of spiritually integrated psychotherapy as a therapeutic orientation, comprising three components: the spirituality of the client, of the therapist, and of the process of change (2007). Much of the literature I had immersed myself in seemed to focus on the first of these components: the spirituality of the client. Notably, Captari et al.'s review, *Integrating clients' religion and spirituality within psychotherapy: A comprehensive meta-analysis* (2018) and Oxhandler et al.'s study *Clinical helping professionals' perceived support, barriers, and training to integrate clients' religion/spirituality in practice* (2019). This focus seemed natural as therapy is about the client! Thus, I had included a question in my interview guide that, borrowing language from these authors, invited participants to discuss the ways in which they "integrate clients' spiritual beliefs, backgrounds, and practices" into their work (Appendix E). This focus on the client's spirituality was also reflected in my initial working title for the paper: *Learning and practice of counsellors who integrate diverse client spiritualities into therapy.* Additionally, in my review of the literature I came across studies on the impact of therapists' spiritualities on their practice, such as Duggal & Sriram's study, *Locating the Sacred Within the Therapeutic Landscape: Influence of Therapists' Religious and Spiritual Beliefs on Psychotherapeutic Practice* (2022). Other studies have been more focused on modalities, interventions, and processes of spiritually integrated practice in general, like Johnson et al.'s paper, *Psychotherapy with troubled spirits: A qualitative*

investigation (2007), or in specific cultural contexts, like Rothman and Coyle's paper, *Conceptualizing an Islamic Psychotherapy A Grounded Theory Study* (2020).

Each of these contributions provide unique insight into the question of how to "conduct empathic and effective psychotherapy with clients from diverse spiritual and/or religious backgrounds, affiliations, and levels of involvement," as it is expressed in competency number 11 (Vieten and Lukoff, 2022). When presented with Pargament's 3-part definition, I observed that the participants had much to say on all three components, revealing important interactions between them. In particular, participants had insights into the latter two components, as demonstrated in themes 1, 2 and 3. Their reflections on their own spirituality and on the spiritual nature of their work revealed an interconnectedness between the two. It seems the openness toward the spiritual experience of the client exhibited by the participants exists in the context of these interacting conditions. That is to say, the spirituality of the client is not something that is addressed in a vacuum, but rather in the context of the therapist's own spirituality and of the therapeutic process. This way of understanding spirituality integrated psychotherapy practice may have implications for counsellor education as it presents a holistic perspective of the dynamics involved.

Conceptualizing therapy as spiritual

As was illustrated in the first theme, several participants in this study expressed that they view therapy as inherently spiritual or sacred. One participant pointed out the origins of the word "psychotherapy" as "soul healing" and another argued that to talk about "integrating" spirituality into therapy misses the point that therapy "already is" spiritual. This exploration of how counsellors make meaning of their work was not

originally a direction I anticipated this study going in, but it proved to be important to these participants. The literature contains numerous papers drawing on spiritual or religious traditions as a lens to conceptualize the therapeutic process or particular presenting issues. For example, Kaul (2021) discusses the impact of the philosophy of *karma* on grief and meaning-making in a Hindu context. White (2020) explores the nature of psychotherapy from a Christian perspective, as a spiritual discipline complimenting other practices. Well-outlined models of pluralistic psychospiritual therapy exist too (Lee et al., 2023; Pargament, 2007; Sperry, 2012).

In addition to learning from such models, it is valuable to hear from therapists themselves – including those who could be described as spiritually integrated practitioners – about what they understand their work to be. Future studies might take a phenomenological approach to further exploring how therapists conceptualize their work, either with a purposeful sample of spiritually integrated psychotherapists, or with a wider sample of therapists who may have diverse views on the nature of psychotherapy. I anticipate that not all therapists would view their clinical work as spiritual, depending on their worldview and therapeutic approach. I wonder about the many different perspectives that might exist when it comes to seeing therapy as spiritual: from having spiritual motivation to become a morally better person through self-understanding, to a spiritual conceptualization of presenting issues, to a belief in spiritual dynamics at work in the process of change, to name a few. Future studies might also explore client perspectives on the nature of therapy, as several therapists in the present study identified therapy as a part of their own spiritual journeys.

Along the same lines, future studies might explore the conceptualization of presenting issues from the perspective of therapists and clients. The findings presented in theme 5 would suggest that some therapists consider certain presenting issues to be spiritual in nature, while others might not, depending on their worldview. How might such conceptualizations differ between therapists, and between therapists and their clients? As discussed in theme 5, some participants considered their chosen modality to be inherently psychospiritual in nature, while others did not. Further studies might focus on a particular modality and explore how practitioners of the modality conceptualize their work – spiritual or otherwise.

Calling

Several participants expressed the idea that their therapeutic work is an expression of their spirituality. This finding was not one I had previously come across in the literature about spiritually integrated practice. Several studies have demonstrated various ways that therapists' spiritual or religious beliefs impact their work. For example, Duggal and Sriram found that therapists' spiritual beliefs influenced their theoretical orientation and choice of clinical interventions, as well as their perspective on their role as a therapist (2022). However, when participants said, "in my self-actualization, I want to help others," and that counselling is "part of my religion," (see theme 1) it seems they may be touching on something beyond the specifics of therapy work itself: a spiritual calling toward helping work. In their paper proposing a theoretical model for work as a calling, Duffy et al. (2018) observe that research participants across multiple studies tend to view a calling as a pull toward a domain or field of work related to one's meaning and purpose in life, prosocial contributions, and "and external and/or internal force guiding them to a

particular career" (p. 425). This last dimension is also described as a "transcendent summons," encompassing religious or spiritual motivations (Duffy et al., 2018, p. 425). In a study of counselling psychologists who view their work as a calling, participants described a calling to help others (Duffy et al., 2012). Similar to the narratives shared in the present study, research participants experienced "significant experiences that cumulatively drew them to their calling" in a gradually unfolding process (Duffy et al., 2012). Could this mean that there may be a relationship between therapists who view their practice as a calling, and those who are likely to practice in a spiritually integrated way? This could be a question for future study.

Cultural humility

In discussing their approach to working with the diverse spiritual presentations of clients, participants echoed Arthur and Collins' (2005) argument for a balance between emic and etic perspectives of culture. They emphasized the importance of educating oneself about different cultural understandings of spirituality without assuming that a client's experience will be the same as others from a similar background (see theme 3). Further, as described in theme 3, participants echoed Post and Wade's (2009) finding that therapists should take care not to impose their own beliefs and values on clients. However, an anecdote shared by Avery demonstrates that this imperative of non-imposition is not universally followed (see theme 3). In the literature, too, there are examples of clients who describe negative experiences with therapists imposing their spiritual beliefs (Daniels & Fitzpatrick, 2013; Haris et al., 2016). What factors influence whether a counsellor adopts this attitude of humility or not? What kinds of educational and life experiences predict a spiritually pluralistic and open approach, compared to a

rigid, ethnocentric one? The learning experiences mentioned by participants in this study offer some insight into this (see theme 3). The CCPA *Standards of Practice* also offer direction here: "Counsellors/therapists engage in education, training, and other learning experiences that will augment their competencies in working with clients of diverse backgrounds. As they actively seek to broaden their diversity perspectives and to consider other worldviews, they also aim to refrain from imposing their own values" (2021, p. 28). Given that the responsibility rests with the counsellor to meet these ethical standards through a continuous process of learning, the question arises: How are we doing as a profession in the area of cultural humility when it comes to spirituality? Are these instances of "imposing" decreasing as counsellors gain awareness and competencies related to cultural humility training? I observed that, among the participants in this study, those who were more seasoned and who had been trained earlier were adamant in expressing the importance of non-imposition, as though they perceived this were a quality that distinguished them from others, while newer professionals seemed to express this principle as a universally accepted standard for all counsellors (see theme 3). Individual counsellors take steps toward embracing culturally humility within their educational and professional context; could this nuanced difference in perspective be a sign of advances in counsellor education? The relationships between counsellor educational experiences, cultural humility training, and non-imposition of spiritual views could be the subject of a future study.

Spirituality and trauma

In conversation with the participants, the topic of trauma arose several times. Participants reported that clients who had experienced trauma and moral injury were

often inclined toward spiritual exploration in therapy. Robin's observation that moral injury is partially a spiritual issue is supported in the literature; Sperry (2025) conceptualizes it as "a moral, psychological and spiritual trauma" (p. 41). In a review of spiritually integrated interventions for PTSD and moral injury, Harris et al. (2021) outline a number of approaches and their indications. The literature seems to support the position expressed by several participants that traumatic experiences have the potential to lead to post-traumatic spiritual growth. Tedeschi et al. (2017), in their work with the Posttraumatic Growth Inventory (PTGI), tested additional spiritual-existential change (SEC) items, bringing the total number of SEC items to 6, out of 25 total items. This demonstrates the significance of spirituality in post-traumatic growth, as it is currently understood. Bray (2013) also writes about psycho-spiritual post-traumatic growth after loss, and proposes a model that brings together two existing approaches.

Many participants in this study also reported working with clients who had experienced spiritual trauma or spiritual abuse. Sperry (2025) defines spiritual abuse as "the use of religious texts or beliefs to coerce, control, manipulate, or abuse someone" (p.41). He asserts that spiritual abuse can lead to spiritual trauma if severe and continued. Similarly, Ellis et al. (2022) define religious or spiritual abuse and trauma as any misuse of power in a religious or spiritual context that causes psychological and spiritual harm. In their review, they found spiritual abuse to be prevalent among people identifying as religious, and even more so among vulnerable or marginalized populations such as children and youth, Indigenous and LGBTQ+ individuals (Ellis et al., 2022). They note that it often co-presents with other forms of abuse such as domestic violence (Ellis et al., 2022). Sperry (2025) argues that spiritual and religious trauma constitute sacred moral

injury, in that there is a "betrayal of a sacred trust," (p.41) and that in such cases, moral and spiritual dimensions need to be addressed in addition to psychological. Religious or spiritual healing is part of the process, whether adopting a new spiritual identity or reconciling their experience with their faith (Ellis et al., 2022). Building on these findings, future studies could explore post-traumatic spiritual growth after experiences of spiritual or religious trauma.

Beyond competencies

Much of the literature I was engaging with prior to designing this study was concerned with defining, assessing and training in spiritual competencies for therapists. In revisiting the most recent contribution in this area, I find that the 16 competencies (see Figure 2) proposed by Vieten and Lukoff (2022) all appear throughout the data collected in this study; one could even map them out as they relate to the various themes described in this paper, as an additional analysis. Though the purpose of this study was not to assess whether the participants are engaging in "good" spiritually integrated psychotherapy practice, the similarities between the findings of this study and Vietens' recommended competencies suggest that they are. The purpose of the study was to inquire into how research participants were putting these competencies into practice and the nature of their learning paths. This focus on learning was chosen due to the lack of consistent education for counsellors in this area of practice. When invited to share learning experiences, participants described many personal and professional experiences that impacted their worldview and their therapeutic approach (see themes 2 and 3), but the term "competencies" did not arise out of any of the interviews. Participants did not appear to conceptualize their work and their learning journeys according to the notion of

competencies, which is the term adopted by the CCPA's (2020) *Code of ethics*, but rather described processes of transformation that enriched their understanding of the role of spirituality in the therapeutic context as well as in their own lives (see theme 2). The congruence that participants described experiencing between their personal lives and their role as counsellors seems more all-encompassing than the fulfillment of professional competencies. It is not simply a question of "doing" the right things to meet the requirements of spiritually integrated practice, but of "being" and "becoming" a person who is able to safely explore and approach the spiritual needs of others. Vieten and Lukoff (2022) use the term "spiritual and religious competence" to describe "basic attitudes, knowledge and skills we propose all psychologists should possess" (p. 27). Competency models undoubtedly provide a helpful framework for teaching and assessing counsellors interested in developing their knowledge, attitudes and skills in spiritually integrated practice. However, this study demonstrates that competencies are not the only way to frame the personal and professional development of therapists in this area, and it may not be the way that many therapists think about their own learning journeys. Perhaps this points to the precise language required of practitioner-scholars concerned with counselling pedagogy and writing ethical codes, compared to practitioners who are reflecting on their own lived experiences. The participants in this study viewed their development as part of a larger process of transformation encompassing personal and professional domains, which is coherent with the *Code of ethics* (CCPA, 2020), just described in different terms.

The narratives shared by participants align with Rønnestad and Skovholt's (2003) findings about the gradual congruence between the personal and professional in therapist

development. The participants in this study emphasized their personal development as a major contributor to their professional identities as spiritually integrated therapists (see themes 1 & 2). The CCPA's (2021) *Standards of Practice* acknowledges "self-development and self-awareness" as an important part of a counsellor-trainee's education, including "self-growth activities" which "provide students with opportunities to examine themselves in relation to the counselling/therapy profession" (p. 81). The document asserts that supervisees should have opportunities to "relate their professional practice to relevant counselling/therapy theory; relevant cultural, historic, environmental and community contexts; and to participate in reflective activities intended to promote personal development, insight, and self-awareness as individuals in a helping profession" (CCPA, 2021, p. 67). In the same section of the document, the CCPA acknowledges a wide range of legitimate sources of learning in this area, consistent with the findings presented in this paper (see themes 2 & 3). Among the examples listed are "individual counselling/therapy, social justice, meditation training, . . . cultural awareness courses and groups, travel, [and] volunteering" (CCPA, 2021, p. 67). Future studies might explore further how personal spiritual development impacts the professional development of spiritually integrated therapists. Further, they might explore the ways in which personal development in the spiritual domain is encouraged or promoted for counsellors, alongside development in the other domains. The research participants in this study did not make explicit reference to the *Code of ethics* when they described their experiences and learning paths; however, one referred to non-judgement as a primary ethical duty. Future studies might explore practitioners relationship to their ethical code and in what ways it shapes their efforts toward personal and professional development.

Not only did participants in this study discuss the ways in which personal growth has impacted their clinical work, but they also expressed that their work has contributed to personal growth (see theme 2 and 3). This phenomenon is observed in a study of the impact of practicing psychotherapy on the personal lives of therapists, in which one of the findings was that therapists' work allowed them "to develop as a person" (Råbu et al., 2016). Future studies might focus on this phenomenon as it relates specifically to the practice of spiritually integrated psychotherapy and its impacts on therapists' personal spiritual development.

Limitations

Recruiting for this study was carried out through both professional networks and a publicly available directory, in order to build a purposeful sample. This second method favoured therapists working in private practice, as they were the ones with publicly listed profiles. It is possible that recruiting by other means such as through the College of Licensed Counselling Therapists of New Brunswick (CCTNB) or through the Canadian Counselling and Psychotherapy Association (CCPA) may have yielded a different set of participants working in more varied settings. This study focused on the experiences of Licensed Counselling Therapists (LCTs) and Candidates (LCT-Cs), however there may be other professionals in New Brunswick who practice spiritually integrated psychotherapy, including Registered Social Workers (RSWs) and Psychologists. While limiting participants to LCTs and LCT-Cs allowed for a more focused inquiry into a group of professionals with similar training, it is possible that findings would have been different with the inclusion of other professionals.

Restricting participation to LCTs and LCT-Cs in New Brunswick made for a relatively small pool of potential participants, relative to a nationwide approach to recruiting. This focus on a smaller geographic area nonetheless revealed a wealth of knowledge about spiritually integrated practice among a subset of the population of counsellors in the province, and allowed for the unique experiences of these practitioners to be highlighted.

This study is broad in its area of inquiry, revealing many potential pathways for more in-depth study. This breadth can be viewed as a limitation, on the one hand, and a strength, on the other, in that it allows for a holistic exploration of how therapists worldviews, therapeutic practice and learning paths interact.

Impact & future directions

I observed that participants were enthusiastic to participate in this study. Some noted that they found the topic of spiritually integrated practice to be under researched and that they were eager to contribute to advancing knowledge in this area. While further research in spiritually integrated psychotherapy practice is welcome and needed, this response from participants indicates that many may not be aware of what literature exists. Indeed literature and resources abound (see the continuing education section in Chapter 2), and perhaps what is equally pressing is further dissemination of existing research among practitioners, and stronger networks for sharing resources on the topic. Appendix F contains a list of resources and professional groups mentioned by the study participants. This could be developed further into a more comprehensive document that could be shared within professional networks. Groups such as the CCPA Spirituality Chapter are one currently existing venue for sharing research in spiritually integrated practice.

By synthesizing and highlighting the experiences and learning paths of professionals who are knowledgeable and skilled in integrating spirituality into counselling practice, this study sheds light on what may be a daunting and mysterious undertaking for counsellors who do not consider themselves competent in this area. For counsellors seeking to develop their skills and attitudes in this area, the insights provided by the participants serve as a resource, inviting them to harness the strength of their own experiences while engaging in a process of self-reflection in a posture of cultural humility. By offering detailed accounts of the learning paths of spiritually integrated therapists in a small Canadian province, this study contributes something new to the conversation about spirituality unfolding in the counselling field. Further, it offers insights that may be relevant to the development of multicultural counselling curricula that highlights the role of spirituality.

Figure 1: Updated ASERVIC competencies (Cashwell & Watts, 2010)

Association for Spiritual, Ethical and Religious Values in Counseling (ASERVIC) Competencies for Addressing Spiritual and Religious Issues in Counseling

Culture and Worldview

1. The professional counselor can describe the similarities and differences between spirituality and religion, including the basic beliefs of various spiritual systems, major world religions, agnosticism, and atheism.
2. The professional counselor recognizes that the client's beliefs (or absence of beliefs) about spirituality and/or religion are central to his or her worldview and can influence psychosocial functioning.

Counselor Self-Awareness

3. The professional counselor actively explores his or her own attitudes, beliefs, and values about spirituality and/or religion.
4. The professional counselor continuously evaluates the influence of his or her own spiritual and/or religious beliefs and values on the client and the counseling process.
5. The professional counselor can identify the limits of his or her understanding of the client's spiritual and/or religious perspective and is acquainted with religious and spiritual resources, including leaders, who can be avenues for consultation and to whom the counselor can refer.

Human and Spiritual Development

6. The professional counselor can describe and apply various models of spiritual and/or religious development and their relationship to human development.

Communication

7. The professional counselor responds to client communications about spirituality and/or religion with acceptance and sensitivity.
8. The professional counselor uses spiritual and/or religious concepts that are consistent with the client's spiritual and/or religious perspectives and that are acceptable to the client.
9. The professional counselor can recognize spiritual and/or religious themes in client communication and is able to address these with the client when they are therapeutically relevant.

Assessment

10. During the intake and assessment processes, the professional counselor strives to understand a client's spiritual and/or religious perspective by gathering information from the client and/or other sources.

Diagnosis and Treatment

11. When making a diagnosis, the professional counselor recognizes that the client's spiritual and/or religious perspectives can a) enhance well-being; b) contribute to client problems; and/or c) exacerbate symptoms.
12. The professional counselor sets goals with the client that are consistent with the client's spiritual and/or religious perspectives.
13. The professional counselor is able to a) modify therapeutic techniques to include a client's spiritual and/or religious perspectives, and b) utilize spiritual and/or religious practices as techniques when appropriate and acceptable to a client's viewpoint.
14. The professional counselor can therapeutically apply theory and current research supporting the inclusion of a client's spiritual and/or religious perspectives and practices.

Note. Revised and approved May 5, 2009, by ASERVIC Board of Directors.

Figure 2: Vieten et al.'s Proposed Competencies (2013)

Proposed Spiritual and Religious Competencies for Psychologists

Attitudes

1) Psychologists demonstrate empathy, respect, and appreciation for clients from diverse spiritual, religious, or secular backgrounds and affiliations.
2) Psychologists view spirituality and religion as important aspects of human diversity, along with factors such as race, ethnicity, sexual orientation, socioeconomic status, disability, gender, and age.
3) Psychologists are aware of how their own spiritual and/or religious background and beliefs may influence their clinical practice, and their attitudes, perceptions, and assumptions about the nature of psychological processes.

Knowledge

4) Psychologists know that many diverse forms of spirituality and/or religion exist, and explore spiritual and/or religious beliefs, communities, and practices that are important to their clients.
5) Psychologists can describe how spirituality and religion can be viewed as overlapping, yet distinct, constructs.
6) Psychologists understand that clients may have experiences that are consistent with their spirituality or religion, yet may be difficult to differentiate from psychopathological symptoms.
7) Psychologists recognize that spiritual and/or religious beliefs, practices, and experiences develop and change over the lifespan.
8) Psychologists are aware of internal and external spiritual and/or religious resources and practices that research indicates may support psychological well-being, and recovery from psychological disorders.
9) Psychologists can identify spiritual and religious experiences, practices, and beliefs that may have the potential to negatively impact psychological health.
10) Psychologists can identify legal and ethical issues related to spirituality and/or religion that may surface when working with clients.

Skills

11) Psychologists are able to conduct empathic and effective psychotherapy with clients from diverse spiritual and/or religious backgrounds, affiliations, and levels of involvement.
12) Psychologists inquire about spiritual and/or religious background, experience, practices, attitudes and beliefs as a standard part of understanding a client's history.
13) Psychologists help clients explore and access their spiritual and/or religious strengths and resources.
14) Psychologists can identify and address spiritual and/or religious problems in clinical practice, and make referrals when necessary.
15) Psychologists stay abreast of research and professional developments regarding spirituality and religion specifically related to clinical practice, and engage in ongoing assessment of their own spiritual and religious competence.
16) Psychologists recognize the limits of their qualifications and competence in the spiritual and/or religious domains, including any responses to clients' spirituality and/or religion that may interfere with clinical practice, so that they (a) seek consultation from and collaborate with other qualified clinicians or spiritual/religious sources (e.g. priests, pastors, rabbis, imam, spiritual teachers, etc), (b) seek further training and education, and/or (c) refer appropriate clients to more qualified individuals and resources.

Figure 3: Collins & Arthur's Culture-Infused Model (2010)

Table 1. A framework of culture-infused counselling competencies.

Competency Domain I:
Cultural Awareness – Self: Active awareness of personal assumptions, values, and biases
Core Competency 1: Demonstrate awareness of your own cultural identities.
Core Competency 2: Demonstrate awareness of differences between your own cultural identities and those of individuals from other dominant or nondominant groups.
Core Competency 3: Demonstrate awareness of the impact of culture on the theory and practice of counselling/psychology.
Core Competency 4: Demonstrate awareness of the personal and professional impact of the discrepancy between dominant and nondominant cultural groups in North America.
Core Competency 5: Demonstrate awareness of your level of multicultural competence.

Competency Domain II:
Cultural Awareness – Other: Understanding the worldview of the client
Core Competency 1: Demonstrate awareness of the cultural identities of your clients.
Core Competency 2: Demonstrate awareness of the relationship of personal culture to health and well-being.
Core Competency 3: Demonstrate awareness of the socio-political influences that impinge on the lives of nondominant populations.

Domain III:
Culturally Sensitive Working Alliance
Core Competency 1: Establish trusting and respectful relationships with clients that take into account cultural identities.
Core Competency 2: Collaborate with clients to establish counselling goals that are responsive to salient dimensions of cultural identity.
Core Competency 3: Collaborate with clients to establish client and counsellor tasks that are responsive to salient dimensions of cultural identity.

Table 1: Example of the coding process

Code	*n* of participants contributing (*N*=8)	Sample quote
Sacredness of connection and transformation	4	"Deeply wounding experiences can lead to tremendous spiritual growth." (Avery)
Embodiment of spiritual qualities: Trust	3	"The client needs to be in an environment that's very trusting and respectful…" (Dominique)
Embodiment of spiritual qualities: Hospitality	2	"Part of my definition of spirituality includes hospitality because it's spirituality in action." (Jo)
Helping as spiritual practice	5	"My life is a spiritual practice. So like I see every client, every person I encounter as an opportunity for growth. And if I can inspire that in other people just by modeling or normalizing these big ideas and a space of questioning these things, . . . that's my spirituality." (Jordan)

Table 2: Summary of themes and subthemes

Theme	*n* of participants contributing (*N*=8)	Subthemes	*n* of participants contributing (*N*=8)
The spiritual nature of therapy	6	Sacredness of connection & transformation	4
		Embodiment of spiritual qualities	4
		Helping as a spiritual practice	5
Therapist congruence	8	Authenticity	4
		Personal spiritual practice & journey	5
		Interconnectedness of personal & professional development	6
		Navigating self-disclosure	6
		Reciprocity in the therapeutic relationship	6
Culture-infused therapy	8	Honouring diverse spiritualities	7
		Seeking to learn	5
		Decentering the therapist's worldview	5
		Managing bias and countertransference	5
Stigmatized spirituality	4	Pathologization of spiritual experiences	2
		Facing prejudice as spiritual therapists	3

		Social taboo	3
A closer look at practice	8	Therapeutic approaches in spiritually integrated practice	8
		Presenting issues in spiritually integrated practice	7
		Outcomes of spiritually integrated practice	6
		Roles of the spiritually integrated therapist	5
		Talking about spirituality with clients	5
		Exploring client beliefs	8
		Exploring client practices	6
		Navigating scope in spiritually integrated practice	2

References

'Abdu'l-Bahá' (2007). *The promulgation of universal peace: Talks delivered by 'Abdu'l-Bahá' during His visit to the United States and Canada in 1912*. Bahá'í Publishing Trust.

'Abdu'l-Bahá' (1951). *Paris talks: Addresses given by 'Abdu'l-Bahá in 1911-1912.* Bahá'í Publishing Trust.

ACPE: The Standard for Spiritual Care and Education. (n.d.) S*piritually integrated psychotherapy (SIP) program.* https://acpe.edu/education/psychotherapy/spiritual-integrated-psychotherapy

Adams, C. M., Puig, A., Baggs, A., & Wolf, C. P. (2015). Integrating religion and spirituality into counselor education: Barriers and strategies. *Counselor Education and Supervision, 54(1),* 44–56. https://doi.org/10.1002/j.1556-6978.2015.00069.x

Arthur, N., & Collins, S. (Eds.) (2005). *Culture-infused counselling: Celebrating the Canadian mosaic*. Counselling Concepts.

The Bahá'í Faith. (n.d.). https://www.bahai.org/

Bahá'ú'lláh (1982) *Gleanings from the writings of Bahá'ú'lláh*. Bahá'í Publishing Trust.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Braun, V., & Clarke, V. (2022). *Thematic analysis: A practical guide.* SAGE Publishing Ltd.

Bray, P. (2013). Bereavement and transformation: A psycho-spiritual and post-traumatic growth perspective. *Journal of Religion and Health, 52*(3), 890–903. https://doi.org/10.1007/s10943-011-9539-8

Brown, R. S. (2016). Spirituality and the challenge of clinical pluralism: Participatory thinking in psychotherapeutic context. *Spirituality in Clinical Practice, 3*(3), 187-195. http://dx.doi.org/10.1037/scp0000110

Bridges Institute (2024). https://bridgesinstitutesip.com/

Butler Bass, Diana. (2015). *Grounded: Finding God in the world – A spiritual revolution.* Harper Collins.

Canadian Counselling and Psychotherapy Association. (n.d. a) *The profession and regulation.* https://www.ccpa-accp.ca/profession-and-regulation/

Canadian Counselling and Psychotherapy Association (n.d. b) *Spirituality in counselling.* https://www.ccpa-accp.ca/chapters/spirituality-counselling/

Canadian Counselling and Psychotherapy Association. (2020). *Code of ethics.*

Canadian Counselling and Psychotherapy Association (2021). *Standards of practice* (6th ed.).

Captari, L.E., Hook, J.N., Hoyt, W., Davis, D.E., McElroy-Heltzel, S.E., Worthington, E.L. Jr. (2018) Integrating clients' religion and spirituality within psychotherapy: A comprehensive meta-analysis. *J Clin Psychol.* (*74)*, 1938–1951. https://doi.org/10.1002/jclp.22681

Cashwell, C. S., & Watts, R. E. (2010). The new ASERVIC competencies for addressing spiritual and religious issues in counseling. *Counseling and Values*, *55*(1), 2–5. https://doi.org/10.1002/j.2161-007x.2010.tb00018.x

Clandinin, D. J., & Connelly, F. M. (2000). *Narrative inquiry: Experience and story in qualitative research*. Jossey-Bass Publishers.

Collins, S. (2022). *Culturally responsive and socially just counselling: Teaching and learning guide.* Counselling Concepts.

Collins, S., & Arthur, N. (2010). Culture-infused counselling: A fresh look at a classic framework of multicultural counselling competencies. *Counselling Psychology Quarterly*, *23*(2), 203–216. https://doi.org/10.1080/09515071003798204

Daniels, C., & Fitzpatrick, M. (2013). Integrating spirituality into counselling and psychotherapy: Theoretical and clinical perspectives. *Canadian Journal of Counselling and Psychotherapy*, *47*(3), 315–341.

de Abreu Costa, M., & Moreira-Almeida, A. (2021). Religion-adapted cognitive behavioral therapy: A review and description of techniques. *Journal of Religion and Health, 61(1),* 443–466. https://doi.org/10.1007/s10943-021-01345-z

Dobmeier, R. A., & Reiner, S. M. (2012). Spirituality in the counselor education curriculum: A national survey of student perceptions. *Counseling and Values, 57(1),* 47–65. https://doi.org/10.1002/j.2161-007X.2012.00008.x

Duffy, R. D., Dik, B. J., Douglass, R. P., England, J. W., & Velez, B. L. (2018). Work as a calling: A theoretical model. *Journal of Counseling Psychology*, *65*(4), 423–439. https://doi.org/10.1037/cou0000276

Duffy, R. D., Foley, P. F., Raque-Bodgan, T. L., Reid-Marks, L., Dik, B. J., Castano, M. C., & Adams, C. M. (2012). Counseling psychologists who view their careers as a calling. *Journal of Career Assessment, 20*(3), 293–308. https://doi.org/10.1177/1069072711436145

Duggal, C. & Sriram, S. (2022). Locating the sacred within the therapeutic landscape: Influence of therapists' religious and spiritual beliefs on psychotherapeutic practice. *Spirituality in Clinical Practice 2022, 9*(3), 186–201. https://doi.org/10.1037/scp0000250

Ellis, H. M., Hook, J. N., Zuniga, S., Hodge, A. S., Ford, K. M., Davis, D. E., & Van Tongeren, D. R. (2022). Religious/spiritual abuse and trauma: A systematic review of the empirical literature. *Spirituality in Clinical Practice, 9*(4), 213–231. https://doi.org/10.1037/scp0000301

Fracasso, C. L., Krippner, S., & Friedman, H. L. (Eds.). (2020). *Holistic treatment in mental health: A handbook of practitioners' perspectives*. McFarland & Company, Inc., Publishers

Griffith, J. L. & Griffith, M. E. (2002). *Encountering the sacred in psychotherapy: How to talk with people about their spiritual lives.* Guilford Press.

Hage, S. M., Hopson, A., Siegel, M., Payton, G., & DeFanti, E. (2006). Multicultural training in spirituality: An interdisciplinary review. *Counseling and Values, 50*(3), 217–234. https://doi.org/10.1002/j.2161-007x.2006.tb00058.x

Harris, J. I., Chamberlin, E. S., Engdahl, B., Ayre, A., Usset, T., & Mendez, D. (2021). Spiritually integrated interventions for PTSD and moral injury: A review. *Current*

Treatment Options in Psychiatry, *8*(4), 196–212. https://doi.org/10.1007/s40501-021-00248-w

Harris, K. A., Randolphe, B. E., & Gordon, T. D. (2016). What do clients want? Assessingspiritual needs in counseling: A literature review. *Spirituality in Clinical Practice, 3*(4). 250–275. http://dx.doi.org/10.1037/scp0000108

Hart, M. A. (2014). Indigenous Ways of Helping. In Lavallée, L., Menzies, P., & Harper, V. (Eds.), *Journey to healing: Aboriginal people with addiction and mental health issues: What health, social service and justice workers need to know* (pp. 73–85). CAMH (Centre for Addiction and Mental Health).

Hathaway, W. L. (2016). Ethical engagement with spirituality in clinical practice: Managing bias. *Spirituality in Clinical Practice, 3*(1), 14–17. http://dx.doi.org/10.1037/scp0000100

Hathaway, W., Scott, S., & Garver, S. (2004). Assessing religious/spiritual functioning: A neglected domain in clinical practice? *Professional Psychology: Research and Practice, 35*(1), 97–104. DOI: 10.1037/0735-7028.35.1.97

Johnson, C. V., Hayes, J. A., & Wade, N. G. (2007). Psychotherapy with troubled spirits: A qualitative investigation. *Psychotherapy Research*, *17*(4), 450–460. https://doi.org/10.1080/10503300600953520

Kaul, K. (2020). Grief as a catalyst for psycho-spiritual transformation: A Hindu perspective. *Journal of Loss and Trauma*, *26*(3), 238–245. https://doi.org/10.1080/15325024.2020.1767334

Khan, F. & Keshavarzi, H. (2023) Theoretical foundations and clinical applications of traditional Islamically integrated psychotherapy. In Richards, P. S., Kawika, A. G. E., & Judd, D. K. (Eds) *Handbook of spiritually integrated psychotherapies*. (pp. 193-212). American Psychological Association.

Kim, E. E., Cha, J., & Keller, T. (2023). Gospel-centred integrated framework for therapy. In Richards, P. S., Kawika, A. G. E., & Judd, D. K. (Eds) *Handbook of spiritually integrated psychotherapies*. (pp. 213-230). American Psychological Association.

Lee, M. Y. (2023). *Integrative body-mind-spirit social work: An empirically based approach to assessment and treatment*. Oxford University Press.

Leighton, T. (2016) Faith as a therapeutic companion: Instructing counselling students on the import of religion. *Canadian Journal of Counselling and Psychotherapy, 50* (3), 348–364.

Mayseless, O., Ruah-Midbar Shapiro, M., Rice, A., & Zucker, L. (2023). Jewish forms of spiritually integrated psychotherapy in Israel. In Richards, P. S., Kawika, A. G. E., & Judd, D. K. (Eds) *Handbook of spiritually integrated psychotherapies*. (pp. 267-284). American Psychological Association.

McMillan, J. H. (2016). *Fundamentals of Educational Research*. Pearson Education, Inc.

Mussell, B. (2014). Mental health from an Indigenous perspective. In Menzies, P. & Lavallée, L. F. (Eds). *Journey to healing: Aboriginal people with addiction and mental health issues: What health, social service and justice workers need to know.* (pp. 187-199). Centre for Addiction and Mental Health.

National Collaborating Centre for Aboriginal Health (2013). An overview of aboriginal health in Canada. https://www.ccnsa-nccah.ca/docs/context/FS-OverviewAbororiginalHealth-EN.pdf

New Brunswick Multicultural Council. (n.d.) *Cultural training for your area.* https://nbmc-cmnb.ca/cultural-training-for-your-area/

Oulanova, O., & Moodley, R. (2010). Navigating two worlds: Experiences of counsellors who integrate Aboriginal traditional healing practices. *Canadian Journal of Counselling and Psychotherapy 44*(4), 346-362.

Oxhandler, H. (2017). Namaste theory: A quantitative grounded theory on religion and spirituality in mental health treatment. *Religions, 8*(9), 168. https://doi.org/10.3390/rel8090168

Oxhandler, H. K., & Parrish, D. E. (2017). Integrating clients' religion/spirituality in clinical practice: A comparison among social workers, psychologists, counselors, marriage and family therapists, and nurses. *Journal of Clinical Psychology*, *74*(4), 680–694. https://doi.org/10.1002/jclp.22539

Oxhandler, H. K., Parrish, D. E., Torres, L. R., & Achenbaum, W. A. (2015). The integration of clients' religion and spirituality in social work practice: A national survey. *Social Work, 60(3),* 228-237.

Oxhandler, H. K., Moffatt, K. M., & Giardina, T. D. (2019). Clinical helping professionals' perceived support, barriers, and training to integrate clients' religion/spirituality in practice. *Spirituality in Clinical Practice, 6*(4), 279–291. https://doi.org/10.1037/scp0000189

Oxhandler, H. K. & Pargament, K. I. (2018) Measuring religious and spiritual competence across helping professions: Previous efforts and future directions. *Spirituality in Clinical Practice, 5*(2), 120–132. http://dx.doi.org/10.1037/scp0000149

Oxhandler, H. K., & Parrish, D. E. (2016). The development and validation of the religious/spiritually integrated practice assessment scale. *Research on Social Work Practice*, 26, 295–307. doi:10.1177/1049731514550207

Pargament, K. I. (2007). *Spiritually integrated psychotherapy: Understanding and addressing the sacred.* Guilford Press.

Pargament, K. I. (Ed). (2013). *APA handbook of psychology, religion, and spirituality: Vol. 1. Context, theory, and research*. American Psychological Association.

Patton, M.Q. (2002). *Qualitative research and evaluation methods (3rd ed).* London: Sage.

Patton, M. Q. (2014). *Qualitative research & evaluation methods: Integrating theory and practice (4th ed.).* Sage Publications.

Pearce, M. J., Pargament, K. I., Oxhandler, H. K., Vieten, C., & Wong, S. (2019). A novel training program for mental health providers in religious and spiritual competencies. *Spirituality in Clinical Practice*, *6*(2), 73–82. https://doi.org/10.1037/scp0000195

Pearce, M. J., Pargament, K. I., Oxhandler, H. K., Vieten, C., & Wong, S. (2020). Novel online training program improves spiritual competencies in mental health care.

Spirituality in Clinical Practice, *7*(3), 145–161. https://doi.org/10.1037/scp0000208

Pew Research Center. (2013, June 27). *Canada's changing religious landscape*. https://www.pewresearch.org/religion/2013/06/27/canadas-changing-religious-landscape/

Plumb, A. M. (2011). Spirituality and counselling: Are counsellors prepared to integrate religion and spirituality into therapeutic work with clients? *Canadian Journal of Counselling and Psychotherapy*, *45*(1), 1–16.

Post, B. C., & Wade, N. G. (2009). Religion and spirituality in psychotherapy: A practice-friendly review of research. *Journal of Clinical Psychology*, *65*(2), 131–146. https://doi.org/10.1002/jclp.20563

Råbu, M., Moltu, C., Binder, P.-E., & McLeod, J. (2015). How does practicing psychotherapy affect the personal life of the therapist? A qualitative inquiry of senior therapists' experiences. *Psychotherapy Research*, *26*(6), 737–749. https://doi.org/10.1080/10503307.2015.1065354

Ramesar, V. (2024, March 24). *Immigration is changing the face of religion in Nova Scotia*. CBC News. https://www.cbc.ca/news/canada/nova-scotia/religion-nova-scotia-changing-face-newcomers-1.7153546?cmp=newsletter_CBC+Nova+Scotia_1639_

Richards, P. S., Kawika, A. G. E., & Judd, D. K. (Eds) (2023). *Handbook of spiritually integrated psychotherapies*. American Psychological Association.

Rogers, C. R. (1951). *Client-centered therapy: Its current practice, implications, and theory.* Houghton Mifflin.

Rogers, C. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology, 21(2),* 95-103.

Rønnestad, M. H., & Skovholt, T. M. (2003). The journey of the counselor and therapist: Research findings and perspectives on professional development. *Journal of Career Development, 30*(1), 5–44. https://doi.org/10.1177/089484530303000102

Rothman, A., & Coyle, A. (2020). Conceptualizing an Islamic psychotherapy: A grounded theory study. *Spirituality in Clinical Practice*, *7*(3), 197–213. https://doi.org/10.1037/scp0000219

Schafer, R. M., Handal, P. J., Brawer, P. A., & Ubinger, M. (2011). Training and education in religion/spirituality within APA accredited clinical psychology programs: 8 years later. *Journal of Religion and Health, 50,* 232–239.

Schulte, D. L., Skinner, T. A., & Claiborn, C. D. (2002). Religious and spiritual issues in counseling psychology training. *The Counseling Psychologist*, *30*(1), 118–134. https://doi.org/10.1177/0011000002301009

Scott. (2013). An exploration of the experience of Christian counsellors in their work with both Christian and non-Christian clients, with particular reference to aspects of cultural transition. *Counselling and Psychotherapy Research, 13(4),* 272–281. https://doi.org/10.1080/14733145.2012.761257

Shafranske, E. P. (2002). The necessary and sufficient conditions for an applied psychology of religion. *Psychology of Religion Newsletter – APA Division 36, 27(4).*

Shafranske, E. P. (2016). Finding a place for spirituality in psychology training: Use of competency-based clinical supervision. *Spirituality in Clinical Practice*, *3*(1), 18–21. https://doi.org/10.1037/scp0000098

Shafranske, E. P., & Malony, H. N. (1990). Clinical psychologists' religious and spiritual orientations and their practice of psychotherapy. *Psychotherapy: Theory, Research, Practice, Training*, *27*(1), 72–78. https://doi.org/10.1037/0033-3204.27.1.72

Slade, D. M., Smell, A., Wilson, E., & Drumsta, R. (2023) Percentage of U.S. adults suffering from religious trauma: A sociological study. *Socio-Historical Examination of Religion and Ministry 5(1),* 1–28.

Solihten Institute (2024). *Education and Events.* https://solihten.org/education-and-events/

Sperry, L. (2025). *Spiritually integrated psychotherapy: Infusing spirituality in clinical practice*. Routledge.

Sperry, L. (2012). *Spirituality in clinical practice: Theory and practice of spiritually oriented psychotherapy*. Routledge.

Spiritual Competency Academy (2021). https://www.spiritualcompetencyacademy.com/

Spitzform, M. (2015). Interspiritual and clinical practice. *Spirituality in Clinical Practice*, *2*(4), 285–288. https://doi.org/10.1037/scp0000071

Tedeschi, R. G., Cann, A., Taku, K., Senol-Durak, E., & Calhoun, L. G. (2017). The Posttraumatic Growth Inventory: A revision integrating existential and spiritual change. *Journal of Traumatic Stress*, *30*(1), 11–18. https://doi.org/10.1002/jts.22155

Turcotte S. & Schiffer J. J. (2014). Aboriginal focusing-oriented therapy (AFOT). In Madison, G. (Ed.), *Emerging practice in focusing-oriented psychotherapy: Innovative theory and applications* (pp. 48–64). Jessica Kingsley.

The Universal House of Justice (2002, April). *To the world's religious leaders.* https://www.bahai.org/library/authoritative-texts/the-universal-house-of-justice/messages/20020401_001/1#024035169

Van den Hoonaard, D. K., & Van den Scott, L.-J. (2022) *Qualitative research in action: A Canadian primer.* Oxford University Press.

Vieten, C., Scammell, S., Pierce, A., Pilato, R., Ammondson, I., Pargament, K. I., & Lukoff, D. (2016). Competencies for psychologists in the domains of religion and spirituality. *Spirituality in Clinical Practice*, *3*(2), 92–114. https://doi.org/10.1037/scp0000078

Vieten, C., Scammell, S., Pilato, R., Ammondson, I., Pargament, K. I., & Lukoff, D. (2013). Spiritual and religious competencies for psychologists. *Psychology of Religion and Spirituality*, *5*(3), 129–144. https://doi.org/10.1037/a0032699

Welwood, J. (1984). Principles of inner work: Psychological and spiritual. *The Journal of Transpersonal Psychology*, 16, 63–73.

White, K. M. (2020). Conceptualizing therapy as a spiritual discipline. *Journal of Psychology and Christianity*, 39(2), 91–103.

York, C. M. & Awan, H. (Eds.). (2023). Islamic spirituality in clinical practice [Special Issue]. *Spirituality in Clinical Practice*, *10*(1)

Young, M. E. (2021). *Learning the art of helping: Building blocks and techniques.* Pearson Education, Inc.

Appendix A: Introduction Email Template

Hello [name],

My name is Jasmine Michel and I am a Master of Counselling student working with the supervision of Dr. Jenny Rowett and Dr. Helen Massfeller in the Faculty of Education at the University of New Brunswick. As part of my master's degree, I am conducting a research study on the learning processes of LCTs and LCT-Cs who have experience integrating the spiritual beliefs, backgrounds, and practices of their clients into therapeutic practice. The purpose of this research is to document and learn from experiences of counsellors who have taken steps to develop competencies required to meet the spiritual needs of clients.

As an LCT/LCT-C who is known to have knowledge and skills in this area of practice, it would be of great value if you would share your insights with regard to this topic. I would like to invite you to read the attached Information Letter and consider participating in this study.

Sincerely,

Jasmine Michel

Appendix B: Information Letter

Title of Research: Learning and practice of counsellors who integrate diverse client spiritualities into therapy

Researcher: Jasmine Michel, M.Ed. student, University of New Brunswick (UNB)

Supervisors: Dr. Jenny Rowett, Faculty of Education, UNB

Dr. Helen Massfeller, Faculty of Education, UNB

Contact Info: If you would like to participate in this study, please contact Jasmine Michel at jasmine.michel@unb.ca. Dr. Jenny Rowett may be reached at jen.rowett@unb.ca and Dr. Helen Massfeller may be reached at helen.massfeller@unb.ca.

Dear Counsellor:

As an LCT/LCT-C who is known to have knowledge and skills in the area of spirituality in counselling practice, you are invited to take part in this research.

Purpose of the study:

This research was designed to explore the experiences of LCTs and LCT-Cs who have a degree of knowledge and experience in this area of practice in order to shed light on the

paths that clinicians are taking to develop competencies required to meet the spiritual needs of clients.

Procedure:

If you are interested in volunteering for this study, you will first complete a brief pre-screening questionnaire over email to a) determine your eligibility for the study and, b) provide your availability and contact information. Following your completion of the questionnaire, the researcher will contact you and indicate whether you will be invited to participate in the study.

If you are invited to participate in the study and decide to do so, your participation will consist of a one-on-one semi-structured interview that will take approximately 60 minutes of your time. Prior to the interview, you will be required to sign an informed consent form outlining the purpose and nature of your participation, and the risks and benefits inherent in participating. During the interview, you will be asked about the nature of your counselling practice, your experience in integrating client spirituality into your work, and the important events and influences – personal and professional – that have contributed to your learning in this area of practice. Interviews will be conducted in person in a quiet and private location that is convenient for you, such as a library study room, or virtually via Microsoft Teams. With your permission, interviews will be recorded. After the data is analyzed, you will have an opportunity to provide feedback if you choose, regarding the accuracy of findings from the study, via email, phone or video-call depending on your preference.

Confidentiality:

All information collected in this study will remain confidential. Any information that could be used to identify you from the survey will be de-identified. All research data, interview recordings, transcriptions of interviews, coded data, and other information collected in this study such as consent forms, will be stored safely in a password protected Google drive and permanently deleted after a period of 3 years. The researcher and supervisors are the only individuals with access to this information.

Risks and benefits:

Participation in this study involves minimal risk, such as experiencing discomfort when discussing personal or professional experiences with spirituality. Participating in this study has potential benefits, including contributing to the generation of knowledge in the counselling field.

Voluntary participation:

If you ever feel uncomfortable, you may take a break from the survey and/or interview, choose not to answer some of the questions or decide that you no longer want to continue. You may withdraw from the study at any time, for any reason. You also have the right to withdraw any data that you have previously contributed to the study by asking us to remove that information. You will not be remunerated for your participation in this study and there is no monetary cost to participate.

If you wish to participate in the study, please follow this link to complete the pre-screening questionnaire. Please contact us using the contact information above if have any questions or concerns.

This project has been reviewed by the Research Ethics Board of the University of New Brunswick and is on file as REB 2024-101.

Appendix C: Pre-screening questionnaire

This is a text copy of the questionnaire. Find the online form here.

Thank you for your willingness to participate in the study entitled Learning and practice of counsellors who integrate diverse client spiritualities into therapy conducted by Jasmine Michel, M.Ed. student at the University of New Brunswick.

This brief pre-screening questionnaire is intended to:

a) determine your eligibility for the study,

b) provide further data to help the researcher to create a purposeful and well-rounded sample for the study, and

c) provide your availability and contact information.

Following completion of the questionnaire, the researcher will contact you and indicate whether you will be invited to participate in the study.

If you have any questions or concerns about the questionnaire or the study, please contact the researcher, Jasmine Michel, at jasmine.michel@unb.ca. Supervisors Dr. Jenny Rowett and Dr. Helen Massfeller may be reached at jen.rowett@unb.ca and helen.massfeller@unb.ca.

Eligibility Criteria

Please answer the following questions to determine your eligibility for this study

1. Please select your credential from this list

Licensed Counselling Therapist (LCT) *Skip to question 2*

Licensed Counselling Therapist-Candidate (LCT-C) *Skip to question 2*

Neither *Skip to section 3 (Thank you)*

Thank you

Thank you for taking the time to complete this questionnaire. Based on your response, you do not meet the eligibility criteria for this study.

Spiritually Integrated Practice

This study seeks to learn about the experiences of counsellors who take a "spiritually integrated practice" approach, defined as an "approach to treatment that acknowledges and addresses the spirituality of the client, the spirituality of the therapist, and the process of change." In other words, an approach to counselling that integrates clients spiritual or religious beliefs, backgrounds, or practices in a culturally sensitive manner.

2. With the above definition in mind, how confident would you rate yourself in your ability to integrate spirituality into counselling practice?

Not at all confident 1 2 3 4 5 Extremely confident

3. With the above definition in mind, to what extent do you integrate spirituality into counselling practice?

Very rarely 1 2 3 4 5 Very often

Demographic Information

The following questions will help the researcher to create a participant sample representing diverse personal and professional experiences.

4. How long have you worked as a counselling therapist? (Please indicate the total number of years practicing, including years working as a counsellor prior to becoming an LCT if relevant)
5. What setting do you work in? (e.g., private practice, post-secondary, medical, non-profit)
6. What word(s) would you use to define your spiritual or religious worldview? (e.g., Wabanaki, Sikh, Catholic, atheist, spiritual, seeker)
7. What word(s) would you use to define your spiritual or religious upbringing (if different than your current worldview)?

Availability and Contact Information

8. Are you available to participate in a 60-minute interview, either in-person or virtually via Microsoft Teams, in June 2024?

Yes

No

9. Name
10. Preferred method of contact

Email

Phone

11. Email address
12. Phone number

Appendix D: Informed Consent

Informed Consent for Research Interview

Researcher: Jasmine Michel, Graduate Student, University of New Brunswick

Supervisors: Dr. Jen Rowett, Faculty of Education, University of New Brunswick

Dr. Helen Massfeller, Faculty of Education, University of New Brunswick

Contact information: Jasmine Michel may be contacted at jasmine.michel@unb.ca

If you have any concerns about the research, you may contact Dr. Jen Rowett: jen.rowett@unb.ca or Dr. Helen Massfeller: helen.massfeller@unb.ca

If you wish to communicate with someone who is not directly involved in the study, you may contact Dr. David Wagner: dwagner@unb.ca

This project has been reviewed by the Research Ethics Board of the University of New Brunswick and is on file as REB 2024-101

Dear Participant:

You are invited to take part in this research, which is designed to explore the learning processes of LCTs and LCT-Cs who have experience in integrating the spiritual beliefs, backgrounds, and practices of their clients into therapeutic practice.

The research interview will take approximately 60 minutes and will be completed in person at an agreed-upon location or virtually via Microsoft Teams and will be recorded. The interview will involve answering questions regarding your counselling practice, your

experience with integrating client spirituality into your work, and the important events and influences – personal and professional – that have contributed to your learning in this area of practice.

Participation in this study involves minimal risk, such as experiencing discomfort when discussing personal or professional experiences with spirituality. Participating in this study has potential benefits, including contributing to the generation of knowledge in the counselling field.

Your participation is completely voluntary. If you feel uncomfortable, you may take a break from the interview, choose not to answer some of the questions, or decide you no longer want to continue the interview. You may withdraw from the study at any time, for any reason. You also have the right to withdraw any data that you have previously contributed to the study by asking me to remove that information. You will not be remunerated for your participation in this study and there is no monetary cost to participate.

All information collected in this study will remain confidential. Any information that could be used to identify you from the survey will be de-identified. All research data, interview recordings, transcriptions of interviews, coded data, and other information collected in this study such as consent forms, will be stored safely in a password protected Google drive and permanently deleted after a period of 3 years. The researcher and supervisors are the only individuals with access to this information.

Please keep your copy of this consent form to refer to as needed, and in case you need to contact us. Additionally, if you feel distressed for any reason and are in need of

immediate support, please call the CHIMO helpline (1-800-667-5005), 911, or visit your local Emergency Room services at the hospital.

The summary of findings will be shared with participants in written text/documents over email and you will have the opportunity to provide feedback in written form, over the phone, or through video conferences with the researcher, depending on your preference.

The findings of this research will be documented in my master's thesis, and may be shared at related conferences and knowledge sharing events, or within journal articles.

By signing this form, you acknowledge that you have read and understood the information provided above, and you voluntarily agree to participate in this research study.

_____ _____

Signature Date

_____

Name

Appendix E: Interview guide

Thank you for participating in this study. I am going to be asking you about your experience with integrating client spirituality into your counselling practice, and about the paths of learning you have taken or are taking to learn more about this area of practice.

Introductory questions

1. To start can you tell me a bit about your counselling practice?
    a. What setting do you work in and what client populations do you see?
    b. Are there particular issues you focus on? Approaches you use?
2. How long have you worked as a counselling therapist?

Spiritually integrated practice

In the literature there are different terms used to describe the ways that clinicians bring spirituality into the therapeutic process. One term that fits well with what I want to learn about is "spiritually integrated practice." It is defined as an "approach to treatment that acknowledges and addresses the spirituality of the client, the spirituality of the therapist, and the process of change."

3. What comes to mind when you hear this? Would you add or change any part of this description?
4. In a few words, could you define spirituality as you understand it?
5. Can you tell me about your experience using this kind of spiritually integrated practice approach in your therapeutic work?

6. How do you integrate clients' spiritual beliefs, backgrounds, and practices into your work?
    a. Can you give an example? Can you give another example?
7. How do you approach spiritually integrated practice with clients whose worldviews differ from your own?

Learning paths

I am interested to know the story of how you have come to bring spirituality into your therapeutic practice.

8. Can you tell me about any personal experiences related to spirituality that have influenced your counselling practice?
    a. For example: Upbringing, Spiritual journey, Significant moments, Reading/media, Practices
    b. How have these contributed to your learning in this area? How have these assisted you to overcome obstacles in integrating spirituality in your work?
    c. Is there more you want to say about the relationship between your own spiritual worldview and your counselling practice?
9. Can you tell me about any professional experiences that have contributed to competence in spiritually integrated practice?
    - For example: Graduate training, other professional training, courses, mentorship/supervision, reading/media, practices
    d. How have these contributed to your learning in this area? How have these assisted you to overcome obstacles in integrating spirituality in your work?

e. Is there more you want to say about the relationship between your professional experiences and this aspect of your counselling practice?

Final questions

10. Is there anything I have not asked you about that I should have? Anything else you would like to share?
11. What stands out as most significant to you, from what you have shared today?

Appendix F: Resource List

The following is a list of books, authors, courses for continuing education and professional networks mentioned by the participants of this study as influential to their spiritually integrated psychotherapy practice. Resources are listed by category in alphabetical order.

Books

- *The Awakened Brain* by Lisa Miller
- *Culturally Responsive and Socially Just Counselling* by Sandra Collins
- *Dark Nights of The Soul* by Thomas Moore
- *Deaths of Man* by Edwin Shneidman
- *Deep Hope: Zen Guidance for Staying Steadfast When the World Seems Hopeless* by Diane Eshin Rizzetto
- *Eastern Body Western Mind* by Anodea Judith
- *Grounded: Finding God in the World - A Spiritual Revolution* by Diana Butler Bass
- *Leaving the Fold: A Guide for Former Fundamentalists and Others Leaving Their Religion* by Marlene Winell
- *A Religion of One's Own* by Thomas Moore
- *The Sacred Art of Dying* by Kenneth Kramer
- *Soul Boom: Why We Need a Spiritual Revolution* by Rainn Wilson

- *Soul Therapy* by Thomas Moore
- *The Spiritual Child* by Lisa Miller
- *The Way of the Mysterial Woman: Upgrading How You Live, Love, and Lead* by Suzanne Anderson and Susan Cannon

Authors & Speakers

- Brene Brown

  https://brenebrown.com/
- Deepak Chopra
- https://www.deepakchopra.com/
- Eckhart Tolle
- https://eckharttolle.com/
- Elie Wiesel
- https://www.britannica.com/biography/Elie-Wiesel
- Gabor Mate

  https://drgabormate.com/
- Joe Dispenza
- https://drjoedispenza.com/
- Lisa Miller
- https://www.lisamillerphd.com/
- Neil Donald Walsh

- http://www.nealedonaldwalsch.com/
- Richard Schwartz
- https://ifs-institute.com/about-us/richard-c-schwartz-phd
- Thomas Moore

  https://www.thomasmooresoul.com/

Training Courses, Online Resources & Professional Communities

- ATMA
- https://www.atmajourney.com/
- CCPA Indigenous Circle
- https://www.ccpa-accp.ca/chapters/indigenous-circle/
- CCPA Spirituality chapter
- https://www.ccpa-accp.ca/chapters/spirituality-counselling/
- Daybreak Therapy & Training
- https://daybreaktherapy.ca/product-category/training/online-training/
- Multidisciplinary Association for Psychedelic Studies America and Canada
- https://maps.org/
- Muriel McQueen Fergusson Centre for Family Violence Research

  https://www.unb.ca/mmfc/
- Psychedelic Association of Canada
- https://www.psychedelicassociation.net/

- Religion and Intimate Partner Violence (video)
- https://www.youtube.com/watch?v=w1kIlKcIrbY
- The Religious Trauma Institute
- https://www.religioustraumainstitute.com/
- The Global Center for Religious Research
    - Religious Trauma Studies Certification Program

      https://www.religioustrauma.gcrr.org/certification

Curriculum Vitae

Jasmine L. Michel

Education

Master of Education, Counselling	University of New Brunswick	2022 – Present
Bachelor of Music Therapy	Wilfrid Laurier University	2011 – 2017

Publications

N/A

Conference Presentations

"Learning and practice of counsellors who integrate diverse client spiritualities into therapy," *Atlantic Education Graduate Student Conference*. Fredericton, NB. May 25, 2024.

Co-presenter: "Hope Restored: Interweaving the Wisdom of Etuaptmumk/Two-Eyed Seeing with a Trauma Informed Approach," *Hope Restored: NB Trauma Conference*. Fredericton, NB. November 10, 2023.

Awards

Audrey Stevenson Memorial Graduate Scholarship	University of New Brunswick	2024
E Edna Moore Award	Wilfrid Laurier University	2017
Fischer-Browning Award in Music Therapy	Wilfrid Laurier University	2016
Wilfrid Laurier University Centennial Scholarship	Wilfrid Laurier University	2011